

NAVIGATE Individual Resiliency Training Manual

APRIL 2020 REVISED VERSION

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INTRODUCTION TO IRT: OVERVIEW, LOGISTICS, AND IMPLEMENTATION

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

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

Overview of IRT

What is IRT?

IRT is a modular-based intervention for individuals recovering from a first episode of non-affective psychosis. The diagnoses covered by IRT includes schizophrenia, schizoaffective disorder, and schizophreniform. Its primary aims are to promote recovery by identifying individual strengths and resiliency factors, enhancing illness management, and teaching skills to facilitate functional recovery (and to achieve and maintain personal wellness).

13 comprise IRT, eight of which are recommended as standard modules which should be provided to all individuals participating in IRT. See the chart below.

Outline of IRT

<u>Module</u>	<u>Standard or Individualized?</u>
1. Orientation	Standard
2. Assessment/Initial Goal Setting	Standard
3. Education about Psychosis	Standard
4. Healthy Lifestyles	Standard
5. Developing a Wellness Plan	Standard

6. Processing the Psychotic Episode	Standard
7. Developing Resiliency-Standard Sessions	Standard
8. Building a Bridge to Your Goals	Standard
9. Dealing with Negative Feelings	Individualized
10. Coping with Symptoms	Individualized
11. Substance Use	Individualized
12. Having Fun and Developing Good Relationships	Individualized
13. Developing Resiliency-Individualized Sessions	Individualized

Since the individuals with psychosis and their family members need to know similar information, IRT and Family Education cover similar topics. The overlap of similar information in these topics is helpful because both the individual and supportive persons in treatment receive the same information about psychosis and schizophrenia and the NAVIGATE team members have some flexibility on where the person receives this education. This means that there is sometimes an “overlap” of some the modules in IRT and the modules in Family Education. Here is a chart of the Family Education Modules:

Although it is helpful to know about the overlap between IRT and Family Education, the focus of this manual is on IRT, so the recommended flow of IRT will now be described below.

All individuals should receive the first eight modules, as they represent the foundation of individual treatment for first episode psychosis. After these modules, progress should be formally evaluated, and based on collaborative decision-making, the direction of the next step in the IRT program is determined. For example, for individuals with current substance use problems, the Substance Use module will be pursued. Some individuals may have several problem areas that they want to address. For example, a person who continues to experience auditory hallucinations and lacks friends, might choose to work with an IRT clinician on the “Coping with Symptoms” and “Having Fun and Developing Good Relationships” modules. In essence, the person and clinician jointly determine which problem areas are creating obstacles to personal wellness and use the IRT program as a means to addressing them. Overall, IRT works well if the modules are provided in the order they are listed. However, IRT is designed to be flexible. The IRT clinician can choose to go out of order on the modules if a significant need arises. For example, if a person is struggling with severe symptoms, the IRT clinician can go out of order and introduce Module 10, Coping with Symptoms, in order to give the person the opportunity to get some relief from the symptoms they are experiencing. Of if a person has just experienced a return of symptoms and/or a hospitalization, it would be beneficial to develop a wellness plan, covered in Module 5, as soon as possible.

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

Module #1: Orientation (1-2 sessions)

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

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

Module #2: Assessment/Initial Goal Setting (2-5 sessions)

The goals of this module are to: 1) help the person to define what wellness or "getting their life back on track" means to them; 2) define resiliency and help the person think about their resilient qualities; 3) assess personal strengths and identify areas of their life that they may want to improve; and 4) help the person set a long-term meaningful goal that is broken down into 1 to 3 short-term goals.

This module helps the person define what wellness or getting back on track looks like for them and to orient them to the concept of resilience. The person is asked to consider the concept of resilience and how they define it. The goal is to instill hope and have the person realize that resilience is a characteristic that can help them overcome an initial psychotic episode.

We have included both structured assessment measures (e.g. the Brief Strengths Test and assessments for trauma and substance use) as well as unstructured assessments (e.g., open-ended questions) to elicit information from the person.

The heart of IRT is the setting and pursuing of personally meaningful goals. Therefore, in session individuals identify long-term goals, and break down these goals into shorter-term goals. To aid in this process, we have provided a goal-planning sheet (to track progress on goals). IRT clinicians refer to the completed goal-planning sheet throughout IRT in order to support the person in achieving their goals. IRT clinicians will also revisit the goal setting/tracking process at the end of the standard module set (in Module #8, Building a Bridge to Your Goals).

Module #3: Education about Psychosis (9-13 sessions)

The Education about Psychosis module is designed to teach individuals and their relatives (or other supporters) basic information about psychosis, substance use, and the principles of its treatment. For this reason, it can be helpful if the person and relatives can meet together for educational sessions with the Family Education Program (FEP) clinician. If possible, the FEP clinician could provide the bulk of the education to both relatives and individuals concurrently. When individuals receive this information with their family members there can be less confusion and it allows the IRT clinician to follow-up in the next IRT session to review what the person learned and answer any specific questions that the person may not have wanted to ask with family members present. However, if there are no relatives available or if relatives choose not to participate, the IRT clinician can be the principle provider of education about psychosis to the person. In some situations, the person and relatives may attend FEP sessions together, but the person may also need to process the information independently with the IRT clinician. Or the person may miss some FEP sessions, and the IRT clinician can help them to catch up.

The goals of the Education about Psychosis module are to: 1) elicit information about the person's and relatives' understanding of symptoms, causes, course, substance use problems, interactions between substance use and psychosis, medications, and the impact of stress on their life; 2) provide psychoeducation that addresses gaps in the person's and relative's knowledge about psychosis, substance use, medication, and strategies to cope with stress; and 3) discuss some basic strategies to build resilience. In addition, information is provided about the effects of using different psychoactive substances (such as alcohol and street drugs), common reasons for using substances, and negative effects of using substances. Individuals are also asked to share their experiences with using substances.

If an individual has substance use problems, the Education about Psychosis can be the first opportunity for the IRT clinician to have more in depth discussions about the severity and frequency of substance use along with the reasons that people use substances. As substance use is discussed, it can be helpful to consider how Module 11-Substance Use could be helpful. There are helpful strategies included in the Substance Use module to address the common reasons that people use substances and use behavioral experiments to try out changes to substance use. The IRT clinician should discuss reviewing the substance use module with the individual as part of reviewing these topics in the Education about Psychosis module.

The Education about Psychosis module should facilitate informed decision-making by individuals, help them to develop strategies to foster medication adherence, and contribute to

their understanding of how substance use and stress can affect symptoms. The person is also taught a variety of relaxation techniques for managing stress.

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

Module #4: Healthy Lifestyles (5-8 sessions)

This module provides information and skills to build a healthy lifestyle. It focuses on helping individuals improve nutrition, exercise, and sleep as well as exploring steps to cut down or quit smoking. Concerns about changing diet and increasing activity level are addressed and some possible solutions identified. Individuals are presented with information about specific ways of increasing activity, improving diet, and improving sleep habits. People who are willing to make changes can collaboratively develop a plan for making some changes in diet, activity level, and sleep.

In addition, people are provided with information about smoking, including helping people identify the pro’s and con’s of smoking, and the pro’s and con’s of quitting. Concerns about quitting are normalized and suggestions are provided for coping with these concerns throughout the handouts. Individuals are presented with information about available treatment options for stopping or reducing their smoking. Individuals who are willing to make a change in smoking work with the clinician collaboratively to develop a plan for tobacco reduction or abstinence.

Module #5: Developing a Wellness Plan (2-3 sessions)

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

This module has two primary goals: 1) provide information on the common causes of symptoms returning, how to identify early warning signs, and how to respond to early warning signs, and 2) help the person develop and implement a Wellness Plan.

Individuals and family members are introduced to the idea that symptom return can be prevented, which in turn, can facilitate progress towards personal goals. Individuals work collaboratively with the IRT clinician to develop a 3-part Wellness Plan. In Part 1, individuals are introduced to the three common causes of symptoms returning which are stopping medication, using alcohol or drugs, and difficulty managing high levels of stress and they identify ways to prevent the common causes of symptoms returning. In Part 2, common early warning signs are defined and described. In Part 3, individuals identify action steps to respond to early warning signs. Finally, individuals are walked through the steps of sharing and practicing their Wellness Plan, in collaboration with supportive people in their life.

Module #6: Processing the Psychotic Episode (3-5 sessions)

The goals of this module are to: 1) help the person process the psychotic episode—that is, to help them “tell their story” and help them sort out aspects of their experience when they first had symptoms or when they were first hospitalized that may have been confusing or upsetting; 2) help the person identify positive coping strategies used and resiliency demonstrated during this period; 3) help the person identify and challenge self-stigmatizing beliefs about the experience of psychosis; and 4) develop a positive attitude towards facing life’s challenges ahead.

As this is a sensitive area for many people, this module begins with talking with the person about how to talking about their psychotic episode may be helpful to them, what will be covered in the module topic of their psychotic episode, and the pacing of the module which can match the individual needs. Because people are often reticent to discuss their experience, personal accounts of other individuals with first episode psychosis are reviewed and discussed. Individuals are encouraged to “tell their story” and to create a narrative that helps them process all aspects of their psychotic episode (i.e., precursors, triggers, and effects of the episode).

In order to better understand some of the ways that self-stigmatization may contribute to the person’s distress, symptoms, and problems in social functioning, the second half of this module involves the assessment and challenging of commonly-endorsed beliefs related to self-stigma that people sometimes develop following a first episode of psychosis. For example, people may believe that they are to blame for what happened or that they cannot be trusted because of what happened. Self-stigmatizing beliefs are assessed using a brief standardized questionnaire before and after the psychotic episode has been processed to evaluate change. For those individuals who continue to endorse stigmatizing beliefs, a brief introduction to and practice of cognitive restructuring is provided. At the end of the module, if self-stigmatizing beliefs continue to be present and cause distress, the clinician encourages the person to continue onto the individualized module Dealing with Negative Feelings (#9) for further work with cognitive restructuring.

Module #7: Developing Resiliency--Standard Sessions (3-4 sessions)

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

This module is broken down into two sections that include topics for the standard sessions and the individualized sessions. In the standard resiliency sessions, the following four topics will be covered with all individuals: “Exploring your Resilience,” “Good Things,” “Savoring,” and “Mindfulness.” During the standard sessions, the process of developing resiliency is reviewed. In addition, the person identifies personal qualities that they see as resilient and reviews personal resiliency stories. The person is asked to review the top character strengths that represent them the most, which were originally identified in the Assessment/goal setting module.

The person is also introduced to strategies for paying attention to the good things that happen in their life, strategies for savoring, and learning strategies to practice mindfulness. These activities are designed to help people notice, pay more attention to, and remember positive events that occur throughout their day.

Module #8: Building a Bridge to Your Goals (2-3 sessions)

This module has the following goals: 1) help the person identify a personal goal (if one was not been set earlier) or review the goal that was set in Module 2; 2) review progress towards their goal and make modifications if necessary; and 3) help the person decide whether they will continue regular IRT sessions and if so, which individualized modules they would find helpful.

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

Module #9: Dealing with Negative Feelings (7-12 sessions)

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

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

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

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

Module #10: Coping with Symptoms (2-4 sessions for each symptom selected)

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

This module is recommended for individuals who experience distressing symptoms that interfere with activities, goals, or enjoyment, or for individuals who have completed the "Dealing with Negative Feelings" module and have learned the 5 Steps of CR model of cognitive restructuring, but continue to experience significant distress from specific symptoms. The symptoms that are addressed in this module include depression, anxiety, hallucinations, sleep problems, low stamina and energy, and worrisome or troubling thoughts (e.g., thoughts related to paranoid ideation or delusions of reference). A range of coping strategies is taught

for each symptom, including such strategies as relaxation techniques, cognitive restructuring, distraction, exercise, and mindfulness. Individuals are encouraged to learn to use at least two coping strategies for each of their targeted symptoms.

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

In the Education about Psychosis module, individuals will learn basic information about substance use and the negative effects it has for people with psychosis. The Substance Use module is recommended for individuals who need more help in examining their substance use and more support in making decisions about whether they want to quit or cut down and in learning some strategies for doing so. This module does not require that the person be motivated to become sober—only that they are willing to talk about substance use and to explore its effects. The module is recommended for individuals whose substance use has resulted in significant problems, such as precipitating symptoms, problems in social or role functioning (e.g., school, work), money problems, legal problems, family conflict, or victimization. In addition, because individuals with a first episode of psychosis are vulnerable to developing a substance use disorder, the module is recommended for individuals who use substances regularly but have not yet developed a clear substance abuse problem. The goals of this module are to: 1) enhance motivation to reduce or stop using substances; 2) teach skills for managing urges to use substances, coping with symptoms that precipitate substance use, and dealing with social situations involving substances; and 3) develop a personal prevention plan for those individuals who want to cut down or stop using substances.

In this module, clinicians provide an open and accepting atmosphere for individuals to discuss substance use and whether or not the person is comfortable sharing that information with their family. Individuals learn skills to overcome the common reasons that people use substances and can practice these skills using behavioral experiments. Individuals are taught strategies to increase social support, deal with negative feelings, cope with cravings, and deal with boredom. Lastly, as mentioned above, for individuals who are interested in cutting down or stopping substance use, the clinician helps the person develop a plan to stay on track with cutting down or stopping substance use.

Module #12: Having Fun and Developing Good Relationships (composed of three sub-modules: Having Fun [3-6 sessions], Connecting with People [5-9 sessions] and Improving Relationships [5-9 sessions])

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

This module is broken into 3 sub-modules: Having Fun, Connecting with People and Improving Relationships. The introduction to the module provides an overview of the sub-

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

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

Module #13: Developing Resiliency--Individualized Sessions (2-10 sessions)

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

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

This module can be used either as a stand-alone module or as a source of single resiliency exercises that can be integrated into the first session or two of each of the individualized modules chosen by each person. In the Developing Resiliency standard module, clinicians should discuss with the person their preference for resiliency exercises available in the individualized Developing Resiliency module. When individuals have chosen to complete one or more individualized modules they should also complete one resiliency exercise at the beginning of each module. For example, if a person chooses to complete the “Substance Use” module, they would be encouraged to do a resiliency exercise of their choice at the beginning of that module. If the person chooses not to complete any of the individualized modules, they have the option of doing Developing Resiliency as an individualized stand-alone module, including the opportunity to do all of the resiliency exercises.

Logistics

Implementing the Modules: Topics and Clinical Guidelines

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

Topics provide basic information about a specific subject within a module, as well as checklists for the person to complete, worksheets standard assessment measures as well as home practice options. Thus, for each topic area, there is a handout, which includes text, worksheets, checklists, home practice options, etc. Review and use of these handouts in session may vary depending on the clinician’s and person’s style and circumstances. For example, you can take turns reading a handout aloud with the person, or you can summarize sections for the person in the session and have them review the written handout at home as needed. In addition, there are summary points for review that are both in boxes and at the end of the handouts, and questions throughout each handout designed to facilitate discussion as it is reviewed. You do not have to use the actual handouts in every session, although with most individuals they are useful. Some individuals with very poor reading skills may find the handouts daunting, and clinicians can teach the information in a conversational style, using the handout as a guide for themselves.

The clinical guidelines provide instructions and tips on how to teach the individual the information and skills in a given module. For example, the Education about Psychosis module covers six different topics: 1) What is psychosis? 2) Basic Facts about Alcohol and Drugs 3) Substance Use and Psychosis 4) Medications for Psychosis; 5) Coping with Stress; and 6) Strategies to Build Resilience. The clinical guidelines begin with a listing of the general goals for this module, followed by a listing of the six topic areas. This is meant to orient the clinician to the module in general. Then, clinical guidelines are provided for each topic area, covering the following information: A) overview of the topic area; B) goals for that topic area; C) materials needed (e.g. what handouts are needed for that topic area); D) suggested pacing of the sessions (broken down into a “slow” and “medium” pace); E) teaching strategies (e.g., connecting information to the person’s goal); F) tips for common problems; G) suggestions for evaluating gains; and H) a summary table that clinicians can use to remind themselves of the goals for that topic and therapeutic techniques to help meet them (including suggested probe questions).

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

Session Frequency and Duration

You should expect an individual to take approximately 4-6 months to complete the standard IRT sessions and 6-12 months to complete all IRT sessions, depending on the frequency of

sessions and the learning pace of the person. Each IRT session should be approximately 45-60 minutes (depending on individual's functioning, motivation, etc.), with sessions preferably conducted weekly or once every 2 weeks. However, if scheduling less frequent sessions is critical to keeping the person engaged in IRT, you are encouraged to accommodate to the person's preferences.

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

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

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

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

Location of Sessions

IRT is not merely an office-based treatment. For example, if a person is unwilling to come to the agency, they may be willing to have you come to their home. Or if the person's symptoms interfere with them going out of the home (e.g., paranoia) but they may be comfortable with sessions in the home. In cases where symptoms are interfering with ability to leave the home, the IRT home visits would likely center on learning coping strategies for those symptoms so they are interfering less with the person's activities and functioning.

As an IRT clinician, you will need to liaise with other important individuals in the person's life, including members of the NAVIGATE treatment team and family members and other "indigenous supporters" (with the person's permission; see below for procedures). In addition, a number of the areas addressed by IRT modules, such as Coping with Symptoms, and Having Fun and Developing Good Relationships, may only be effectively targeted via activities conducted outside of the office, such as *in vivo* exercises (e.g., having the person practice a particular social skill with a friend or family member). The ultimate goal of any intervention, including IRT, is that the skills learned in-session generalize to the rest of the person's life and have positive lasting impacts.

Session Organization

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

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

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

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

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

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

- Clinician:** It's good to see you. How are you? How have things been going since we last talked?
- Individual:** My psychiatrist wants to increase my medication. She won't ever listen to me. She just treats me like a nut. What does she care? I'm just a number to her. Those meds make me really sleepy, I can't do my job, I can't stay awake...
- Clinician:** You sound really upset. I wonder...
- Individual:** (interrupting) I am upset, she just wants to hold me back. She's trying to make money for the drug companies.
- Clinician:** So, you feel like your doctor doesn't have your best interests in mind when it comes to your medication? Well, is it fair to say that this should be a top agenda item today, maybe after we cover your home practice and progress towards your goal?

After new material is discussed in session, you and the individual should collaboratively determine an appropriate home practice assignment, and should also try to identify ways that the person's indigenous supporter(s) may assist with the assignment over the coming week. The session should end with you checking in with the person to get their perspective on how the session went. Also, we strongly recommend asking people, particularly those with attention problems, to share what they got out of the session.

Home Practice

Home practice is an essential part of IRT and is something that you need to attend to in every session. There are two major reasons why home practice is a critical component of treatment. First, it helps the person generalize skills from the session to their social environment. For example, a person who has difficulty initiating conversations may work with the clinician in-session on developing appropriate social skills. Home practice then allows the person to practice starting conversations in situations that they encounter in daily life. Second, there is empirical support for the use of home practice. Kazantzis et al. (2000) conducted a meta-analysis (i.e., a statistical review and summary of many studies), and found that home practice assignment and completion of assignments had a moderate impact on treatment outcome. In other words, people who completed home practice were more likely to improve following treatment than people who did not complete home practice.

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

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

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

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

Coordinating IRT with the Family Education Program

NAVIGATE is a comprehensive team-based intervention, and it is important to coordinate IRT with the other components of the program: Family Education Program (FEP), Supported Employment and Education (SEE), and Medication Management. Coordination with FEP is especially important, as was noted earlier in this introduction, its content frequently overlaps with the content of IRT. It is also important to coordinate with IRT because it is recommended that Module 1 (Orientation), Module 3 (Education about Psychosis) and Module 5 (Developing a Wellness Plan) of IRT be done in joint sessions with individuals and their relatives (or other supporters). If possible, the FEP clinician will conduct joint sessions for these modules, using handouts from the FEP manual, which were designed to be applicable to both relatives and individuals. Joint sessions will usually be conducted by the FEP clinician alone, but the IRT clinician could also co-facilitate one or more sessions.

It may not always be feasible for the FEP clinician to provide joint sessions with relatives and the individual, for a variety of reasons such as the following: no relatives are available, relatives are available but the person does not give permission for their involvement, relatives are available but cannot attend sessions, the person is unwilling or unable to attend joint sessions. In such situations, the IRT clinician will provide Module 1, 3 and Module 5 to the person in IRT sessions. Also, the person may benefit from reviewing and processing the information independently in IRT sessions after attending joint sessions. Finally, in some instances, the person may miss some FEP sessions, and the IRT clinician can help them to catch up.

Case Management

Many NAVIGATE teams include a case manager. However, if teams do not include a separate person to do case management, other team members, including IRT clinicians, may be providing case management in addition to their intervention. If you are doing IRT and case management with individuals, you may find it challenging to fit both activities into your sessions. This issue can be addressed in a few ways: 1) Dividing the session into IRT and case management components. This can occur when a person brings in a crisis, such as being in danger of losing their apartment, and needs to address this problem. In that case, you might spend half of your time on case management issues, and the remaining on the IRT topic. If you use this strategy, it is recommended to do the IRT topic in the first part of the session and case management in the second part. 2) Integrating IRT into case management. In essence, situations that arise during case management can be used as a “natural laboratory” to reinforce and practice skills learned during IRT. 3) Scheduling separate IRT sessions and case management sessions as needed. For individuals who have case management needs that are a priority or have several case management needs that need to be addressed.

Miscellaneous Clinical Elements in IRT

1. Collaboration with Natural Supports

Natural supports are non-mental health professionals who by virtue of their relationship and regular contact with the person are potentially in a position to help that person manage their psychiatric illness or make progress towards personal goals. Examples of natural supports include family members, friends, employers, self-help group members, and other members of a community organization. These natural supports are often called “indigenous supporters” because they are people in the person’s natural environment, such as their home, community, work place or school who can help the person pursue their goals. Because of their contact with individuals in “real world” settings, natural supports are often in an ideal position to support illness self-management behaviors and steps towards goals. In addition, engaging natural supports can help the clinician make new resources available to the person that would otherwise not have been tapped (e.g., a job lead).

