

***Illness Management and Recovery  
Group Manual:  
A Session-By Session Guide***

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# **Introduction; Conducting IMR Groups**

## **Advantages of Different Formats**

IMR can be provided using either an individual or group format. Each format has its advantages. The primary advantages of the individual format are that teaching of material can be more easily paced to meet the person's needs, and more time can be devoted to addressing his or her specific concerns. The main advantages of the group format are that it provides people with more sources of feedback, motivation, ideas, support, and role models. Teaching IMR in a group format may also be more economical. Offering IMR in a group is especially advantageous because it provides the opportunity for peer support to develop: consumers helping other consumers. Peer support can help motivate and prolong the attention of consumers. Finally, role-playing and problem solving in a group setting enriches the learning experience, because several good ideas and solutions are likely to be generated.

The advantages of doing IMR in a group are significant, but group leaders must be aware of certain challenges in this format. The chief among those is the difficulty in setting a reasonable pace for teaching the material within each of the IMR modules. Go too fast and you lose those consumers who struggle to maintain attention, have memory impairments, or need extra time to understand the steps involved in learning specific skills. Go too slow and you risk boring those consumers who need to be challenged and stimulated at a quicker pace. Being able to balance the pace so that it is reasonable for all members is a group leader's skill that needs to be constantly honed. Another challenge is the difficulty of maintaining an ongoing focus on each member's goals. A concentrated effort by group leaders is needed to help keep each member's "eye on the prize" in a manner that does not become routine. Finally, actively involving family members and other supporters into the IMR practice is more challenging when a group is used. (See the section below, "Involvement of Significant Others," for suggestions to include supporters.)

Some programs provide IMR with a combination of group sessions and one-to-one sessions in order to offer the best of both worlds. The individual work is seen as a supplement to the group. Practitioners meet with a consumer every 1-4 weeks to support the learning and skill-building being done in the group, and also to work with the individual on making progress towards his or her personal goal(s).

## **Preparation**

In order to assist practitioners in conducting IMR groups as smoothly as possible, various aspects of running a group practice will be discussed. This section supplements but does not replace the material contained in Chapter 1 ("The Basics of Illness Management and Recovery") of the IMR "Practitioners and Clinical Supervisors

Workbook.” Reading that chapter is strongly recommended as a preparation to doing IMR in either an individual or a group format.

It is not expected that the group leaders will read the Practitioner Guidelines, Educational Handouts, and Group Leader’s Guidelines for all of the IMR modules before they start doing IMR, although there are benefits to doing so. Practitioners can successfully learn the practice by thoroughly reading each set of Practitioner Guidelines, Educational Handouts, and Group Leader’s Guidelines in preparation for doing a specific topic area. The Group Leader’s Guidelines are especially helpful because they provide suggestions for each session spent on the educational handout, including motivational, educational, and cognitive-behavioral strategies and home assignment ideas. The session structure shown in the following table should be followed for best results, although there may be occasions when the group temporarily shifts from that structure.

### *Steps of Leading IMR Group Sessions*

<i>Step</i>	<i>Time</i>
1. Informal socializing (greeting & welcoming members)	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review home assignments.	5-10 minutes
4. Follow up on the goals of 2-3 members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

*The average length of a group session is usually 45 minutes to 1-1/2 hour*

As the group starts each new module, members are given their own copy of either the whole educational handout or the pages that will be covered in that session. Group Leaders are encouraged to obtain 3-ring binders or sturdy folders for each group member to keep their set of handouts. Some IMR group members have difficulty remembering to bring their materials to group or lack a secure place to keep their materials at home, and appreciate the option of leaving their notebooks or folders in the group room or in a safe place elsewhere in the agency. Our experience has also shown that it helps to have extra copies of educational handouts available for those members who forget to bring their own copy. Those extra copies can then be collected at the end of group.

## **General Group Guidelines**

A minimal number of general group guidelines are helpful. Here are some common guidelines:

- What is said in the room stays in the room.
- All participants and property should be treated with respect.
- Regular attendance is expected. Leaders should be notified when someone is unable to attend.

Violations to the guidelines can be dealt with in various ways. Less serious ones can be raised in a general way, not by confronting a specific member, but by reminding all members of the guideline and asking for a recommitment to it. More serious violations can be dealt with by having specific members meet separately with group leaders. Only in the most extreme situations should a member be confronted in front of other group members.

## **Tracking Goals**

As stated earlier, one of the challenges to doing IMR in a group format is the difficulty of routinely following the goal progress of each member. It is important to maintain an ongoing level of monitoring on several aspects of goal progress: breaking down goals into small steps, recognizing movement towards specific goals, helping consumers make occasional adjustments to desired goals, and setting new goals when old ones have been reached. The motivation for consumers to strive for recovery is often linked to their desire to reach for those things that give meaning to their life.

Step #4 in each group session is intended to follow up on 2-3 members' goals. Focusing on different members each week on a rotating basis will lead to ongoing attention to goal progress. Some group leaders initiate applause when progress has been made and give out awards for specific milestones being reached. The use of some form of tracking sheet is recommended to aid this process. The "Goals Set in the IMR Program" sheet that is located in Educational Handout #1("Recovery Strategies") works well for that purpose. Also, keeping current copies of each member's "Working on Goals" sheets in a combined 3-ring binder is an effective way to track the goals of the entire group.

## **Flexibility in IMR**

An evidence-based practice such as IMR is not intended to be implemented as a "cookbook" treatment in which the practitioner does specified interventions in a rote manner. Instead, practitioners are encouraged to use the clinical expertise that they have developed over their years of experience to help inform them about how to best use the structure of IMR. An additional ingredient that drives the practice is consumer preference. For example, assessing that many group members are at an early stage of trying new skills to move toward recovery, the practitioner might temporarily slow down efforts at following the curriculum and spend more time encouraging members to

contemplate how their life would be different if they worked on desired goals. Weighing out the pros and cons of change at that moment might be a more effective strategy than pushing ahead with the curriculum when members are uncertain of taking risks. This integration of clinical knowledge, consumer preference and research knowledge should be a goal of practitioners; none of those qualities alone guides a practitioner toward effective interventions.

### **Home Assignments**

The purpose of having home assignments is for members to learn the skills that are being taught in each session and to put them into practice in their own environment. Generally a group leader asks for all members to share the results of their home assignments at the beginning of each group session. A common way to begin is to ask for a volunteer to discuss their practice experience and then to go around the circle. Be aware that some members will be fine with the term “home assignment” while others may feel uncomfortable with it. Group leaders can use different terminology, such as “something to follow up what we talked about in group today,” “opportunity to practice what we’re learning,” or “recovery action steps.”

Leaders should expect, but not accept, that many members will not do their home assignments or struggle to complete them. For some members, this is a new expectation of treatment that will take time and effort getting used to. Others may not believe it is a vital part of learning new skills. Leaders will be rewarded for their efforts at consistently expecting that assignments be attempted. Measures to help improve the completion of assignments include carefully tailoring the assignment with each group member, praising all efforts at doing home assignments, analyzing and problem-solving any difficulties in doing assignments. For example, it’s important for group leaders to explore with the group members what got in the way of doing the assignment. Group leaders can help members identify the barriers and problem solve a more effective outcome. Use shaping, by praising taking small, but real steps toward doing home assignments. Carrying out a rigorous analysis of a member’s homework difficulties will lead to those member’s better being able to use IMR skills in the real world.

### **Role-plays**

The use of role-plays to learn and practice new skills is an invaluable way for consumers to integrate IMR skills into their daily life. Some people may feel vulnerable or shy when doing role-plays in front of others. Group leaders can prevent or minimize the risk of group members having an unpleasant experience role-playing by structuring the role-plays and following them with discussion that always starts with noticing what the person did well in the role-play. Some suggestions include making role-plays an expectation of participation, but to be willing to shape reluctant member’s participation at a pace that is dictated by the situation. Asking reluctant members to first role-play with a group leader sometimes works. Following each role-play, praise the positive aspects of the performance. Be gentle in the “corrective” portion of the process, and generalize criticism whenever possible. For example, “Most of us find it hard to make eye contact



at first. It usually gets easier with practice. Let's try that again." Criticism should be limited and have the goal of shaping a specific step toward the desired behavior, rather than a list of all the things that the member should improve. One "corrective" suggestion per role-play goes a long way. The leaders should think along the lines that "Rome wasn't built in a day."

### **Involvement of Significant Others**

The involvement of significant others in IMR is viewed as an important principle of the practice. Family members and other supporters of a consumer are often valuable allies on the way toward recovery. Practitioners are encouraged to look for creative and productive ways to involve significant others in the IMR work. Targeting a limited number of specific sessions to have supporters attend is one possibility, such as ones that focus on forming a relapse prevention plan, or on understanding the diagnosis, or on understanding the stress-vulnerability model. Another idea is to hold a limited number of one-to-one supplemental sessions between practitioner, consumer and family member. Focus could include efforts to complete a relapse prevention plan, or to discuss a diagnosis, or to learn a specific medication-taking skill. Targeting a level of active participation outside of group could also help. Encouraging the consumer and support person to read the educational handouts together at home, or engaging the supporter to help with home assignments are also effective forms of encouraging participation by significant others. Another idea is to have a "Friends and Family IMR Support Group" which meets monthly, reviewing the modules that are currently being worked in the group sessions, and providing suggestions for how family members can support what is being learned in the group.

### **Closing Comments**

Many consumers report that participating in IMR in groups has been extremely beneficial. They describe feeling supported by peers when they are learning information, strategies and skills, and being inspired by hearing others talk of their own experiences with moving forward in recovery. Practitioners report that IMR groups present an opportunity for them to motivate and encourage consumers to take steps towards recovery in ways that are not possible in a one-to-one format. Practitioners also report being energized by the increased focus on recovery and the strong sense of hope that develops in IMR groups.



# **Group Session Guide for Handout #1: Recovery Strategies**

**Session 1: The Importance of Recovery**

**Session 2: What Helps People in the Process of Recovery**

**Session 3: Identifying Goals to Work Toward**

**Session 4: Strategies for Achieving Goals**

## **Introduction:**

Recovery Strategies sets a positive and optimistic tone that is continued throughout the Illness Management and Recovery Program. The group leader conveys confidence that people who experience psychiatric symptoms can move forward in their lives. The concept of “recovery” is introduced and people are encouraged to develop their own definitions of recovery and to develop personal strategies for taking steps towards recovery. By the end of working with the group using the Recovery Strategies Handout, the leader has helped people to establish personally meaningful goals that will be followed up throughout the program.

## **Overall Goals:**

- ❖ **For members to increase their awareness of the concept of recovery and to expand the possibilities of recovery in their own life.**
- ❖ **To learn common activities that people use to help themselves. To increase the ways each member might choose to help his/her own recovery.**
- ❖ **Members begin to set goals that they will work on.**
- ❖ **Members begin to develop a specific plan for achieving one or two personal goals.**

### *Steps of Leading IMR Group Sessions*

<i>Step</i>	<i>Time</i>
1. Informal socializing (greeting & welcoming members)	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review home assignments.	5-10 minutes
4. Follow up on the goals of 2-3 group members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

*The average length of a group session is usually 45 minutes to 1-1/2 hours*

## Session 1: The Importance of Recovery

### Topic headings in Handout 1:

- Introduction
- What is Recovery?

**Session Goal:** Members will increase their awareness of the concept of recovery and expand the possibilities of recovery in their own life.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions. (Not applicable in the first session of the group.)
- 3. Review home assignments.** (Not applicable in the first session of the group.)
- 4. Follow up on group members' goals.** (Not applicable in the first session of the group.)
- 5. Set the agenda for today's session.**
  - “Today we’re going to talk about recovery from mental illness and what it means to different individuals.”
- 6. Teach material from the handout.**

#### Motivational teaching strategies:

- Help members make the connection between members being hopeful and recovery-oriented, and being able to achieve their goals.

#### Educational teaching strategies:

- Summarize the main points or ask members to take turns reading topic areas.
- Encourage discussion of main points.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

#### Opportunities for cognitive-behavioral teaching strategies:

- Members are encouraged to circle personally meaningful quotations from Educational Handout #1 as they are read/discussed.

**7. Ask group members to do a home assignment related to the topic.** The group leader should suggest a general assignment. Check with members to assist them, if necessary, to tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some members to do only part of the assignment or a scaled down version of the assignment. It is helpful for members to select the best day, time, location, etc. to do the assignment. Ideas for general home assignments are listed below:

- Write down brief ideas of what recovery means to you and bring it to the next session.
- Review the handout material with a significant other or staff member.

**8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”

## Session 2: What Helps People in the Process of Recovery?

### Topic Heading in Handout 1:

- What Helps People in the Process of Recovery?

**Session Goal:** To learn common activities that people use to help themselves. To increase the ways each member might choose to help his/her own recovery.

- 1. Informal socializing** (Greetings, welcoming people to group)
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments. See what got in the way: did they forget, did they remember but were unmotivated, did they attempt it but were frustrated, did they do it but did not experience any benefits? Identify the barriers and attempt to problem solve a more effective outcome. Use shaping. (Praise members for taking small steps toward doing effective homework.)
- 4. Follow up on group members' goals.** (Not applicable as goal setting has yet to be covered.)
- 5. Set the agenda for today's session.**
  - “Last week we talked about what recovery means to different individuals. Today we’re going to talk about what helps people in the process of recovery.”
  - “Some people may have already identified what helps them in the process of recovery. I would appreciate it if those members could share what they have identified as we go along.”
  - “How might it be useful to us to learn some strategies for moving forward in recovery? How could making progress in recovery be helpful in pursuing our goals?”
- 6. Teach material from the handout.**

### Motivational teaching strategies:

- Encourage group members to connect making progress in their recovery process to achieving goals that are important to them.

Educational teaching strategies:

- Summarize the main points or ask members to take turns reading topic areas.
- Encourage discussion of main points
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Group members can be asked to circle or check off personally meaningful strategies, as they are read/discussed.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Complete the checklist “Strategies for Recovery.”
- Review the handout material with a significant other or staff member.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People did a great job today. I look forward to seeing you all in our next group.”



## Session 3: Identifying Goals to Work Toward

### Topic headings of Handout 1:

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

**Session Goal:** Members begin to set goals that they will work on.

1. **Informal socializing** (Greetings, welcoming people to group).
2. **Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
3. **Review home assignments.** Praise all efforts. Problem-solve any difficulties.
4. **Follow up on members' goals.** (Not applicable as goal setting has yet to be covered.)
5. **Set the agenda for today's session.**
  - “Last week we talked about strategies that help people in the process of recovery. Today we're going to talk about what we would like to see happen in our lives as we move forward in recovery. This is the beginning of setting goals we would like to work towards.”
  - “Some people may have already identified areas of their lives they would like to be different as part of their recovery. I would appreciate it if some of you could share the goals you have set with the rest of the group.”
6. **Teach material from the handout.**

#### Motivational teaching strategies:

- Encourage group members to make the connection between being able to identify what's important to them in life and being able to set goals.

#### Educational teaching strategies:

- Summarize the main points or ask members to take turns reading topic areas.
- Encourage discussion of main points.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Begin to *shape* members to think about the importance of taking small steps toward goals, in contrast to a mistaken belief that success is “all or nothing.”

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- If there was not time during group, complete the checklist “Satisfaction with Areas of My Life.”
- Select one or two areas of your life that you are not satisfied with and which you would particularly like to start working on. Use the chart “Goals set in the Illness Management and Recovery Program” to list those one or two areas as goals that you would like to set for yourself.
- Review the handout material with a significant other or staff member.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think was the main point or some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at our next group.”

## Session 4: Strategies for Achieving Goals

### Topic headings of Handout 1:

- What are some strategies for achieving your goals?
- What goals would you like to focus on?

**Session Goal:** Members begin to develop a specific plan for achieving one or two personal goals.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Group members may still be at the very early stages of identifying and making plans to achieve goals. However, if some group members have established goals, ask 2-3 of them what is happening regarding their goals. Provide encouragement.
- 5. Set the agenda for today's session.**
  - “Last week we talked about setting some goals in the IMR program to improve areas of our lives we are not satisfied with. Today we we’re going to work at breaking down those goals into smaller steps.”
  - “How might it be useful to us to make a plan related to achieving goals? What might be some advantages for planning versus starting immediately and figuring it out as we go?”
  - “You should expect that snags would come up that get in the way of working toward goals. We will look at ways to find solutions to those obstacles.”
- 6. Teach material from the handout.**

Motivational teaching strategies:

  - Help group members make the connection between being able to make plans for goals and being able to actually achieve them. (Or “how does it help to make a plan for what we want to accomplish?”)

Educational teaching strategies:

- Summarize the main points or ask members to take turns reading topic areas.
- Encourage discussion of main points.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Model the use of the “Working on Goals” sheet to show how it could be used to make a plan for achieving a goal.
- To model an example, either choose a goal that a member offers, or use a hypothetical one such as planning to attend a church service, or asking a friend to visit.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to an individual group member. Possible general assignments include:

- Identify a personal goal that you would like to make a plan to reach. Go through as many steps as possible on the “Working on Goals” sheet to address the personal problem or goal.
- Review the handout material (and completed worksheet) with a significant other or staff member.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think was the main point or some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at next group when we start a new module: “Practical Facts about Mental Illness.”