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

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

- Family members
- Spouse

- Boyfriend/girlfriend
- Roommate(s)
- Friends
- Teacher or school counselor
- Leader or member of their religious group

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

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

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

2. Suicide Risk and Prevention in Early Psychosis

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

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

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

- Male gender
- Single
- Unemployed
- Suicidal ideation and/or previous suicide attempt(s)
- Good premorbid functioning with high personal expectations
- Depression and/or hopelessness
- Substance abuse
- Family history of suicide

Additional factors that may increase the risk of suicidality include:

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

We recommend the Columbia Suicide Severity Rating Scale to assess for suicide risk. There are different versions of the scale for younger adolescents for parents or family members to use that you can find on the following website:

<http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english>

Here is an example of the screener questions that can be asked at the beginning of an IRT session:

Columbia Suicide Severity Rating Scale
Since Last Contact – Self-Report

Please answer questions 1 and 2	Since Last Contact	
	YES	NO
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts of killing yourself?		
If YES , answer all questions 3, 4, 5, and 6. If NO , skip directly to question 6.		
3) Have you thought about how you might do this?	↓	
4) Have you had any intention of acting on these thoughts of killing yourself? (As opposed to you have the thoughts, but you definitely would not act on them?)		
5) Have you started to work out, or actually worked out, the specific details of how to kill yourself and did you intend to carry out your plan?		
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>(For example: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind about hurting yourself or it was grabbed from your hand, went to the roof to jump but didn't; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.)</i>		

Scoring:

Severity of Ideation Subscale - consists of 5 questions that reflect five types of ideation of increasing severity:

- A positive answer to Question 4 or 5 indicating presence of ideation with at least some intent to die in the past one month indicates a severe risk and clear need for further evaluation and clinical management (e.g., triggers immediate referral to mental health services and patient safety precautions).

4 – Active Suicidal Ideation with Some Intent to Act, Without Specific Plan (e.g., I would hang myself [method] and I can't guarantee that I won't do it [intent]).

5 – Active Suicidal Ideation with Specific Plan and Intent (e.g., tomorrow at 1:00pm when I know no one will be home [plan], I am going to [intent] take a handful of Tylenol that I have in my medicine cabinet).

Suicidal Behavior Subscale - includes questions about 4 suicidal behaviors and non-suicidal self-injurious behavior.

- Presence of ANY suicidal behavior (suicide attempt, interrupted attempt, aborted attempt and preparatory behavior) in the past 3 months indicates a severe risk and clear need for further evaluation and clinical management (e.g., triggers immediate referral to mental health services and patient safety precautions)

***Note:** *Endorsement of other questions on the scale could also indicate a need for further evaluation or clinical management depending on population or context, however a positive answer to Question 4 or 5 in the past month or any behavior in the past 3 months indicate the most severely emergent clinical situation.*

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

After attending to the steps described above, you should try to engage individuals who experience suicidal ideation in Module 9 (Dealing with Negative Feelings), Module 10 (Coping with Symptoms), or both. Module 9 teaches cognitive restructuring as a self-management skill reducing negative feelings, which can be especially helpful in addressing mood-related symptoms, including suicidal thinking, depression, anxiety, paranoia, distress related to hallucinations, PTSD, or self-stigmatizing beliefs. This module also includes assessment measures for tracking the effects of teaching cognitive restructuring on reducing symptoms that are associated with suicidality, including hopelessness, depression, anxiety, PTSD symptoms, and self-stigmatizing beliefs. Module 10 is aimed at teaching a range of coping strategies for dealing with symptoms, including depression, anxiety, hallucinations, and delusions, all of which can be related to suicidal thinking (coping strategies for other symptoms

are taught as well, including sleeping difficulties and lack of stamina or energy). Those symptoms that are most strongly associated with the person's suicidal thinking can be targeted for teaching coping strategies.

Although Modules 9 and 10 are Individualized IRT modules, and not Standard modules, they can be taught at any point that suicidal thinking is recognized. Suicidal thinking is a significant symptom that must be addressed immediately, even before the Standard modules have been completed. There are two general approaches to addressing suicidal thinking using Modules 9 or 10 during the provision of the Standard modules. First, you can devote part of each Standard module session that you are working on to teaching information and skills from Module 9 or 10 (e.g., 15 or 20 minutes). Second, you can temporarily suspend work on the Standard modules in order to focus exclusively on Module 9 or 10 in order to maximize the intensity of your focus on the suicidal thinking.

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

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

Ventriglio, A., Gentile, A., Bonfitto, I., Stella, E., Mari, M., Steardo, L., & Bellomo, A. (2016). Suicide in the early stage of schizophrenia. *Frontiers in psychiatry*, 7, 116.
<https://www.frontiersin.org/articles/10.3389/fpsy.2016.00116>

- Columbia Suicide Severity website with training, scales, and resources:
<http://cssrs.columbia.edu>
- Clinical materials available from EPPIC at <http://www.eppic.org.au/>
 - Case management handbook (EPPIC, 2001, pp. 63-66)
 - Managing the acute phase of early psychosis (ORYGEN Youth Health, 2004, pp. 32-34)

3. Flexibility

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

At times, the person's needs may necessitate providing IRT modules out of order, as described above for individuals experiencing significant suicidal ideation. For another example, if a person experiences distressing symptoms such as hallucinations or delusions, it is most helpful to shift as soon as possible to Module 9 (Dealing with Negative Feelings) to learn cognitive restructuring or to Module 10 (Coping with Symptoms) to learn behavioral coping strategies for specific symptoms. As another example, if a person experiences problems with weight gain, they could be guided to Module 4 (Healthy Lifestyles), which provides strategies for nutrition and exercise. After a few sessions learning some of the strategies in Module 4, the IRT clinician could shift back to the other IRT modules, but check in for a few minutes every session with the person on progress and troubleshoot any difficulties they are experiencing in the area of weight.

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

4. Clinical Supervision

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

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

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

1. What module is the individual working on?
2. What is the person's wellness goal(s)?

3. What steps have been taken towards achieving the recovery goal(s)?
4. What is the person's attendance rate?
5. Are home assignments being completed?
6. Are there any problems that currently need to be addressed?
7. How is IRT being coordinated with other elements of the NAVIGATE program (e.g., Family Education, Case Management, Supported Employment and Education, Peer Support, and Medication Management)?

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

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

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

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

1. Define the problem or challenge (everyone participates)
2. Elicit possible strategies/solutions from all clinicians (everyone participates)
3. Evaluate strategies/solutions, identifying pro's and con's of each solution (everyone participates)
4. Choose the best strategy/solution (or combination) to try (done by clinician whose case this is)
5. Make a specific plan to try out the strategy or solution (done by clinician whose case this is)
6. Plan to follow up how the strategy/solution worked in supervision in the next week or two (done by clinician whose case this is)

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

assistance. Problem solving can be used to address the issues identified by the clinician, with the supervisor and other clinicians offering suggestions for solutions.

The fourth possibility is to use the clinical supervision time for continued training. The purpose of the training can be to focus on a specific teaching strategy, module, or component of IRT such as setting goals, developing home assignments, or teaching advanced IRT skills such as eliciting the narrative in the Processing the Episode module or teaching the 5 steps of cognitive restructuring. The IRT supervisor begins by reviewing how and when to use a skill or strategy, models how to use it, asks the clinicians to practice using it in a role-play, and provides feedback. This process mirrors the use of role-plays to practice skills in IRT. For example, if reviewing how to develop home assignments during the session, the IRT supervisor would start by asking what difficulties clinicians have had and how clinicians are currently developing home assignments. The IRT supervisor reviews additional strategies for helping individuals to come up with home assignments and then models in a role-play how they would use one or more of these strategies in a session. The supervisor then elicits the clinicians' feedback at the end of the role play. The clinicians then pair up and practice developing home assignments in role plays and make a plan to try the strategy that they practiced with an individual over the next week or two.

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

5. IRT Contact Sheets and Fidelity

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

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

The fidelity ratings are based upon the key ingredients of IRT, which include items such as setting an agenda, goal setting and follow-up, developing and reviewing home assignments,

using motivational enhancement and educational strategies, cognitive restructuring, and taking a recovery/resiliency focus. The fidelity scale uses a 5 point scale from 1 = unsatisfactory to 5 = excellent. The purpose of monitoring fidelity is to measure the extent to which IRT clinicians are implementing the treatment as intended by the model and to provide IRT clinicians with ongoing feedback about the implementation of IRT. Feedback from listening to the IRT sessions and measuring fidelity can be used during supervision to help clinicians stay faithful to the model. The feedback also can help IRT clinicians assess weaknesses and strengths that can be addressed during supervision leading to better outcomes.

6. Clinician Resources

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

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Appendix 1

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

☐ No Contact

If you have had NO CONTACT with the person in the past month, please check off the box in the upper right hand corner.

Participant ID #: _____

Date: _____

Clinician ID#: _____

Other Staff Attending: _____

Secondary Staff ID: _____

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

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

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

2. People present: (check all that apply)

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

☐ Other Please describe: _____

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

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

5. **Location of contact:**

- ☐ Agency
☐ Community/Home
☐ Telephone
☐ Other (specify) _____

THE FOLLOWING QUESTIONS SHOULD BE COMPLETED AFTER EACH IRT SESSION

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

☐ Yes ☐ Partially ☐ No ☐ NA

7. **Motivational Teaching Strategies Used:**

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

8. **Educational Teaching Strategies Used:**

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

9. **CBT Teaching Strategies Used:**

- ☐ Reinforcement and shaping (positive feedback for steps towards goals, gains in knowledge & skills, follow-through on home assignments)

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

10. Module(s) Addressed:

☐ Module 1 – Orientation	☐ Module 8 – Building a Bridge to Your Goals
☐ Module 2 – Assessment/Initial Goal Setting	☐ Module 9 – Dealing with Negative Feelings
☐ Module 3 – Education about Psychosis	☐ Module 10 – Coping with Symptoms
☐ Module 4 – Healthy Lifestyles	☐ Module 11 – Substance Use
☐ Module 5 – Developing Wellness Plan	☐ Module 12 – Having Fun and Developing Good Relationships
☐ Module 6 – Processing the Psychotic Episode	☐ Module 13 – Developing Resiliency Individualized Sessions
☐ Module 7 – Developing Resiliency standard sessions	

11. Techniques utilized: (choose all that apply)

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

Appendix 2

IRT Fidelity Scale (4/1/14)

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

Clinician: _____ Clinic or Agency: _____
Date of Session: _____ Module & Topic _____
Date of Rating: _____ Name of Rater: _____
Client ID: _____ Overall Session # _____

General Guidelines for Scale

1	2	3	4	5
N/A Unsatisfactory Not Applicable or Not Observed	Needs Improvement	Satisfactory	Very Good	Excellent

- _____ 1. Agenda Setting
- Set specific agenda at the beginning of session
 - Elicit other issues from person for agenda (e.g., "Is there anything specific/any particular issue you would like to talk about today?")
 - Agree on order of agenda items
 - Implement specific agenda
- _____ 2. Goal-setting and Goal Follow-up
- Explore person's desired areas of change or possible goals
 - Help person set a personally meaningful goal
 - Help person break down goal into smaller sub-goals and steps
 - Reinforce steps taken towards goal
 - Problem-solve obstacles to steps, including need for other skills/supports
- _____ 3. Review of Home Assignment
- Review prior home assignment
 - Reinforce any efforts to complete home assignment
 - Identify and problem solve obstacles to completing home assignment
 - Complete Home Assignment in session with person if needed
- _____ 4. Use of IRT Educational Materials
- Utilize handouts and worksheets to guide the session

- Answer and elicits questions
- Stay focused on topic

____ 5. Motivational Enhancement Strategies

- Connect material and session content to person's goals
- Promote hope and positive expectations
- Explore pros and cons of change
- Reinforce "change" talk
- Reframe experiences in a positive light

____ 6. Educational Strategies

- Provide information
- Elicit person's experience related to presented material
- Adapt language to person's preferences
- Break down information into manageable chunks
- Provide interim summaries
- Ask questions to check for understanding

____ 7. Positive Reinforcement and Shaping

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

____ 8. Cognitive Restructuring

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

____ 9. Skills Training Strategies

- Establish/elicite rationale for skill

- Discuss steps of skill
- Model (demonstrate) the skill
- Help person practice the skill in one or more role plays (or other exercise, such as deep breathing)
- Provide feedback, starting with positive
- Help person develop plan to practice skill outside the session, including anticipation of obstacles and problem-solving around those obstacles

_____ 10. Developing Home Assignment

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

_____ 11. Structuring the Session and Using Time Efficiently

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

_____ 12. Therapeutic Relationship

- Convey warmth and empathy
- Express understanding and compassion about unpleasant experiences
- Show flexibility in responding to person's concerns

_____ 13. Recovery/Resiliency Focus

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

_____ 14. Overall Quality of Session

- Materials taught effectively using combination of motivational, educational and cognitive behavioral strategies
- Flexible and responsive to emergent needs, issues or unexpected challenges
- Reduces person distress as needed

Appendix 3 - Additional Resources for Clinicians

Case Management

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

Cognitive Behavior Therapy

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

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

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

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

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

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

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

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

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

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

Tarrier, N. (1992). Management and modification of residual positive psychotic symptoms. In M. Birchwood & N. Tarrier (Eds.), *Innovations in the Psychological Management of Schizophrenia* (pp. 147-169). Chichester, England: John Wiley & Sons.

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

First Episode Psychosis

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

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

First Person Accounts

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

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

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

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

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

Goal Setting

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

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

Home Practice

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

Illness Self-Management Training

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

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

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

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

Motivational Interviewing

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

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

Recovery

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

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

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

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

Resiliency

- Brooks, R., & Gldstein, S. (2004). *The Power of Resilience: Achieving Balance, Confidence, and Personal Strength in Your Life*. New York: McGraw-Hill.
- Bryant, F. B., & Veroff, J. (2007). *Savoring: A new model of positive experience*. Mahwah, NJ US: Lawrence Erlbaum Associates Publishers.
- Lyubomirsky, S. (2008). *The how of happiness: A scientific approach to getting the life you want*. New York: The Penguin Press.
- Neenan, M. (2009). *Developing resilience: A cognitive-behavioural approach*. New York, NY US: Routledge/Taylor & Francis Group.
- Reivich, K., & Shatt.é. (2002). *The Resiliency Factor: 7 Keys to Finding Your Inner Strength and Overcoming Life's Hurdles*. New York: Broadway Books.
- Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York, NY US: Free Press.
- Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist*, 61, 774-788.
- Reivich, K., & Shatt.é. (2002). *The Resiliency Factor: 7 Keys to Finding Your Inner Strength and Overcoming Life's Hurdles*. New York: Broadway Books.

Social Skills Training

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

Substance Abuse in Severe Mental Illness

- Bellack, A. S., Bennet, M. E., & Gearon, J. S. (2007). *Behavioral Treatment for Substance Abuse in People with Serious and Persistent Mental Illness: A Handbook for Mental Health Professionals*. New York: Taylor and Francis.
- Graham, H. L., Copello, A., Birchwood, M. J., Mueser, K. T., Orford, J., McGovern, D., Atkinson, E., Maslin, J., Preece, M. M., Tobin, D., & Georgion, G. (2004). *Cognitive-Behavioural Integrated Treatment (C-BIT): A Treatment Manual for Substance Misuse in People with Severe Mental Health Problems*. Chichester, England: John Wiley & Sons.

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

Stigma

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

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

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

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

Appendix 4-Revisions

Please Read First:

NAVIGATE is a comprehensive treatment program for people who have experienced a first episode of psychosis related to a schizophrenia spectrum disorder. Treatment is provided by a coordinated specialty care (CSC) team, which helps people work toward personal goals and recovery. More broadly, the NAVIGATE program helps clients navigate the road to recovery from an episode of psychosis, including supporting efforts to function well at home, on the job, at school, and in social situations.

The NAVIGATE team includes the following members: director, family clinician, prescriber, Supported Employment and Education (SEE) specialist, Individual Resiliency Training (IRT) clinician, and whenever possible a peer support specialist and a case manager. The positive results of participation in a research study of the RAISE-ETP program (now called NAVIGATE) are described in Kane et al (2015).

The manual you are now reading describes the Individual Resiliency Training (IRT) Program and how to implement it. The manual is a 2020 revision of the IRT manual originally developed for the RAISE-ETP study. The authors of the original manual were David Penn, Piper Meyer-Kalos, and Jennifer Gottlieb. The author of this revision is Piper Meyer-Kalos. The revision updates the original material to reflect 1) new scientific discoveries since the original manual was written and 2) experience with clinics doing NAVIGATE treatment after the completion of the RAISE-ETP study. In Appendix 4, you will find a list of the major revisions made in the IRT manual.

Major Revisions Made to the Original IRT Manual in 2020:

- i. The materials include language that is more person-centered. For example, the terms “individual” and “person” are used instead of client
- ii. Because “recovery” did not resonate with individuals with first episode psychosis, terms such “resiliency,” “wellness” “getting back on track” and “living a happy healthy life” are now emphasized instead.
- iii. Because “relapse” did not resonate with individuals with first episode psychosis, terms such as “symptoms returning” are used instead.
- iv. The stress-vulnerability model is updated.
- v. Home practice assignment options are now consolidated at the end of each topic within a handout rather than interspersed.
- vi. Assessments are updated, including adding assessments of trauma and substance use.
- vii. Topics 1 and 2 of the Alcohol and Drug Use module are now included in the Education about Psychosis module (module 3).

- viii. The Nutrition and Exercise module and the Making Choices about Smoking module are combined into a single module called Healthy Lifestyles, which is now a standard module.
- ix. The clinician guidelines are streamlined when possible.
- x. The modules were re-ordered as follows:

Standard IRT Modules:

1. Orientation
2. Assessment and Goal Setting
3. Education about Psychosis
4. Healthy Lifestyles
5. Developing a Wellness Plan
6. Processing the Episode
7. Developing Resiliency: Part 1
8. Building a Bridge to Your Goals

Individualized IRT modules:

9. Dealing with Negative Feelings
10. Coping with Symptoms
11. Substance Use
12. Having Fun and Developing Relationships
13. Developing Resiliency: Part 2

- xi. Changes were made in individual modules as follows:

#	Title	Changes
1	Orientation	• Changed description of the IRT curriculum to reflect new ordering and titles of modules • Updated the list of treatment options in the NAVIGATE program to include Peer Support and Case Management
2	Assessment and Goal-Setting	• Aligned the Brief Strengths Test with the Description of the Strengths (i.e., same numbering system) • Included “Using Your Strengths” as part of the module • Added assessments of trauma and substance use screener—CRAFFT • Shortened goal-setting
3	Education About Psychosis	• Updated language about symptoms and diagnosis • Added symptoms of mania • Updated the Stress-Vulnerability model • Includes first two topics of the original “Substance Use Module”

		Updated the medication list and added information about long-acting injectables
4	Healthy Lifestyles	- Combined the Diet and Exercise module and the Making Choices about Smoking module into a single module - Added a topic on sleep - Included a focus on trying out simple strategies to make a change in one's health habits - Aligned this module to new module about Healthy Lifestyles in Family Education
5	Developing a Wellness Plan	- Changed relapse prevention plan to wellness plan - Took into consideration that individuals with first episode psychosis may not have much experience with relapse/symptoms returning - Wellness Plan has 3 parts: - Preventing Common Causes of Symptoms Coming back - Being aware of early warning signs - Action Steps for Responding to Early Warning Signs - Encourages people to name or label their own plan (e.g., "Wellness Plan," "Just in Case Plan" "Staying on Track Plan")
6	Processing the Psychotic Episode	Updated the Post-Psychotic Episode Symptom Checklist Assessment
7	Developing Resiliency: Part 1	- Expanded topics to include: Exploring Your Resilience, Good Things, Savoring, and Mindfulness - Updated Finding the Good Things in Each Day to Good Things and added the Good Things Cards
8	Building a Bridge to Your Goals	Updated the order of the modules and the change of healthy lifestyles to the standard modules
9	Dealing with Negative Feelings	- Included new version of PC-L - Included a figure of the thought-feeling model - Updated the card for the 5 Steps of Cognitive Restructuring
10	Coping with Symptoms	Consolidated the clinical guidelines to highlight the identical presentation of the symptom topic handouts

11	Substance Use	• Included CRAFFT Substance Use Screening/Check-in at the beginning of each session • Content reflects that the first two topics of the original Substance Use module are now part of Module 2 (Education about Psychosis) • Provided guidance in every topic to use behavioral experiments to try out strategies that address the common reasons that people use. • Included opportunity to develop a healthy habit while considering cutting down or stopping substance use • Topics focused on addressing common causes of relapse, including dealing with social situations, boredom, negative feelings, and cravings, • Included a plan at the end of the module for people who want to initiate and sustain change in their substance use
12	Having Fun and Developing Relationships	• No significant changes made
13	Developing Resiliency: Part 2	• Savoring and Mindfulness were moved to Developing Resiliency Module part 1

Clinical Guidelines for Orientation

OVERVIEW OF MODULE:

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

Goals

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

Topics

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

SUGGESTED AGENDA:

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

TEACHING STRATEGIES:

- Family members or supportive persons may want to join the orientation session. It can be helpful to include family members or supportive persons when possible. If family members join the session, it can be helpful to spend time in the session with the individual alone to discuss specific concerns or questions.
- Explain the purpose of the orientation session. For example, *“This is a chance for us to tell you about all of the different components of the NAVIGATE program and how we could be the most helpful to you and your family.”*
- Ask the person if they have any pressing concerns. These issues could relate to symptoms, problems, or situations that they feel need to be addressed immediately.
 - Problem-solve any pressing concerns identified at the beginning. Generate a list of strategies to help the person with the problem.
 - If a significant issue is identified, the clinician should explain to the person that time will be set aside at the end of the session to address these issues.
 - Questions are available at the end of the orientation session to elicit these concerns. You can ask one or all of the questions as time permits.
- Give the person a copy of the handout at the beginning of the session. Some people may find it more useful to present the different treatment components in a discussion and take the handout home to read over later.
- Present the information slowly and pause frequently to elicit questions, answer them, and then check for understanding.
- Present a hopeful, upbeat message to the person about their participation in the program after a psychotic episode. Let them know that people can and do get better, go on to accomplish their goals and live rewarding lives.
- Be alert for signs of anxiety or distress in the person during the session. If present then the family could benefit from learning a relaxation skill, use the Relaxation Strategy Handout at the end of this topic area.
 - If the person appears to have difficulty attending to the information, break it down into smaller chunks and stop frequently to check on comprehension and summarize information.
 - If the attention of the person appears to wane over the orientation session, having a 5-minute break may help restore their attention.
 - If you notice some signs of distress or anxiety, it may be helpful to ask them about how they have been coping with the situation.

TIPS FOR COMMON PROBLEMS:

- Individuals may not be interested in treatment or may have attended the IRT session because family members brought them in for treatment. It is common for individuals believe that they do not need treatment for psychosis or mental illness. In the orientation session it can be helpful to talk about how IRT can be helpful to get people back on track with their goals and talk about what is important in their life. It can also be helpful to elicit information about recent stress and upsetting experiences and discuss where IRT could be helpful.

EVALUATING GAINS:

- After completing these topics, it may be helpful to assess how much knowledge the person has retained about the NAVIGATE program and the orientation to IRT. You can assess a person's knowledge using the following questions:
 1. What are the components of the NAVIGATE program, and which ones interest you?
 2. What parts of the IRT program could be helpful to you?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “ORIENTATION”:

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

Introduction to Orientation

Introduction and Module Overview

The topics in this module will take about 1-2 sessions to complete. When you review the topics with your IRT clinician, you will discuss the organization of the NAVIGATE program and the modules within Individual Resiliency Training (IRT). In this topic area you will:

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

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

A Message of Hope:

Many people with psychosis live full and rewarding lives.

Topic #1: NAVIGATE Program Description

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

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

The NAVIGATE Program

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

Many NAVIGATE teams also have one or both of the following interventions:

Treatment	Provider	Aims
Case management	Case manager	• Helps people connect with community resources, such as transportation and housing
Peer Support	Peer Specialist	• Shares their lived experience with mental health challenges and their journey of recovery and resilience

Topic #2: Individual Resiliency Training Orientation

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

Goals of IRT

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

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

Standard Modules

(Recommended for everyone)

Orientation	• Overview of the IRT program.
Assessment/Initial Goal Setting	• Learning about your strengths and areas you would like to improve. • Developing a plan to help you take steps toward your goal.
Education about Psychosis	• Learning facts about your illness, substance use, medications, and coping with stress.
Healthy Lifestyles	• Learning how to stay healthy. • Managing one's nutrition, sleep, exercise and weight. • Evaluate benefits and concerns about quitting smoking.

	Developing a personal plan for tobacco reduction or abstinence.
Developing a Wellness Plan	- Learning about early warning signs and common causes of symptoms returning. - Developing a Wellness plan.
Processing the Psychotic Episode	- Discussing and coming to an understanding of what happened to you. - Learning strategies for addressing negative, self-stigmatizing thoughts.
Developing Resiliency – Standard Sessions	- Learning about your resiliency and resources (and how they can help you achieve your goals). - Learning about strategies to use savoring and mindfulness.
Building a Bridge to Your Goals	- Evaluating the progress on the goals you have set or setting new goals. - Deciding on next steps in terms of IRT (i.e. which individualized modules you might pursue; see below).

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

Individualized Modules

(Determined by need and interest)

Dealing with Negative Feelings	Learning strategies to overcome depression, anxiety, and other distressing feelings.
Coping with Symptoms	Learning strategies to cope with symptoms that maybe upsetting to you.
Substance Use	- Identifying strategies to address the common reasons people use substances such as boredom, social connections, and negative feelings. - Trying out strategies to help you cope with cravings. - Learning strategies to cut down on substance use.
Having Fun and Developing Good Relationships	- Discovering new ways to have fun. - Developing closer and more rewarding relationships.
Developing Resiliency – Individualized Sessions	Increase your knowledge about your strengths and resources (and how they can help you achieve your goals).

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

Questions:

Each person is an individual and comes to the NAVIGATE program for their own reasons.

- How did you learn about the program?
- What are some of the reasons that you and your family decided to join this program?

Questions:

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

- How would you describe the kinds of stress or emotional problems you have been struggling with over the past few months?
- Why do you think these things happened to you?
- Do you have any urgent issues that need to be addressed immediately?
- Are there any critical problems that need to be addressed?

Questions:

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

- How would you describe your life before you developed these recent difficulties?
- What were you doing with your time?
- What did you like to do for fun?

- How has work or school been going lately?
- How much time do you spend with friends?
- What would you like to get out of the IRT program?

What can you expect in IRT?

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

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

Summary Points for Orientation

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

Topic #3: Guide to Relaxed Breathing

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

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

Relaxed Breathing

Breathing fast and taking deep breaths are common responses to feeling stressed. Relaxed breathing is a skill that helps you slow down your breathing and decrease the amount of oxygen going to your brain, which can make you feel more relaxed. The key to this skill is taking a normal breath in (not a deep one) and having a long, slow exhale.

Steps:

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

Home Practice Options

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

1. Practice using relaxed breathing in the coming week. As you get used to it, it is helpful to practice it regularly, such as every day for 5-10 minutes.
2. Try practicing relaxed breathing when you find yourself in a stressful situation.

Clinical Guidelines for Assessment and Initial Goal Setting

OVERVIEW OF MODULE:

This module provides information about helping the individual define wellness and resiliency that will help inform the individual when setting a personal goal. You will help the individual assess their strengths and identify areas of improvement. This leads to working with the individual to help them define their personal goal. People are presented with information about the steps in goal setting and then work with you to complete a goal-planning sheet that breaks down their long-term meaningful goal into 1 to 3 short-term goals, and breaks down the short-term goals into steps.

Goals

1. Help individual to define wellness and identify important resiliency qualities.
2. Assess individual strengths and identify a person's top 5 strengths.
3. Examine satisfaction with areas of a person's life and identify potential areas for change.
4. Help individual set a long-term meaningful goal that is broken down into 1 to 3 short-term goals.

Handouts

1. Getting to Know You
2. Identifying Strengths
3. Satisfaction with Areas of Life
4. Identifying Areas for Improvement
5. Setting Goals

Topic #1: Clinical Guidelines for Getting to Know You

OVERVIEW OF TOPIC:

In this topic of the handout the individual is introduced to the concepts of wellness and resiliency and given an opportunity to consider how they both relate to their life. This topic also begin the process of helping the person look towards the future and establish personally meaningful goals that will be followed up on throughout the rest of IRT.

Goals

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

Handout

Topic 1: Getting to Know You

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Getting to know you. What is resiliency?	Session 1-Getting to know you. What is resiliency? What is a resiliency perspective?
Session 2-What is a resiliency perspective?	

TEACHING STRATEGIES:

- Help the person see the personal benefits of identifying important areas in their life.
- Help the person identify what wellness means to them.
- Introduce the concept of resiliency and what it would mean for someone to be resilient.
- Review the qualities of resiliency and ask the person to identify people who have displayed these qualities and situations where resilient qualities would be most helpful.
- Discuss how a person could share the information that they have learned about wellness with a family member or supporter. Help them practice how to approach a supportive person and bring up the topic of wellness.

TIPS FOR COMMON PROBLEMS:

- Be prepared for some individuals to have difficulty identifying with the concept of wellness. Acknowledge the person's difficulty and share that although difficult at times, wellness is worth the effort.
 - To increase confidence, encourage the individual to talk about past accomplishments.
 - Reframe past challenges as opportunities to learn more about personal strengths and effective coping skills.

EVALUATING GAINS:

- After completing this topic of the module, it may be helpful to assess an individual's knowledge using the following questions:
 1. What does wellness mean to you?
 2. What is resiliency?
 3. What is a resiliency perspective?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR GETTING TO KNOW YOU:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Define the concept of wellness and explore what it means to the individual.	• Review common themes and consumer definitions of wellness. • Help individual identify what wellness means to them.
Define resiliency.	• Introduce the concept of resiliency. • Review the list of resilient qualities. • Ask person to consider how these qualities could be helpful: – <i>“How could having a sense of humor or being more flexible be helpful in a person’s wellness?”</i> • Identify situations or people who have displayed these resilient qualities.
Provide a message of hope and optimism by personalizing wellness and resiliency.	• Help the individual begin to focus on the future. • Acknowledge past difficulties and provide empathy for the difficult situations but encourage the person to think optimistically about the future: – <i>“You have told me about the difficult time you have had adjusting to your problems and difficult experiences. How do you think that experience will help you face difficult situations in the future such as going back to school?”</i> • Encourage the person to think about what goals they would like to achieve. • Explore changes the person would like to make in their life and instill hope that such changes are attainable.

Topic #2: Clinical Guidelines for Identifying Strengths

OVERVIEW OF TOPIC:

This topic helps the person identify strengths that can be used to achieve personally meaningful goals.

Goals

1. Review the purpose of the strengths Assessment.
2. Help the individual identify strengths and evaluate satisfaction with different areas of their life.

Handout

Topic 2: Identifying Strengths

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Introduction to assessment and Brief Strengths Test-part 1	Session 1-Introduction to assessment, Brief Strengths Test,
Session 2- Brief Strengths Test-part 2	

TEACHING STRATEGIES:

- Engage the person in discussion about their personal strengths.
- Help the individual connect the information from the strengths assessment to moving forward in wellness. This information will help better inform the individual on how to proceed forward in setting a personally meaningful goal.
- Ask the person how they define personal strengths and review the rationale for completing the Brief Strengths Test.
- Review answers to the Brief Strengths Test and identify their 5 top strengths. Then ask the person if they identify with the top 5 strengths. If not, ask the person which strengths are more representative using the definitions in the document “Brief Summary of 24 Character strengths.” This document is in the handout, immediately following the questions about identifying the person’s 5 top strengths. Another resource for different ways to take a strengths test can be found at <https://www.authentic happiness.sas.upenn.edu/testcenter>
- There is also a helpful resource to identify ways to use strengths at The Happiness Institute’s Guide to Utilizing Your Strengths at <https://www.drhappy.com.au/wp-content/uploads/The-Happiness-Institutes-Guide-to-Utilising-Your-Strengths.pdf>
- Help the individual read over the different explanations of the character strengths and select ones that best represent them.

TIPS FOR COMMON PROBLEMS:

- Be prepared for some individuals to have difficulty identifying strengths. People who are experiencing significant depression may struggle to identify their strengths.
 - Accept that this may be difficult and try for identifying 2 or 3 strengths if not the top 5.
 - Focus on activities that the individual enjoys and finds challenging. Help the individual to identify which strengths could be associated with those activities.

EVALUATING GAINS:

- After completing this topic of the module, it may be helpful to assess an individual’s knowledge using the following question:
 1. What are your top 5 strengths?

ASSESSMENT INFORMATION

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

Topic #3: Clinical Guidelines for Satisfaction with Areas of My Life

OVERVIEW OF TOPIC:

This topic helps the individual identify areas of life that they are dissatisfied with. The assessment is done collaboratively with immediate feedback to provide the individual with information about possible goals they might like to work on.

Goals

1. Review areas of common areas of life and the person's level of satisfaction with each area.
2. Identify areas of change as possible areas to be addressed in personal goals.

Handout

Satisfaction with Areas of My Life

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Help person complete the Satisfaction with Areas of My Life Worksheet	Session 1- Satisfaction with Areas of My Life

TEACHING STRATEGIES:

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

TIPS FOR COMMON PROBLEMS:

- Be prepared for individual to have difficulty identifying areas for change.
 - This may be difficult if people do not see any potential areas for change or see too many areas for change
 - Try to help each person prioritize what is important to them right now.
 - Suggest how it may be helpful to identify some new resources as possible areas for change.

ASSESSMENT INFORMATION FOR “SATISFACTION WITH AREAS OF MY LIFE”

<i>Goal</i>	<i>Instructions</i>
Completing the Assessment	• Review the life domains and ask individual to think about how satisfied they are with those areas. • Ask individual to rank order their priorities for change from the areas of dissatisfaction.
Scoring the Assessment	• No formal scoring. • Identify areas of satisfaction and dissatisfaction.
Providing Feedback	• Examine both areas of satisfaction and dissatisfaction. • Identify areas of satisfaction that also could be viewed as a resource for the individual. • Normalize the fact that everyone has some areas of their life that are unhappy or they would like to change. • Follow-up with individual about areas of LIFE that are distressing and that the individual would consider addressing when they set a personal goal.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “EXPLORING AREAS FOR IMPROVEMENT”:

<i>Therapeutic Goal</i>	<i>Techniques & Probe Questions</i>
Review areas of common areas of life and the person's level of satisfaction with each area.	• Present information about areas of life in an open and nonjudgmental manner. • Ask follow-up questions about each area of life including for specific examples of how the person is satisfied or not satisfied.
Identify areas of change as possible areas to be addressed in personal goals.	• If the person is not satisfied with an area of life, ask a follow-up question of what the person would like to be better in that area of life. • Once reviewing all of the areas of life, it can be helpful to ask a question about which areas are a priority for change.

Topic #4: Clinical Guidelines for Identifying Areas for Improvement and Developing a Support Network

OVERVIEW OF TOPIC:

This topic helps the individual identify areas of life that may be distressing or upsetting to them as additional areas that could be addressed in goals. The assessment questions include questions to learn more about medications, substance use, suicide risk, and distressing symptoms. The assessment is done collaboratively with immediate feedback to provide the individual with information about possible goals they might like to work on. The individual works with the IRT clinician to identify a supportive person that could be included in treatment.

Goals

1. Identify possible areas of improvement related to symptoms, medications, substance use and stressful life events.
2. Identify individual's support network or strategies to help individual develop a support network.

Handout

Identifying Areas for Improvement and Developing a Support Network

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Explore Areas of Improvement including Trauma and Suicide Assessment,	Session 1- Explore Areas of Improvement including Trauma and Suicide Assessment, and Developing a Support Network
Session 2-Developing a Support Network	

TEACHING STRATEGIES:

- The questions included in this topic on suicide assessment should be used to frequently assess suicide risk.
- Review the questions on the brief suicide risk assessment and consider the following information. *Depression and suicidal ideation are especially common among individuals who feel engulfed and trapped by their illness, and who become hopeless about the future, predicting a loss of social status and limited potential for improvement (Birchwood, 2003). Specifically, suicide risk in early psychosis is highest during the following periods:*
 - *During emerging psychosis (i.e., prodromal phase)*
 - *Immediately prior to hospitalization and immediately following discharge*
 - *Several months following symptom remission (early recovery period)*
 - *After first relapse (i.e., when realization occurs that illness is recurrent)*

Additional factors that may increase the risk of suicidality include:

- *Recent loss of social support*
 - *Isolation/reduced supervision*
 - *Treatment non-adherence*
 - *Environmental stress/conflict (e.g., family conflict or criticism)*
- If the person expresses active suicidal intent, it is important to ask the follow-up questions on the frequency of thoughts, presence of active intent and plan, lethality and availability/feasibility of the plan, and potential obstacles to implementation of the plan.
 - *If an individual expresses active suicidal ideation, hospitalization may be required.*
 - *If a person expresses suicidal thoughts without active intent (e.g., “I’d be better off dead”), ensure that they are willing to contract for safety and be certain that they will be closely monitored.*
 - ***The presence of any suicidal ideation in clients must be communicated immediately to the rest of the NAVIGATE team.***
 - *If a person is actively suicidal and other healthcare providers are unavailable, a member of the NAVIGATE team should contact their local emergency department and ask for the Mental Health Professional or crisis worker on call. The following should be documented in the person’s chart: all risk assessment and safety plans, all supervision and consultative contacts, all contacts with outside providers, current disposition of client, and any other action taken on behalf of the individual.*
 - When assessing for a history of exposure to trauma, the Stressful Life Events Checklist can be administered by self-report or interview.
 - When discussing the questions about prior trauma experiences, the following approaches can be helpful:
 - Prepare the individual by explaining you will ask about some difficult or stressful experiences they may have had in the past

- Be matter-of-fact & use behaviorally specific language
- Avoid “loaded” words such as “abuse” or “rape” unless the person uses them

- Substance Use Screening

The CRAFFT is a screening assessment included in IRT. The CRAFFT screening assessment can be used for people ages 14 and older. The CRAFFT is intended to screen people who are at high risk for alcohol or drug use disorders.

The screening begins by the IRT clinician asking the following 4 questions:

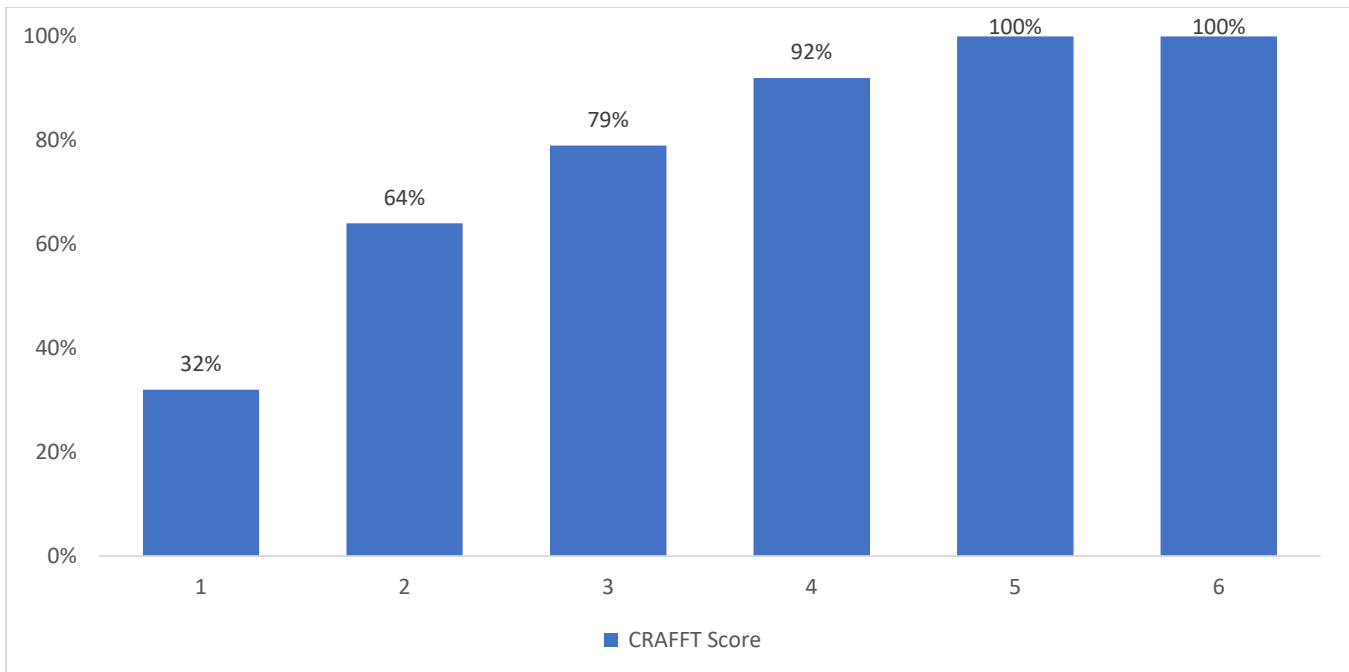
In the last 12 months, did you (this time frame can be modified as needed) (record 0 if the person responds as none and record the number of days used for each item if greater than 0):

1. Drink more than a few sips of beer, wine, or any drink containing alcohol?
2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or “synthetic marijuana” (like “K2,” “Spice”)?
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)?
4. Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs, or smokeless tobacco)?

If the person answers no to all of the first screening questions then the IRT clinician only has to ask the first question below. If the person answers yes to any of the questions above then the IRT clinician should ask all 6 of the following questions. (CRAFFT is a mnemonic acronym of the first letter of a key word in each question. The key word is in ALL CAPS in each question below.)

1. (C) Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
2. (R) Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
3. (A) Do you ever use alcohol or drugs while you are by yourself or ALONE?
4. (F) Do you ever FORGET things you did while using alcohol or drugs?
5. (F) Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
6. (T) Have you ever gotten into trouble while you were using alcohol or drugs?

Each of the 6 items is scored with a 1 for answers of yes and 0 for answers of no. Two or more yes answers suggests a serious problem and need for further assessment. Here is the level of risk for a substance use disorder based on the CRAFFT score:



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O’Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

- Discuss the meaning of a “supporter” with individual. Ask the individual what social support means to them and who is most supportive of them. Also, ask the individual to identify what they find most helpful when coping with symptoms.
- Help the individual to identify current supporters and possible supports in the future.
- Discuss how individual could strengthen existing supports and build new supports.
- Discuss how individual can share the information that they have learned with a family member or supporter. Help them practice how to approach this person and discuss how the information could be helpful in wellness.

TIPS FOR COMMON PROBLEMS:

- Be prepared for individual to have difficulty identifying areas for change.
 - This may be difficult if people do not see any potential areas for change or see too many areas for change
 - Try to help each person prioritize what is important to them right now.
 - Suggest how it may be helpful to identify some new resources as possible areas for change.

ASSESSMENT INFORMATION FOR STRESSFUL EVENTS SCREENING QUESTIONNAIRE I:

<i>Goal</i>	<i>Instructions</i>
Completing the Assessment	Ask individual to review each item and mark any of the events that have happened to them.
Scoring the Assessment	If a person identifies one or more events complete the PCL assessment of PTSD symptoms in the clinical guidelines of the Dealing with Negative Feelings Module.
Providing Feedback	- Acknowledge that this may be difficult for people to think about. - If needed, teach relaxed breathing in session in response to a person's distress.