## Working on Goals

**Goal #1:**

--

**First Steps Toward Achieving It:**


**Goal #2:**

--

**First Steps Toward Achieving It:**




## **Group Session Guide for Handout #2: Practical Facts About Mental Illness**

**Session 1: Understanding Diagnosis, Origin and Course of Mental Illness**

**Session 2: Practical Facts about Schizophrenia**

**Session 3: Practical Facts about Mood Disorders**

**Session 4: Public Attitudes and Behavior toward People with Mental Illness**

\*(A revised Educational Handout #2 is used for this module. See appendix 1, page 623.)

### **Introduction:**

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

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

*How is mental illness diagnosed?*

*What are the symptoms?*

*What causes it?*

*How common is it?*

*What does the future hold?*

This handout also provides a chance for consumers to educate practitioners and significant others about what they have experienced.

### **Overall Goals:**

- ❖ **Members' increase their control over their recovery through better understanding of the origins of mental illness, its course, and how it is diagnosed.**
- ❖ **Members identify symptoms of schizophrenia that they or others might experience. Members reduce distorted beliefs that they might hold toward their illness.**
- ❖ **Members identify symptoms of mood disorders, particularly bipolar disorder and depressive disorders, which they or others might experience. Members reduce distorted beliefs that they might hold toward their illness.**
- ❖ **Members gain awareness of stigma, i.e., the negative opinions and attitudes that some people have about mental illness. They learn strategies for responding to different kinds of negative attitudes and unfair treatment.**
- ❖ **Members become familiar with examples of individuals who have mental illness and lead productive, meaningful lives.**

## *Steps of Leading IMR Group Sessions*

<i>Step</i>	<i>Time</i>
1. Informal socializing (greeting & welcoming members)	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review home assignments.	5-10 minutes
4. Follow up on the goals of 2-3 members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

*The average length of a group session is 45 minutes to 1-1/2 hour.*

**Note:** As mentioned above, an adapted group version of Educational Handout #2 can be found in appendix 1 at the end of this group manual on page 123. The original Educational Handouts 2a, 2b, and 2c that are found in the IMR Clinician’s Workbook, separately addresses the diagnoses of Schizophrenia, Bipolar Disorder, and Major Depression. In contrast, the adapted version of Education Handout #2 found on page 623 of this manual addresses those diagnoses in a single educational handout that matches the IMR group format.



## **Session 1: Understanding the Diagnosis, Origin and Course of Mental Illness**

### **Topic headings in Handout 2:**

- How is mental illness diagnosed?
- What causes mental illness?
- What is the course of mental illness? What happens after you first develop symptoms?

**Session goal:** Members' increase their control over their recovery through better understanding of the origins of mental illness, its course, and how it is diagnosed.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments. See what got in the way: did they forget, did they remember but were unmotivated, did they attempt it but were frustrated, did they do it but did not experience any benefits? Identify the barriers and attempt to problem solve a more effective outcome. Use shaping. (Praise members for taking small steps toward doing effective homework.)
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Particularly be aware if any members have set goals on better understanding mental illness or a specific diagnosis.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - "Today we're going to talk about what is meant by a diagnosis and how one is made by medical people. We will also discuss where mental illness comes from and how it might affect different people in different ways over their lifespan.
  - "Understanding these basic facts about mental illness is an important step for many people to move forward in their life."
- 6. Teach material from the handout**

### **Motivational teaching strategies:**

- Help members to increase their perception that they have some control over their recovery.

- Help members move toward an understanding that the course of their illness is not “set in stone.”
- Raise the hope that recovery is possible.

#### Educational teaching strategies

- Summarize the main points or ask members to take turns reading topic areas.
- Encourage discussion of main points.
- Ask the discussion questions provided in the text.
- Check frequently for understanding.
- The best learning can take place when members can relate what is being taught to their own lives.

#### Opportunities for cognitive-behavioral teaching strategies-

- Help people use this information to think or behave differently about their illness.
- Encourage members to modify any harsh beliefs that view mental illness as a character flaw rather than as a part of a real illness.
- Role-play, using positive self-statements to counter self-blame as follows:
  1. The practitioner can help the person choose an alternative self-statement such as, “No one is to blame for mental illness.”
  2. The practitioner can model saying the statement out loud.
  3. The person can practice saying the statement out loud.
  4. The person can practice saying the statement to him or herself.

**7. Ask group members to do a home assignment related to the topic.** The group leader should suggest a general assignment. Check with members to assist them, if necessary, to tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some members to do only part of the assignment or a scaled down version of the assignment. It is helpful for members to select the best day, time, location, etc. to do the assignment. Ideas for general home assignments are listed below:

- Compare mental illness to a medical illness that someone you know has. Make a list of the similarities and differences.
- Encourage members to plan how they can practice using positive self-statements based on new information to combat self-blame for having symptoms or problems.
- Talk with a significant other or a staff member about their understanding of how a diagnosis of mental illness is made.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was new or helpful to you?”
- “You did a great job today. I look forward to seeing you all in our next group.”

## **Session 2: Practical Facts about Schizophrenia**

### **Topic headings in Handout 2:**

- What is schizophrenia?
- What are the symptoms of schizophrenia?
- Examples of people who have schizophrenia.

**Session goal:** Members to identify symptoms of schizophrenia that they or others might experience. Members to reduce distorted beliefs that they might hold toward their illness.

- 1. Informal socializing** (greeting, welcoming people to group)
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Praise efforts toward goals. Assume that adjustments to goals are to be expected.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Today we’re going to talk about what the symptoms of schizophrenia are.”
  - “Some of you may already know about the symptoms of schizophrenia. As we go along today, I would welcome any members to share what they have already learned about schizophrenia.”  
(Members may be reluctant to acknowledge that they have a specific mental illness, that they have particular symptoms, or that they have any mental illness. Recognizing that one has a specific mental illness can be helpful, but it is not a prerequisite for participating in IMR. Respect the person’s opinion and seek common ground for working together.)
  - “We will learn about some accomplished people who have worked to recover from their own symptoms of schizophrenia.”
- 6. Teach material from the handout or review previously taught material**

Motivational teaching strategies:

  - Help members to recognize how learning more about their disorder can benefit them personally.
  - Help members to understand in particular how recognizing their *own symptoms* can help.

Educational teaching strategies:

- Summarize or take turns reading topic areas.
- Encourage discussion of main points
- Take time to do the “Experiences of symptoms of schizophrenia” worksheet.
- Check frequently for understanding.
- The best learning can take place when members relate this experience to their own lives’.

Opportunities for cognitive-behavioral teaching strategies:

- Praise members for their willingness to talk about what are sometimes uncomfortable and avoided topics.
- Encourage members to reconsider distorted beliefs that they may have held about their symptoms; e.g., beliefs that something he or she did caused the illness.
- Members could again practice self-statements to counteract self-blame.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Self-blame statements could be written down along with challenges to those beliefs. The person can then practice saying the new statements out loud or to him or herself.
- Re-read the topic heading, “What are the symptoms of schizophrenia?”
- Review the educational handout material on specific symptoms with a significant other or a staff member and discuss the symptom checklist with them.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People did a great job today. I look forward to seeing you all in our next group.”

### **Session 3: Practical Facts about Mood Disorders**

#### **Topic headings in Handout 2:**

- What are mood disorders?
- What are the symptoms of mood disorders?
- Examples of people who have bipolar disorder or depression

**Session Goal:** Members will identify symptoms of mood disorders, particularly bipolar disorder and depressive disorders that they or others might experience. Members will reduce distorted beliefs that they might hold toward their illness.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals, and help members to identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last week we talked about various symptoms of schizophrenia. Today we will look at the symptoms of mood disorders, particularly bipolar and depression disorders. Notice some of the similarities and differences between the symptoms of mood disorders and those of schizophrenia that we talked about last week.
  - “If you have experienced symptoms of a mood disorder, I would be interested in hearing what the course of your illness has been. Like all disorders, it is different for different people.”
  - “We will learn about some accomplished people who have been diagnosed with mood disorders.”
- 6. Teach material from the handout or review previously taught material**

#### **Motivational teaching strategies:**

- Raising the hope of members that they might better manage symptoms by first learning to identify their symptoms.

Educational teaching strategies

- Summarize or take turns reading topic areas
- Encourage discussion of main points
- Ask the discussion questions provided in the text
- Ask open-ended questions to allow members to explain how the information being learned applies to them.

Opportunities for cognitive-behavioral teaching strategies:

- Notice and reinforce any small steps that members make toward modifying distorted beliefs held about symptoms or a particular diagnosis.
- Model the use of positive self-statements to counter judgmental or distorted beliefs that members may hold toward themselves. Role-play such an exercise if time allows.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Encourage members to plan how they can practice using positive self-statements based on new information about their illness in order to combat self-blame.
- Review the educational handout sections covered in group today with a significant other or a staff member.

**8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think was the main point or some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at our next group.”

## **Session 4: Public Attitudes and Behavior toward People with Mental Illness**

### **Topic headings in Handout 2:**

- Negative opinions and attitudes that some people have about mental illness.
- What are some strategies for responding to stigma?
- Summary of the main points about mental illness.

**Session goal:** Members gain awareness to the negative opinions and attitudes that some people have about mental illness. They learn ways that people respond to different kinds of negative attitudes and unfair treatment toward those with mental illness.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals, and help members to identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “We have learned a lot about mental illness so far; how it is diagnosed and how symptoms differ between different disorders. Today we will talk about the negative opinions and mistaken attitudes that some people hold about mental illness. Those attitudes at times lead people to act in unfair ways toward people with symptoms of mental illness. A term for that unfair treatment is called stigma.”
  - “As we go along, I would like to hear from members what experiences they or others with mental illness have had when people in the community discovered that they have been diagnosed with symptoms of a mental illness.”
  - “We will discuss some ways that you can learn to respond to these various kinds of mistaken attitudes and unfair behavior. You can then decide if you want to attempt to counter the negative beliefs and attitudes toward mental illness when you face it.”

## **6. Teach material from the handout or review previously taught material**

### Motivational teaching strategies:

- Praise members for their willingness to talk about what is sometimes an uncomfortable and avoided topic.
- Praise members for sharing their own experiences with stigma.

### Educational teaching strategies:

- Summarize or take turns reading topic areas.
- Encourage discussion of main points.
- Ask the discussion questions provided in the text.
- Ask open-ended questions to stimulate understanding and discussion of this subject.

### Opportunities for cognitive-behavioral teaching strategies:

- Model some possible responses to stigma, as described in the handout.
- Members can then role-play responses of their own.

## **7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Attempt to develop positive self-statements that challenge the negative attitudes about mental illness that you may see in your community or on television.
- Practice ways to respond to a particular type of mistaken belief about mental illness.
- Review this session's handout material with a significant other or a staff member.

## **8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think was the main point or some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at our next group, “The Stress-Vulnerability Model and Treatment Strategies.”



# **Group Session Guide for Handout #3: The Stress Vulnerability Model and Treatment Strategies**

**Session 1: What causes psychiatric symptoms?**

**Session 2: Coping with a biological vulnerability**

**Session 3: Understanding treatment options**

## **Introduction:**

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

## **Overall Goals:**

- ❖ **Members understand how stress and biological vulnerability play a role in causing symptoms of mental illness.**
- ❖ **Members understand that there are things that they can do themselves and with the help of others to reduce the biological and stress factors that make symptoms worse.**
- ❖ **Members become familiar with different treatment options and decide which treatment options they might consider to work toward their recovery.**

### *Steps of Leading IMR Group Sessions*

<i>Step</i>	<i>Time</i>
1. Informal socializing (greeting & welcoming members)	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review home assignments.	5-10 minutes
4. Follow up on the group members' goals.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

*The average length of a group session is usually 45 minutes to 1-1/2 hour*

## Handout 3: The Stress Vulnerability Model and Treatment Strategies

### **Session 1: What Causes Psychiatric Symptoms?**

#### **Topic headings in handout 3:**

- Introduction
- What causes psychiatric symptoms?
- What are the biological factors in mental illness?
- What are the stress factors in mental illness?

**Session Goal:** Members understand how stress and biological vulnerability play a role in causing symptoms of mental illness.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments. See what got in the way: did they forget, did they remember but were unmotivated, did they attempt it but were frustrated, did they do it but did not experience any benefits? Identify the barriers and attempt to problem solve a more effective outcome. Use shaping. (Praise members for taking small steps toward doing effective homework.).
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Praise efforts toward goals. Assume that adjustments to goals are to be expected.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Today we’re going to talk about a model for understanding how symptoms of mental illness come about and why they are sometimes strong and other times are not.”
  - “Understanding this model may help you to see that there are things that you can do to reduce difficult symptoms, and that help you reach your goals.”

## **6. Teach material from the handout.**

### Motivational teaching strategies:

- This topic area can be a key one to answering a common consumer complaint “Why should I go through the trouble of learning all of this stuff?”
- Help members to consider that there are concrete things they can do to improve symptoms.
- Developing an awareness of self-efficacy can be powerful motivation!

### Educational teaching strategies:

- Summarize or take turns reading topic areas.
- Encourage discussion of main points.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- To assist people to understand the basic idea about the model, use the Stress-Vulnerability Model at the end of this module.

### Opportunities for cognitive-behavioral teaching strategies:

- This model may be difficult to understand for some members. Praise members for their movement toward grasping it, such as seeing the similarities between an ongoing medical illness and an ongoing mental illness.

**7. Ask group members to do a home assignment related to the topic.** The group leader should suggest a general assignment. Check with members to assist them, if necessary, to tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some members to do only part of the assignment or a scaled down version of the assignment. It is helpful for members to select the best day, time, location, etc. to do the assignment. Ideas for general home assignments are listed below:

- Compile a list of stressful factors in their own life.
- Talk with a significant other or staff member about the stress factors in either of your lives.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was new or helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”

## **Session 2: Coping with a Biological Vulnerability**

### **Topic heading in Handout 3:**

- What are the goals of treatment?

**Session Goal:** Understanding that there are things that we can do ourselves and with the help of others to reduce the biological and stress factors that make symptoms worse.

- 1. Informal socializing** (Greetings, welcoming people to group)
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**

- Ask about specific goals of members.
- Provide encouragement about steps already taken towards goals, and help members to identify the next steps they are going to take.
- As members complete goals, help them to set new ones.

- 5. Set the agenda for today's session.**

- “Last week we began to talk about the stress-vulnerability model. We talked about how both our biological makeup and stressful life events are connected to the seriousness of symptoms.”
- “Today we’re going to begin to address some ways to reduce the effects of our biological vulnerability and to better cope with the stress in our lives that can cause difficult times.”

- 6. Teach material from the handout.**

Motivational teaching strategies:

- Helping members grasp that they may be able to do things to reduce the biological and stress influences.
- Encourage members to act less passively toward their treatment as a way to reach desired goals.

Educational teaching strategies:

- Summarize or take turns reading topic areas.
- Prompt members to relate material to their own lives.

- Discuss the need to manage stress at times because we cannot always reduce it; stress comes from having a life worth living.
- Allow time to do the “Reducing Stress” and “Coping with Stress” checklists.
- Check frequently for understanding

Opportunities for cognitive-behavioral teaching strategies:

- Reinforce members taking measures to help reduce or cope with symptoms.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Encourage members to begin to weigh the benefits of taking medications or avoiding drugs and alcohol as a way to reduce their biological vulnerability. (Let them know that a more thorough exploration of using medications effectively will come later in Topic Area #5.)
- Contract to try out at least one new coping skill during the week. Record your results from those attempts.
- Review the handout material with a significant other or a staff member.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People did a great job today. I look forward to seeing you all in our next group.”

## **Session 3: Understanding Treatment Options**

### **Topic headings in Handout 3:**

- What kinds of treatment options are there to choose from?
- What are some examples of people whose treatment choices work well for them?

**Session Goal:** Members become familiar with different treatment options and decide which treatment options they might consider to work toward their recovery.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals, and help members to identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last week we talked about various ways to reduce and cope with biological and stress factors that make symptoms worse.”
  - “Today we will talk about the treatment choices to best serve your needs and some examples of treatment choices that others have found that work for them.”
- 6. Teach material from the handout.**

#### Motivational teaching strategies-

- By taking steps to reduce stress, members learn that are not so helpless to improve things in their life.

#### Educational teaching strategies:

- Summarize or take turns reading topic areas.
- Encourage discussion of main points.
- Ask the discussion questions provided in the text.

- Allow time to look over the “Treatment Options” table.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Praise members’ actions toward considering new treatment options.
- Be alert for opportunities to point out distorted beliefs that members may hold about their capacity to reduce stress or manage vulnerability.