CRAFT Substance Use Screening Questionnaire:

<i>Goal</i>	<i>Instructions</i>
Completing the Assessment	- Ask each person the first 4 questions about use of alcohol, marijuana, drugs, and nicotine products. - If the person answers no to all 4 questions just ask the first question about riding in a car with someone who has used alcohol or drugs. - If the person answers yes to any of the first 4 questions, ask the remaining 6 questions.
Scoring the Assessment	- Each of the 6 items is scored with a 1 for answers of yes and 0 for answers of no. - Two or more yes answers suggests a serious problem and need for further assessment.
Providing Feedback	- Discuss current risk for substance use problems based on the person's score on the screening. - Provide an open atmosphere for person to talk about substance use. - Normalize the check-in on substance use and begin checking in about substance use at the beginning of every IRT session. - Review history of substance use with the individual. - Follow-up with discussion of substances and the person's interest in cutting down or stopping substance use in Topic 3- Substance Use and Psychosis.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “EXPLORING AREAS FOR IMPROVEMENT”:

<i>Therapeutic Goal</i>	<i>Techniques & Probe Questions</i>
Identify possible areas of improvement related to symptoms, trauma, suicide risk, medications, and substance use.	• Present information about areas of improvement in an open and nonjudgmental manner. • Discuss how these questions are the first step in understanding the individual’s experience and how it relates to their goals. • Ask about the benefits and drawbacks of taking medication • Use the probe questions to assess the individual’s mood and difficulties functioning. • Be sure to screen for suicide risk and ask follow-up questions if there is any active suicide ideation. • If there is any suicide ideation, this must be communicated to the rest of the NAVIGATE team. • If necessary, ask follow-up questions to assess how symptoms interfere with functioning or cause the individual distress: – <i>“So you have been feeling irritable, how does that affect your relationship with your family and friends?”</i> • Suggested probe to introduce screening for trauma: – <i>“It is really common for people to have experienced some very stressful and upsetting events. Even if these events happened a long time ago, they can still affect how a person thinks and feels, and how a person reacts to other people and situations many years later.”</i> • Briefly assess past substance use and focus on current substance use and how that impacts functioning and symptoms.
Identify individual’s support network or strategies to help individual develop a support network.	• Discuss the individual’s perspective of a support network including how many people, what they would need to feel supported, and current resources. • If individual expresses a desire to build their support network or share information about treatment with a supporter, use the role-play suggestion in the “Check it out” section to practice how to talk to a supporter.

Topic #5: Clinical Guidelines for Goal Setting

OVERVIEW OF TOPIC:

This topic focuses on helping the individual take a resiliency perspective in setting goals. The handouts provide an overview of how to set goals. The goal setting process is broken down into steps that begin with finding a meaningful goal and selecting one to three short-term goals that are related to the long-term goal. The long-term goal is typically accomplished in 6 months. Each short-term goal is broken down into smaller steps that can be accomplished in one week. The individual completes the goal planning sheet to monitor progress towards goals and can make changes or modifications as needed during goal follow-up.

Goals

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

Handout

Goal Setting Handouts and the IRT Goal Planning Sheet (Example and Blank)

SUGGESTED AGENDA:

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

TEACHING STRATEGIES:

- Review individual's definition of wellness and resiliency to help explore possible goals. For example, if a person defined wellness and not living with their parents then a possible goal to explore could be getting their own apartment.
- Review the goal setting process with the individual (and if possible with family members) to provide an overview of how to set goals.
- Use the Satisfaction with Areas of My Life worksheet to identify areas of dissatisfaction that the individual might like to focus on as a goal.
- Help the individual identify a goal that is productive; that is, a goal that involves making something happen or obtaining or accomplishing something, rather than avoiding or preventing something from happening. For example, a productive goal would be something such as taking a trip to Europe rather than a avoidance goal such as stopping smoking cigarettes.
- Help the individual identify a goal that is specific and measurable.
- Understand reluctance to set goals may be a self-protective strategy to avoid the disappointment of setbacks. Focus on helping individuals set a more short-term goal that helps them do something they enjoy more often or alleviate some immediate distress.
- Explore how person would like their life to be different.
- The short-term goal should be related to the long-term personal goal. Think about the short-term goal as the first step towards achieving the personal goal.
- For each short-term goal, make the steps as specific as possible.
- Review goal planning sheet with individual and make sure to give individual the original copy and make a copy to put in the individual's chart.
- Provide a rationale for goal follow-up to ensure that individual continues to receive support in achieving personal goals.
- Discuss how the individual can share their personal goal with a family member or supporter. Help them practice how to approach this person and review the personal goal. Encourage the individual to be specific about the help that they are requesting.

TIPS FOR COMMON PROBLEMS:

- Individuals may have difficulty identifying a personal goal.
 - Start with a small goal. Sometimes it is helpful to ask individual about activities they enjoy and the individual can set a goal to do more of the activity or to do it more often.
 - Identify areas of individual dissatisfaction (Satisfaction with Areas of My Life Questionnaire) and explore how they would like their life to be different.
- Individuals may identify very ambitious goals.
 - Don't discourage ambitious goals.
 - Help the individual break down goals into smaller steps.
 - Explore what is important and/or appealing to the individual about achieving the goal.

EVALUATING GAINS:

- After completing this topic it may be helpful to assess the individual's knowledge using the following questions:
 1. Can you explain the goal setting process?
 2. What is your personal goal and what step are you working on currently?

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

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

Handout for Assessment and Goal Setting Module

Introduction and Module Overview

This module focuses on:

- ❖ Wellness.
- ❖ Strengths.
- ❖ Resiliency.
- ❖ Identifying a goal to help you keep moving forward in your life.

In this module we will:

- ❖ Identify your personal strengths and what is important to you.
- ❖ Identify areas of your life that you would like to change.
- ❖ Identify people who can support you in your treatment and help you achieve your goals.
- ❖ Define resiliency and identify helpful resiliency characteristics.
- ❖ Identify a personal goal that you want to work on in IRT and break the goal into small, manageable steps.
- ❖ Make a plan to take a first step towards your goal.

This module focuses on getting to know you better and helping you identify a goal that is important to you.

Topic #1: Getting to Know You

Welcome to Individual Resiliency Training

We want to learn more about what is important to you in your life. Each person defines what is important to them in their own individual way. Many people say wellness is important to them and they define it in many different ways. Some people define wellness as enjoying their life or having meaningful relationships. Other people define wellness as physical and emotional well-being. While others may define wellness as living a happy, healthy life.

Think about what is important to you in your life, such as your relationship with your family members, friends, and loved ones, living a healthy life with daily exercise and healthy eating, finding a career or educational path you always wanted, or living in your own apartment. You can use the term that fits best for you.

Here are some examples of how different people describe what is important from their own point of view:

- *"Wellness is important to me. Wellness for me is having good relationships and feeling connected. It's being able to enjoy my life."*
- *"I don't dwell on the past. I'm focusing on my future."*
- *"Being more independent is an important part of my life."*
- *"Not having symptoms any more is one part of my definition of living a happy, healthy life."*
- *"Getting my life back on track is a series of steps. Sometimes the steps are small, like fixing lunch, taking a walk, following my daily routine. Small steps add up."*
- *"What is important to me is having confidence and self-esteem. I have something positive to offer the world."*

Questions:

- How would you define your wellness or what is important to you?
- How would you like your life be different, such as your friends, family, living situation, hobbies or interests, or work or school?
- What would you like to be doing that you are not doing currently?

What is resiliency?

Many people say that being resilient is part of staying well.

- Resiliency is the ability to “bounce back” or adapt in the face of adversity or a major life stress.
- Resiliency is a quality that can help you achieve wellness and make you better prepared to face difficult times in the future.
- Everyone has an ability to be resilient and to become even more resilient.

People are resilient in many different ways. Resilient qualities may not always be obvious to people at first glance. The following list provides some examples of resilient qualities:

1. Problem-solving skills
2. Flexibility
3. Sense of purpose
4. Sense of humor
5. Hopefulness
6. Tenacity and resolve
7. Ability to deal with stress
8. Balanced perspective
9. Caring
10. Independence
11. Initiative
12. Creativity

Questions:

- Think about someone that went through a difficult time and was able to “bounce back”? What happened?
- What resilient qualities helped this person “bounce back”?

What is a resiliency perspective?

“Taking a resiliency perspective” means thinking about using your strengths to help you move forward in life. Everyone can work towards taking a resiliency perspective as they develop their problem-solving skills, their supports and resources, and their use of effective coping skills to get their life back on track. Taking a resiliency perspective can help you to:

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

Home Practice Options

1. Discuss what your wellness or what is important to you with a family member or supporter. Share your ideas with that person.
2. Discuss the concept of resiliency with a family member or supporter. What does this person consider to be resilient qualities? What resilient qualities do you see in this person? What resilient qualities does this person see in you?
3. Think about a person that you see as a role model. What qualities or characteristics do you like about that person? Make a list of the qualities you would like to see in yourself. How would those qualities fit into your vision of resiliency and what you would like to accomplish in your life? Discuss your thoughts about wellness with a family member or supporter.
4. Make a collage (i.e., use cut out pictures from magazines and poster board or arrange images in a computer document) of the things that are meaningful to you in your life. These could be things that you are currently doing or things that you would like to be doing in the future. Share your collage with a family member or friend.

Summary Points for Getting to Know You

- *Wellness is defined as what you want your life to look like and what is important to you in your life.*
- *Identifying how you want your life to be different can be helpful in identifying your personal goals.*
- *Building resiliency can help you move forward in your wellness and take control of your life.*
- *Resiliency can be defined by many different qualities. Some qualities include:*
 - *Flexibility*
 - *Sense of purpose*
 - *Sense of humor*
 - *Hopefulness*
 - *Tenacity and resolve*
 - *Ability to deal with stress*
 - *Balanced perspective*
 - *Caring*
 - *Independence*
- *Taking a resiliency perspective will help you identify areas of strength and areas you would like to change in your life.*

Topic #2: Identifying Strengths

In addition to unique resilient qualities, each person has unique strengths. Your strengths can include special talents, abilities, and skills, but they also include strengths of character. Character strengths help you relate to other people and to the world and help you bounce back from difficult times.

The following questions will help you assess your own individual strengths. Take some time to complete the Brief Strengths Test below with your IRT clinician. Read each question aloud and consider how you acted in the last month.

Brief Strengths Test

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

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

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

1. Think of actual situations in which you had the opportunity to do something that was novel or innovative. How often did you use CREATIVITY or INGENUITY in these situations?
2. Think of actual situations in which you had the opportunity to explore something new or to do something different. How often did you show CURIOSITY or INTEREST in these situations?
3. Think of actual situations in which you had a complex and important decision to make. How often did you use CRITICAL THINKING, OPEN-MINDEDNESS, or GOOD JUDGMENT in these situations?
4. Think of actual situations in which you had the opportunity to learn more about some topic. How often did you show LOVE OF LEARNING in these situations?
5. Think of actual situations in which you had the opportunity to offer advice to another person who needed it. How often did you use PERSPECTIVE or WISDOM in these situations?

6. Think of actual situations in which you experienced fear, threat, embarrassment, or discomfort. How often did you use BRAVERY or COURAGE in these situations?
7. Think of actual situations in which you faced a difficult and time-consuming task. How often did you use PERSEVERANCE, PERSISTENCE, or INDUSTRIOUSNESS in these situations?
8. Think of actual situations in which it was possible for you to lie, cheat or mislead. How often did you show HONESTY or AUTHENTICITY in these situations?
9. Think of your everyday life. How often did you feel and show ZEST or ENTHUSIASM when it was possible to do so?
10. Think of your everyday life. How often did you express your LOVE or ATTACHMENT to others (friends, family members) and accept LOVE from others when it was possible to do so?
11. Think of your everyday life. How often did you show KINDNESS or GENEROSITY to others when it was possible to do so?
12. Think of actual situations in which you needed to understand what other people need or want, and how to respond to them accordingly. How often did you use SOCIAL INTELLIGENCE or SOCIAL SKILLS in these situations?
13. Think of actual situations in which you were a member of a group that needed your help and loyalty. How often did you show TEAMWORK in these situations?
14. Think of actual situations in which you had some power or influence over two or more other people. How often did you use FAIRNESS in these situations?
15. Think of actual situations in which you were a member of a group that needed direction. How often did you use LEADERSHIP in these situations?
16. Think of actual situations in which someone hurt you. How often did you show FORGIVENESS or MERCY in these situations?
17. Think of your everyday life. How often did you show MODESTY or HUMILITY when it was possible to do so?
18. Think of actual situations in which you were tempted to do something that you might later regret. How often did you use PRUDENCE, DISCRETION, or CAUTION in these situations?

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

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

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

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

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

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

- **Instructions for identifying top 5 strengths:** Look over your ratings and select the top 5 highest ratings that best represent you. A more in-depth description of each strength, entitled "Brief Summary of 24 Character Strengths" is provided below for additional clarification.

List your top 5 character strengths below:

1. _____

2. _____

3. _____

4. _____

5. _____

Questions:

- Do you agree with the list of your top 5 strengths?
- Do you feel that these strengths characterize you?

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

- A sense of ownership and authenticity
 - A feeling of excitement while using it
 - Continuously finding new ways to enact the strength
 - The creation and pursuit of personal projects that revolve around it
 - Joy, zest, enthusiasm while using it
- If each strength fits with one or more of the above criteria, then move ahead to the check it out section.
 - If a strength does not fit one or more of the above criteria, you can focus on another strength that may fit better.
 - Read through the Brief Summary of 24 Character Strengths descriptions below and select the strengths that fit you.
 - Find a strength that better fits your actions
 - List your new top 5 strengths below

1. _____

2. _____

3. _____

4. _____

5. _____

Brief Summary of 24 Character Strengths

1. **Creativity, ingenuity, and originality** - Thinking of new ways to do things is a crucial part of who you are. You are never content with doing something the conventional way if a better way is possible.
2. **Curiosity and interest in the world** - You are curious about everything. You are always asking questions, and you find all subjects and topics fascinating. You like exploration and discovery.
3. **Judgment, critical thinking, and open-mindedness** - Thinking things through and examining them from all sides are important aspects of who you are. You do not jump to conclusions, and you rely only on solid evidence to make your decisions. You are able to change your mind.
4. **Love of learning** - You love learning new things, whether in a class or on your own. You have always loved school, reading, and museums-anywhere and everywhere there is an opportunity to learn.
5. **Perspective (wisdom)** - Although you may not think of yourself as wise, your friends hold this view of you. They value your perspective on matters and turn to you for advice. You have a way of looking at the world that makes sense to others and to yourself.
6. **Bravery and valor** - You are a courageous person who does not shrink from threat, challenge, difficulty, or pain. You speak up for what is right even if there is opposition. You act on your convictions.
7. **Industry, diligence, and perseverance** - You work hard to finish what you start. No matter the project, you "get it out the door" in timely fashion. You do not get distracted when you work, and you take satisfaction in completing tasks.
8. **Honesty, authenticity, and genuineness** - You are an honest person, not only by speaking the truth but by living your life in a genuine and authentic way. You are down to earth and without pretense; you are a "real" person.
9. **Zest, enthusiasm, and energy** - Regardless of what you do, you approach it with excitement and energy. You never do anything halfway or halfheartedly. For you, life is an adventure.

10. **Capacity to love and be loved** - You value close relations with others, in particular those in which sharing and caring are reciprocated. The people to whom you feel most close are the same people who feel most close to you.
11. **Kindness and generosity** - You are kind and generous to others, and you are never too busy to do a favor. You enjoy doing good deeds for others, even if you do not know them well.
12. **Social intelligence** - You are aware of the motives and feelings of other people. You know what to do to fit into different social situations and you know what to do to put others at ease.
13. **Citizenship, teamwork, and loyalty** - You excel as a member of a group. You are a loyal and dedicated teammate, you always do your share, and you work hard for the success of your group.
14. **Fairness, equity, and justice** - Treating all people fairly is one of your abiding principles. You do not let your personal feelings bias your decisions about other people. You give everyone a chance.
15. **Leadership** - You excel at the tasks of leadership: encouraging a group to get things done and preserving harmony within the group by making everyone feel included. You do a good job organizing activities and seeing that they happen.
16. **Forgiveness and mercy** - You forgive those who have done you wrong. You always give people a second chance. Your guiding principle is mercy and not revenge.
17. **Modesty and humility** - You do not seek the spotlight, preferring to let your accomplishments speak for themselves. You do not regard yourself as special, and others recognize and value your modesty.
18. **Caution, prudence, and discretion** - You are a careful person, and your choices are consistently prudent ones. You do not say or do things that you might later regret.
19. **Self-control and self-regulation** - You self-consciously regulate what you feel and what you do. You are a disciplined person. You are in control of your appetites and your emotions, not vice versa.
20. **Appreciation of beauty and excellence** - You notice and appreciate beauty, excellence, and/or skilled performance in all domains of life, from nature to art to mathematics to science to everyday experience.

21. **Gratitude** - You are aware of the good things that happen to you, and you never take them for granted. Your friends and family members know that you are a grateful person because you always take the time to express your thanks.
22. **Hope, optimism, and future-mindedness** - You expect the best in the future, and you work to achieve it. You believe that the future is something that you can control.
23. **Humor and playfulness** - You like to laugh and tease. Bringing smiles to other people is important to you. You try to see the light side of all situations.
24. **Spirituality, sense of purpose, and faith** - You have strong and coherent beliefs about the higher purpose and meaning of the universe. You know where you fit in the larger scheme. Your beliefs shape your actions and are a source of comfort to you.

Check it Out

People who demonstrate resilience are highly aware of their strengths and have learned how to use their strengths to help them cope in difficult situations, enjoy life more, and find meaning and purpose in their life. Learning new ways to use your strengths could help you face a challenge or problem solve a difficult situation. Now that you are aware of your top strengths, you can try using your strengths in new ways and new situations.

Think about new ways that you use your top 5 strengths in your life. Make a list of different ways you can use one or more of your strengths in a way that you haven't before. Some examples of ways to use your strengths include:

- Curiosity-try food from a different culture or go somewhere you have never been before such as a museum or historical place
- Creativity-offer a friend a creative solution, begin a new art or music project
- Appreciation of Beauty-make your living space beautiful, take a walk outside and notice all of the wonders of nature around you
- Humor-learn a new joke and tell it to friends and family members, read the comics every day, check out YouTube, watch Comedy Central on television

Suggestions for how I can use my strengths in ways that I may not have considered:

Questions:

Think about the suggestions listed above. Which of these activities would you be willing to try out over the next week? Use the table below to make a list of the activities you plan to try out in the coming week.

I am willing to try using my strengths in the following ways this week:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Home Practice Option

1. Each day next week, try to use one of your strengths in a way that you haven't before. You can do this by modifying something you already do on a regular basis to make better use of your strengths or by creating a new activity altogether. What's important is that it is something new and different from what you usually do.

Write down how you used your strength in the Using Your Strengths Worksheet.

Using Your Strengths Worksheet

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Summary Points for Identifying Strengths

- *Identifying and using your strengths can help you become more confident.*
- Character strengths help you relate to other people and to the world and help you bounce back from difficult times

Topic #3: Satisfaction with Areas of My Life

This topic will help you explore areas of your life with which you are satisfied and areas of your life that are difficult or causing you some distress. Complete the following chart with your IRT clinician to help you assess your current satisfaction with different areas of your life:

- 1) For each area, identify your current level of satisfaction, and whether you like to make a change in that area.
- 2) Rank order the top 3 priorities in your life now.

Satisfaction with Areas of My Life

Area of my life	I am not satisfied	I am moderately satisfied	I am very satisfied	I would like to change
Friendships				
Meaningful work (paid or unpaid)				
Enjoyable activities				
Family relationships				
Living situation				
Spirituality				
Finances				

Belonging to a community				
Intimate relationships				
Expressing creativity				
Health				
Education				
Other				
Other:				

Questions:

On the worksheet above, which areas of life are you most satisfied with?

1. _____

2. _____

3. _____

Which areas of life are you least satisfied with?

1. _____

2. _____

3. _____

Of those areas that you are not satisfied with, which areas would you like to change?
List your choices below:

1. _____

2. _____

3. _____

Are there any areas of life that need urgent attention? If yes, which ones?

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

Home Practice Options

1. Share the Satisfaction with Areas of Life table with a supportive person or family member. Share the areas in your life that you are most and least satisfied with and ask for their feedback.
2. For one of the areas that you identified that you want to change, identify one or two steps that you can take to improve that area of life. Discuss your ideas during your next IRT session.

Summary Points for Satisfaction with Areas of Life

- *Identifying areas you would like to change in your life can help you formulate your personal goals.*

Topic #4: Identifying Areas of Improvement and Developing a Support Network

Additional Areas to Explore

Now that you have discussed the areas of your life that you are satisfied with and areas of your life that you would like to change, it can be helpful to explore some additional areas that are problematic for some people. We will discuss common problems or concerns that you might have related to:

- Medications
- Distressing or upsetting experiences or symptoms
- Stressful life events
- Substance use

The following questions will help you to better understand any problems that you may be currently having in the areas listed above.

1. Have you had any problems recently with your medications?
2. How has taking medication been helpful to you?
3. How many doses of your medications have you missed taking in the last week?
4. Have you ever forgotten to take your medication? If yes, how often?
5. Describe your current mood. How do you feel?
6. Have you been feeling distressed in the last month? If yes, what has been making you feel distressed?
7. What symptoms/experiences have you found to be most distressing recently? (For example, feelings of depression or anxiety, substance use, lack of motivation, difficulty connecting with friends and/or family, or irritability.)

8. Have you wished you were dead or wished you could go to sleep and not wake up? Have you actually had any thoughts of hurting yourself? If yes to either question, then review the following questions:
Have you thought about how you might do this?

Have you had any intention of acting on these thoughts of killing yourself? (As opposed to you have the thoughts, but you definitely would not act on them?)

Have you started to work out, or actually worked out, the specific details of how to kill yourself and did you intend to carry out your plan?

Have you done anything, started to do anything, or prepared to do anything to end your life?

(For example: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind about hurting yourself or it was grabbed from your hand, went to the roof to jump but didn't; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.)

Because many people who have had similar experiences as yours often also experience traumatic events, it is helpful to have more information about any of the following experiences you may have had.

9. How would you describe your overall emotional health?
10. Have you had any experiences that may have affected your health?
11. Have you had any particularly painful or difficult experiences in your life (that were difficult to recover from)?
12. Have you ever had any upsetting events from your childhood?
13. Have any of the following things happened to you? If you are not sure, please make your best guess.

Stressful Events Screening Questionnaire I (Adapted from Kubany et al., 2000)

		No	Yes
1.	Were you ever involved in a motor vehicle accident for which you received medical attention or that badly injured or killed someone?		
2.	Have you been involved in any other accident where you or someone else was badly hurt (for example, a plane crash, an explosion or fire, or someone almost drowning)?		
3.	Were you ever exposed to warfare or combat?		
4.	Have you experienced the sudden and unexpected death of a close friend or loved one due to an accident, illness, suicide, or murder?		
5.	Have you been robbed or been present during a robbery where the robber(s) used or displayed a weapon?		
6.	Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn't know very well?		
7.	Have you ever seen a stranger (or someone else you didn't know very well) attack or beat up someone and seriously injure or kill them?		
8.	Has anyone threatened to kill you or seriously hurt you?		
9.	While growing up, were you physically punished in a way that caused bruises, burns, cuts, or broken bones?		
10.	Did you see or hear family fighting (such as any family member beating up or causing bruises, burns or cuts on another family member)?		
11.	Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your spouse (or former spouse), a boyfriend or girlfriend, or some other intimate partner?		
12.	Before your 16th birthday, did anyone who was at least 5 years older than you touch or fondle your body in a sexual way or make you touch or fondle their body in a sexual way?		
13.	Before your 16th birthday, did anyone close to your age touch your sexual parts or make you touch their sexual parts against your will?		
14.	After your 16th birthday, did anyone touch your sexual parts or make you touch their sexual parts against your will?		
15.	Has anyone stalked you, in other words, followed you or kept track of you causing you to feel scared or worried for your safety?		
16.	Have you experienced or seen any other events that were life threatening, caused serious injury, or were highly disturbing or		

	distressing (for example, being lost in the wilderness, kidnapped or held hostage, or seeing a mutilated body or body parts)?		

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

Over the last month how many days did you:

	# of days
1. Drink more than a few sips of beer, wine, or any drink containing alcohol? (Say 0 if none.)	
2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")? (Say 0 if none.)	
3. Use anything else to get high (like other illegal drugs, prescription or over-counter medications, and things that you sniff, huff, or vape)? (Say 0 if none.)	
4. Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs, or smokeless tobacco)? (Say 0 if none.)	

Please answer question 21 and if you answered greater than 1 to questions 17, 18, 19, or 20 please answer the following questions 22-26:

	No	Yes
5. Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?		
6. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?		

7. Do you ever use alcohol or drugs by yourself or when you are alone?
8. Do you ever forget things you did while using alcohol or drugs?
9. Do your family or friends ever tell you that you should cut down on your drinking or drug use?
10. Have you ever gotten into trouble while you were using alcohol or drugs?

Which of the following substances have you ever used?

Substance Type	Examples	Check Yes, if ever used
Alcohol	Beer, wine, gin, whiskey, vodka, tequila	
Cannabis	Marijuana, hash, THC	
Synthetic Cannabis	K2, spice	
Stimulants	Cocaine (powder/or crack), amphetamines (crystal meth.), Dexedrine, Ritalin, Adderall, ephedrine	
Sedatives	Ketamine, Benzodiazepines (such as Valium, Xanax, Klonopin, or Ativan), sleeping medications (such as Ambien)	
Hallucinogens	Ecstasy, LSD, peyote, mescaline	
Opiates	Heroin, morphine, Vicodin, Demerol, opium, Oxycontin	
Inhalants	Glue, aerosols, paint	
Over-the-counter medications	Cough syrup, antihistamines and related compounds (such as Benadryl and other cold tablets)	
Caffeine	Coffee, energy drinks, some teas, some sodas	
Nicotine	Cigarettes, chewing tobacco, snuff	

Benzodiazepines (Anti-anxiety medication)	Valium, Xanax, Klonopin, Ativan	
Herbals	Salvia	
Others:		

Have you ever used IV drugs?

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

Which of the substances in the table are you currently using (in the last 30 days)?

How often are you using these substances? How much of these substance have you used in the last week?

Developing a Support Network

People use a variety of different strategies to help themselves get their life back on track. One strategy that people have found to be helpful is to develop a network of individuals who can support them and their work towards their goals. Some examples of possible people to include in your support network include:

- Family members
- Friends
- Significant others
- People in your religious or spiritual community
- People in self-help groups that you belong to

Supporters can help you in treatment by:

- Making you feel less alone
- Practicing a skill with you outside of session
- Reviewing material you learned in session
- Helping you take a step towards a goal

Questions:

- Who do you currently consider to be supporters in your life? Family members? Friends? Other people?
- Who in your life could you tell about what you are doing in treatment?

Check it Out

Consider approaching one person from your support network to discuss what you are learning about strengths and resiliency, and about the importance of identifying areas of life that you would like to change. Find out whether this person would be willing to support your work in IRT. Be sure to include the following steps:

- 1) Identify a supporter.
 - 2) Share the orientation sheet about the NAVIGATE program with your supporter.
 - 3) Ask for their support.
 - Share information about your treatment.
 - Give examples of how they could be helpful in treatment.
 - 4) Thank your supporter for their help.
 - “Thank you for supporting me.”
- Practice with your clinician how you might talk to your supporter. This will increase your confidence. After practicing with your clinician, how do you think the actual conversation with your supporter will go?

Home Practice Option

1. Identify someone from your support network and approach that person to find out if they would be interested in being your supporter for IRT.

Summary Points for Identifying Areas of Improvement

- *A supporter in treatment can be anyone that you trust and who is willing to help you in treatment.*

Topic #5: Setting Goals

Setting a goal and then breaking it down into steps gives you a plan for how to get from where you are to where you want to go. This makes a goal seem attainable, because each step towards it is relatively easy and manageable.

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

At the end of this handout you will find a blank Goal Planning Sheet and an example of a completed Goal Planning Sheet. With your IRT clinician, take a look at the example to get an idea of how the sheet can be used. Then, as you go through the rest of the handout, you can fill in the blank Goal Planning Sheet as you go along. Try to identify at least one personal goal and one short-term goal that will help you achieve the personal goal, and break down the short-term goal into at least 1 or two steps.

Identify a personal goal

1. **Identify a personal goal.** Everyone benefits from having personal goals in their lives. Sometimes, when people have experienced problems in their lives, they may lose track of their goals and their sense of direction in life. It may be helpful to take some time to review what's important to you as an individual, what you want to accomplish, and what you want your life to be like.

Questions:

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

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

Take some time to review your answers from the Strengths Assessment and Satisfaction with Areas of My Life questionnaires to identify areas that are important to you and strengths that could help you achieve your goal. It may also be helpful to think about the following questions:

- Which areas of life do I feel most satisfied with?
- Which areas of life do I feel least satisfied with?
- What would I like to change?
- What one or two areas of your life would like to improve or strengthen?
- What goals would you like to set for yourself in these areas?

Identify and write down one area that you would like to work for a personal goal and then add that personal goal to your goal tracking sheet.

1. _____

Select short-term goal(s)

2. **Select short-term goal(s) that could help you achieve your personal goal.** Once you have selected a personal goal it is helpful to think about the first steps you can take towards achieving your goal. Think about one short-term goal(s) you could achieve over the next two months that would help you get closer to your long-term goal.
 - Make a list of what you think you will need to do in order to accomplish your long-term goal. Be sure to think about or include the following:
 - Supports or resources that would be helpful to achieve your long-term goal.
 - Strengths that would help you achieve your long-term goal.
 - How could this short-term goal help me achieve my long-term goal

Identify and write down at least one short-term goal that you could work on towards your personal goal and then add that short-term goal to your goal tracking sheet.

1. _____

2. _____

3. _____

Break Short-term goals into steps

3. **Break down each short-term goal into small steps.** Just as a map includes written directions for how to get from one place to another, it is helpful to write down the specific steps that will be needed to achieve your short-term goals. The more detailed these steps are, the easier it will be to make progress toward your goal. Don't worry if you happen to leave out a step, because you can always go back and modify your steps during goal follow-up as the situation changes.
 - Write the steps for each short-term goal on your Goal Planning Sheet.
 - An example of a Goal Planning Sheet is attached below.
 - Develop a plan the steps for carrying out your decision. Think about:
 - Who will be involved in completing the step?
 - What step will each person do?
 - What is the time frame needed to complete the step?
 - What resources are needed to complete the step?
 - What problems might come up and how could they be overcome?

Identify and write down at least one step towards your short-term goal and then add that step to your goal tracking sheet.

1. _____

2. _____

3. _____

4. _____

Goal Follow-Up

4. **Follow up on your goals.** Each time you come in to meet with your IRT clinician, you will get a chance to follow up on your goals together.

- Goal follow-up is a time for you to share your successes by discussing the steps you have completed and any difficulties you experienced since the last session that got in the way of working on your goal.
- If you were able to complete a step, it is helpful to know:
 - Did the step accomplish its intended purpose?
 - What was helpful to you in taking a step towards your goal?
 - What strengths did you use when taking a step towards your goal?
 - What made the step challenging?
 - How did you reward yourself for taking the step?
- If you were not able to complete a step, it is helpful to know
 - What got in the way of completing a step?
 - What could have made it easier for you to take a step towards your goal?
 - What resources could have helped you take a step towards your goal?

Goal Follow-Up

Many people have found it helpful to review their Goal Planning Sheet with a family member or supporter and ask if they would be willing to help them achieve your goal. They used the following steps:

- ✓ Identify a supporter
- ✓ Share your Goal Planning Sheet with your supporter
- ✓ Ask for their support
 - Share information about the steps you are working on
 - Give examples of ways that he or she could be helpful
- ✓ Thank your supporter for his or her help
 - *“Thank you for supporting me.”*

You can practice the steps of talking to a supporter with your IRT clinician now. This will help you increase your confidence. How do you think it will go if you talk to a supporter about helping you achieve your goal?

Home Practice Option

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

Summary Points for Setting Goals

- *Identifying areas you would like to improve in your life can be a helpful strategy for setting a personal goal.*
- *Making a step-by-step plan can help you achieve your goals.*
- *It is helpful to break down a long-term goal into smaller more short-term goals.*
- *It is helpful to break down smaller more short-term goals into achievable steps.*
- *Your IRT clinician can provide feedback and help you work towards your goal when you check in regularly about your progress*

Name: Katrina

Date Long-term Goal set: _____

Example of a Completed IRT Goal Planning Sheet

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

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

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

1. Read a book for fun

Steps:

1. Make a list of books to read
2. Choose a book and get from library
3. Read in evening for 20 minutes
4. Discuss book with mom

Start Date: _____

Date Reviewed: _____

Achieved: Fully
Partially
Not at all

Modified/Next Steps:

- 1.
- 2.
- 3.
- 4.

2. Identify coping skills for anxiety

Steps:

1. Identify social situations cause anx.
2. Track level of anxiety in situations
3. Practice relaxed breathing/ positive self-talk with mom
4. Pick a low level anxious situation and practice 1 coping skill above

Start Date: _____

Date Reviewed: _____

Achieved: Fully
Partially
Not at all

Modified/Next Steps:

- 1.
- 2.
- 3.
- 4.

3. Meet with college counselor about enrolling in classes

Steps:

1. Identify the counselor I should call
2. Make a list of what to say to counselor
3. Practice talking to mom or clinician using list from #2
4. Call and make an appointment with the counselor

Start Date: _____

Date Reviewed: _____

Achieved: Fully
Partially
Not at all

Modified/Next Steps:

- 1.
- 2.
- 3.
- 4.

Name: _____

Date Long-term Goal set: _____

IRT Goal Planning Sheet (Review weekly)

Personal (Meaningful) Goal:

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

Short-term Goals (place a $\checkmark$ after steps achieved):

1. _____

2. _____

3. _____

Steps:

- 1.
- 2.
- 3.
- 4.

Steps:

- 1.
- 2.
- 3.
- 4.

Steps:

- 1.
- 2.
- 3.
- 4.

Start Date: _____

Start Date: _____

Start Date: _____

Date Reviewed: _____

Date Reviewed: _____

Date Reviewed: _____

Achieved: Fully
Partially
Not at all

Achieved: Fully
Partially
Not at all

Achieved: Fully
Partially
Not at all

Modified/Next Steps:

- 1.
- 2.
- 3.
- 4.

Modified/Next Steps:

- 1.
- 2.
- 3.
- 4.

Modified/Next Steps:

- 1.
- 2.
- 3.
- 4.

Clinical Guidelines for Education about Psychosis

OVERVIEW OF MODULE:

This module may be done individually with the person, with the person and their family, or separately with the person and with their family. The IRT clinician should discuss whether or not to include the family in the presentation of the Education module with the Family clinician, family members, and most importantly the individual to determine the most effective way to present the material. There are similar handouts included in the Family Education treatment manual if the individual and family decide to have joint sessions in these early stages of treatment. If this module is presented in joint sessions with the family members and the individual, the IRT clinician can choose to review sections of this module with the individual and answer questions that the individual may not want to talk about in the presence of family members

In this module, you present information to individuals to help them better understand the symptoms of their illness, how substance use interacts with psychosis, medications used to treat schizophrenia, strategies to cope better with stress, and strategies to build resilience. First you should elicit individual's experiences with symptoms, substance use, medications, and stress. Then address the gaps in the individual's knowledge. It is helpful to provide opportunities for individuals to not only to learn information about their illness but to ask questions and examine strategies to cope with stress and build resilience.

Goals

1. Review and discuss the symptoms associated with psychosis and the causes and course of illness with the individual.
2. Provide information to the person about different types of psychoactive substances and their effects, common reasons for using substances, and negative consequences of substance use, and to elicit the person's personal experiences using substances.
3. Provide information about the medications used to treatment psychosis and strategies to help improve taking medication regularly.
4. Identify areas of stress and strategies to cope more effectively with those stressors.
5. Review and discuss the benefits of resiliency and help the individual identify resiliency stories within their life.

Topic Areas

1. What is Psychosis?
2. Basic Facts about Alcohol and Drugs
3. Substance Use and Psychosis
4. Medications for Psychosis
5. Coping with Stress
6. Strategies to Build Resilience

Topic #1: Clinical Guidelines for “What is Psychosis?”

OVERVIEW OF TOPIC:

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

Goals

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

Handout

What is Psychosis?

SUGGESTED AGENDA:

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

TEACHING STRATEGIES:

- It can be helpful to elicit a person's experience with psychosis first asking them to describe what was upsetting, distressing, or stressful.
- Consider using the handout to describe the clinical terms that the person may have encountered previously in treatment situations.
- Recognize the individual's knowledge and experience about psychosis. Praise the individual for sharing information with you.
- Be prepared to destigmatize symptoms, either by normalizing them or dispelling myths associated with mental illness.
- When discussing symptoms, continue to assess signs of suicidal intent using the following steps:
 - Be alert to warning signs that include severe depression, pervasive feelings of worthlessness, excessive guilt, and hopelessness about the future.
 - Behave in a supportive manner by expressing concern, speaking calmly, and without judgment.
 - Evaluate the risk for self-harm by asking specific questions to assess the immediate danger.
 - Take steps to protect the individual in the immediate situation such as evaluating the need for possible hospitalization.
 - After the situation has resolved, develop strategies to prevent suicide attempts in the future.
- Keep in mind how knowledge about similar experiences or symptoms can help a person make progress towards their goal or be helpful in their current situation.
- Discuss diagnosis with the person and their family member. Review with the person how treatment for the different diagnoses is the same.
- Provide information about diagnosis. Do not force individual to accept their diagnosis. It can be helpful to provide information about how these clinical terms are used and discuss how learning this information could be helpful to the individual and people they care about.
- When teaching the stress-vulnerability model, use the 2 diagrams to explain that both biological and environmental and stress factors cause people to experience symptoms. It can helpful to normalize that this model is used to explain how people with many other illnesses such as chronic pain learn strategies to decrease the likelihood of symptoms returning or a relapse.
- Help people understand how learning about the stress vulnerability model could increase hope. For example, learning that there are things that people can do to manage their biological and environmental and stress factors.

TIPS FOR COMMON PROBLEMS:

- Be prepared for the individual to deny ever having symptoms. Accept the denial and discuss the symptoms in the spirit of informing the individual, but not accusing them of having symptoms.
 - Focus on experiences, rather than symptoms or diagnoses, due to the diagnostic uncertainty that may occur following an initial psychotic episode. It can be helpful to describe that people who have had similar experiences to them have also had some of these additional experiences (such as anxiety, depression, or problems with thinking).
 - Ask the person if they have ever known anyone who has had any of the experiences or symptoms listed in the handout. Explain that it could be helpful to learn more about these kinds of experiences so the person could be helpful in the future if needed.
 - At times it may be more effective to link learning the contents of the module to a goal that the person has previously identified. For example, you could say, *“I think working together on this handout will help you with your goal of going back to school.”*

EVALUATING GAINS:

- After completing the handout for this topic, it may be helpful to assess how much knowledge the individual has retained about the symptoms and course of psychosis. A clinician can assess an individual's knowledge using the following questions:
 1. What are some of the symptoms of psychosis?
 2. Does everyone who has psychosis have the same experience with symptoms?
 3. What do you think caused your experiences/symptoms?
 4. What do you know about treatments for psychosis, like therapy?

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

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Elicit information on the individual's understanding of their symptoms, diagnosis, causes, and course of illness.	• Identify the individual as the expert about their illness. • Check-in periodically to ensure you understand their view. – <i>So let me see if I have this correct. . .</i> – <i>Thank you for clarifying the difficulty you were having with the negative symptoms. You have good insight into how your symptoms keep you from leaving your house.</i>

Provide information that addresses gaps in the individual's knowledge about first-episode psychosis.	• Destigmatize the person's experiences/symptoms, either by normalizing them or dispelling myths associated with mental illness. • Ask the individual for their understanding of their experiences. • Clarify misinformation and use the individual's own words, when necessary. • Normalize experiences for the individual. This can involve discussion of how some symptoms (e.g., hallucinations) can actually occur in persons without the disorder.
Evaluate suicidal intent as necessary	• Elicit information to evaluate immediate danger using the following probes: – <i>Have you been feeling sad or unhappy?</i> – <i>Does it ever seem like things will never get better?</i> – <i>Have you felt so bad that you thought about hurting yourself?</i> – <i>Do you have any thoughts of ending your life?</i> – <i>Have you made any plans to do so?</i> – <i>What are your plans?</i> – <i>Is there anything that might hold you back such as people you care about or religious beliefs?</i> • Take steps to protect the individual in the immediate situation.
Introduce the stress-vulnerability model.	• Give examples of vulnerability and stress factors. • Individualize the stress-vulnerability model to the individual's situation.
Provide a message of hope and optimism by outlining the possibilities for treatment and recovery in the future.	• Give examples of how knowledge about psychosis can help a person make progress towards their goal or be helpful in wellness. • Personalize the information for the specific person (e.g., how their initial episode may have occurred during a stressful period in their lives). • Underscore the role of treatment as helping individuals meet important goals in their lives. • Link knowledge about symptoms to individual's goal or area of interest: – <i>You told me that you want to get a part-time job. Knowing more about what happens when you feel confused and have difficulty thinking might help you figure out some strategies you could use if that happens at work.</i>

Topic #2: Clinical Guidelines for Basic Facts about Alcohol and Drugs

OVERVIEW OF TOPIC:

This handout discusses different types of substances that are commonly abused, a person's experiences with each type of substance, and common reasons for using substances. A checklist is provided for individuals to indicate the reasons they have used different types of substances.

Goals

1. Provide a consistent message of hope and optimism for overcoming substance use problems.
2. Inform individual about different types of commonly used substances and their effects, and elicit their experiences using different substances.
3. Provide information about different common reasons for using substances and understand the individual's own reasons for using.
4. Develop an open, accepting, non-judgmental atmosphere in the session in which substance use can be discussed without fear or recrimination

Handout

Basic Facts about Alcohol and Drugs.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Introduction, Information About Commonly Used Substances	Introduction, Information About Commonly Used Substances, Why do People Use Substances?
Session 2-Why do People Use Substances?	

TEACHING STRATEGIES:

- The provision of basic information about alcohol and drug use, and discussion of the reasons for using, is intended to *normalize* substance use behavior as a common human behavior in the general population. Such normalization can reduce the sense of shame and stigma many individuals feel when talking about their use of substances. In addition, discussing reasons for using substances validates people's perceptions that they are using for specific reasons that are important to understand. Thus, you need to be sensitive to the individual's perceptions that they are being judged, and allay those concerns.

- Motivational interviewing strategies based on “OARS” can be useful in helping individuals talk openly about their experiences using substances, and feel that they are understood:
 - Open-ended questions (e.g., “So what’s happened since we last met?” “What’s it like when you have a few drinks? Can you tell me more about those feelings?”)
 - Affirmations (e.g., “Gee, that sounds tough.” “It sounds like smoking and drinking with friends was an important way of hanging out for you.” “I’m really glad that you’re here and we are working together.”)
 - Reflective listening (e.g., “I can see you struggling here. On the one hand, smoking pot has been fun and a good way of hanging out with your buddies. On the other hand, it seems to make your symptoms worse.”)
 - Summarizing (e.g., “To summarize, you’ve said that you’ve had experiences using a variety of different substances, including alcohol, marijuana, and cocaine, and a couple of time you’ve tried acid, a hallucinogen. You also indicated that since your psychotic episode you haven’t used any cocaine, and that you’ve cut down on your pot, but still drink several times a week. Did I miss anything?”)
- If the individual spontaneously talks about negative consequences of using substances, listen and reinforce the observations. However, do not attempt to elicit negative consequences of substance use at this point; it will be the focus of the next session.

TIPS FOR COMMON PROBLEMS:

- Individuals sometimes minimize or deny current or past substance use or problems associated with it.
 - During the Introduction to the module, get feedback from the individual concerning the weekly check-in about alcohol and drug use, and whether the individual is willing to be honest in their self-reports.
 - When discussing substance use with the individual, if you have specific information about the individual’s substance use, such as from the Psychiatrist or family members, this information should be discussed in order to reduce any discrepancies between the individual’s self-report and information from collaterals.
 - Some individuals may have already made a decision to reduce or stop using substances and may make this known in the first topic. You should reinforce this “change talk” and let the individual know that this module will help them develop additional skills and supports to achieve their goal.

EVALUATING GAINS:

- After completing each of the two main topics areas, it may be helpful to ask review questions to assess how much information the individual has learned about different substances and reasons for using substances.

Examples of review questions for Information about Commonly Used Substances section:

1. What types of substances are commonly used by people?
2. What are the effects of each type of substance, including good effects and bad effects?