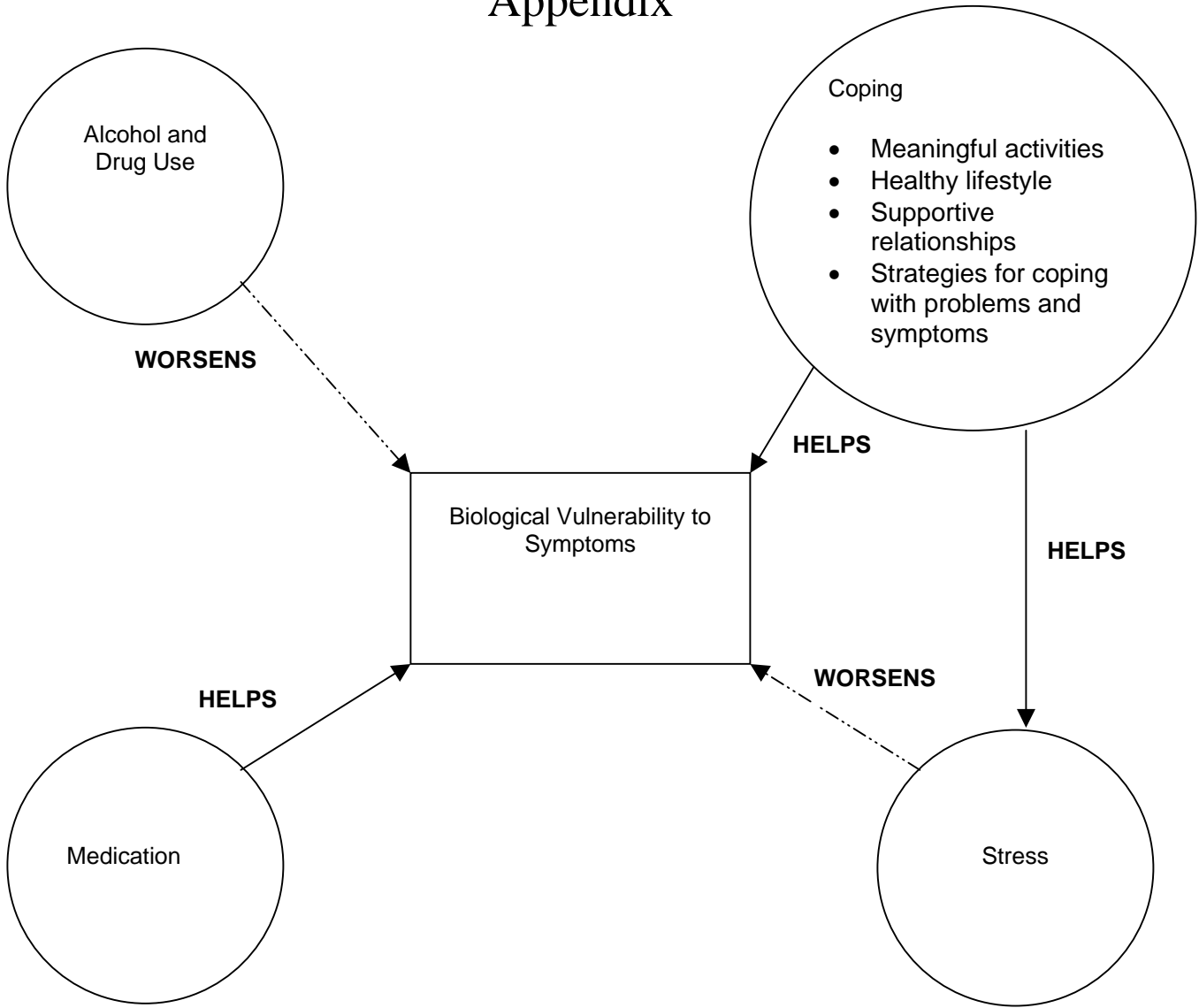
**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Make a list of some of the ways that you manage your symptoms. Add further ways to manage symptoms that you think are also worth trying.
- Are there steps that you can try immediately to reduce or manage the stress in your life? Decide what you would need to do first and use the “Working on Goals” sheet from Educational Handout #1 to consider doing some of those steps.
- Review the handout material with a significant other or a staff member.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think was the main point or some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at our next group, Building Social Support.”

# Appendix



## Stress-Vulnerability Model



## **Group Session Guide for Handout # 4: Building Social Support**

**Session 1. Why is social support important?**

**Session 2. Meeting new people**

**Session 3. Starting a conversation with someone new, Part I.**

**Session 4. Starting a conversation with someone new, Part II.**

**Session 5. Things you can say to develop closer relationships**

**Session 6. Things you can do to develop closer relationships, Part I.**

**Session 7. Things you can do to develop closer relationships, Part II.**

### **Introduction:**

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

### **Overall Goals:**

- ❖ **Members will better understand how social support can help them in their recovery and increase their enjoyment of life.**
- ❖ **Group members will identify good places to meet people.**
- ❖ **Group members will practice the beginning steps of starting a conversation: finding someone who isn't occupied, choosing an interesting topic and looking at the person.**
- ❖ **Members will practice the skills of tuning in to what the other person is saying and avoiding telling very personal things about oneself.**
- ❖ **Group members will practice strategies for saying things to develop closer relationships with people whom they already know.**
- ❖ **Group members will practice strategies for doing things to develop closer relationships with people they already know.**

***Steps of Leading IMR Group Sessions***

<b><i>Step</i></b>	<b><i>Time</i></b>
1. Informal socializing (greeting & welcoming members)	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review home assignments.	5-10 minutes
4. Follow up on the group members' goals.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

*The average length of a group session is usually 45 minutes to 1-1/2 hour*

## **Session 1: Why is Social Support Important?**

### **Topic headings in Handout 4:**

- What is social support?
- Why is social support important?
- What does social support mean to you?

**Session Goal:** Members will better understand how social support can help them in their recovery and increase their enjoyment of life.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments. See what got in the way: did they forget, did they remember but were unmotivated, did they attempt it but were frustrated, did they do it but did not experience any benefits? Identify the barriers and attempt to problem solve a more effective outcome. Use shaping. (Praise members for taking small steps toward doing effective homework.)
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Be alert for members who have already chosen some aspect of social support as a goal. Help them make the connection between their goal and what will be covered in this module.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Today we’re going to talk about social support and how important it is to most people, and how it helps in recovery.”
  - “ We will also look at what social support means to you as an individual.”
- 6. Teach material from the handout**

Motivational teaching strategies:

  - Help members to make the connection between having strong social support and being able to better manage their lives to get the things that are important to them.

- Be alert for opportunities to reinforce/praise any steps that members make to connect strong social support with better managing symptoms, or to making progress toward desired goals.

Educational teaching strategies:

- Summarize the main points or ask members to take turns reading topic areas.
- Encourage discussion of main points
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- The group leader or a willing group member could help other members explore the importance of social support by verbally completing the questionnaire, “What does social support mean to you” in front of the class.

**7. Ask group members to do a home assignment related to the topic.** The group leader should suggest a general assignment. Check with members to assist them, if necessary, to tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some members to do only part of the assignment or a scaled down version of the assignment. It is helpful for members to select the best day, time, location, etc. to do the assignment. Ideas for general home assignments are listed below:

**“Let’s talk about a way that you can apply the information that we learned today to your own life.”**

- Complete the questionnaire, “What does social support mean to you” and complete the scale that follows the questionnaire.
- Write down how social support could help you in your daily life, and how social support could help you to achieve one of your goals
- Write down an example of someone who is (or has been) supportive to you.
- Review the handout material from this session with a significant other or staff member.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”

## **Session 2: Meeting New People**

### **Topic heading in Handout 4:**

- Good places to meet people.

**Session Goal:** Group members will identify good places to meet people.

- 1. Informal socializing** (Greetings, welcoming people to group)
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals, and help members to identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last group we talked about how important social support is in our lives. Today we are going to talk about some things that we can do to meet new people.”
  - “In particular, we will focus on places to meet people.”
- 6. Teach material from the handout**

#### Motivational teaching strategies:

- For many people, taking the initiative to meet new people is a frightening task. Encourage them to find reasons to risk that activity.
- For example, how might it help you to meet new people?

#### Educational teaching strategies:

- Summarize the main points or ask members to take turns reading topic areas.
- Encourage discussion of main points.
- Ask the discussion questions provided in the text.
- Encourage members to identify the places that they have met new people in the past.

- Use the group to brainstorm as many places as possible, including unique or quirky places.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Be alert for possible distorted beliefs that members may hold about meeting new people.
- Help members identify the pro's and con's of taking this step

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor general assignments to the individual group member. Possible general assignments include:

- On the checklist **Places to Meet People**, for each general category checked off, identify a specific place. For example, if a group member checked the item *Museum*, he or she would select a specific museum. If a group member selected *Support Group*, he or she could identify a specific support group.
- For at least one of the specific places identified, find out more information about the place, such as address, hours, costs, activities offered, etc.
- For extra credit, select one place that has been identified and that information is known; visit the place to check it out.

**8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think was the main point or some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at our next group.”

## **Session 3: Starting a Conversation with Someone New, Part I**

### **Topic headings in Handout 4:**

- Tips for starting conversations. (First three items: Find someone who isn't occupied, Choose an interesting topic and Look at the person).

**Session Goal:** Group members will practice the beginning steps of starting a conversation: finding someone who isn't occupied, choosing an interesting topic and looking at the person.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - How they are progressing with their goals? Encourage all efforts.
  - Ask group members whether additional thoughts about goals have come up since last group.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - "Last week we talked about good places to meet people."
  - "Today we are going to talk about how you can start a conversation with someone new."
- 6. Teach material from the handouts.**

### **Motivational teaching strategies:**

- Continue to help members identify reasons that they would want to take the initiative to meet new people. (For example, it might fit a goal they have already set or they may be unsatisfied with their lives in ways that new relationships might help.)

### **Educational teaching strategies:**

- Summarize the main points or ask members to take turns reading topic areas.
- Encourage discussion of main points.

- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives; i.e. brainstorm a list of interesting topics.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Use techniques of social skills training for the first three tasks of starting a conversation: Choose someone who is not occupied, Start off with an interesting topic, and Look at the person. The steps are as follows:
  1. Elicit reasons why these three tips of the skill, “Starting conversations” are important.
  2. Discuss the steps of using a tip. (Choose someone who is not occupied, Start off with an interesting topic, and Look at the person.)
  3. Model using the tip and review the role-play with the group members, asking for their feedback.
  4. Engage a group member in a role-play using the same situation.
  5. Provide positive feedback.
  6. Provide corrective feedback (one suggestion for how the role play could be even better).
  7. Engage the group member in another role-play using the same situation.
  8. Provide additional feedback.
  9. Engage other members in role-plays and provide feedback, as in steps 4 – 8. (In addition to using social skills training techniques to teach skills, use cognitive restructuring to gently challenge any distorted assumptions about starting conversations.)

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor assignments to the individual group member. Possible general assignments include:

- Try starting a conversation with someone using the first three tips. Decide where, when and with whom.
- Do the first step of the skill, “Find someone who isn’t occupied,” and possibly the second, “Think of an interesting topic to start the conversation.”
- Ask a significant other or a staff member to practice how you would start a conversation.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think was the main point or some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at our next group.”



## **Session 4: Starting a Conversation with Someone New, Part II**

### **Topic heading in Handout 4:**

- Tips for starting a conversation. (Items 4-6: Smile and nod your head, Tune in to what the other person is saying, and Avoid telling very personal things about yourself.)

**Session Goal:** Members will practice the skills of tuning in to what the other person is saying, and avoiding telling very personal things about oneself.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Praise efforts toward goals.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Today we will continue to learn ways to start conversations with new people. We will learn how to show the other person we are interested, how to tune into what the other person is saying and how to avoid telling very personal things about ourselves.”

### **6. Teach material from the handout.**

#### Motivational teaching strategies:

- Reinforce steps that members make toward being willing to risk connecting with new people even if they are only thinking about it.
- Help members make the connection between their goals and the ability to talk with other people.

#### Educational teaching strategies:

- Summarize the main points or ask members to take turns reading topic areas.
- Encourage discussion of main points.
- Ask the discussion questions provided in the text.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Using social skills training to do a role-play with all 6 tips to teach the entire skill of starting a conversation. The steps are as follows:

1. Elicit reasons why these three tips of the skill, “Starting conversations” are important.
2. Discuss the steps of using a tip.
3. Model using the tip and review the role-play with the group members, asking for their feedback.
4. Engage a group member in a role-play using the same situation.
5. Provide positive feedback.
6. Provide corrective feedback (one suggestion for how the role play could be even better).
7. Engage the group member in another role-play using the same situation.
8. Provide additional feedback.
9. Engage other members in role-plays and provide feedback, as in steps 4 - 8.

- 7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Try starting a conversation with someone while using all six tips for starting a conversation. Plan this assignment by deciding where, with whom, and when.
- Two less comprehensive options for practice, include making a point to smile and nod your head in one of your daily interactions to show that you are listening. The second option is to ask questions to show your interest during a daily interaction with someone you know. Let members choose which option is a doable challenge for them.
- Ask a significant other or a staff member to help you practice starting a conversation using all six steps

- 8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think was the main point or some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at our next group.”

## **Session 5: Things You Can Say to Develop Closer Relationships.**

### **Topic headings in Handout 4:**

- Strategies for getting closer to people
- Things you can say to develop closer relationships.

**Session Goal:** Group members will practice strategies for saying things to develop closer relationships with people whom they already know.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all good efforts. Reinforce use of the skills. Problem-solve any difficulties doing assignments.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals, and help members to identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last week we talked about ways to show interest during a conversation with a new person, and how to avoid talking about highly personal things early on when meeting people. This week we will talk about getting closer to people we already know.”
  - “We will learn how to express positive feelings toward others, to get to know more about people we have known for a while, and to gradually tell them more about ourselves.”
- 6. Teach material from the handouts.**

Motivational teaching strategies:

  - Help members identify reasons that they would want to develop more closeness with people they already know.
  - Encourage them to imagine how their life might be better if they had closer relationships.

Educational teaching strategies:

- Summarize the main points or ask members to take turns reading the topic areas.
- One way to proceed is to first explain a tip, then brainstorm/discuss it as necessary.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Use the steps of social skills training to teach at least one of the three tips: “Expressing positive feelings and giving compliments,” “Asking the person questions about himself or herself,” and “Telling the person something about yourself.” The steps of social skills training are:

1. Elicit reasons why each of the three tips is important.
2. Discuss the steps of using a tip. (For example “Asking the person questions about himself or herself;,” steps include asking a person what they are thinking or feeling, trying to understand their perspective, and showing them you are interested in knowing more about them.)
3. Model using the tips in a role-play and then review the role-play with group members, asking for their feedback.
4. Engage a group member in a role-play using the same situation.
5. Provide positive feedback.
6. Provide corrective feedback (one suggestion for how the role play could be even better).
7. Engage the group member in another role-play using the same situation.
8. Provide additional feedback.
9. Engage other members in role-plays and provide feedback, as in steps 4 – 8.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Practice talking to a person you already know, using at least one of the three tips learned in today’s class.
- Practice how you would use at least one of today’s tips by role-playing with a family member or a staff member.
- Make a list of the things you could say to someone based on at least one of today’s tips. Use the table, “Things you can say to increase closeness” in your handout to do this.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think was the main point or some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at our next group.”

## **Session 6: Things You Can Do to Develop Closer Relationships, Part I**

### **Topic heading in Handout 4:**

- Things you can do to develop closer relationships. (First three tips: Try to understand the other person's point-of-view, Do things together and, Be willing to compromise.)

**Session Goal:** Group members will practice strategies for doing things to develop closer relationships with people they already know.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Praise efforts toward goals.
  - Help them to identify the next steps toward their goals.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last week we talked about things to say to develop closer relationships. Today we are going to talk things that you can do to develop closer relationships.”
  - “We’ll talk about understanding the other person’s point-of-view, doing things together, and being willing to compromise.”
- 6. Teach material from the handouts.**

Motivational teaching strategies:

  - Help members continue to search for reasons that they would want to develop more closeness to people they already know.
  - Challenge them to think how closeness in relationships can help move toward goals that are important to them.

Educational teaching strategies:

- Summarize the main points or ask members to take turns reading the topic areas.
- Encourage discussion of main points.
- One way to proceed is to first explain a tip, then brainstorm/discuss it as necessary.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Encourage members to identify specific situations in their own lives that they could use these techniques to get closer to people. Role-play the tip: “Try to understand the other person’s point-of-view” by using the steps of social skills training. The steps are:

1. Elicit reasons why the tip is important.
2. Discuss the steps of using that technique. (Examples of steps include asking yourself “what would I feel or think if I were in their shoes?” Then check it out with that person to see if you are correct or not.)
3. Model using the tip in a role-play and then review the role-play with group members, asking for their feedback.
4. Engage a group member in a role-play using the same situation.
5. Provide positive feedback.
6. Provide corrective feedback (one suggestion for how the role play could be even better).
7. Engage the group member in another role-play using the same situation.
8. Provide additional feedback.
9. Engage other members in role-plays and provide feedback, as in steps 4–8.

- 7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Do the first 3 items on the table, “Things you can do to increase closeness” and try out one or several of the ideas you learned in today’s class.
- Practice how you would use at least one of today’s skills by role-playing with a family member or a staff member.

- 8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think was the main point or some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at our next group.”

## **Session 7: Things You Can Do to Develop Closer Relationships, Part II**

### **Topic headings in Handout 4:**

- Things you can do to develop closer relationships. (4th and 5th tips: Show by your actions that you care about the other person and, Be there for the person and help out.)
- Ways you can disclose personal information to develop closer relationships.

**Session Goal:** Members will continue to practice strategies to develop closer relationships with people they already know.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all good efforts. Reinforce use of the skills. Problem-solve any difficulties doing assignments.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - How they are progressing with their goals? Encourage all efforts.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Today we will continue to learn two more ways to develop a closer relationships to people we already know. We will learn to show by our actions that we care about the person and to help the person out in times of need.”
  - “We are also going to talk about ways you can gradually disclose personal information to develop closer relationships.”
- 6. Teach material from the handouts.**

Motivational teaching strategies:

  - Challenge members to decide if they are satisfied with their relationships as they are.
  - If not, encourage them to imagine closer relationships.

Educational teaching strategies:

- Summarize the main points or ask members to take turns reading the topic areas.
- Encourage discussion of main points.
- One way to proceed is to first explain a tip, then brainstorm/discuss it as necessary.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Encourage members to identify specific situations in their own lives that they could use the techniques to get closer to people.
- For the section, “ Ways to disclose personal information”, use examples of conversation topics in which members can choose from different levels of disclosure depending on the closeness of the relationship that is being developed. Examples could include one’s past mental health treatment, personal finances such as amount of money in the bank and debts, or a problem area in the shared relationship with that person.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor general assignment to the individual group member. Possible general assignments include:

- Make a list of the kinds of things you could do to show the other person you care, or list examples of what you could do to help someone who needed your help.
- Practice how you would use at least one of today’s skills by role-playing with a family member or a staff member.
- Identify someone you want to be closer to. Practice using at least one of the three skills learned in today’s class.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think was the main point or some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at the next module, “Using Medication Effectively.”



## **Group Session Guide for Handout #5: Using Medications Effectively**

**Session 1: The Role of Medication in Managing Symptoms**

**Session 2: Identifying and Responding to Side Effects**

**Session 3: Making Informed Decisions about Medication**

**Session 4: Getting the Best Results from Medication**

### **Introduction:**

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

### **Overall Goals:**

- ❖ **Members will better understand the place of medications in the total picture of treatment and recovery from mental illness. Group members will be challenged to identify the benefits of their own medication.**
- ❖ **Group members will be challenged to identify the side effects of their own medication. Members will also identify ways to respond to side effects that they experience.**
- ❖ **Group members understand the importance of weighing the pros and cons of taking medication effectively. Members will also learn skills to develop a partnership with their doctor and nurse as a way to collaborate on the task of taking medications effectively.**
- ❖ **Members will learn specific strategies to get the most benefit out of their medication.**

*Steps of Leading IMR Group Sessions*

<i>Step</i>	<i>Time</i>
1. Informal socializing (greeting & welcoming members)	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review home assignments.	5-10 minutes
4. Follow up on the goals of 2-3 members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

*The average length of a group session is usually 45 minutes to 1-1/2 hour*

## **Session 1: The Role of Medication in Managing Symptoms**

### **Topic headings in Handout 5:**

- Why is medication recommended as part of the treatment for mental illness?
- What are your personal beliefs about medication?
- What are the benefits of medication for mental illness?

**Session Goal:** Members will better understand the place of medications in the total picture of treatment and recovery from mental illness. Group members will be challenged to identify the benefits of their own medication.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Any questions about the material that we went over last module?**
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments. See what got in the way: did they forget, did they remember but were unmotivated, did they attempt it but were frustrated, did they do it but did not experience any benefits? Identify the barriers and attempt to problem solve a more effective outcome. Use shaping. (Praise members for taking small steps toward doing effective homework.)
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Be alert for members who have already chosen some aspect of using medications effectively as a goal. Help them make the connection between their goal and what will be covered in this module.
  - Provide encouragement to help members identify the next steps they are going to take towards their goals.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Today we’re going to talk about the use of medications to help people manage symptoms of mental illness so they are able to do things in their life that are important to them.”
  - “ We will also talk about specific medications commonly taken, and to start to identify what benefits you get from your own medication, if you are taking medication.”

## 6. Teach material from the handout.

### Motivational teaching strategies

- Understand medication as a possibly critical aid to managing symptoms.
- Connect the benefits of medication to reaching desired goals.

### Educational teaching strategies

- Summarize or take turns reading topic areas.
- Encourage discussion of main points.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.
- Refer members to Appendix 1-4 to obtain detailed information on the benefits of the specific medication that they are taking.

### Opportunities for cognitive-behavioral teaching strategies:

- Reinforce members' efforts towards informed decision making on using medications
- Identify members' efforts to modify distorted beliefs about medications

**7. Ask group members to do a home assignment related to the topic.** The group leader should suggest a general assignment. Check with members to assist them, if necessary, to tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some members to do only part of the assignment or a scaled down version of the assignment. It is helpful for members to select the best day, time, location, etc. to do the assignment. Ideas for general home assignments are listed below:

### **“Let’s talk about a way that you can practice the information that we learned today into areas of your own life.”**

- Complete the table, “Benefits from Medications” I have used. Encourage members to use the Appendix pages at the end of the handout to assist them to complete the assignment.
- Review the handout material from this session with a significant other and ask their opinion on how medications have benefited you.

## **8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”

## **Session 2: Identifying and Responding to Side Effects**

### **Topic headings in Handout 5:**

- Which medications are used to improve psychiatric symptoms?
- What are the side effects of medications? (And how to respond to those side effects.)

**Session Goal:** Group members will be challenged to identify the side effects of their own medication. Members will also identify ways to respond to side effects that they experience.

**1. Informal socializing** (Greetings, welcoming people to group)

**2. Briefly review previous session.** Ask group members what they thought were the most important points.

**3. Review home assignments.** It is critical in this module for members to attempt to gain a clear understanding of the benefits and the side effects they receive from their medication. If necessary, spend additional time with the group exploring these concerns. The use of Appendix pages 1-4 is encouraged, as is having members talk to significant others and to medical staff to expand their understanding of the benefits and side effects. These are all opportunities for members to recognize the real effects that their medication taking contributes to symptom management.

**4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**

- Ask about specific goals of members.
- How they are progressing with their goals? Encourage all efforts.
- Ask group members whether additional thoughts about goals have come up since last group.

**5. Set the agenda for today's session.**

- “Last group we talked about the ways that medication benefit us. Today we are going to talk about side effects that result from medication.”
- “We will also identify ways to respond to the side effects that are experienced.”

**6. Teach material from the handout or review previously taught material**

### **Motivational teaching strategies:**

- Connect the beneficial effects of medication to progress toward pursuing short and long-term goals.

- Focus on managing medication side effects as a critical step to getting the most from medications.

Educational teaching strategies:

- Summarize the main points and take turns reading the topic areas.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.
- Refer members to Appendix 1-4 for detailed information on the side effects of the specific medication that they are taking.
- Refer members to Appendix 5 for a detailed discussion on ways to cope with side effects.

Opportunities for cognitive-behavioral teaching strategies:

- Use techniques of social skills training to practice approaching medical staff to report side effects. The steps are as follows:
  1. Elicit reasons why the skill, “Approaching medical staff as a response to side effects,” is important.
  2. Discuss the steps of the skill. (For example, identifying side effects, making request to meet with nurse or doctor, have questions in mind for meeting.)
  3. Model the step and review the role-play with the group members, asking for their feedback.
  4. Engage a group member in a role-play using the same situation.
  5. Provide positive feedback.
  6. Provide corrective feedback (one suggestion for how the role play could be even better).
  7. Engage the group member in another role-play using the same situation.
  8. Provide additional feedback.
  9. Engage other members in role-plays and provide feedback, as in steps 4-8.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor general assignments to the individual group member. Possible general assignments include:

- Complete the table, “Side Effects from Medications I have Used”. In addition, describe how you responded to past side effects, and how you can respond to current side effects. Members are encouraged to use the Appendix page(s) that matches their own medication as a way to assist them complete the assignment. The Appendix pages can be found at the end of Educational Handout #5.
- When indicated, encourage members to approach medical staff to report significant side effects by having them use the skills from the role-play practiced in today’s group.
- Review the handout material from this session with a significant other and ask their opinion about past and current side effects that you have experienced.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “People in the group did a great job today. I look forward to seeing you all in our next group.”

## **Session 3: Making Informed Decisions about Medication**

### **Topic headings in Handout 5:**

- How do you make an informed decision about medication?
- From your point of view, what are the pros and cons of taking medication?

**Session Goal:** Group members understand the importance of weighing the pros and cons of taking medication effectively. Members will also learn skills to develop a partnership with their doctor and nurse as a way to collaborate on the task of taking medications effectively.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review previous session.** Ask group members what they thought were the most important points.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement to help members identify the next steps they are going to take towards their goals.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last group we talked about the benefits and side effects of taking medication, including ways to respond to side effects.”
  - “This week we are going to learn how people make informed decisions about taking medication effectively. We will also learn ways to get the help of our doctor and nurse to assist us to reach decisions on taking medications effectively.”
- 6. Teach material from the handouts.**

#### Motivational teaching strategies:

- Help members identify the connection between making informed decisions about taking medications effectively, and reaching goals that are important to them.

#### Educational teaching strategies:

- Summarize the main points and take turns reading the topic areas.
- Ask the discussion questions provided in the text.

- Complete the tables, “Questions you can ask your doctor” and “Pros and Cons of Taking Medications.”
- Prompt members to relate material to their own lives.

Opportunities for cognitive-behavioral teaching strategies:

- Use techniques of social skills training to practice asking your doctor and nurse medication questions that were identified in the table, “Questions You Can Ask Your Doctor.” The steps are as follows:
  1. Elicit reasons why knowing how to ask your doctor questions about your medications is important.
  2. Discuss the steps of the skill. (Read over the “Questions you can ask your doctor” in this handout. Prepare specific questions to ask. Practice asking those questions.)
  3. Model the skill and review the role-play with the group members, asking for their feedback.
  4. Engage a group member in a role-play using the same situation.
  5. Provide positive feedback.
  6. Provide corrective feedback (one suggestion for how the role-play could be even better).
  7. Engage the group member in another role-play using the same situation.
  8. Provide additional feedback.
  9. Engage other members in role-plays and provide feedback, as in steps 4-8.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor assignments to the individual group member. Possible general assignments include:

- Members to ask identified medication questions at next scheduled appointment with doctor and nurse.
- From all information gathered so far, complete “The Pros and Cons of Taking Medications” sheet as a way to help make an informed decision about getting the best results from medications.
- Talk to a significant other about your efforts to reach an informed decision about taking medications effectively. Ask them for their opinion.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”



## **Session 4: Getting the Best Results from Medication**

### **Topic headings in Handout 5:**

- If you decide to take medications, how can you get the best results?
- Why is medication so complicated?
- Examples of individual experiences with medications.

**Session Goal:** Members will learn specific strategies to get the most benefit out of their medication.

**1. Informal socializing** (Greetings, welcoming people to group).

**2. Briefly review last session.** Ask group members what they thought were the most important points.

**3. Review home assignments.**

**1. Follow up on the goals of 2-3 group members.**

- Ask about specific goals of members.
- Praise efforts toward goals.
- As members complete goals, help them to set new ones.

**5. Set the agenda for today's session.**

- “Today we will learn specific strategies to help you fit medication taking into your regular daily routine. Since everyone has a different routine, it is important to “tailor” these strategies to meet your own needs. This is called “behavioral tailoring.”
- “We will also hear about experiences that other people have had with their medications.”

**6. Teach material from the handout (or review previously taught material).**

#### **Motivational teaching strategies:**

- Connect medication-taking effectiveness to getting the most benefit from medications, and thus increasing the chance of reaching desired goals.
- Convey hope and confidence that members can make desired changes and accomplish goals.

Educational teaching strategies:

- Summarize the main points and take turns reading the topic areas.
- Ask the discussion questions provided in the text.
- Complete the table; “Strategies for Getting the Best Results from Medication.”
- Prompt members to relate material to their own lives.

Opportunities for cognitive-behavioral teaching strategies:

- Praise members for their willingness to be honest about how they currently take medication.
- Praise members for their willingness to try different strategies in order to get the most out of their medications.

**7. Ask group members to do a home assignment related to the topic. See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:**

- Have members pick at least one specific strategy to “tailor” their medication taking. They can plan the steps to carry out the new behavior(s) and try it out the next week. (Steps may include consulting with medical staff as necessary.)
- If a member chooses to not use medication, they should use “Building Social Support” skills to notify treatment staff and significant supporters of their decision, and they should develop a monitoring and backup plan to protect against the possible increased risk of symptom relapse.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at our next group, “Drug and Alcohol Use.”

## **Group Session Guide for Topic #6: Drug and Alcohol Use**

**Session 1: Understanding Drug and Alcohol Use**

**Session 2: Substance Use and the Stress Vulnerability Model**

**Session 3: Weighing the Pros and Cons of Sobriety**

**Session 4: Developing a Sober Lifestyle**

**Session 5: Making a Personal Sobriety Plan**

**Session 6: Revising Your Personal Sobriety Plan and Putting it into Action**

### **Introduction:**

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

### **Overall Goals:**

- ❖ **Members will understand the effects and reasons for using common substances.**
- ❖ **Members will be able to identify how using drugs and alcohol can affect their mental illness and other parts of their life.**
- ❖ **Members make a decision whether or not to stop or to cut down the use of drugs and alcohol.**
- ❖ **Members who choose to stop or reduce their use of drugs and alcohol learn strategies for leading a sober lifestyle.**
- ❖ **Members who choose to stop or reduce their use of substances complete a personal sobriety plan.**

### Steps of Leading IMR Group Sessions

<i>Step</i>	<i>Time</i>
1. Informal socializing (greeting & welcoming members)	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review home assignments.	5-10 minutes
4. Follow up on the goals of 2-3 members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

*The average length of a group session is usually 45 minutes to 1-1/2 hour*

**Notes:** Some members may not choose to reduce/stop their substance use, and some members may be confirmed non-users of drugs and alcohol. Extra attention might be needed to help those members remain motivated to attend all sessions of this topic area.

Members can be encouraged to attend because of:

- Their desire to help other members through modeling their own sobriety as motivation for others to move toward sobriety.
- Their interest in stopping/reducing another substance, such as caffeine or nicotine.
- Their interest in substituting some other health-related concern such as weight, fitness or medical problems.

In spite of your best attempts to encourage reluctant members to finish the module, occasionally some might clearly indicate they are not willing to continue past Session 2 or 3. Accept their decision and do not push it. Offer the alternative of an “independent study” in which they agree to spend their time away from group working on a step of a personal goal, or learning more about an IMR topic in which they are interested. For example, they could focus on some aspect of building social support, or learning more about the specific medications they use, etc. Customize an agreement in ways that are motivating to the consumer. For example, they could report on their individualized activity to the entire group upon their return. Use your creativity to inspire them.

## **Session 1: Understanding Drug and Alcohol Use**

### **Topic headings in Handout 6:**

- Commonly used substances and their effects
- Why do people use alcohol and drugs?

**Session Goal:** Members understand the effects of specific substances and the common reasons for using them.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments. See what got in the way: did they forget, did they remember but were unmotivated, did they attempt it but were frustrated, did they do it but did not experience any benefits? Identify the barriers and attempt to problem solve a more effective outcome. Use shaping. (Praise members for taking small steps toward doing effective homework.)
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Be alert for members who have already chosen some aspect of reducing substance use as a goal. Help them make the connection between their goal and what will be covered in this module.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Today we’re going to discuss the effects of commonly used substances.”
  - “ We will also discuss some of the reasons that people use drugs and alcohol.”
- 6. Teach material from the handout.**

Motivational teaching strategies:

  - Help members understand that one important step toward recovery is making an informed decision about their use of drugs and alcohol.

Educational teaching strategies:

- Summarize or take turns reading topic areas.
- Encourage discussion of main points.
- Allow plenty of time for interaction.
- It is important that members at first be given ample time to acknowledge the positive effects of using substances before considering the drawbacks to that use.

Opportunities for cognitive-behavioral teaching strategies:

- Reinforce members' movement toward identifying the effects that they experience when using substances. Have members complete Checklist 1.
- Reinforce members' movement toward recognizing the reasons that they use drugs or alcohol.
- Look for low-key ways to help group members change distorted beliefs about the effects and reasons for substance use.

**7. Ask group members to do a home assignment related to the topic.** The group leader should suggest a general assignment. Check with members to assist them, if necessary, to tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some members to do only part of the assignment or a scaled down version of the assignment. It is helpful for members to select the best day, time, location, etc. to do the assignment. Ideas for general home assignments are listed below:

- Members identify the effects that drugs or alcohol have on them.
- Members identify the reasons that they (or someone else they know) use alcohol or drugs. Complete Checklist 1 if it wasn't done during group.
- Members discuss with a significant other the effects and reasons for substance use. Both the group member and significant other may choose to share their experiences.

**8. Summarize the progress made in today's session. Praise all efforts.**

- "We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?"
- "People in the group did a great job today. I look forward to seeing you all in our next group."

## **Session 2: Substance Use and the Stress Vulnerability Model**

### **Topic headings in Handout 6:**

- Substance use and the Stress-Vulnerability Model.
- What are some problems related to alcohol and drugs use?

**Session Goal:** Members will be able to identify how using drugs and alcohol can affect their mental illness and other parts of their life.

- 1. Informal socializing.** (Greetings, welcoming people to group)
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last group we learned about the effects of alcohol and drug use and the common reasons that people use substances.”
  - “Today we will look at the ways that alcohol and drug use especially affects many people with mental illness. We will also look at the unintended consequences that may result from alcohol and drug use.”
- 6. Teach material from the handout.**

**Motivational teaching strategies:**

  - Avoid directly confronting members with the consequences of their substance use. Instead ask questions to encourage them to explore for themselves the possible negative effects.
  - Help them explore how sobriety can help people pursue their personal recovery goals.

Educational teaching strategies:

- Summarize the main points and take turns reading the topic areas.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Look for ways to reinforce members' attempts to identify the negative effects of their substance use, even if the movement is slow and tentative. Have members complete Checklist 2.
- Look for ways to reinforce members' attempts to challenge distorted beliefs that they hold toward their substance use.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor general assignments to the individual group member. Possible general assignments include:

- Describe situations when you (or someone you know) had an increase in symptoms related to drinking or using drugs.
- Make a list of the members of your family who have had alcohol and drug problems at some point in their lives. Do this with a family member or other support person if possible.
- Complete Checklist 2 if it wasn't done during group.