Examples of review questions for Why Do People Use Substances? Section:

1. What are some common reasons people use substances?
2. What are the reasons you have used in the past?
3. What have been the most important reasons for using?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR BASIC FACTS ABOUT ALCOHOL AND DRUGS:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide a message of hope and optimism for overcoming substance use problems.	• Let the individual know that other people in similar circumstances have succeeded in overcoming their substance use problems. • If the individual seems interested, briefly elaborate on how the module will help the individual develop supports, skills, and strategies for reducing and stopping substance use.
Inform individual about different types of commonly used substances and their effects, and elicit their experiences using different substances.	• When reviewing information in the two tables on “Commonly Used Substances and Their Effects,” discuss each substance one at a time, first eliciting the individual’s knowledge about it and its effects, and then probing about their experience with the substance. • When probing the individual for experience using substances, note information already known from previous meetings or assessments. – <i>You’ve talked before about smoking pot with your friends. What’s it like when you smoke? What do you like about it? What kinds of problems or negative effects have you noticed?</i> • For substances that you don’t know about the individual’s experience using, ask about use in a general way to find out whether the individual has ever used, even in the distant past
Provide information about different common reasons for using substances and understand the individual’s own reasons for using.	• For each reason for using substances listed in the handout, either take turns reading, or summarize matter-of-factly. • After reviewing each reason, explore whether it is a reason the individual has used substances, and if so, which substances. • Use OARS (Open-ended, Affirmation, Reflective listening, Summarizing) to show empathy and reinforce individual for talking about own substance use. • When discussing motives for using substances that the individual has endorsed, briefly explore how effective it is.

	– <i>So you sometimes like to have a drink in order to socialize with other people. Does the alcohol make it easier to be around other people? In what way?</i>
Develop an open, accepting, non-judgmental atmosphere in the session in which substance use can be discussed without fear or recrimination, and to begin routine monitoring of substance use.	• Demonstrate interest and curiosity when the individual talks about their substance use. • Try to understand from the individual's perspective why they use specific substances. • Paraphrase what you have heard to demonstrate understanding. • Avoid advice, evaluation, or any attempts to persuade or convince the individual of anything. • Review individual's recent substance use.

Topic #3: Clinical Guidelines for Substance Use and Psychosis

OVERVIEW OF TOPIC:

This handout provides information about the interactions between psychosis and substance use, based on the stress-vulnerability model. It points out that because psychosis is partly caused by biological vulnerability, people who have experienced a psychotic episode have an increased risk of relapse and hospitalization from using even small amounts of alcohol or drugs. Other common negative consequences of substance use are also reviewed, including conflict with family and others, problems at work or school, not taking care of oneself, money problems, using in unsafe situations, problems with the law, health problems, spending too much time using, and interference with personal goals. Each of the different types of negative consequences are discussed with the individual, followed by exploration of whether the individual has ever experienced that consequence.

Goals

1. Provide information about increased sensitivity to the effects of small amounts of substance use in people with a psychosis, and to elicit the individual's experience with such increased sensitivity since developing the psychosis.
2. Provide information about common negative consequences of substance use in people with a psychosis.
3. Help the individual identify specific negative consequences of using substances that they have experienced, including interference with attaining personal goals.

Handout

Substance Use and Psychosis.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Stress-vulnerability model and discussion of whether individual has noticed increased sensitivity to substances after onset of psychosis.	Session 1- Stress-vulnerability model and discussion of whether individual has noticed increased sensitivity to substances after onset of psychosis. Other problems related to alcohol and drug use.
Session 2-Other problems related to alcohol and drug use.	

TEACHING STRATEGIES:

- You should strive to be non-judgmental when providing information about substance use and eliciting the person's experiences using substances. Motivational enhancement strategies are useful, including:
 - Expressing empathy
 - Asking open-ended (not yes/no) questions
 - Affirmations (e.g., "You have made some important steps in terms of keeping busy rather than using.")
 - Reflective listening (e.g., "You really enjoy the relaxation you get from smoking pot.")
 - Summarizing (e.g., "It sounds like you have come to decide that drinking on the weekends makes you feel hung over and unproductive, which leads you to feel more depressed.")
- Before reviewing the stress-vulnerability model, ask the individual what they remember about the model, since it was first introduced in the What is psychosis topic. Then provide any corrective information necessary and complete the explanation.
- Elicit any differences the individual may have observed in effects of specific substances since the psychotic episode by asking open-ended questions, and explore any differences described (e.g., *"Have you noticed any difference in the effects of marijuana on you since you had your psychotic episode compared to before? What type of differences? Has that affected you?"*).
- Normalize any experiences the individual describes in terms of increased sensitivity or negative effects of substance since having a psychotic episode by explaining that it is a common experience for many other people, and one reason people often stop using substances after a psychotic episode.
- For each problem related to alcohol and drug use, briefly describe the problem and then elicit the individual's experience with the problem, either recently or in the distant past. If you are aware of a particular problem the individual has experienced related to using substances (such as reported by another member of the team, medical records, or family report), you should mention it when the problem is first introduced, and invite the individual to provide more information, in order to avoid the individual denying something that you have contradictory evidence for.
- Reinforce any contemplation or consideration by the individual of changing their substance use habits (*"I can understand how drinking too much can interfere with doing your school work—it can make it hard to get up the next day, so it makes sense that you're considering changing your habits."*). When intention to reduce or quit is evident, let the individual know you'll be working together to achieve that (e.g., *"It sounds like you've decided you need to get in better control of your drinking. Well, that's what this module is all about. I'll be working with you to help you develop some skills and strategies to help you get control over your drinking."*).
- Reinforce any changes the individual has already made in using substances, and elicit the beneficial effects the individual has observed since making the changes (*"That's really great to hear that you've cut way down on your smoking pot since you had your psychotic episode. What differences have you noticed since before you cut down to after you cut down?"*).

TIPS FOR COMMON PROBLEMS:

- The person may feel uncomfortable talking about recent substance use over the past week. Normalize the fact that it may feel uncomfortable to talk about it, but that over time it will probably feel more comfortable. Emphasize the importance of you and the individual being able to talk honestly and openly, even about things that may feel awkward to discuss, and explain that you will respect their decisions about whether to make changes in substance use. Also, note that your primary goal in the program is to help the individual achieve their personal goals. One of the ways of achieving that is to help the person learn how to reduce or minimize the interfering effects of their psychiatric disorder on those goals, and addressing alcohol or drug use is one important component of illness self-management.
- Individuals may deny experiencing most negative consequences of using. When some negative consequences are acknowledged, focus on them. When information from other sources indicates problems, introduce and discuss the nature of the problems. In the absence of clear information about any specific problems related to substance use, emphasize that the biological vulnerability due to psychosis makes the individual more sensitive to negative effects of substances, including relapses.
- Individual reports past use of substances, but not current use. This is fine. The reasons for past use should be explored, as well as the reasons for cutting down or stopping. If the individual has decided to continue not using, explain that this module will help provide strategies and skills for accomplishing this.
- At the end of this topic is a Substance Use Screening. The screening is a helpful tool to assess a person's substance use risk and to open up the topic of choices about substance use for discussion in session. After asking the screening questions, if the person is interested in exploring more about their choices around substance use, go to Topic 1-Making Choices about Substance Use in the Substance Use Module.

The CRAFFT is a screening assessment included in IRT. The CRAFFT screening assessment can be used for people ages 14 and older. The CRAFFT is intended to screen people who are at high risk for alcohol or drug use disorders.

The screening begins by the IRT clinician asking the following 3 questions:

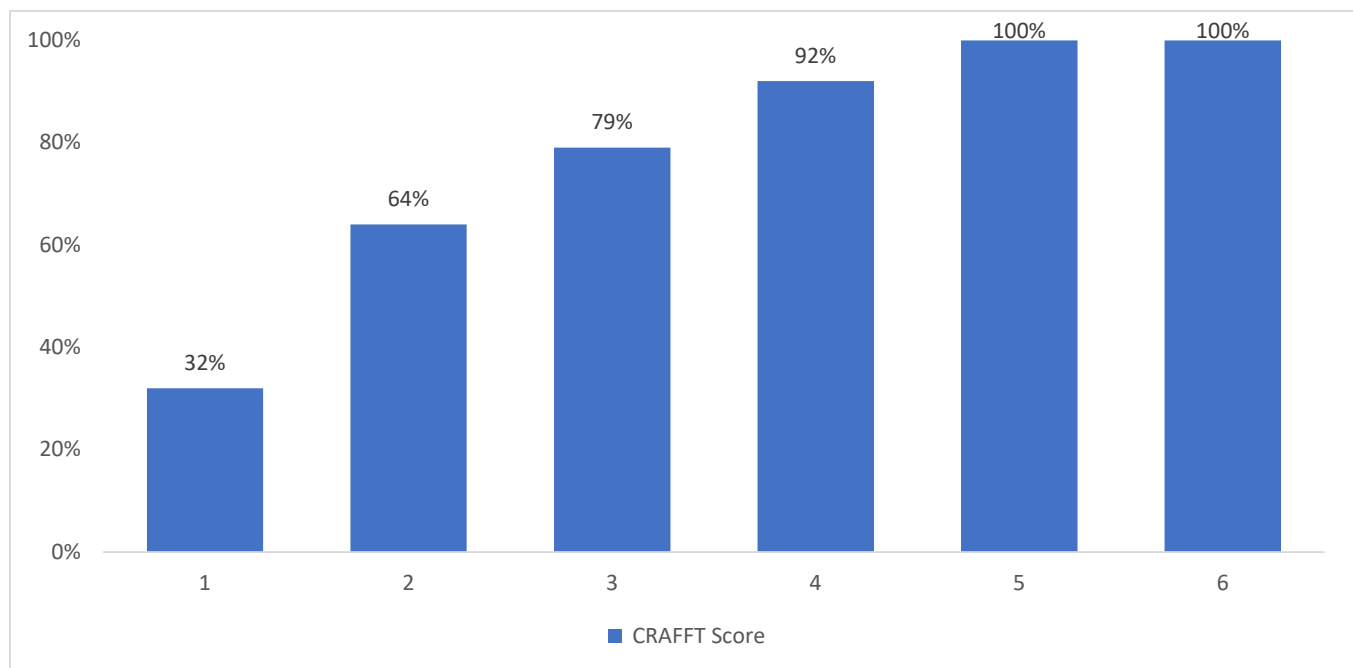
In the last 12 months, did you (this time frame can be modified as needed) (record 0 if the person responds as none and record the number of days used for each item if greater than 0):

1. Drink more than a few sips of beer, wine, or any drink containing alcohol?
2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")?
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)?

If the person answers no to all of the first screening questions then the IRT clinician only has to ask the first question below. If the person answers yes to any of the questions above then the IRT clinician should ask all 6 of the following questions. (CRAFFT is a mnemonic acronym of the first letter of a key word in each question. The key word is in ALL CAPS in each question below.)

1. (C) Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
2. (R) Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
3. (A) Do you ever use alcohol or drugs while you are by yourself or ALONE?
4. (F) Do you ever FORGET things you did while using alcohol or drugs?
5. (F) Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
6. (T) Have you ever gotten into trouble while you were using alcohol or drugs?

Each of the 6 items is scored with a 1 for answers of yes and 0 for answers of no. Two or more yes answers suggests a serious problem and need for further assessment. Here is the level of risk for a substance use disorder based on the CRAFFT score:



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

EVALUATING GAINS:

1. After completing this handout it may be helpful to summarize the main reasons for using substances that the individual endorsed. For example: *“Today we’ve been talking about different reasons people use substances. What were the main reasons you use substances?”*

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR SUBSTANCE USE AND PSYCHOSIS:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide information about increased sensitivity to the effects of small amounts of substance use in people with a psychosis, and to elicit the individual's experience with such increased sensitivity since developing the psychosis.	• Describe stress-vulnerability model and implications for increased sensitivity to effects of substances. • Ask individual questions to determine whether they had noticed differences in effects of substances since psychotic episode. • Normalize experiences related to increased sensitivity by explaining many others with a psychotic episode have had the same experience.
Provide information about common negative consequences of substance use in people with a psychosis.	• Review common negative consequences of substance use described in handout. • Explore whether individual knows other people who have experienced those consequences.
Help the individual identify specific negative consequences of using substances that they have experienced, including interference with attaining personal goals.	• After discussing each negative consequence, ask individual whether they have experienced that consequence. • Use OARS (Open-ended, Affirmations, Reflective listening, Summarizing) to reinforce and demonstrate empathy for the individual talking about their substance use. • Provide information regarding consequences of individual's substance use obtained from other sources (e.g., family, medical record) when appropriate.
Suggest a behavioral experiment to try out cutting down or stopping substance use to help the individual take a step towards their goal.	• Give positive feedback when individual indicates they are contemplating or planning on reducing or stopping substance use. • Admire a specific individual strength that is reflected in their thoughts or plans to address substance use problems (<i>"One of your personal strengths that I've noticed is your determination. It sounds like you're aware that your drinking and drug use has made it difficult to make progress towards your goal, and now you're determined to address it."</i>).

Topic #4: Clinical Guidelines for Medications for Psychosis

OVERVIEW OF TOPIC:

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

Goals

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

Handout

Medications for Psychosis.

SUGGESTED AGENDA:

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

TEACHING STRATEGIES:

- Before teaching the individual about a specific topic, assess their knowledge by asking what they know about medications, benefits and side-effects, etc.
- Do not assume that the individual is motivated to take medications.
- Normalize ambivalence about taking medications. It is important to note that many individuals don't want to be on medications (for any disease or disorder) and that it is easy to forget to take them.
- When weighing the pros and cons of taking medications, ask the individual to generate as many as they can (i.e., use "brainstorming"). Also, look for either pros or cons that are particularly strong or compelling to the individual. For example, the pros (of taking medications) may outweigh the cons, but certain cons may be very important to the individual (e.g., taking medications means that the individual is ill).
- Help the individual consider how the pros and cons relate to their goals. For example, if an individual identifies having better concentration as one of the pros of taking medication, this could be connected to their goal of wanting to keep a job.
- Role plays may be used to help the individual prepare discussion of medications with their prescriber.
- Ask the individual what strategies they use to remember to take medications. Use the table at the end of this handout to identify new strategies with the individual.

TIPS FOR COMMON PROBLEMS:

- Individual says that medications have no benefits, and may insist that they only have disadvantages. Do not challenge the individual on this point. Rather, concede that there are disadvantages and help the individual identify additional strategies that will keep them well.
- Individual reports little interest in learning about medications. Do not force the issue. You can either review the material (but not in great depth) or wait until later in treatment when the individual is more motivated to learn about them.
- Individual has poor medication adherence:
 - Explore whether non-adherence is due to motivation or memory difficulties.
 - If the former, focus on the pros and cons of taking medications, as well as how medication use relates to their personal long-term goals.
 - If the latter, review strategies for taking medications as prescribed.

EVALUATING GAINS:

- After completing the handout for this topic area it may be helpful to assess how much knowledge the individual has retained about medications. You can assess an individual's knowledge using the following questions:
 1. What medications are used to treat psychosis?
 2. What are some common benefits of these medications? How about side-effects?
 3. If you met someone who just had an initial psychotic episode, how would you advise them to talk to their doctor? What sort of questions would you suggest that they ask their doctor?
 4. What sorts of strategies are used to help people remember to take medications?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR MEDICATIONS FOR PSYCHOSIS:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide information about which medications are used to treat psychosis, their clinical benefits, and side-effects.	• Ask individuals about their understanding of their medications, benefits, and side-effects. • Clarify misinformation and use the individual's own words, when necessary. • Normalize experiences for the individual. This can involve discussion of how many people forget to take their medications and, in fact, are sometimes ambivalent about them.
Help the individual become informed about their medications.	• Have the individual list the pros and cons of taking medications. • Relate the pros and cons of taking medication to the individual's long-term goal. • Discuss with the individual strategies for talking to their prescribers about medications. Role-play this discussion if necessary.
Help the individual identify strategies to help them take medications as prescribed.	• Ask the individual what strategies they use to remember to take medications. • Go through the table at the end of the handout to identify new strategies.

Topic #5: Clinical Guidelines for Coping with Stress

OVERVIEW OF TOPIC:

The handout for this topic provides an overview on stress: what is stress, what are the signs of stress, and what types of situations cause stress (both in general and for the individual in particular). It also provides information on how to prevent and cope with stress. The individual is given the opportunity to learn about a variety of relaxation techniques to help them manage daily stress.

Goals

1. Provide information on stress, its signs, causes, and consequences.
2. Help the individual identify factors that contribute to their own stress and ways to prevent and manage them.
3. Teach specific relaxation techniques for managing stress.

Handout

Coping with Stress.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What is stress? What makes you feel under stress?	Session 1- What is stress? What makes you feel under stress? How to recognize stress; Strategies to prevent and cope more effectively with stress
Session 2- How to recognize stress; Strategies to prevent and cope more effectively with stress	Session 2-Individual plan for coping with stress; relaxation techniques (practice with individual)
Session 3-Individual plan for coping with stress; relaxation techniques (practice with individual)	

TEACHING STRATEGIES:

- Ask the individual about what stresses them out and what strategies they use to manage it.
- Normalize stress as something that everyone experiences.
- Assess the individual's knowledge daily hassles and life events; fill in the gaps of the individual's knowledge with the handout "life events and daily hassles checklists".
- Informally ask the individual about their own stress reactions and how they manage them. Use exercises such as the "signs of stress checklist," and "strategies for preventing and coping with stress," to complement their knowledge.
- Incorporate the individual's own coping strategies (if they have some) into the "individual plan for coping with stress."
- Discuss how finding strategies to cope more effectively with stress could help individual make progress towards their goal.
- Find out if the individual is using relaxation techniques. If so, ask which ones and assess their effectiveness. If not, find out which techniques the individual wants to learn. Practice the techniques in the session.
- Ask the individual to teach relaxation techniques to a supportive person (to show that they have mastered it).

TIPS FOR COMMON PROBLEMS:

- The individual might say that they do not experience stress or that it has no impact on their life. Accept this information in a matter-of-fact way and provide information in the event that stress becomes relevant in the future.
- The individual may use maladaptive coping strategies to manage stress (e.g., substance use). Examine the pros and cons with the individual of using such strategies.

EVALUATING GAINS:

- After completing the handout for this topic it may be helpful to assess how much knowledge the individual has retained about stress. You can assess the person's knowledge using the following questions:
 1. What is stress?
 2. What is the difference between daily hassles and life events?
 3. What are some ways that people experience stress?
 4. How would you teach someone an individual plan for coping with stress?
 5. Show me how you would teach a relaxation technique.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR JUST THE FACTS-COPING WITH STRESS:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide information on stress, its signs, causes, and consequences.	• Ask the individual for their understanding of stress, its causes and consequences, and how it manifests in them. • Use checklists (e.g., daily hassles, life events) to fill in the gaps in the individual's knowledge. • Normalize stress as something that everyone experiences.
Help the individual identify factors that contribute to their own stress and ways to prevent and manage them.	• Elicit from the individual information on the causes of their own stress. • Elicit from the individual how they manage stress. • Use checklists (e.g., strategies for preventing and coping with stress) to supplement individual's knowledge and skills.
Teach specific relaxation techniques for managing stress.	• Use exercises to teach individual relaxation skills; practice in session.

Topic #6: Clinical Guidelines for Strategies to Build Resilience

OVERVIEW OF TOPIC:

The handout for this topic provides an introduction to the relationship between resiliency and treatment. It briefly discusses the benefits of resilience (in terms of the individual's wellness and well-being) and introduces the individual to "resiliency stories."

Goals

1. Review the benefits of resilience.
2. Identify how treatment can help individual build resiliency.
3. Introduce the concept of "resiliency stories."

Handout

Strategies to Build Resilience.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Building resilience in treatment; how can resiliency help you in treatment and your recovery?	Session 1- Building resilience in treatment; how can resiliency help you in treatment and your recovery? What is a resiliency story?
Session 2- What is a resiliency story?	

TEACHING STRATEGIES:

- In this handout, you will be doing less formal teaching and using more open questions to elicit from the individual their understanding of resilience, strengths, and experiences where they felt resilient.
- Review the individual's strengths.
- Engage the individual in discussion on how resilience is related to well-being and wellness.
- Normalize resilience as something that is relevant to everyone.

- Ask the individual if they know what a “resiliency story” is. Review Lashon’s story as an example of a resiliency story.
- Engage the individual in a discussion of their own resilience experiences. Have the individual tell their own resiliency story, and how that situation has impacted their life. This story does not have to be associated with their illness. For example, the individual could discuss how they overcome a difficult situation at a previous job or a difficult experience with a friend.
- Ask about the qualities the individual observed in themselves as a function of the resiliency story/situation.

TIPS FOR COMMON PROBLEMS:

- Individual might have difficulty identifying a situation where they were resilient in the past. In that case, use probe questions to help the individual remember situations that required resilience (e.g., “*what did you do after a break-up, someone dying, failing an exam, etc?*”).
- Individuals may have difficulty coming up with their own strengths. Ask the individual what others have said about them in that regard. Also, ask about what situations people seek their help or advice for.

EVALUATING GAINS:

- After completing the handout for this topic, it may be helpful to periodically assess how much knowledge the individual has retained about resilience. You can assess a person’s knowledge using the following questions:
 1. How could treatment help you build resiliency?
 2. How does resilience relate to recovery or getting your life back on track?
 3. What is an example of a resiliency story?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR JUST STRATEGIES TO BUILD RESILIENCE:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Introduce the concept of resilience to the individual.	• Ask the individual for their understanding of resilience. • Ask the individual what their strengths are.
Review the benefits of resilience.	• Discuss how resilience can benefit the individual's well-being and wellness. • Find out who can support the individual's resiliency efforts.
Introduce the concept of resiliency stories.	• Review and discuss Lashon's resiliency story. • Ask individual to identify resiliency stories in others and themselves.

Introduction to Education about Psychosis

Introduction and Module Overview

Learning more about your experience with psychosis can be helpful as you take steps towards your goal. Learning information about the symptoms of psychosis, the common symptoms associated with psychosis, and helpful treatments for psychosis such as medications, stress management, and building resiliency can help you make better informed decisions about your treatment.

In this module we will:

- ❖ Review and discuss the symptoms of psychosis.
- ❖ Learn how the stress-vulnerability model can help you understand the internal and biological and environmental and stress factors associated with psychosis and how to reduce your vulnerability.
- ❖ Review information about different types of substances.
- ❖ Discuss common reasons and consequences of using substances, including the effects on psychosis.
- ❖ Learn facts about medications used to treat psychosis including the advantages and disadvantages and the side effects associated with them.
- ❖ Develop strategies to help improve taking medication regularly if you decide to take medication.
- ❖ Identify areas of stress and strategies to cope more effectively with those stressors.
- ❖ Learn how developing resiliency can help you move forward in your recovery and making progress towards your goal.
- ❖ Identify experiences in your life where you exhibited resiliency.

Topic #1: What is Psychosis?

What is psychosis?

The word *psychosis* is used to describe conditions, which affect the mind and involve some loss of contact with reality. Psychosis is most likely to occur in young adults and is quite common. Around 3 out of every 100 people experience a psychotic episode, making psychosis more common than diabetes. Psychosis can happen to anyone. Like other health difficulties it can usually be successfully treated.

3 out of every 100 young people will experience a psychotic episode

Questions:

- What did you know about psychosis before your experience?
- What about your experience was similar to psychosis?
- What about your experience was different from psychosis?

What are the symptoms of psychosis?

Psychosis can lead to changes in perception and thinking and unusual ideas. In order to try to understand the experience of psychosis it is useful to group together some of the more characteristic symptoms.

The following table lists symptoms included in psychosis. Review each symptom and consider if you have experienced anything similar or different from the descriptions.

Symptoms of Psychosis

Symptom	Description	Example
Problems with perceptions (technical term hallucinations)	Hearing, seeing, feeling, or smelling something that is not there.	Hearing voices which no one else can hear, or seeing things, which aren't there.
Problems with paranoia or worrisome thoughts (technical term delusions)	Having a strong belief that is firmly held in spite of contrary evidence or believing that something or someone is referring to you.	Thinking that the TV is talking specifically to them, or that someone is following them, or that someone is controlling their body or thoughts.
Confused Thinking and Other Cognitive Difficulties	Difficulty with thinking clearly and expressing oneself clearly. Problems with concentration, memory, and reasoning.	Speech seems unclear or doesn't make sense to others; thoughts seem to speed up or slow down; difficulty concentrating on tasks such as homework and remembering things.

Questions:

- Do you know anyone who has experienced any of these symptoms?
- Have you ever experienced any of these symptoms? If yes, which ones?
- If none of these symptoms are associated with your experience, how would you describe the upsetting or distressing experiences that you have had recently?

These symptoms can occur for lots of different reasons, including developing a psychiatric illness like schizophrenia, schizoaffective disorder, or bipolar illness. Other reasons symptoms develop include:

- Hallucinations or problems with perceptions can occur when people are deprived of sleep, following the death of a close friend or relative, or as the result of using certain drugs such as LSD.
- Problems with paranoia or worrisome thoughts can occur when people are frightened and alone in an unsafe or unfamiliar environment, or when they use drugs.

- Cognitive difficulties can occur when people have sleeping problems, feel very anxious or depressed, or are under stress.

Questions:

- What do you think has caused your recent upsetting and distressing experiences?

People who experience symptoms of psychosis often report additional experiences or symptoms. These experiences include difficulties relating to other people, problems at school or work, and a lack of motivation or energy to do things. These experiences may continue after the symptoms of psychosis have improved. The chart below provides information on some of the symptoms that other people with psychosis have reported.

Other Common Symptoms People Can Experience

Symptom	Description	Example
Decline in Social or Vocational Functioning	Less time socializing, problems at school or work.	Difficulty making friends or spending time with friends or family; spending a lot of time alone in your room.
Problems with disorganized or catatonic behavior	Unpredictable movements or remaining motionless.	Frequently distracted, leading to difficulty completing everyday tasks; staying in a stuck position.
Negative Symptoms	Lack of energy, motivation, pleasure, or emotional expressiveness.	Things that you used to enjoy don't bring the same pleasure; difficulty "getting going" or following through with things; people say that they can't read your facial expression.
Depression	Feeling extremely sad or blue that can affect appetite, sleep, or energy level.	Loss of interest in activities you used to enjoy or feeling sad; sleeping too much; feeling tired and having low energy; not eating enough or eating too much.

Suicidal thoughts	Thoughts that you want to harm yourself.	Feeling that you want to hurt yourself because you think have no hope for your situation or no way out.
Anxiety	Being nervous; feeling scared, worried or afraid.	Avoiding a situation or experience because of fear; constant worry or concern; difficulty concentrating; physical symptoms such as heart palpitations, perspiration, trembling, or shortness of breath.
Mania	Not needing as much sleep; pressured speech; flight of ideas; extreme distractibility; irritability; increase in activity	Waking up after 3 hours feeling ready to go, when you ordinarily need 8 hours; Talking really fast about a lot of topics, not really noticing if the other person is listening; Spending a lot when you have no money, having unsafe sex, engaging in risky sports without training or precautions

Questions:

- Do you know anyone who has experienced any of these symptoms?
- Have you experienced any of these symptoms? If so, which ones?
- What was the experience like for you?

How a Diagnosis is made

Psychosis is a broad term that can be caused by many things. This is similar to thinking about a fever, which can be a symptom of the flu, an infection, arthritis, and even some kinds of cancer. An accurate diagnosis of the cause of the psychosis is based on a clinical interview conducted by a specially trained professional, usually a medical doctor, but sometimes a nurse, psychologist, social worker or other mental health practitioner. In the interview, there are questions about symptoms experienced, how long the symptoms have been present, recent stressors and loss, the

possible role of drug and alcohol use, and how the person is functioning in different areas of his/her life, such as relationships and work.

There is currently no blood test, X-ray, or brain scan that can be used to make a diagnosis of schizophrenia or schizoaffective disorder. To make an accurate diagnosis of the reason for the psychosis, the prescriber may also request a physical exam and certain lab tests or blood tests in order to rule out other causes of psychotic symptoms, such as a brain tumor or an injury to the brain.

A diagnosis of schizophreniform disorder, schizophrenia, or schizoaffective disorder is associated with enrollment into the NAVIGATE program, but sometimes people with a mood disorder like depression or bipolar illness experience psychosis. The following table describes the criteria for each diagnosis. Often, which diagnosis is made depends on how long the symptoms have been experienced. The following table describes the criteria for each diagnosis.

Diagnostic Criteria for Schizophrenia and Schizoaffective Disorder DSM V

Diagnosis	Symptoms	Timing of Symptoms
Schizophreniform Disorder	Psychosis symptoms (delusions, hallucinations), negative symptoms, cognitive impairment)	Symptoms last at least 1 month that cause significant impairment and then completely subside before 6 months
Schizophrenia	Psychosis symptoms (delusions, hallucinations), negative symptoms, cognitive impairment)	Symptoms last at least 1 month that cause significant impairment and overall the problems must persist for at least 6 months
Schizoaffective Disorder	Psychosis symptoms (delusions, hallucinations), negative symptoms, cognitive impairment) Mood episodes-significant symptoms of depression or mania that last for a substantial portion (but not all) of the time	Mood symptoms that last at least several weeks while having some of the symptoms of schizophrenia at times when mood symptoms are not present

- It may be difficult to distinguish schizophrenia from schizoaffective disorder but fortunately the disorders respond to the same treatments and have a somewhat similar course.

What causes schizophrenia?

Internal and Biological Factors

Psychotic experiences can be due to many different causes including a number of psychiatric disorders, substances abuse and some medical illnesses. In this section, we will discuss the causes of schizophrenia-spectrum disorders, a group of psychiatric illnesses that have psychosis as their predominant symptoms and are typically diagnosed in individuals entering the NAVIGATE program.

Schizophrenia tends to run in families, but most people in any one family will not have the disorder. Some illnesses have a simple and direct genetic cause. For example, Cystic Fibrosis, a severe lung disorder, is caused by of a specific gene. However, most illnesses (including schizophrenia-spectrum disorders) have complex causes and many genes are involved. Right now, researchers in the area cannot identify all of the genes that make a person vulnerable to schizophrenia spectrum disorders.

Researchers have also done a lot of work on brain imaging to try to understand the cause of schizophrenia-spectrum disorders. While researchers have found differences in brain structure and chemistry among groups of individuals with and without schizophrenia, none of the imaging study findings are specific enough to diagnose schizophrenia at this point.

We are also coming to understand that many people with schizophrenia spectrum disorders appear to process information differently years before they are diagnosed. People also may be more aware of difficulties making sense of social situations before they are diagnosed. People who develop schizophrenia also typically differ in how their nervous systems respond to threats, and often exhibit difficulties with interpersonal interactions years before they develop clear psychotic symptoms.

In summary, there are a number of complex personal factors that predispose people to develop a schizophrenia-spectrum disorder. Now let's review other factors that can modify the start or the course of schizophrenia-spectrum disorders.

What Environmental Factors and Stressors are related to psychosis and schizophrenia spectrum disorders?

While features of an individual may make a person vulnerable to having the disorder, factors in the environment may affect the onset of the illness, the severity of the illness, or its course. For example, genetic factors may make people liable to heart disease but environmental factors such as diet, exercise and avoiding smoking can influence the development or course of heart disease.

We know that certain characteristics of society—poverty, membership in some (but not all) immigrant groups and ethnicities, living in the city rather than the country—all appear to increase the risk of schizophrenia spectrum disorders. The basis for this is unclear. We also know that certain personal experiences, including negative childhood events and lifetime trauma exposure, as well as substance use, also are associated with increased risk of psychosis and schizophrenia spectrum disorders.

Even as scientists identify these risk factors, we also know there are many individuals who experience these circumstances who do not develop a schizophrenia-spectrum disorder. This makes researchers think schizophrenia-spectrum disorders are caused or their course influenced by a combination of personal factors in the individual (vulnerabilities) and stress factors in the environment which interact together.

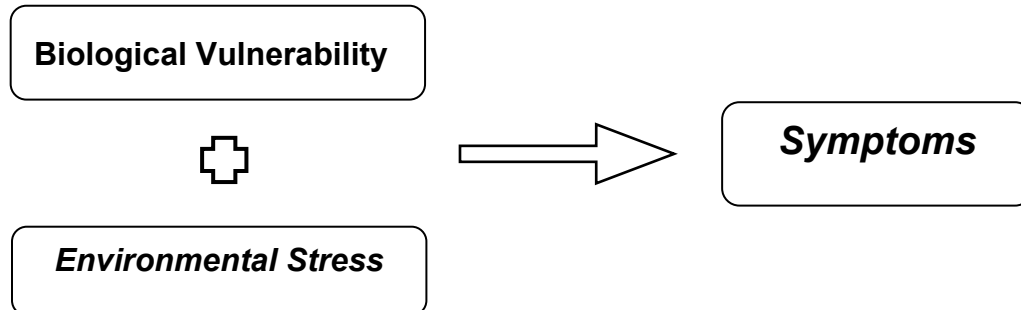
Schizophrenia is likely caused by many factors—not just one.

A Model for Understanding How to Improve Outcomes in Schizophrenia

As discussed above, many of the *vulnerability factors* contributing to psychiatric illnesses such as schizophrenia-spectrum disorders reside in the individual. They may be biological or cognitive processes. These vulnerabilities can be worsened by *environmental stress*—events happening outside the person—and include things like negative life events, abuse and neglect, daily hassles, trauma, and stressful family situations. The stress-vulnerability model can help us understand what influences symptoms and how the effects of the disorder can be minimized. Since both stress and vulnerability contribute to symptoms, then reducing either one or both can contribute to better outcomes. There are several ways to reduce vulnerability, including with medication and developing social skills, which are part of the NAVIGATE program.

The Stress-Vulnerability Model

Here is a diagram of the stress-vulnerability model as it relates to schizophrenia.



More about Stress

Stress can trigger the onset of symptoms or make them worse. Going to college, losing a job, breaking up with a boyfriend or girlfriend, not having enough money to live—all are stressful. Family relationships can sometimes be stressful, as can negative life events. People who experience a great deal of trauma in their lives are at greater risk for the development of psychosis. The way people experience stress is very individual. In fact, what is stressful to one person may not be stressful at all to someone else. For example, some people love roller coasters and others avoid them at any cost. There is no such thing as a stress-free life, so you can't avoid all stress. But it is helpful to be aware of times when a person is under stress and to learn strategies for coping with it effectively. We will present ways to prevent stress and cope more effectively with stress in the Coping with Stress Handout.

Questions:

- Are you aware of anyone in your family who has experienced psychosis?
- Have you noticed any times that you were under stress that you were having difficult or upsetting experiences?
- What are some stressful situations that you have experienced?

A Few words about Substance Use

Drugs and alcohol can worsen biological vulnerabilities to develop schizophrenia spectrum disorders. However, we would not say the drugs “caused” the illnesses. Many people use drugs and alcohol and never develop any psychiatric problems. However, if a person has a tendency to develop psychosis (usually unknown to them), drugs and alcohol can bring it out or make symptoms worse.

Questions:

- Have you ever struggled with drug or alcohol problems?
- What have you noticed about how using drugs or alcohol affects your distressing or upsetting experiences?

What can you do to decrease biological vulnerability and stress factors?

Because both vulnerability and stress contribute to psychiatric symptoms, treatment for symptoms needs to address both of these factors.

Things people can do to influence the internal or biological factor of psychosis:

- Stay in treatment
- Avoid street drugs and alcohol
- Take care of physical health
- Take medication as prescribed.
- Develop skills to manage social interactions successfully

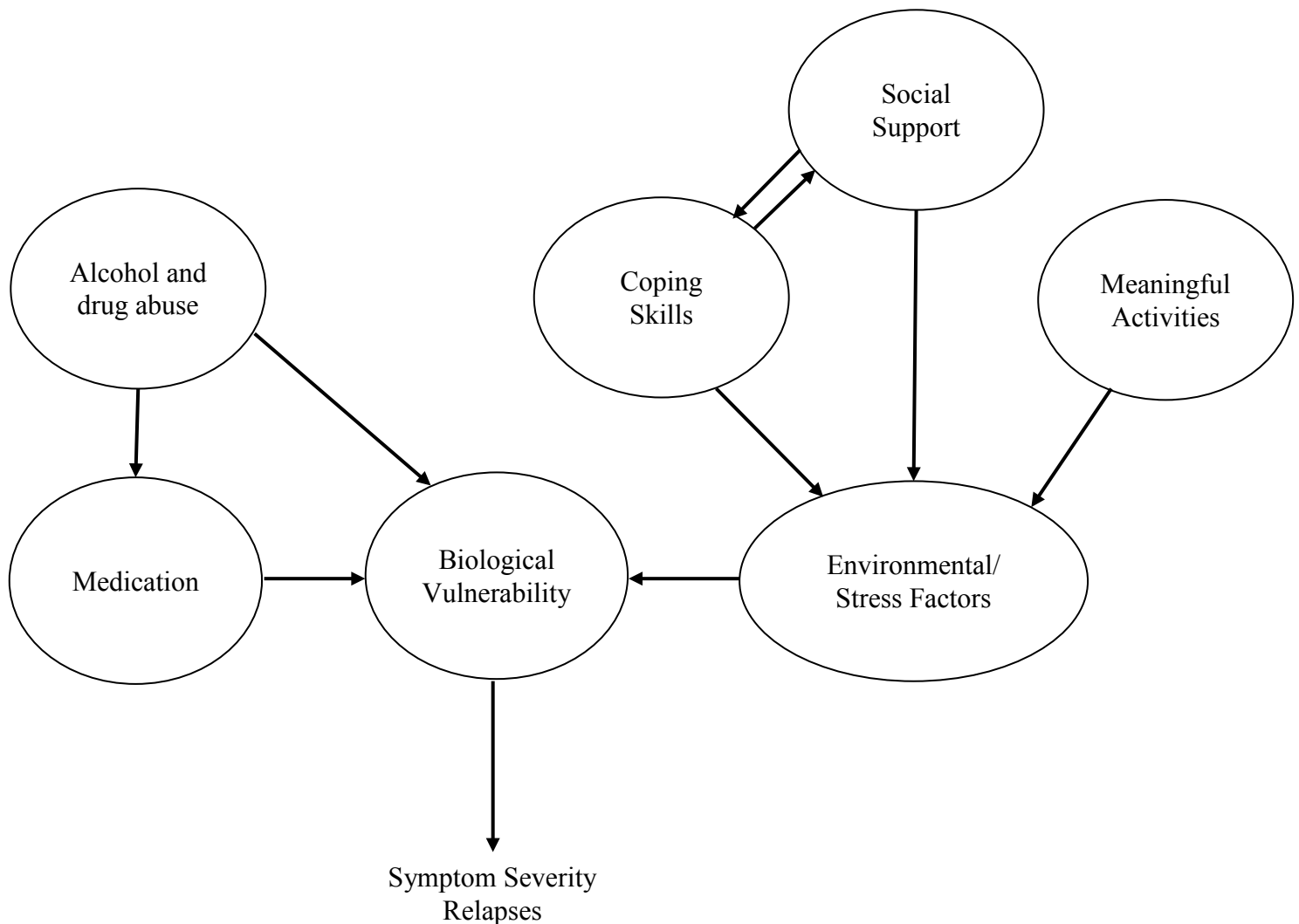
Questions:

- Have medications helped you with reduce symptoms or reduce distressing or upsetting experiences?
- Has avoiding (or decreasing) drug and alcohol use helped you to reduce symptoms or distressing or upsetting experiences?
- What are your top 5 strengths that you identified in the Assessment and Goal Setting Module? How could those strengths help you increase your social support?

Things people can do to reduce the stress factors of psychosis:

- Engage in meaningful activities
- Develop relationships with supportive people
- Learn strategies for managing stress
- Learn strategies for coping with problems and persistent symptoms
- Keep conflict with family members and supportive persons low
- Develop a healthy lifestyle (including exercise and eating healthy foods)

This is a picture of how you can use strategies to reduce your internal and stress factors in the stress-vulnerability model:



There are lots of things you can do to improve both biological and environmental and stress factors that contribute to psychosis. You will be learning many strategies for both in Individual Resiliency Training.

Will all the symptoms go away?

Most people with psychosis find taking medication reduces symptoms and decreases the possibility of a relapse or symptoms returning. You may now be experiencing few or no symptoms if you have been taking medication for a while. However, sometimes the medication does not eliminate all the symptoms of first episode psychosis and people have to learn to cope with them while they pursue their goals and dreams. The situation is not unlike someone who has a “bad back.” Surgery and physical therapy may help, but the pain occasionally comes back and people have to find strategies to help them when they are in pain for a while so they can go to work or school. Medication may help the back pain, but people can still feel the pain sometimes, especially when stress is severe.

It is important to note that it is normal for symptoms of psychosis to come back during times of stress. People can still have very full lives even if they have some ongoing symptoms of psychosis or occasional symptom flare-ups. Strategies for coping with psychosis symptoms are discussed more in the IRT program. Making a plan to stay well to address symptoms returning is discussed in the Developing a Wellness Plan handout.

You are already on the road to wellness!

Questions:

- What do you think would help you get your life back on track?
- Are there any services or supports that you think would be helpful in this process?
- Any resources in the community that would be helpful?

For additional information about psychosis, please refer to the following web sites:

- General information, fact sheets, videos, links, and more
 - NIMH Recovery After Initial Schizophrenia Episode Program <https://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml>
 - NIMH Fact Sheet-First Episode Psychosis <https://www.nimh.nih.gov/health/topics/schizophrenia/raise/fact-sheet-first-episode-psychosis.shtml>
 - National Alliance on Mental Illness (NAMI) <https://www.nami.org/earlypsychosis>
 - Strong 365 <https://strong365.org>
 - *Early Psychosis Intervention Program in Canada:* <http://www.psychosissucks.ca/>
- Resources for family and friends
 - <https://www.nimh.nih.gov/health/topics/schizophrenia/raise/raise-resources-for-patients-and-families.shtml>
 - <https://www.nami.org/Extranet/FEP-Learning-Community/Programs-and-Sites>
 - <https://www.psychosissucks.ca/how-to-help-a-loved-one-look-past-psychosis>

Home Practice Options

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

1. Check out one of the websites that has information about psychosis.
2. Discuss the What is psychosis handout with a family member or another supportive person in your life. Review what you learned from this handout that you didn't know. Think about what you want this person to understand about your experience.
3. Review biological factors and what factors contribute to your biological vulnerability. What are you already doing to minimize your biological vulnerability (e.g., taking medication)? Is there anything more you could do to minimize the impact of the biological factors? If so, select something you can try over the next week.
4. Review your environmental or stress factors. What are you already doing to manage stress (e.g., getting some regular exercise, talking to supportive people)? Is there anything more you could do to minimize the impact of stress? If so, select something you can try over the next week.

Summary Points for What is psychosis?

- *Psychosis is a condition which affects the mind and where there is some loss of contact with reality.*
- *Psychosis is very common with 3 out of every 100 young people reporting a psychotic experience.*
- *The major symptoms of psychosis include hallucinations, delusions or false beliefs, and confused thinking or other cognitive difficulties.*
- *Everyone experiences psychosis differently.*
- *Both biological and environmental or external stress are related to psychotic symptoms.*

- *Environmental and stress factors can trigger the onset of symptoms or make symptoms worse.*
- *Treatment can help reduce biological vulnerability, environmental and stress factors, and improve the ability to cope with stress.*
- *Treatment is important and the earlier you receive it the better you will feel.*

Topic #2-Basic Facts about Alcohol and Drugs

Using alcohol and drugs is a common human behavior that dates back for thousands of years. For example, drinking a beer, a glass of wine, or a mixed drink is common in modern society. Similarly, using drugs such as marijuana, cocaine or speed, or ecstasy to get high, and feel energetic or relaxed is also common.

These types of substances can make people feel good, but they can also cause problems for people who have experienced psychosis. This handout covers commonly used substances and their effects. It also explores your own personal reasons for using.

Commonly Used Substances and Their Effects

It is helpful to understand what people commonly experience when they use alcohol and drugs. The following table lists examples of both the positive and negative effects of alcohol and drugs.

Questions:

- Which of the following substances have you ever tried? Anything you have tried (such as over the counter medicines or herbal preparations) that is not on the list?
- When was the last time you used each substance?
- What effects (both positive and negative) have you noticed experiencing from each of the substances you have tried?