**8. Summarize the progress made in today's session. Praise all efforts.**

- "We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?"
- "People in the group did a great job today. I look forward to seeing you all in our next group."



### **Session 3: Weighing the Pros and Cons of Sobriety**

#### **Topic headings in Handout 6:**

- Weighing the Pros and Cons of Using Substances.
- Deciding to Cut Down or Stop Using Substances.

#### **Session Goals:**

Members weigh the pros and cons of using substances.

Members decide whether or not to cut down or stop using substances.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Praise efforts toward goals.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last group we talked about the unique ways that alcohol and drug use affects many people with mental illness. We also looked at the unintended consequences that may result from alcohol and drug use.”
  - “This week we will explore the pros and cons of using substances.”
- 6. Teach material from the handouts.**

#### **Motivational teaching strategies:**

- Help members to weigh the advantages and disadvantages of using substances and to connect that decision to making progress toward personal goals.

#### **Educational teaching strategies:**

- Summarize the main points and take turns reading the topic areas.
- Have members fill out Worksheet 1 and 2.
- Check frequently for understanding.
- Ask the discussion questions provided in the text.

Opportunities for cognitive-behavioral teaching strategies:

- Reinforce members' efforts to fill out Worksheet 1 and 2 in a clear manner.
- Look for ways to reinforce members' attempts to challenge distorted beliefs that they identify when weighing out the pros and cons of using alcohol and drugs.
- If necessary, model the use of Worksheet 1 and 2.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor assignments to the individual group member. Possible general assignments include:

- Review the exercise of weighing out the pros and cons of using substances and of sobriety with a significant other or a staff member. Ask for their thoughts and opinions.
- Talk to a significant other or a staff member about any decision that you have reached about substance use.

**8. Summarize the progress made in today's session. Praise all efforts.**

- "We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?"
- "People in the group did a great job today. I look forward to seeing you all in our next group."

## **Session 4: Developing a Sober Lifestyle**

### **Topic headings in Handout 6:**

- Developing a Sober Lifestyle
- Identifying Personal Reasons for not Using Substances
- Dealing With “High Risk” Situations
- Finding New Ways of Getting Your Needs Met
- Examples of People Who are Achieving Personal Recovery Goals
- Abstinence or Cutting Down?

**Session Goal:** Members will begin to develop a personal sobriety plan.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today’s session.**
  - “Last week members made some decisions about cutting down or quitting.”
  - “This week we will identify important steps to achieving sobriety. To help us accomplish those steps, we will start working on identifying the important ingredients to develop a personal sobriety plan.”
- 6. Teach material from the handout.**

### **Motivational teaching strategies:**

- Convey hope and confidence that members will overcome the setbacks that can arise as they work to reduce their use of alcohol and drugs.
- When necessary, members can revisit Worksheet 2 (Pros and Cons of Sobriety) to remind themselves why they decided to cut down or stop using substances.

### **Educational teaching strategies:**

- Summarize the main points and take turns reading the topic areas.

- Prompt members to choose strategies that fit their own lives.
- Break down the content into manageable pieces.
- Members to record any “developing a sober lifestyle” strategies they come up with to use in the next session in their personal sobriety plan

Opportunities for cognitive-behavioral teaching strategies:

- Reinforce behavior that members make toward involving others in their plan.
  - Role-play strategies to remind yourself of the main reasons how your life will be better by cutting down or stopping substance:
1. Help group members identify a strategy for reminding themselves of their major reasons for cutting down or not using substances. (Examples of strategies include: cheerleading with self-talk, reminding yourself of the connection between sobriety and making progress toward personal goals, and talking to others about your reasons for not using substances.)
  2. Discuss the steps of using the specific strategy. For example, cheerleading with self-talk includes deciding on a positive statement, repeating the statement out loud or to oneself, and identifying situations to that the strategy might be needed.
  3. Model using the strategy and review the role-play with the group members, asking for their feedback.
  4. Engage a group member in a role-play using the same situation.
  5. Provide positive feedback.
  6. Provide corrective feedback (one suggestion for how the role play could be even better).
  7. Engage the group member in another role-play using the same situation.
  8. Provide additional feedback.
  9. Engage other members in role-plays and provide feedback, as in steps 4 – 8.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Discuss the “developing a sober lifestyle” strategies you identified with a significant other or a staff person.
- Practice a strategy to remind yourself of one of the major reasons you have decided to reduce or stop using substances.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you next week.”

## **Session 5: Making a Personal Sobriety Plan**

### **Topic headings in Handout 6:**

- Making a Personal Sobriety Plan

**Session Goal:** Members complete a personal sobriety plan.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Praise efforts toward goals.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last week members identified strategies to develop a sober lifestyle.”
  - “This week members will develop a specific plan to reach sobriety goals by listing those strategies on a personal sobriety plan.”
- 6. Teach material from the handout.**

### **Motivational teaching strategies:**

- Encourage even those members who decide to cut down on substance use instead of aiming for sobriety. Let them know that it is often an important step toward sobriety.
- Continue to convey hope and confidence that members will be able to reduce their use of alcohol and drugs.

### **Educational teaching strategies:**

- Discuss what new ideas and strategies members have developed to help them to reach their sobriety goals over the past week.
- Have members make a personal sobriety plan (Worksheet 3).

### **Opportunities for cognitive-behavioral teaching strategies:**

- Reinforce strategies that members choose that fit their own lives.
- Praise steps that members make toward getting needs met in new ways.
- Rehearse strategies to deal with high-risk situations that members identify using the following steps:

1. Help members identify a strategy they would like to use in response to a high-risk situation. (For example, saying no when being offered substances from friends or acquaintances.)
2. Discuss the steps of using the specific strategy being used. (Examples of steps of saying no: decline in a firm voice, don't make excuses for "no," repeat the refusal as needed, offer an alternative activity if it is a friend.)
3. Model using the strategy and review the role-play with the group members, asking for their feedback.
4. Engage a group member in a role-play using the same situation.
5. Provide positive feedback.
6. Provide corrective feedback (one suggestion for how the role-play could be even better).
7. Engage the group member in another role-play using the same situation.
8. Provide additional feedback.
9. Engage other members in role-plays and provide feedback, as in steps 4 – 8.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Discuss your personal sobriety plan with a significant other or a staff person and bring their comments and suggestions to the next session in order to help you revise your plan.
- In rare cases, a group member may be unable to identify a significant other or a staff member to review their plan. These members can be encouraged to review their personal sobriety plan with a group leader.

**8. Summarize the progress made in today's session. Praise all efforts.**

- "We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?"
- "People in the group did a great job today. I look forward to seeing you all at the next session."

## **Session 6: Revising Your Personal Sobriety Plan and Putting it into Action**

### **Topic headings in Handout 6:**

- Recovery from Substance Abuse Problems

### **Session Goal:**

Members will revise their personal sobriety plan as needed.

Members will make plans to put their personal sobriety plan into action.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last week members made a personal sobriety plan.”
  - “This week we will revise the plans based on any new ideas identified in the past week from feedback you received. We will also begin to make plans for putting those ideas into action.”
- 6. Teach material from the handout.**

Motivational teaching strategies:

  - Connect members' use of new sobriety strategies, such as trying new ways of getting needs and dealing with high risk situations, with making progress toward achieving personal recovery goals.
  - Continue to validate the difficulties some members are having as they develop sobriety strategies.

Educational teaching strategies:

  - Discuss what new ideas and strategies members have developed to help them to reach their sobriety goals over the past week.
  - Have members revise their personal sobriety plan (Worksheet 3).

Opportunities for cognitive-behavioral teaching strategies:

- Encourage group members to practice their strategies for finding new ways of getting their needs met. A member who is often bored now that substance use is to be avoided can plan the first steps that he or she could do to get involved in a new activity or hobby. If a person wants to socialize without drugs and alcohol, he or she can plan on how to ask non-substance using acquaintances to do something together. Role-play strategies to deal with situations that members identify using the following steps:

1. Elicit a new strategy that a member wants to use to get needs met in a different way.
2. Discuss the steps of the specific strategy that is selected. (For example the steps of asking a non substance using acquaintance or friend to do an activity are: identify a friend or acquaintance who does not use drugs or alcohol, think of an activity that can be done that does not involve substance use, suggest this activity to your acquaintance or friend, if the person declines that suggestion, ask him or her for an alternative activity.)
3. Model using the strategy and review the role-play with the group members, asking for their feedback.
4. Engage a group member in a role-play using the same situation.
5. Provide positive feedback.
6. Provide corrective feedback (one suggestion for how the role-play could be even better).
7. Engage the group member in another role-play using the same situation.
8. Provide additional feedback.
9. Engage other members in role-plays and provide feedback, as in steps 4 – 8.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Put into action a step of your sobriety plan.
- Discuss your revised personal sobriety plan with a significant other or a staff person. See what further suggestions they make.
- Place copies of your personal sobriety plan in locations that will help you to make use of the plan.
- Give copies of your personal sobriety plan to the people whom you have asked to help support you to follow it.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all at the next module, “Reducing Relapses.”



## **Group Session Guide for Topic #7: Reducing Relapses**

**Session 1: Identifying Triggers of Relapse**

**Session 2: Early Warning Signs of Relapse**

**Session 3: Responding to Signs and Symptoms of Relapse**

**Session 4: Developing a Relapse Prevention Plan**

### **Introduction:**

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

### **Overall Goals:**

- ❖ **Convey confidence that people can reduce the chances of experiencing a relapse in the future.**
- ❖ **Members will understand that developing a specific relapse prevention plan can prevent relapses. Members will identify 1-3 triggers of relapse based on past experiences.**
- ❖ **Members will identify 1-3 personal early signs of relapse.**
- ❖ **Members will identify 1-3 steps of responding to the early warning signs of relapse.**
- ❖ **Members will develop a personal relapse prevention plan that involves the participation of at least one significant other or staff member.**

***Steps of Leading IMR Group Sessions***

<b><i>Step</i></b>	<b><i>Time</i></b>
1. Informal socializing (greeting & welcoming members)	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review home assignments.	5-10 minutes
4. Follow up on the goals of 2-3 members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

***The average length of a group session is usually 45 minutes to 1-1/2 hour***

## **Session 1: Identifying Triggers of Relapse**

### **Topic headings in Handout 7:**

- Introduction
- Why do people have relapses?
- Preventing and reducing relapses
- What are common events or situations that can “trigger” relapses?

**Session Goal:** Members will understand that developing a specific relapse prevention plan can prevent relapses. Members will identify 1-3 triggers of relapse based on past experiences.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments. See what got in the way: did they forget, did they remember but were unmotivated, did they attempt it but were frustrated, did they do it but did not experience any benefits? Identify the barriers and attempt to problem solve a more effective outcome. Use shaping. (Praise members for taking small steps toward doing effective homework.)
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Be alert for members who have already chosen some aspect of reducing relapses as a goal. Help them make the connection between their goal and what will be covered in this module.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today’s session.**
  - “Today we’re going to discuss relapse prevention; how it is possible that people can do things that reduce or prevent relapses and avoid hospitalization.”
  - “ We will also identify specific events or situations in your life that have led to past relapses. Those events or situations that contributed to relapses can be thought of as “triggering” or setting off relapses.”

## **6. Teach material from the handout.**

### Motivational teaching strategies

- Help member understand that it is possible to learn ways to prevent relapses.
- Help members connect preventing relapses to reaching desired goals.

### Educational teaching strategies

- Summarize or take turns reading topic areas.
- Encourage discussion of main points.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

### Opportunities for cognitive-behavioral teaching strategies:

- Be alert for opportunities to challenge mistaken beliefs that members may hold about relapses including assumptions that they are passive victims of relapses.
- Reinforce members' movement toward identifying and monitoring triggers of relapse. Have them list their specific triggers on the first section of the Relapse Prevention Plan located toward the end of Educational Handout 6.

## **7. Ask group members to do a home assignment related to the topic.** The group leader should suggest a general assignment. Check with members to assist them, if necessary, to tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some members to do only part of the assignment or a scaled down version of the assignment. It is helpful for members to select the best day, time, location, etc. to do the assignment. Ideas for general home assignments are listed below:

- Complete the table, "Examples of Common Triggers". Select at least 2 triggers that you have experienced in the past and come up with plans to handle the situations differently in the future.
- Ask a significant other or a staff member to help you identify past triggers of relapse.

## **8. Summarize the progress made in today's session. Praise all efforts.**

- "We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?"
- "People in the group did a great job today. I look forward to seeing you all in our next group."

## **Session 2: Early Warning Signs of Relapse**

### **Topic headings in Handout 7:**

- What are “early warning signs?”
- What are some common early warning signs?
- What are some other early warning signs?
- Do people always recognize that they are experiencing early warning signs?

(Note: the topic heading, “Is there a systematic way to identify your own warning signs?” including the checklist, “Early Signs Questionnaire” found in Education Handout 6 is not presented in this session. It can be used for a home assignment for members who need further help to identify early warning signs.)

**Session Goal:** Members will identify 1-3 personal early signs of relapse.

- 1. Informal socializing** (Greetings, welcoming people to group)
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today’s session.**
  - “Last group we talked about personal triggers that have led to past relapses. Today we are going to work to identify specific warning signs and symptoms that have been early signals of past relapses for you.”
  - “We will also identify ways to respond to early warning signs that are experienced.”

## **6. Teach material from the handout.**

### Motivational teaching strategies:

- Connect the beneficial effects of preventing relapse to progress toward pursuing short and long-term personal goals.

### Educational teaching strategies:

- Summarize the main points and take turns reading the topic areas.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

### Opportunities for cognitive-behavioral teaching strategies:

- Reinforce members' movement toward identifying and monitoring early warning signs and triggers of relapse. Have them list their specific early warning signs on the second section of the Relapse Prevention Plan located toward the end of Educational Handout 6.

## **7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor general assignments to the individual group member. Possible general assignments include:

- Complete the table, “People Who Could Help Me Recognize Early Warning Signs” with a significant other or a staff member.
- If further effort is needed to identify early warning signs, the checklist, Early Signs Questionnaire” can be assigned to specific members.”

## **8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”

## **Session 3: Responding to Signs and Symptoms of Relapse**

### **Topic headings in Handout 7:**

- What can be done when you become aware that you are experiencing an early warning sign of relapse?
- How can you make a relapse prevention plan?

**Session Goal:** Members will identify 1-3 steps of responding to the early warning signs of relapse.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Praise efforts toward goals.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last group we talked about early signs and symptoms of relapse.”
  - “This week we will begin to develop ways to respond to early warning signs. We will begin to develop a relapse prevention plan”.
- 6. Teach material from the handouts.**

#### Motivational teaching strategies:

- Connect responding to early warning signs as a step toward reducing relapses, which contributes to making progress on short and long-term personal goals.

#### Educational teaching strategies:

- Summarize the main points and take turns reading the topic areas.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Reinforce members' efforts toward developing a relapse prevention plan. Have them list their specific responses to early warning signs on the third section of the Relapse Prevention Plan located toward the end of Educational Handout 6.
- Members role-play ways to ask significant others or a staff member to review the relapse prevention plan and to make suggestions on ways to respond to early signs, symptoms and triggers of relapse. Members to also ask their supporters whether they would be willing to play specific roles in carrying out the plan. The role-play steps are:
  1. Elicit reasons why asking others to contribute to and participate in their plan is important.
  2. Discuss ways to approach and ask a significant other or staff member to participate.
  3. Model ways to approach others and review the role-play with the group members, asking for their feedback.
  4. Engage a group member in a role-play using the same situation.
  5. Provide positive feedback.
  6. Provide corrective feedback (one suggestion for how the role-play could be even better).
  7. Engage the group member in another role-play using the same situation.
  8. Provide additional feedback.
  9. Engage other members in role-plays and provide feedback, as in steps 4-8.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor assignments to the individual group member. Possible general assignments include:

- Members to review the plan with a significant other or a staff member. Members to ask for their suggestions on ways to respond to early signs, symptoms and triggers of relapse and ask whether they would be willing to play a specific part in carrying out the plan.

**8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”



## **Session 4: Developing a Relapse Prevention Plan**

### **Topic headings in Handout 7:**

- How can you make a relapse prevention plan? (Note: Members will now expand the plan based on feedback obtained from significant others, which was part of last session's home assignment.)
- Examples of people who have been able to prevent or reduce the number of relapses they experience.
- Summary of main points about preventing or reducing relapses.

**Session Goal:** Members will develop a personal relapse prevention plan that involves the participation of at least one significant other or staff member.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - "This week we will continue to develop a relapse prevention plan. In particular, we will use the suggestions from supporters to further develop our plans."
  - "We will also discuss examples of other people who have been able to prevent or reduce the number of relapses they experience."

- 6. Teach material from the handout.**

Motivational teaching strategies:

- Connect the participation of others in their plan to further reducing the risk of relapse.
- Convey hope and confidence that members can reduce relapses and progress toward their goals.

Educational teaching strategies:

- Summarize the main points and take turns reading the topic areas.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.

- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Reinforce behavior that members make toward involving others in their plan.
- Role-play conversations where members approach significant others to finalize their participation in the member's relapse prevention plan and to give them a copy of the developed plan. The role-play steps are:

1. Elicit reasons why asking others to play an ongoing part in their plan is important.
2. Discuss ways to approach and ask a significant other or staff member to participate.
3. Model ways to approach others and review the role-play with the group members, asking for their feedback.
4. Engage a group member in a role-play using the same situation.
5. Provide positive feedback.
6. Provide corrective feedback (one suggestion for how the role play could be even better).
7. Engage the group member in another role-play using the same situation.
8. Provide additional feedback.
9. Engage other members in role-plays and provide feedback, as in steps 4-8.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Ask a significant other or a staff member to be part of your relapse prevention plan.
- Place a copy of your relapse prevention plan where you can find it easily. Give a copy of your relapse prevention plan to everyone who is playing a part in it

**8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next series of groups, “Coping with Stress.”

## **Group Session Guide for Handout 8: Coping with Stress**

**Session 1: What Causes Stress**

**Session 2: Signs of Stress**

**Session 3: Preventing Stress**

**Session 4: Coping with Stress using Relaxation Techniques**

**Session 5: Additional Strategies to Cope with Stress**

### **Introduction:**

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

### **Overall Goals:**

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

*Steps of Leading IMR Group Sessions*

<i>Step</i>	<i>Time</i>
1. Informal socializing (greeting & welcoming members)	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review home assignments.	5-10 minutes
4. Follow up on the goals of 2-3 members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

*The average length of a group session is usually 45 minutes to 1-1/2 hour*

## **Session 1: What Causes Stress?**

### **Topic headings in Handout 8:**

- Introduction
- What is stress?
- Why is stress relevant to mental illness?
- What makes you feel under stress?

**Session Goal:** Members will identify at least 2 things that are significantly stressful to them.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments. See what got in the way: did they forget, did they remember but were unmotivated, did they attempt it but were frustrated, did they do it but did not experience any benefits? Identify the barriers and attempt to problem solve a more effective outcome. Use shaping. (Praise members for taking small steps toward doing effective homework.)
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Be alert for members who have already chosen some aspect of coping with stress as a goal. Help them make the connection between their goal and what will be covered in this module.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - "Today we're going to discuss what stress is and how different people find different things to be stressful."
  - "We will also identify things that make you feel under stress."
- 6. Teach material from the handout.**

### **Motivational teaching strategies**

- Help members understand that coping with stress increases their ability to pursue personal goals.

- Help members connect the task of identifying areas of stress as an important step toward coping with stress.

Educational teaching strategies

- Summarize or take turns reading topic areas.
- Encourage discussion of main points.
- Ask the discussion questions provided in the text.
- Take time for members to do the 2 checklists.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Group leader or other members can model the identifying of stressful life events or daily hassles by using examples in their own lives
- Challenge members to consider that stress can be reduced or managed through measures they can learn in this module.

**7. Ask group members to do a home assignment related to the topic.** The group leader should suggest a general assignment. Check with members to assist them, if necessary, to tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some members to do only part of the assignment or a scaled down version of the assignment. It is helpful for members to select the best day, time, location, etc. to do the assignment. Ideas for general home assignments are listed below:

- Keep track of daily hassles for a week, using the checklist provided.
- Go over the “Life Events Checklist” and the “Daily Hassles Checklist” with a significant other or a staff member to further identify areas of stress.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”

## **Session 2: Recognizing Signs of Stress**

### **Topic heading in Handout 8:**

- What are the signs that you're under stress?

**Session Goal:** Members will identify 1-3 signs that they are under stress.

**1. Informal socializing** (Greetings, welcoming people to group)

**2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.

**3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments.

**4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**

- Ask about specific goals of members.
- Praise efforts toward goals. Assume that adjustments to goals are to be expected
- As members complete goals, help them to set new ones.

**5. Set the agenda for today's session.**

- “Last group we identified stress in our lives. Today we will take notice of signs that signal we are under stress.”
- “We will also identify strategies for preventing stress.”

**6. Teach material from the handout.**

#### Motivational teaching strategies:

- Connect the beneficial effects of recognizing signs of stress as a step to making progress toward pursuing short and long-term personal goals.

#### Educational teaching strategies:

- Summarize the main points and take turns reading the topic areas.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Take time to do the “Signs of Stress” checklist.
- Check frequently for understanding.

#### Opportunities for cognitive-behavioral teaching strategies:

- Group leader could model ways that they themselves experience stress.
- Reinforce members' movement toward identifying signs of stress.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor general assignments to the individual group member. Possible general assignments include:

- Members to pay attention to instances of stress over the next week and to identify 1-3 signs of their stress.
- Members can then talk to a significant other or a staff member to get their feedback on the member's signs of stress. This can be especially helpful for people who have difficulty identifying signs that they are under stress.

**8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”



## **Session 3: Preventing Stress**

### **Topic heading in Handout 8:**

- How can you prevent stress?

**Session Goal:** Members will identify and prepare to implement at least one strategy for preventing stress.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last group we talked about recognizing signs that we were under stress. This week we will look at ways to identify and use strategies to prevent stress.”
- 6. Teach material from the handouts.**

#### Motivational teaching strategies:

- Continue to raise the hopes of members that they can reduce stress by putting energy into anticipating stressful events and then taking measures to prevent or reduce that stress.
- Help members to understand that preventing stress frees up members to enjoy themselves more and to accomplish more of their goals.

#### Educational teaching strategies:

- Summarize the main points and take turns reading and discussing the various strategies listed in the topic area.
- Prompt members to relate material to their own lives.
- Take time to do the “Strategies for Preventing Stress” checklist.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Help members to choose prevention strategies and to plan when they could do them.
- Reinforce members' efforts to try any of the prevention strategies.
- Look for opportunities to reduce distorted beliefs that members hold about the strategy of actively planning to prevent stress.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor assignments to the individual group member. Possible general assignments include:

- Members to practice a strategy for preventing stress, such as identifying a stressful situation that they anticipate in the next week and then taking measures to avoid or minimize the stress. They will keep track of how that strategy affects their stress level.
- Members can ask a significant other or a staff member to play a role in a prevention strategy, such as joining them in a relaxation walk, or talking about their stressful feelings about an anticipated event.

**8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at our next group.”

## **Session 4: Coping with Stress Using Relaxation Techniques**

### **Topic heading in Handout 8:**

- Relaxation Techniques. (Found in the Appendix of this module. Includes relaxed breathing, muscle relaxation\*, and imaging a peaceful scene.)

**\*Note, do not use the “Neck Rolls” step of the Muscle Relaxation exercise.**

**Session Goal:** To identify and practice one of the relaxation techniques to cope with stress.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that all are occasionally chosen.**
  - Ask about specific goals of members.
  - Praise efforts toward goals. Assume that adjustments to goals are to be expected
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today’s session.**
  - “Last week we worked at ways to identify and use strategies to prevent stress. This group we will learn relaxation techniques to manage stress that cannot be prevented.”
- 6. Teach material from the handout.**

#### **Motivational teaching strategies:**

- Convey hope and confidence that members can cope with stress and progress toward their goals.

#### **Educational teaching strategies:**

- Summarize the main points and take turns reading and practicing the 3 exercises found in “Appendix: Relaxation Techniques. (Note, do not use the “Neck Rolls” step of the Muscle Relaxation exercise.)
- Prompt members to relate the use of these techniques to their own lives.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Reinforce behavior that members make toward practicing the relaxation exercises.
- Look for opportunities to reduce distorted beliefs that members hold about the use of relaxation strategies to manage stress.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Ask members to select one of the relaxation exercises. Suggest they practice it regularly 20 minutes, preferably at least 3 times a week. Have them keep track of how that strategy affects their stress level.
- Ask members to have a significant other or a staff member to participate in a relaxation exercise with them.

**8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”

## **Session 5: Additional Strategies to Cope with Stress**

### **Topic headings in Handout 8:**

- How can you cope with stress effectively?
- Examples of coping effectively with stress.
- How to develop a plan for coping with stress.
- Summary of the main points of coping with stress.

**Session Goal:** To identify and practice an additional strategy to manage stress.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that all are occasionally chosen.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last week we learned three different relaxation methods to help us to manage stress that cannot be avoided. Today we will learn other techniques to help us to cope with stress that cannot be prevented ”
- 6. Teach material from the handout.**

#### Motivational teaching strategies:

- The more different strategies a person has to manage stress, the more effective they will be able to work toward their goals.

#### Educational teaching strategies:

- Summarize the main points and take turns reading the examples of strategies for coping with stress.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Praise members' behavior toward first anticipating stressful events, and then identifying strategies to cope with the expected stress.
- As members chose various strategies, help them decide the “when, where, how, with whom” details of practicing the strategy.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Have members practice the strategy that they have identified. Suggest they practice it regularly 20 minutes, preferably at least 3 times a week. Have them keep track of how that strategy affects their stress level.
- Ask members to have a significant other or a staff member to play some role in the coping exercise that they have selected to practice.

**8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next series of groups, “Coping with Problems and Persistent Symptoms.”

## **Group Session Guide for Topic #9: Coping with Problems and Persistent Symptoms**

- Session 1: A Step-by-Step Model for Problem-Solving and Goal Achievement**
- Session 2: Identifying Common Problems and Persistent Symptoms**
- Session 3: Using the Problem-Solving Model with a Common Persistent Symptom**
- Session 4: Developing a Plan to Cope with a Common Persistent Symptom**
- Session 5: Developing a Plan to Cope with another Common Persistent Symptom**
- Session 6: Developing a Plan to Cope with a Personal Persistent Symptom**

### **Introduction:**

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

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

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

### **Overall Goals:**

- ❖ **Members will begin to learn to use the problem-solving model as a tool to achieve goals.**
- ❖ **Members will identify common problems and persistent symptoms that cause them distress.**
- ❖ **Members will begin to learn to use the problem-solving model to manage identified problems and persistent symptoms.**
- ❖ **Members begin to develop coping strategies to manage specific problems and persistent symptoms.**
- ❖ **Members develop a plan to cope with personal persistent symptoms.**

***Steps of Leading IMR Group Sessions***

<b><i>Step</i></b>	<b><i>Time</i></b>
1. Informal socializing (greeting & welcoming members)	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review home assignments.	5-10 minutes
4. Follow up on the goals of 2-3 members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

***The average length of a group session is usually 45 minutes to 1-1/2 hour***



## **Session 1: A Step-by-Step Model for Problem-Solving and Goal Achievement**

### **Topic headings in Handout 9:**

- Introduction
- The Importance of Coping with Problems
- A Step-by-Step Method for Solving Problems and Achieving Goals

**Session Goal:** Members will begin to learn to use the problem-solving model as a tool to achieve goals.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments. See what got in the way: did they forget, did they remember but were unmotivated, did they attempt it but were frustrated, did they do it but did not experience any benefits? Identify the barriers and attempt to problem solve a more effective outcome. Use shaping. (Praise members for taking small steps toward doing effective homework.)
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Be alert for members who have already chosen some aspect of coping with persistent symptoms as a goal. Help them make the connection between their goal and what will be covered in this module.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Today we’re going to discuss the importance of coping with persistent symptoms in order to prevent them from interfering with important personal goals.”
  - “We will also begin to learn how to use a step-by-step problem solving method for managing persistent symptoms and achieving goals.”

## **6. Teach material from the handout.**

### Motivational teaching strategies

- Help members understand that coping with persistent symptoms increases their ability to pursue personal goals.

### Educational teaching strategies

- Summarize or take turns reading topic areas.
- Encourage discussion of main points.
- Ask open-ended questions to review information and to check for comprehension
- Check frequently for understanding.

### Opportunities for cognitive-behavioral teaching strategies:

- Model the step-by-step problem-solving method to plan a group activity such as a group meal, or a group outing.

**7. Ask group members to do a home assignment related to the topic.** The group leader should suggest a general assignment. Check with members to assist them, if necessary, to tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some members to do only part of the assignment or a scaled down version of the assignment. It is helpful for members to select the best day, time, location, etc. to do the assignment. Ideas for general home assignments are listed below:

- Members to go through the steps of the problem solving model toward achieving a modest personal short-term goal. I.e.: planning a meal, inviting a friend to do an activity together, buying an item that involves decision-making, etc.
- Go over the steps of the problem-solving model with a significant other or a staff member as a way to plan the achieving of a modest short-term goal.

## **8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”

## **Session 2: Identifying Common Problems and Persistent Symptoms**

### **Topic headings in Handout 9:**

- Common Problems
- Persistent Symptoms

**Session Goal:** Members will identify common problems and persistent symptoms that cause them distress.

- 1. Informal socializing** (Greetings, welcoming people to group)
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Praise efforts toward goals. Assume that adjustments to goals are to be expected
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last group learned how to use the problem solving model to achieve goals.”
  - “Today we will learn to identify common problems and persistent symptoms. We will first understand what is meant by persistent symptoms.”
- 6. Teach material from the handout.**

### **Motivational teaching strategies:**

- Help members understand that persistent symptoms can be managed so they don't interfere with a person's enjoyment of life.

### **Educational teaching strategies:**

- Summarize the main points and take turns reading the topic areas.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Take time to do the “Checklist of Common Problems and Persistent Symptoms.”
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Model using the “Checklist of Common Problems and Persistent Symptoms.”

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor general assignments to the individual group member. Possible general assignments include:

- Members can ask a significant other or a staff member to join with them in using the “Checklist of Common Problems and Persistent Symptoms” to conclusively identify one or more of those that they experience.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”

## **Session 3: Using the Problem-Solving Model with a Problem or Persistent Symptom**

### **Topic headings in Handout 9:**

- A step-by-step method for solving problems and achieving goals. (Review this topic from Session 1 as necessary.)

**Session Goal:** Members will begin to learn to use the problem-solving model to manage identified problems and persistent symptoms.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments. Tally the total numbers of the various problems and persistent symptoms that were chosen as a result of last week's practice assignment. These will be used to practice the step-by-step problem-solving model in today's group.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - "Last group we learned about persistent symptoms and we identified one or more that we experienced. This week we will use the step-by-step problem-solving model again. This time we will learn to use it to figure out ways to begin managing the common problems and persistent symptoms we have identified."
- 6. Teach material from the handouts.**

### **Motivational teaching strategies:**

- Continue to help members understand that persistent symptoms can be managed so that they don't interfere with a person's enjoyment of life.

### **Educational teaching strategies:**

- Summarize the main points and take turns reading and discussing the various strategies listed in the topic area.
- Prompt members to relate material to their own lives.

- Take time to model the problem-solving method with a problem or persistent symptom that a number of members have identified.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Reinforce members' efforts to try out the problem-solving model.
- Look for opportunities to reduce distorted beliefs that members hold about being able to manage common problems or persistent symptoms.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor assignments to the individual group member. Possible general assignments include:

- Members to use the problem-solving model with a personal problem or persistent symptom that they have identified.
- Members can ask a significant other or a staff member to assist them in using the problem-solving model with an identified problem or persistent symptom.

**8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “You did a great job today. I look forward to seeing you all at our next group.”

## **Session 4: Developing a Plan to Cope with a Common Persistent Symptom**

### **Topic headings in Handout 9:**

- Strategies for coping with specific problems and persistent symptoms.
- Thinking problems
- Mood problems

**Session Goal:** Members begin to develop coping strategies to manage common persistent symptoms.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that all are occasionally chosen.**
  - Ask about specific goals of members.
  - Praise efforts toward goals. Assume that adjustments to goals are to be expected
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “This group we will learn ways to cope with two common persistent symptoms; thinking problems and mood problems.”
- 6. Teach material from the handout.**

#### **Motivational teaching strategies:**

- Convey hope and confidence that members can cope with mood and thinking problems and make progress toward their goals.

#### **Educational teaching strategies:**

- Summarize the main points and take turns reading and discussing the various strategies listed in the topic areas.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

#### **Opportunities for cognitive-behavioral teaching strategies:**

- Reinforce behavior that members make toward practicing the steps of coping with a specific mood or thinking problem.

- Look for opportunities to reduce distorted beliefs that members hold about the use of these coping strategies.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Ask members to select one of the two persistent symptoms presented in class today and to practice coping strategies to help manage it.
- Ask members to have a significant other or a staff member to play a role in helping to practice a coping strategy for a persistent symptom.

**8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”



## **Session 5: Developing a Plan to Cope with another Common Persistent Symptom**

### **Topic headings in Handout 9:**

- Negative symptoms
- Psychotic symptoms
- Drug or alcohol abuse problems

**Session Goal:** Members continue to develop coping strategies to manage common persistent symptoms.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that all are occasionally chosen.**
  - Ask about specific goals of members.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last week we learned strategies to cope with two common areas of persistent symptoms. Today we will learn strategies for three other common areas persistent symptoms.”
- 6. Teach material from the handout.**

### **Motivational teaching strategies:**

- Being able to solve problems or to cope more effectively with them can help members to overcome some of the obstacles to achieving their goals.

### **Educational teaching strategies:**

- Summarize the main points and take turns reading the coping strategies in the topic areas.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- As members chose various coping strategies, help them decide the “when, were, how, with whom” details of practicing the strategy.
- Use role-plays as needed to help members practice strategies that involve making a request of someone or turning down an unwanted demand. The steps are as follows;

1. Elicit reasons why the specific skill is important.
2. Discuss the steps of the skill.
3. Model the step and review the role-play with the group members, asking for their feedback.
4. Engage a group member in a role-play using the same situation.
5. Provide positive feedback.
6. Provide corrective feedback (one suggestion for how the role play could be even better).
7. Engage the group member in another role-play using the same situation.
8. Provide additional feedback.
9. Engage other members in role-plays and provide feedback, as in steps 4-8.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Have members practice and evaluate the effectiveness of a particular coping strategy they have chosen to practice.
- Ask members to have a significant other or a staff member to play some role in the coping exercise that they have selected to practice.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all next group.

## **Session 6: Developing a Plan to Cope with a Personal Persistent Symptom**

### **Topic headings in Handout 9:**

- Examples of people using coping strategies.
- Plan for coping with problems and persistent symptoms.
- Summary of the main points about coping with problems and persistent symptoms.

**Session Goal:** Members develop a plan to cope with personal persistent symptoms.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Problem-solve any difficulties.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that all are occasionally chosen.**
  - Ask about specific goals of members.
  - Praise efforts toward goals. Assume that adjustments to goals are to be expected
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last week we learned strategies to cope with three common areas of problems or persistent symptoms. Today we will develop a plan to cope with specific problems and persistent symptoms.”
- 6. Teach material from the handout.**

### **Motivational teaching strategies:**

- Help members understand that having a plan to cope with problems or persistent symptoms can give one the confidence to manage those situations.

### **Educational teaching strategies:**

- Summarize the main points and take turns reading the coping in the topic areas.
- Ask the discussion questions provided in the text.
- Take time for members to fill out the “Plan for coping with problems and symptoms” found in Educational Handout #8.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Help “shape” the behavior of members by noticing small steps taken to use strategies selected on their plan.
- Use modeling or role-plays as needed to help members practice those strategies that involve making a request of someone or turning down an unwanted demand. The steps are as follows;
  1. Elicit reasons why the specific skill is important.
  2. Discuss the steps of the skill.
  3. Model the step and review the role-play with the group members, asking for their feedback.
  4. Engage a group member in a role-play using the same situation.
  5. Provide positive feedback.
  6. Provide corrective feedback (one suggestion for how the role play could be even better).
  7. Engage the group member in another role-play using the same situation.
  8. Provide additional feedback.
  9. Engage other members in role-plays and provide feedback, as in steps 4-8.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor a general assignment to the individual group member. Possible general assignments include:

- Have members practice and evaluate the effectiveness of a particular coping strategy they have chosen on their plan.
- Members to review the plan with a significant other or a staff member. When possible, ask a significant other or a staff member to be part of your coping plan.

**8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next series of groups that begin next week, “Getting Your Needs Met in the Mental Health System.”

## **Group Session Guide for Topic #10: Getting Your Needs Met in the Mental Health System**

**Session 1: Community Mental Health Services That Might Be Helpful to You**

**Session 2: Financial and Health Insurance Benefits That You May Be Entitled To**

**Session 3: Advocating for Yourself in the Mental Health System**

### **Introduction:**

This handout provides an overview of the mental health system, including the services and programs available at many mental health centers. Information is provided to help people evaluate what programs they might like to participate in to further their own recovery. Strategies are provided to help people advocate effectively for themselves when they encounter a problem in the mental health system.

### **Overall Goals:**

- ❖ **Members learn about (or review) the range of mental health services available and identify ones that would be helpful to them.**
- ❖ **Members will identify financial and health insurance benefits they are entitled to.**
- ❖ **Members will identify strategies to advocate for themselves in the mental health system.**

### *Steps of Leading IMR Group Sessions*

<i>Step</i>	<i>Time</i>
1. Informal socializing (greeting & welcoming members)	1-2 minutes
2. Review the previous session.	1-3 minutes
3. Review home assignments.	5-10 minutes
4. Follow up on the goals of 2-3 members.	5-10 minutes
5. Set agenda for the session.	1-2 minutes
6. Teach new materials. Include practice of new strategies or skills.	20-25 minutes
7. Agree on individual home assignments to be completed before the next session.	5-10 minutes
8. Summarize progress made in the session.	3-5 minutes

*The average length of a group session is usually 45 minutes to 1-1/2 hour*

**Note:** Group leaders are encouraged to use their judgment to decide how much of the material in this module they need to cover. If members just need a review, or only need to target one specific service, the leaders should customize the curriculum to those needs. However, if members are at a very early stage of understanding and obtaining services and benefits, the pace of the module can be slowed to meet that need.

## **Session 1: Community Mental Health Services That Might Be Helpful to You**

### **Topic headings in Handout 10:**

- What are community mental health centers?
- What are some types of services offered by community mental health centers?
- Which services might be helpful to you?
- How can you find out more about what is involved in participating in specific programs?

**Session Goal:** Members learn about (or review) the range of mental health services and identify ones that might be helpful to them.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last module.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments. See what got in the way: did they forget, did they remember but were unmotivated, did they attempt it but were frustrated, did they do it but did not experience any benefits? Identify the barriers and attempt to problem solve a more effective outcome. Use shaping. (Praise members for taking small steps toward doing effective homework.)
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Be alert for members who have already chosen some aspect of getting their mental health needs met as a goal. Help them make the connection between their goal and what will be covered in this module.
  - Provide encouragement about steps already taken towards goals and help members identify the next steps they are going to take.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Today we’re going to discuss services offered at mental health centers including this agency.”
  - “ We will also identify which of those services might be helpful to you.”

## **6. Teach material from the handout.**

### Motivational teaching strategies

- Help member understand that there are services at mental health centers that can help people deal with their problems and reach goals.

### Educational teaching strategies

- Summarize or take turns reading topic areas.
- Encourage discussion of main points.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

### Opportunities for cognitive-behavioral teaching strategies:

- Reinforce behaviors that members make toward learning more about services on their own.

**7. Ask group members to do a home assignment related to the topic.** The group leader should suggest a general assignment. Check with members to assist them, if necessary, to tailor the assignment to their skill and confidence levels. For example, it may be more realistic for some members to do only part of the assignment or a scaled down version of the assignment. It is helpful for members to select the best day, time, location, etc. to do the assignment. Ideas for general home assignments are listed below:

- Complete the checklist, “Mental Health Services Checklist.” Select at least 2 services that you do not currently receive and think might be helpful. Find out whether those services are available in your area.
- Go over the “Mental Health Services Checklist” with a significant other or a staff member.
- If you are already receiving the mental health services that you desire, make a list of those services and identify how you are benefiting from each.

## **8. Summarize the progress made in today’s session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”



## **Session 2: Financial and Health Insurance Benefits That You May Be Entitled To**

### **Topic headings in Handout 10:**

- Are you entitled to financial benefits?
- Are you entitled to health insurance benefits?

**Session Goal:** Members will identify financial and health insurance benefits they are entitled to.

- 1. Informal socializing** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Praise efforts toward goals.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last group we talked about services that are available at many mental health centers. Today we will learn about financial and health insurance benefits that some people are entitled to.”
- 6. Teach material from the handout.**

### **Motivational teaching strategies:**

- Connect having adequate income and health insurance benefits with being able to solve a problem or achieve a personal goal.

### **Educational teaching strategies:**

- Summarize the main points and take turns reading the topic areas.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

Opportunities for cognitive-behavioral teaching strategies:

- Help members develop a plan to obtain needed financial or health insurance benefits. Help them to identify the addresses, phone numbers, and forms needed, or help them identify ways to get assistance to apply for benefits.
- Help members rehearse ways to request assistance to apply for benefits, or role-play ways to apply for the benefits themselves.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor general assignments to the individual group member. Possible general assignments include:

- Follow through with applying for specific benefits or take small steps toward that task.
- Ask a significant other or a staff member to help you to apply for specific benefits.
- If applying for benefits is not relevant to you, review your budget for the last month; that is, what was your income and what were your expenses in the past month?

**8. Summarize the progress made in today's session. Praise all efforts.**

- “We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?”
- “People in the group did a great job today. I look forward to seeing you all in our next group.”

## **Session 3: Advocating for Yourself in the Mental Health System**

### **Topic headings in Handout 10:**

- How can you advocate for yourself in the mental health system?
- Who can you ask for help if you have a problem with the mental health system?
- Are your needs being met in the mental health system?
- Summary of the main points about getting your needs met in the mental health system.

**Session Goal:** Members will identify strategies to advocate for themselves in the mental health system.

- 1. Informal socializing.** (Greetings, welcoming people to group).
- 2. Briefly review last session.** Ask members what they thought were the most important points and whether they have any questions.
- 3. Review home assignments.** Praise all efforts. Analyze and problem-solve any difficulties in doing assignments.
- 4. Follow up on the goals of 2-3 members on a rotating basis so that the progress of each member is routinely updated.**
  - Ask about specific goals of members.
  - Provide encouragement to help members identify the next steps they are going to take towards their goals.
  - As members complete goals, help them to set new ones.
- 5. Set the agenda for today's session.**
  - “Last group we talked about financial and health insurance benefits that some people are entitled to. Today we are going to learn ways to advocate for ourselves to get our needs met in the mental health system.
- 6. Teach material from the handouts.**

#### Motivational teaching strategies:

- Connect how learning to advocate for oneself can help a member to pursue desired personal goals.

#### Educational teaching strategies:

- Summarize the main points and take turns reading the topic areas.
- Ask the discussion questions provided in the text.
- Prompt members to relate material to their own lives.
- Check frequently for understanding.

### Opportunities for cognitive-behavioral teaching strategies:

- Reinforce members' efforts toward developing advocacy skills. For example, a member may decide to seek the assistance of a consumer advocacy service available in some areas. Or, members might decide to advocate on their own to a complaint investigator or directly to a treatment provider they are not satisfied with.
- Members could rehearse advocacy strategies during group. The steps are:
  1. Elicit reasons why advocating for one's concern is important.
  2. Model ways to approach people to advocate for oneself, using the relevant steps listed under "How can you advocate for yourself in the mental health system?"
  3. Review the role-play with the group members, asking for their feedback.
  4. Engage a group member in a role-play using the same situation.
  5. Provide positive feedback.
  6. Provide corrective feedback (one suggestion for how the role-play could be even better).
  7. Engage the group member in another role-play using the same situation.
  8. Provide additional feedback.
  9. Engage other members in role-plays and provide feedback, as in steps 4-8.

**7. Ask group members to do a home assignment related to the topic.** See the instructions for item #7 of Session 1 of this module for guidelines about how to tailor assignments to the individual group member. Possible general assignments include:

- Ask a significant other or a staff member to assist you in advocating for an identified concern.
- Take some steps towards advocating for yourself on a specific issue (e.g., find out the most appropriate person to talk to).
- Review past experiences with advocating for yourself; what do you think went well about this process, and what do you think did not go so well?

**8. Summarize the progress made in today's session. Praise all efforts.**

- "We talked about a lot of things today. What do you think were some of the main points? What was helpful to you?"
- If members are now finished with the group, some type of "completion ceremony" can be held to recognize the accomplishments of those members.

***Educational Handout #2:***

***Practical Facts about Mental Illness***

*(Adapted to be used in groups)*

*Before I knew about my illness, I was confused and scared by what was happening to me. Nothing made sense. When I heard voices, I used to blame other people or even myself. Now I understand that hearing voices is part of my illness and that there are things that I can do about it.”*

*James, musician, choir director, parent, in recovery from mental illness*

## **Introduction**

This handout provides information about mental illness. Facts are given about how a diagnosis is made, the symptoms, how common it is, and the possible courses of the disorder.

## **How is mental illness diagnosed?**

Mental illnesses are diagnosed based on a clinical interview conducted by a specially trained professional, usually a doctor, but sometimes a nurse, psychologist, social worker or other mental health practitioner. In the interview, there are questions about symptoms you have experienced and how you are functioning in different areas of your life, such as relationships and work.

There is currently no blood test, X-ray, or brain scan that can be used to diagnose mental illness. To make an accurate diagnosis, however, the doctor may also request a physical exam and certain lab tests or blood tests in order to rule out other causes of symptoms, such as a brain tumor or an injury to the brain.

*Mental illness is diagnosed by a clinical interview with a mental health professional.*

**Question:** How long did it take for a mental health professional to accurately diagnose the symptoms you experienced?

## **What causes mental illness?**

Mental illness is nobody's fault. This means that you did not cause the disorder, and neither did your family members or anyone else. Scientists believe that the symptoms of mental illness are caused by a chemical imbalance in the brain. Chemicals called "neurotransmitters" send messages in the brain. When they are out of balance, they can cause the brain to send messages that contain wrong information.

Scientists do not know what causes this chemical imbalance, but they believe that whatever causes it happens before birth. This means that some people have a "biological vulnerability" to develop mental illness, which then develops at a later age.

In addition to biological vulnerability, stress is also believed to play a role in the onset of mental illness and the course of the disorder. The theory of how vulnerability and stress interact with each other is called the "stress-vulnerability model" and is covered in more detail in the handout "The Stress-Vulnerability Model and Treatment Strategies."

Many questions about mental illness remain unanswered. There are many research projects underway to try to learn more about the disorder.

*Mental illness is nobody's fault.*

*Scientists believe that mental illness is caused by a chemical imbalance in the brain.*

Question: What other explanations have you heard about what causes mental illness?

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

Most people develop mental illness as teenagers or young adults, approximately age 16 to age 30. People vary in how often they have symptoms, the severity of their symptoms and how much the disorder interferes with their lives.

Mental illness affects people in very different ways. Some people have a milder form of the disorder and only have symptoms a few times in their lives. Other people have a stronger form and have several episodes, some of which require hospitalization. Some people experience symptoms almost constantly, but do not have severe episodes that require hospitalization.

Mental illness tends to be episodic, with symptoms varying in intensity over time. When symptoms reappear or get worse, this is usually referred to as a “symptom exacerbation” or an “acute episode” or a “relapse.” (More information on this subject is provided in the handout “Reducing Relapses.”) Some relapses can be managed at home, but other relapses may require hospitalization to protect the person or others.

With effective treatment most people with mental illness can reduce their symptoms and live productive, meaningful lives.

*Mental illness tends to be episodic, with symptoms coming and going at varying levels of intensity.*

Question: What has been your experience with symptom relapses?



### **What is schizophrenia?**

Schizophrenia is a major mental disorder that affects many people. About one in every one hundred people (1%) develops the disorder at some time in his or her life. It occurs in every country, every culture, every racial group and at every income level.

Schizophrenia causes symptoms that can interfere with many aspects of people's lives, especially their work and social life. 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.

### **What is Schizoaffective Disorder?**

Schizoaffective disorder is quite similar to schizophrenia. Like schizophrenia, it also can affect all aspects of daily living, including work, social relationships, and self-care skills (such as grooming and hygiene). People with schizoaffective disorder can also experience symptoms of hallucinations, delusions, trouble concentrating, and negative symptoms that will be discussed below.

Many persons with a diagnosis of schizoaffective disorder have had, at a prior time, diagnoses of schizophrenia or bipolar disorder. Frequently, this previous diagnosis is revised to schizoaffective disorder when it becomes clear over time, that the person sometimes experienced symptoms of high mood ("mania") or depression but on other occasions has experienced psychotic symptoms such as hallucinations or delusions even when his or her mood is stable. It is the occurrence of mood problems in addition to periods of thinking problems that distinguishes schizoaffective disorder from schizophrenia.

It is important to know that there are many reasons to be optimistic about the future:

- There is effective treatment for schizophrenia and schizoaffective disorder.
- People with schizophrenia and schizoaffective disorder can learn to manage their illness.
- People with schizophrenia and schizoaffective disorder can lead productive lives.

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

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

*1 in every 100 people develops schizophrenia or schizoaffective disorder at some point in his or her life.*

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

Question: What did you know about schizophrenia or schizoaffective disorder before you had personal experience with it?

## **What are the symptoms of schizophrenia and schizoaffective disorder?**

It is important to keep in mind that the symptoms of schizophrenia and schizoaffective disorder can be found in other mental disorders. Specifying a diagnosis of is based on a combination of different symptoms, how long they have been present, and their severity. Symptoms that occur only when a person has used alcohol or drugs are not included.

No one has the exact same symptoms or is bothered to the same degree. You may, however, recognize having experienced some of the following symptoms:

**“Hallucinations” are false perceptions.** This means that people hear, see, feel or smell something that is not actually there. Hearing voices is the most common type of hallucination.

Some voices might be pleasant, but many times they are unpleasant, saying insulting things or calling people names. When people hear voices, it seems like the sound is coming in through their ears and the voices sound like other human voices. It sounds extremely real.

### Some examples:

- “A voice kept criticizing me and telling me that I was a bad person.”
- “Sometimes I heard two voices talking about me and commenting on what I was doing.”

Many people also experience visual hallucinations, which involves seeing things which are not there.

### Some examples:

- “Once I saw a lion standing in the doorway to my bedroom. It looked so real.”
- “I thought I saw fire coming in the window. No one else saw it.”

**“Delusions” are false beliefs.** This means that people have strong beliefs that are firmly held and unshakeable, even when there is evidence that contradicts them. These beliefs are very individual, and not shared by others in their culture or religion. Delusions seem very real to the person experiencing them, but they seem impossible and untrue to others.

One common delusion is when people believe that others want to hurt them, when they don't (paranoid delusion). Another common delusion is people believing that they have special powers, talents or wealth. Other delusions include people believing that another person or force can control their thoughts or actions, or believing that others are referring to them or talking about them.

Some examples:

- “I believed that someone was trying to poison me.”
- “I was convinced that the TV was talking about me.”
- “I believed that I was fantastically wealthy, in spite of the balance in my bank account.”
- “I thought that people were reading my thoughts.”
- “No matter what the doctor said, I was convinced that I had parasites.”

**A “thought disorder” is confused thinking.** This symptom makes it difficult to stay on the topic, use the correct words, form complete sentences, or talk in an organized way that other people can understand.

Some examples:

- “People told me I jumped from topic to topic. They said I wasn't making sense.”
- “I used to make up words when describing things to my brother, but he said he didn't understand what I was saying.”
- “I'd be talking and suddenly I would stop in the middle of a thought and couldn't continue. It was like I something was blocking my thought.”

**“Cognitive difficulties” are problems with concentration, memory and abstract reasoning.** This means that people might have problems with paying attention, remembering things, and understanding concepts.

Some examples:

- “I had trouble concentrating on reading or watching TV.”
- “I couldn’t remember plans or appointments.”
- “I had problems understanding abstract ideas.”

**A “decline in social or occupational functioning” means spending much less time socializing with other people or being unable to work or go to school.** This symptom is especially important, because it must be present for at least 6 months in order to diagnose schizophrenia.\* It is also important because it has a big impact on people being able to carry out their roles in a wide variety of areas, such as taking care of themselves or their children or their household responsibilities.

Some examples:

- “It became very uncomfortable to spend time with people. I went from loving to go out with friends to dreading it and avoiding it whenever I could.”
- “I couldn’t do the cooking and cleaning any more. Everyday household tasks became absolutely overwhelming to me.”
- “My job was very important to me, but it became increasingly impossible to do it. I tried very hard, but I had trouble with even the most basic tasks. It was very hard to explain to anyone.”

**\*People with symptoms of schizophrenia for less than 6 months duration are diagnosed with a similar disorder, schizophreniform disorder, that may or may not go on to become a diagnosis of schizophrenia.**

**“Disorganized or catatonic behavior”** refers to two different extremes of behavior. Both are relatively rare. “Disorganized behavior” is behavior that appears random or purposeless to others. “Catatonic behavior” refers to when a person stops almost all movement and is immobile (or almost completely immobile) for long periods of time.

An example of disorganized behavior:

- “I used to spend whole days moving all the pots and pans from the kitchen to the basement to the bathroom then back to the kitchen. Then I’d start all over again.”

An example of catatonic behavior:

- “I don’t remember this, but my brother told me that before I started getting help, I used to sit in the same chair for hours and hours. I wouldn’t move a muscle, not even to take a drink of water.”

**“Negative symptoms” are the lack of energy, motivation, pleasure and expressiveness.** Negative symptoms lead to people having problems with initiating and following through with plans, being interested in and enjoying things they used to like, and expressing their emotions to others with their facial expression and voice tone. While these symptoms may be accompanied by feelings of sadness, often they are not.

While others may call these symptoms a sign of laziness, it is NOT laziness.

Some examples:

- “I stopped caring about how I looked. I even stopped taking a shower.”
- “It was so hard to start a conversation with people, even when I liked them.”
- “I didn’t have the energy to go to work or go out with friends or follow through with plans.”

- “Things that used to be fun, like bowling, didn’t seem fun anymore.”
- “People told me they couldn’t tell what I was feeling. They said they couldn’t read my expression. Even when I was interested in what they were saying, they thought I was bored or uninterested.”

*The major symptoms of schizophrenia and schizoaffective disorder are:*

- *hallucinations*
- *delusions*
- *thought disorders*
- *cognitive difficulties*
- *decline in social or occupational functioning*
- *disorganized or catatonic behavior*
- *negative symptoms (lack of energy, motivation, pleasure or emotional expression)*

*No one has exactly the same symptoms or experiences them to the same degree.*

Question: Which of the symptoms have you experienced? You can use the following checklist to record your answer.

***Experiences of symptoms of schizophrenia and schizoaffective disorder***

<b>Symptom of thinking problems</b>	<b>I had this symptom</b>	<b>Example of what happened to me</b>
Hallucinations (hearing, seeing, feeling or smelling something that is not there)		
Delusions (having a strong belief that is firmly held in spite of contrary evidence)		
Thought disorder (difficulty with thinking clearly and expressing myself clearly)		
Cognitive difficulties (problems with concentration, memory and reasoning)		
Decline in social or occupation functioning (less time socializing, problems doing work)		
Disorganized or catatonic behavior (random behavior or remaining motionless)		
Negative symptoms (lack of energy, motivation, pleasure, and emotional expressiveness)		



## **Examples of people who have experienced schizophrenia or schizoaffective disorder**

Some famous people have developed schizophrenia or schizoaffective disorder:

**John Nash** (1928 to present) is an American mathematician who made discoveries in math that had very important applications in the field of Economics. He won the Nobel Prize for Economics in 1994. His story is told in A Beautiful Mind, a book that has also been made into a movie.

**William Chester Minor** (1834 to 1920) was an American Army surgeon who also 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 Nijinski** (1890 to 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 who have developed schizophrenia are not famous, but are quietly leading productive, creative, meaningful lives:

**Mr. X:** 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.

**Ms. Y:** is married and has two children in elementary school. She participates in the home and school association and enjoys gardening.

**Mr. Z:** lives in a group home and volunteers at the zoo. He used to need frequent hospitalizations, but has successfully stayed out of the hospital for 2 years. He is looking for paid employment.

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

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

## **What are common mood problems?**

Mood problems are more common with people who experience schizoaffective disorder, but can also occur to a lesser degree by people who experience symptoms of schizophrenia. Common mood problems include several different symptoms, with the most common ones being high moods, “mania”, and depression. Symptoms that occur only when a person has used alcohol or drugs are not included.

## **What are the symptoms of common mood problems?**

No one has the exact same symptoms or is bothered to the same degree by mood problems. You may, however, recognize having experienced some of the following symptoms:

**Extremely high moods are called “mania.”** People who have had periods of mania have reported the following symptoms:

Feelings of extreme happiness or excitement. “I was so happy with my life; I felt like I was on top of the world. I thought the whole world loved me and worshipped me.”

Feeling irritable. “I thought I had a brilliant plan for making thousands of dollars. I got very irritated when people asked questions that seemed to doubt me.”

Feeling unrealistically self confident. “I sent a hand written script to Steven Spielberg. I was absolutely sure that he would buy it immediately for his next movie.”

Sleeping less. “I felt like I only needed two hours of sleep a night. I was too excited to sleep any more than that.”

Talking a lot. “People told me I was talking all the time; they couldn’t get a word in edgewise. I couldn’t seem to stop myself because I had so much to say.”

Having racing thoughts. “My head was so full of thoughts I couldn’t keep up with them.”

Being easily distracted. “I couldn’t concentrate on what my English teacher was saying because I was distracted by every other sound—the ticking of the clock, the air conditioner humming, a car driving by, someone walking by in the hall, a bird singing outside the window. It was overwhelming.”

Being extremely active. “Sometimes I would work 20 hours a day on my inventions. Or I would re-arrange every stick of furniture in my house—then change it again the next day.”

Having bad judgment. “I thought nothing bad could happen to me, so I spent everything in my bank account, borrowed from everyone I knew, then ran up all my charge cards. I also had a one night stand with someone that I didn’t know at all—I was lucky he didn’t have AIDS or something.”

### **Extremely low moods are called “depression.”**

“Depression” is defined as including:

Sad mood. “I couldn’t see anything positive in my life. Everything seemed dark and negative.”

Eating too little or too much. “When I am depressed, I lost all interest in food. Nothing looks good and I hardly eat anything. I lost ten pounds the last time.”

Sleeping too little or too much. “I had a lot of trouble falling sleep at night. I would lay awake for hours, tossing and turning. Then I would wake up at 4:00 AM and not be able to go back to sleep. Other people I know with depression have the opposite problem. They feel like sleeping all the time—they spend 12 or more hours a day in bed.”

Feeling tired and low energy. “I dragged myself to work each morning, but I could barely answer the phone once I got there. Everything seemed like such an effort.”

Feeling helpless, hopeless, worthless. “I broke up with my boyfriend because I thought I was a loser and he shouldn’t be stuck with me. He deserved better. It seemed like nothing I did turned out right. I saw nothing but heartache in my future.”

Feeling guilty for things that aren’t your fault. “I started feeling responsible for all kinds of things: my brother’s having cerebral palsy, the car accident that happened in front of my house, even the hurricane that blew the roofs off the buildings down in Florida. Somehow I thought it was all my fault.”

Suicidal thoughts or actions. “When I reached the bottom, I felt that the only way out was to leave this world. I thought my wife and kids would be better off without me. Luckily I didn’t do anything to hurt myself, although I considered it.”

Trouble concentrating and making decisions. “It took me over an hour to read a one page letter from my bank. I couldn’t keep my mind focused. And one day I couldn’t go to work because I couldn’t decide what shirt to wear.

*No one has exactly the same symptoms or experiences them to the same degree.*

Question: Which of the symptoms have you experienced?  
You can use the following checklists to record your answer;

## ***Experiences of Common Mood Problems***

<b>Symptom of Mania</b>	<b>I had this symptom</b>	<b>Example</b>
Feeling extremely happy or excited		
Feeling irritable		
Feeling unrealistically self confident		
Sleeping less		
Talking a lot		
Having racing thoughts		
Being extremely active		
Having faulty judgment		

<b>Symptom of depression</b>	<b>I had this symptom</b>	<b>Example</b>
Sad mood		
Eating too little or too much		
Sleeping too little or too much		
Feeling tired and low energy		
Feeling helpless, hopeless, worthless		
Feeling guilty for things that weren't my fault		
Suicidal thoughts or actions		
Trouble concentrating & making decisions		

## **Examples of people who have mood disorders**

Some famous people have developed mood disorders:

**Patti Duke** is an American actress who had her own television series and has starred in movies, including “The Miracle Worker.” She also had a singing and writing career.

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

**Vincent Van Gogh** was one of the most famous painters who ever lived.

**Kay Redfield Jamison** is a psychologist, researcher and writer. In 2001 she won a MacArthur Fellowship, sometimes referred to as “the genius award.”

Other people who have developed mood disorders are not famous, but are quietly leading productive, creative, meaningful lives:

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

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

**Mr. Z** is actively looking for work. He used to need frequent hospitalizations, but has successfully stayed out of the hospital for 3 years.

*There are countless positive examples of people with mood disorders who have contributed to society.*

Questions: Do you know other people with mood disorders?  
If so, what are some examples of their personal strengths?



**Negative opinions and attitudes that some people have about mental illness.**

Some people hold negative opinions and attitudes toward people who have symptoms of mental illness. This is called stigma. Not everyone with mental illness has experienced stigma, although unfortunately, many have.

It is important to know that there are two major laws that protect against discrimination against people with physical or psychiatric disabilities. 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. Research has shown that as the general public gets to know more about mental disorders and as they get to know people who have experienced psychiatric symptoms, their negative beliefs go down.

Many organizations, including the National Institute of Mental Health, the Center for Mental Health Services, the National Alliance for the Mentally Ill, the National Mental Health Association, and the National Empowerment Center, are working on national campaigns to educate the public and create more laws that protect against discrimination. Contact information for these organizations is listed in the Appendix of the “Recovery Strategies” handout.

If you have experienced stigma and/or would like to know more about strategies for responding to stigma, refer to the Appendix to this handout.

*Stigma refers to negative opinions and attitudes about mental illness.*

Question: Have you ever experienced stigma because of psychiatric symptoms?

## **What are some strategies for responding to stigma?**

It may be helpful for you to develop some personal strategies for responding to stigma. There are advantages and disadvantages to each strategy. What you decide to do depends on the specific situation.

Some possible strategies include:

### **Educate yourself about mental disorders**

Sometimes people who experience psychiatric symptoms do not know the facts themselves. They may blame themselves for their symptoms or think they cannot take care of themselves or that 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. One way to fight self-stigma is to educate yourself about psychiatric symptoms and mental disorders, and to be able to separate myths from facts. For example, knowing that no one causes schizophrenia can help you to stop blaming yourself or others.

Another way to fight self-stigma is to belong to a support group or another group where you get to know different people who have experienced psychiatric symptoms. You can locate support groups through organizations such as the Consumer Organization and Networking Technical Assistance Center (CONTAC) and the National Empowerment Center. Contact information is provided for these and other helpful organizations in the Appendix to the "Recovery Strategies" handout.

*The more you know about mental disorders, the more you can combat prejudice, whether it comes from others or from within yourself.*

Correct misinformation in others without disclosing anything about your own experience.

A co-worker might say, “People with mental illness are all dangerous.” You might decide to reply, “Actually, I read a long article in the paper that said that the majority of people with mental illness are not violent. The media just sensationalizes certain cases.”

*To fight stigma, you might decide to correct misinformation without disclosing personal experience.*

Selectively disclose your experience with psychiatric symptoms.

Disclosing information about your own experience with psychiatric symptoms is a personal decision. It’s important to think about how the other person might respond. It’s also important to weigh the risks and benefits to yourself, both in the short term and in the long term. Talking this over with someone in your support system might be helpful.

People vary widely in whether they choose to disclose information about themselves, and if so, how much. You may decide to disclose personal information only to family members or close friends. Or you may disclose information to people only when it becomes necessary. For example, you might need a specific accommodation in order to perform your job.

You may feel comfortable disclosing information in a wide variety of settings. You may even be willing to speak publicly about mental illness for educational or advocacy purposes.

*In certain situations, you might decide to fight stigma by disclosing some of your own experience.*

## Become aware of your legal rights

It's important to educate yourself about the laws against discrimination. Two major laws that protect against unfair treatment are the Americans with Disabilities Act (ADA) and the Fair Housing Act (FHA).

The Americans with Disabilities Act makes it illegal to discriminate against people with physical or psychiatric disabilities in employment, transportation, communication, or recreation. The Fair Housing Act prohibits housing discrimination because of race, color, national origin, religion, sex, family status, or disability (physical or psychiatric).

It is worthwhile to take some time to understand the basic principles of these laws and how they might apply to you. If you feel that your legal rights have been violated, there is a range of possible actions you might take, depending on the situation.

Sometimes it is most effective to speak directly to the person involved. For example, it is usually preferable to approach your employer about the need to provide a reasonable accommodation on the job. An example of a reasonable accommodation would be asking to move your desk to a more quiet area in the office to improve your concentration.

Sometimes it may be more effective to talk to an expert to get advice, support, advocacy, mediation, and even legal help. For example, if a landlord refused to rent you an apartment because of psychiatric symptoms you may need to contact the Office of Fair Housing and Equal Opportunity (FHEO) in the Department of Housing and Urban Development (HUD) for advice and assistance. If an employer was unresponsive to your request for accommodation on the job, you might want to contact the Equal Employment Opportunity Commission (EEOC).

Contact information for the Office of Fair Housing and Equal Opportunity, the Equal Employment Opportunity Commission and other helpful organizations is provided at the “Resources For Responding to Stigma” section near the end of this handout.

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

Question: What strategies have you used to combat stigma?  
You can use the following checklist to answer this question.

## Strategies for Combating Stigma

<b>Strategy</b>	<b>I have used this strategy</b>
Educating yourself about psychiatric symptoms and mental disorders	
Correcting misinformation without disclosing your own experience with psychiatric symptoms	
Selectively disclosing your experience with psychiatric symptoms	
Becoming aware of your legal rights	
Seeking out assistance if your legal rights are violated	
Other Strategies:	

## **Resources For Responding to Stigma**

### **Anti-Stigma organizations and websites:**

#### **Chicago Consortium for Stigma Research**

7230 arbor Drive  
Tinley Park, IL 60477  
Phone: 708-614-2490

#### **Otto Wahl's Homepage and Guide for Stigmabusters**

Dept. of Psychology  
George Mason University  
Fairfax, VA 22030  
Website: [iso.gmu.edu/-owahl.INDEX.HTM](http://iso.gmu.edu/-owahl.INDEX.HTM)

#### **National Stigma Clearinghouse**

245 Eighth Avenue  
Suite 213  
New York, NY 10011  
Phone: 212-255-4411  
Website: [community2.webtv.net/stigmanet/HOMEPAGE](http://community2.webtv.net/stigmanet/HOMEPAGE)

### **Federal agencies:**

#### **Equal Employment Opportunity Commission (EEOC)**

1801 L Street, NW  
Washington, D.C. 20507  
Phone: 202-663-4900  
To locate the nearest office: 1-800-669-4000  
Website: [eoc.gov](http://eoc.gov)

#### **Office of Fair Housing and Equal Opportunity (FHEO)**

Department of Housing and Urban Development  
451 7<sup>th</sup> Street SW  
Washington, D.C. 20410  
Phone: 202-708-1112  
Website: [hud.gov](http://hud.gov)

### **Summary of the main points about mental illness**

- *Mental illnesses affect many aspects of a person's life.*
- *Mental illnesses are very common. 1 out of every 100 people develop schizophrenia or schizoaffective disorder at some point in their life.*
- *People can learn to manage the symptoms of mental illness and lead productive lives.*
- *Mental illnesses are diagnosed by a clinical interview with a mental health professional.*
- *No one has exactly the same symptoms of mental illness or experiences them to the same degree.*
- *Mental illnesses are nobody's fault.*
- *Scientists believe that schizophrenia, schizoaffective disorder and mood problems are caused by chemical imbalances in the brain.*
- *There are countless positive examples of people with mental illness who have contributed to society.*
- *What you do makes a difference in your recovery.*
- *Stigma refers to negative opinions and attitudes that people have about mental illness.*
- *There are many ways to counteract stigma, both as an individual and as part of a group.*