Commonly Used Substances and Their Effects

Substance Type	Examples	Positive Effects	Negative Effects
Alcohol	Beer, wine, gin, whiskey, vodka, tequila	-Relaxation -Lighter mood	-Slower reaction time, feeling tired -Socially embarrassing behavior
Cannabis	Marijuana, hash, THC	-Relaxation -"High" feeling	-Reduced reaction time and coordination -Feeling unmotivated -Feeling tired -Paranoia -Increased anxiety or feeling panicky
Synthetic Cannabinoids	Spice, K2, synthetic marijuana	-Feeling stimulated or energetic -Increased appetite -Feeling like in a "dream state"	-Nausea -Anxiety or feeling panicky -Seizures -Aggression -Heart palpitations or chest pains
Stimulants	Cocaine (powder/or crack), amphetamines (crystal meth., Dexedrine, Ritalin, Adderall, ephedrine)	-Feeling alert, energetic -Euphoria	-Increased anxiety -Paranoia and psychosis -Sleeplessness -Feeling jittery
Hallucinogens	Ecstasy, LSD, peyote, mescaline	-Increased sensory experiences -Feeling of well-being	-Bad "trips" -Psychotic symptoms
Opiates	Heroin, morphine, vicodin, Demerol, opium, Oxycontin	-Positive feeling of well-being -Relaxation -Reduced pain sensitivity	-Drowsiness -Highly addictive -Risk of overdose

Other Commonly Used Substances and Their Effects

Substance Type	Examples	Positive Effects	Negative Effects
Inhalants	Glue, aerosols, paint	-“High” feeling	-Severe disorientation -Toxic/brain damage
Over-the-counter medications	Cough syrup, antihistamines and related compounds (such as Benadryl and other cold tablets)	-“High” feeling -Sedation	-Drowsiness
Caffeine	Coffee, energy drinks, some teas, some sodas	-Alert feeling	-Feeling jittery -Interference with sleep
Nicotine	Smoking, chewing tobacco, e-cigarettes, vaping	-Feeling alert -Feels good	-Health problems, such as emphysema, lung/throat/ mouth cancer
Benzodiazepines (anti-anxiety medication)	Valium, Xanax, Klonopin, Ativan	-Reduced anxiety -Relaxation	-“Rebound anxiety” when medication wears off -Loss of inhibition and coordination -Dulled senses

Why do People Use Alcohol and Drugs?

There are many reasons people use substances. Some of the most common reasons are described below.

Some Common Reasons for Using

To Socialize

Using substances with other people can make you “one of the crowd”. It can make it easier to meet people, to feel comfortable around people, or just something to do with friends to have fun or hang out. Using with friends can also be a way of re-

connecting with people you haven't been in touch with for a while. People often use substances together at parties, celebrations, or holidays.

To have fun

Alcohol or drugs can make people feel good, and fight boredom in their lives. Some substances may make people feel high, relaxed and mellow. Others can cause people to feel alert, energetic, and full of life.

To improve mood

People may use substances to counteract the effects of feeling bad. Alcohol and drugs can provide temporary relief from feeling depressed, anxious, or angry, although it can also contribute to negative feelings. For example, it is common for people to feel bad about themselves for being unproductive if they are spending a lot of time hung over.

To cope with symptoms

Some people use alcohol and drugs to cope with symptoms. Alcohol and drugs may provide temporary relief from hearing voices or having other hallucinations. Using substances can reduce paranoid thinking, or being concerned that other people are looking at you, talking about you, or know what you are thinking. Some substances can increase concentration, which can help when one's attention easily wanders. Using substances to cope with symptoms can provide some temporary relief, but it can also worsen the problem in the long-run.

To help with sleep

Alcohol and drugs can make it easier to get to sleep. However, when people use the sleep is often less restful and you may feel groggy in the morning.

To avoid other problems

People may also use substances as a way of distracting themselves from their problems. For example, people may use alcohol or drugs to distract themselves from problems with work or school, when they are having conflicts with others, because they are lonely, or because they are unhappy with themselves.

For these individuals, substance use may provide a temporary escape from a variety of life problems.

It becomes part of a daily routine

Some people use substances because it becomes part of their daily routine, and gives them something to look forward to. Everybody needs to have things they care about and look forward to doing, and for some people this includes using alcohol or drugs. For these individuals, using alcohol or drugs is more than just a habit; it is part of their lifestyle and an important part of how they live each day.

Chasing the “good old days”

People who have had a psychotic episode sometimes resume using alcohol or drugs, often with their friends, after their symptoms are under control because they want to experience the same pleasure and enjoyment they previously had from using substances. This may work some of the time, but people often find that they are more sensitive to the effects of substances after their episode, and that the effects aren't as enjoyable as before.

Questions:

- For each reason, does this apply to you? For which substances?
- How effective is drinking alcohol or using drugs for each of the reasons you identified?
- Have you noticed any differences in effectiveness since your psychotic episode?

You can use the worksheet below to explore your reasons for using alcohol or drugs.

Reasons for Using Alcohol or Drugs Worksheet

Instructions: For each of the three most substances you most often use now (or have used in the past), check off the reasons why you use it.

Reason for Using:	Substance #1:	Substance #2:	Substance #3:
Feeling less depressed			
Feeling "high"			
Feeling more alert			
Feeling of well-being			
Reducing anxiety			
Coping with hallucinations			
Altering my senses			
Sleeping better			
Distracting myself from problems			
Coping with symptoms			
Feeling sociable			
Something to do with friends			
Giving myself something to do every day			
Celebrating			
Avoiding boredom			
Peer pressure			
Chasing the "good old days"			
Other:			

What are cannabinoids?

Cannabinoids are chemical compounds found in cannabis or marijuana. At this point, the verdict is still out on whether cannabinoids help in psychosis. Approximately a third of first episode patients have a marijuana use disorder at some point, in their lives, and marijuana use has long been known as a risk factor for relapse among first episode patients. The increased relapse risk may be due to the direct effects of some cannabinoids and/or by marijuana abuse being associated with not taking medication as prescribed. The cannabinoid system is complex and there are cannabinoid strategies that may (or may not) have therapeutic effects. Scientists are not certain if cannabinoids help or hurt people who have experienced a psychosis. Further studies are clearly needed to make any recommendations for use. Also, it is important to note that scientific studies of cannabinoids usually employ that meet medications that have been carefully prepared; "street" compounds or unregulated products at stores do not have similar standards. *At this point, the safest thing to do if you have experienced a first episode psychosis is to avoid cannabinoids.*

Home Practice Options

(Can be reviewed now or at the end of the session)

1. Make a list of substances that you used before your psychotic episode. For each substance, indicate whether you are continuing to use it or have stopped using it.
2. For the substance you use most often, make a list of the positive effects of using it, and any negative effects you may have noticed.
3. Remember what it was like using your favorite substances before your psychotic episode, and compare it to after the episode. Have you noticed any differences? Describe any differences you have experienced in the effects of substances from before your episode to after the episode.

Summary Points for Basic Facts about Drugs and Alcohol

- *Alcohol and drug use are common human behaviors.*
- *Each type of substance has specific positive and negative effects.*
- *Common reasons for using substances include:*
 - *Socialization*
 - *Having fun and improving mood*
 - *Coping with symptoms*
 - *Helping with sleep*
 - *Avoiding other problems*
 - *It becomes part of a daily routine*
 - *Chasing the “good old days”*

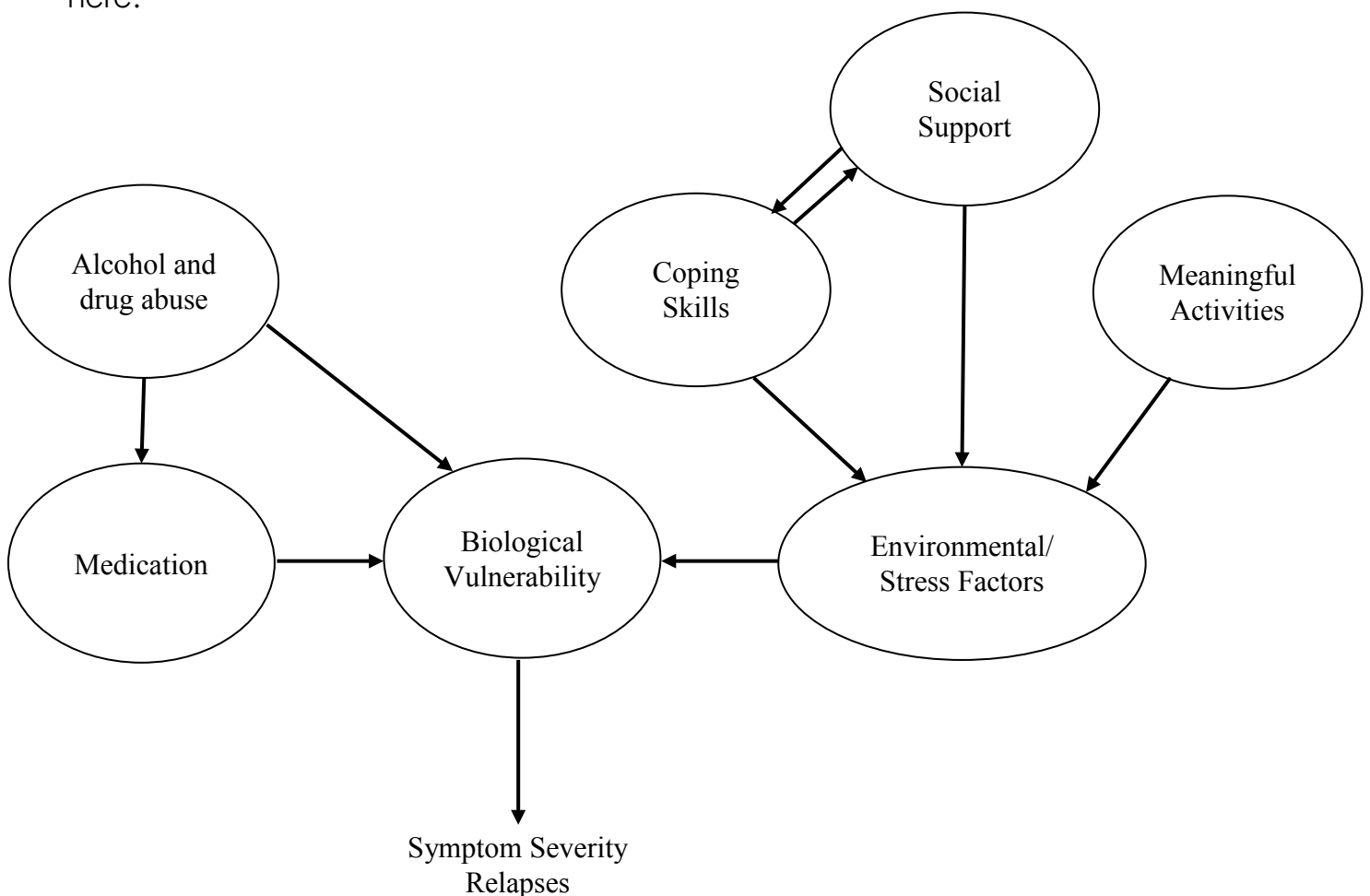
Topic #3: Substance Use and Psychosis

Using alcohol and drugs is common. However, substance use can also cause problems. People who have recently experienced a psychosis are especially sensitive to the effects of substances. This handout covers common problems related to alcohol and drug use in people with a psychosis.

The Stress-Vulnerability Model

Alcohol and drugs can trigger symptoms and the return of psychosis experiences. The stress-vulnerability model of psychosis helps explain why using even small amounts of substances can make your symptoms worse, and lead to hospitalizations.

The figure below summarizes the stress-vulnerability model, which is also explained here.



The symptoms of psychosis are caused by *internal vulnerabilities*.

- These biological factors and symptoms can be made worse by:
 - Alcohol and drugs
 - Stress
- These biological factors and symptoms can be improved by:
 - Taking medications
 - Learning effective strategies for coping with stress and symptoms
 - Good social support
 - Engaging in meaningful activities, such as work or school
 - Avoiding alcohol and drug use

Using substances can lead to symptom returning in two ways:

- Alcohol and drugs can directly affect the biological factors in your brain (brain chemicals or *neurotransmitters*) that cause psychosis, worsening symptoms.
- Substance use can interfere with the protective effects of medication on reducing symptoms and causing symptoms returning, leading to worse symptoms and a hospitalization.
- Other effects leading to worsening of stress through negative consequences of using substances and/or effects on disrupting protective factors (such as, social support through arguments about use, structured daily activity--missing work or school, etc.).

Question:

- Have you noticed any change in your sensitivity to alcohol or drugs since you experienced psychosis?

Other Problems Related to Alcohol and Drug Use

In addition to increasing symptoms, drug and alcohol use can lead to other problems.

Interference with School or Work

Using substances can get in the way of work or going to school. People may have difficulty focusing at work or school, and doing the best they are capable of. Or they may be late or miss work or school, because they were up late the night before or they just don't care as much.

Social Problems

Substance use often causes conflicts with other people, either family members or friends. Relatives may be concerned about a loved one's use of alcohol or drugs, and this can lead to arguments and tension in the family. Substances can make people less predictable and harder to get along with. For example:

- Acting more irritable or moody than usual.
- Not coming home when expected.
- Not following through on responsibilities to others, such as chores, cooking, or cleaning.
- Not being as involved in friends' lives, such as not returning calls, keeping up with communication, or canceling plans.

Questions:

Have your family members (or close friends) ever said they were concerned about your substance use?

- Has substance use ever led to arguments or conflict with your family or friends?

Substances can also cause problems related to the people with whom you use. For example:

- Being disinhibited when using, and doing things that are embarrassing or get you in trouble, such as causing a disturbance, getting into fights, or having sex with someone you don't know well.

- Being taken advantage of by other people, either sexually or financially. People may act like they are your friends, but only because you have something they want, such as your money or the use of your apartment.

Daily Living Problems

People may not take care of themselves when they are using substances. They may not shower, brush their teeth, or keep up their appearance like they ordinarily would. Or they may not eat well, or take care of their room, apartment, or house.

Legal Problems

Using substances can cause legal problems. For example, driving under the influence of alcohol or drugs is against the law and can result in severe penalties. People may be arrested for acting in an aggressive or disorderly way, or for possessing illegal drugs.

Safety Problems

People may use substances in unsafe situations, such as driving under the influence, going to dangerous neighborhoods in order to buy drugs, or hanging out with people who may take advantage of them or harm them. Using substances can also make it easier to get into accidents, such as car accidents or tripping and falling down.

Health Problems

Substances can cause a variety of health problems, both short- and long-term. Short-term health problems include weight gain or loss, digestive problems, appetite disturbance, and sleep problems.

Long-term alcohol use can produce many problems, including liver problems such as cirrhosis. Drugs such as cocaine, heroin, and amphetamines can cause blood borne infectious diseases such as hepatitis C and the HIV virus. These are blood-borne diseases that can be spread through exposure to an infected person's blood, such as by sharing needles (injecting) or straws (snorting) between different people for using these drugs.

People may also neglect to take care of chronic health conditions such as diabetes or to keep up with health protective behaviors like exercise because they are doing drugs.

Psychological Dependence

Frequent use alcohol or drugs can lead to *psychological dependence*, such as:

- Spending a lot of time using substances
- Giving up important activities in order to use
- Using more than intended
- Trying unsuccessfully to stop

Physical Dependence

Frequent use of substances can also lead to developing tolerance, so that the person needs to take larger amounts to get the same effect they used to get. Another sign of physical dependence is experiencing withdrawal symptoms if they stop using, such as feeling shaky or nauseous.

Problem achieving goals

Using alcohol or drugs can get in the way of people achieving their personal goals. It may be difficult to sort out whether psychosis or substance use has interfered with you achieving your goals, because the two problems can interact with each other. This can make you sensitive to the effects of even relatively small amounts of substances.

Questions:

- Have you ever experienced any of these problems? If yes, which ones?
- Has using substances ever interfered with your work or performance at school?
- Have you ever done things under the influence of substances that you wish you hadn't?
- Have you ever been taken advantage of by someone you were using substances with?
- Has using substances ever led to any problems with the police?
- Have you ever done anything unsafe because of your use of alcohol or drugs?
- Do you ever feel like you "need" to have a drink or use drugs to improve your mood or to calm yourself?
- Has using substances ever interfered with achieving the goals you set for yourself in this program (or previously)?

Negative Effects of Using Alcohol and Drugs Checklist

Instructions: Indicate in the checklist below which negative effects you have experienced from using the substances.

Negative effects:	Substance #1:	Substance #2:	Substance #3:
Worse symptoms			
Hospitalization			
Family conflict			
Conflicts with others			
Problems at school			
Problems working			
People complain about my use			
Feeling more irritated at others			
People can't count on me			
Losing friends			
Hanging out with a bad crowd			
People take advantage of me			
Not taking care of myself			
Spending too much money			
Using in unsafe situations			
Legal problems			
Health problems			
Doing unsafe things			
Spending too much time using			
Problems achieving goals			
Other:			

Now that you have talked about how substances interact with psychosis, you may be interested in learning more about your options to make a change in your substance use. Here are some helpful questions to talk about first.

Over the last month did you ever:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol?
(Say 0 if none.)
2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")?
(Say 0 if none.)
3. Use anything else to get high (like other illegal drugs, prescription or over-counter medications, and things that you sniff, huff, or vape)?
(Say 0 if none.)

of days

Please answer question 4 and if you answered greater than 1 to questions 1, 2, or 3 please answer the following questions 5-9:

4. Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?
5. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?
6. Do you ever use alcohol or drugs by yourself or when you are alone?
7. Do you ever forget things you did while using alcohol or drugs?
8. Do your family or friends ever tell you that you should cut down on your drinking or drug use?
9. Have you ever gotten into trouble while you were using alcohol or drugs?

No	Yes

You can learn more about making a change in your substance use either cutting down or quitting in the Substance Use Module of IRT. Your IRT clinician could help you explore your options and choices that work best for you.

Home Practice Options

1. Share the Negative Effects of Using Substances Checklist with someone who knows you, and ask if they agree or disagree with the answers you gave.
2. Ask someone you know and trust whether they have ever been concerned with your use of alcohol or drugs.

Summary Points for Substance Use and Psychosis

- *The stress- vulnerability model explains that substance use can:*
 - *Make people more sensitive to the negative effects of alcohol and drug use*
 - *Undermine the protective effects of medication*
 - *Worsen symptoms*
- *Negative effects of substance use often include:*
 - *Problems with work and school*
 - *Social problems*
 - *Daily living problems*
 - *Legal problems*
 - *Health problems*
 - *Safety problems*
 - *Psychological dependence*
 - *Physical dependence*
 - *Problems achieving goals*

Topic #4: Medications for Psychosis

Why is medication recommended as part of the treatment for psychosis?

Medications can help reduce the severity of symptoms and sometimes eliminate them. The medications are designed to help reduce sensory or perceptual symptoms (such as hearing voices or seeing or smelling things that are not there), paranoia, and confused thinking. Sometimes medicine helps people quite rapidly. People are able to relax, think more clearly, and feel less distressed in a few days. However, sometimes medication may take a few weeks before the symptoms are reduced significantly.

- Taking medication on a regular basis helps prevent a return of symptoms.
- Taking medication is not a cure for symptoms, and there is no guarantee that you will not have an episode again. However, for most people taking medication on a regular basis significantly reduces the risk of symptoms returning or hospitalization. For this reason, we encourage people not to stop taking medication until talking to their prescriber.

Questions:

- What are your personal beliefs about medication?
- Have you had some positive experiences with medications in the past?
- Have you had some unpleasant experiences with medication?

What types of medications are used to treat psychosis?

- The major type of medication that is used to treat psychosis is called antipsychotics. There are many different types and the dosages depend on the individual needs.

Antipsychotic Medications

- For most people, taking these medications can help reduce current symptoms of psychosis, and crucially, if taken on a regular basis, can substantially reduce the chance that the symptoms come back.
- The first of these medications were developed in the 1950's and many have been developed since then. They all work at decreasing symptoms or decreasing the risk of symptoms returning. They differ in their dosage requirements and side effects.

In NAVIGATE treatment we usually try one of these first.

Generic Name	Brand Name
Aripiprazole	Abilify
Risperidone	Risperdal
Paliperidone	Invega
Quetiapine	Seroquel
Ziprasidone	Geodon

However, there are a number of other antipsychotic medications and you may be taking one of them. Some other commonly used antipsychotics are

Chemical Name	Brand Name
Asenapine	Saphris
Brexpiprazole	Rexulti
Cariprazine	Vrylar
Haloperidol	Haldol
Iloperidone	Fanapt
Lurasidone	Latuda
Olanzapine	Zyprexa

Medications in general vary in how often they need to be taken. Some medications can be taken only as needed but others need to be taken daily. However, many studies have shown that antipsychotics work best when taken daily. That can be hard

to do as many studies have also found that around half of people have difficulty taking medications on a daily basis.

Some methods people can use to help take medications consistently include:

- Pill boxes
- Setting reminders on your phone or computer or on notes in your home
- Having a family member or friend remind you to take medication

There is another option that some people prefer. Some antipsychotic medications can be taken as injections that last a long time. Most last about a month but some can last up to three months. Many people like taking their medications this way because it means that you don't have to remember to take pills every day. They also don't have to take pills in front of others or have pill bottles to keep track of.

Using injections can have a powerful effect on symptoms. A recent 2 year-long study compared people taking injections and people taking pills. The people taking pills were two times more likely to have to go to the hospital as people getting injections.

Common Injectable Antipsychotics

Generic Name	Brand Name	Time Between Injections
Aripiprazole monohydrate	Abilify Maintena	1 month
Aripiprazole lauroxil	Aristada	1-2 months
Olanzapine pamoate	Zyprexa Relprevv	1 month
Haloperidol decanoate	Haldol decanoate	1 month
Paliperidone	Invega Sustenna	1 month
Paliperidone	Invega Trinza	3 months
Risperidone	Risperdal Consta	2 weeks

Questions:

If you have taken an antipsychotic medication, what have you noticed that it helps you with?

- What methods have you tried to help you take medications daily?
- Do you take your medication by injection? What do you like about that method?
- If you don't take your medication by injection, have you considered talking to your doctor or nurse about this option?

Additional types of medications are sometimes used to help people feel better. These include medications for anxiety, medications for depression and medications to prevent mood swings.

Additional Medication Possibilities

Medication Category	Possible Benefits	Examples
Mood Stabilizer	Treat problems with extremes of moods, including mania and depression.	Depakote, Lithium, Tegretol, Lamictal, Cymbalta,
Anti-anxiety	Reduce anxiety and feeling overly stimulated.	Xanax, Ativan, Klonopin, Atarax, Catapres, Vistaril
Antidepressant	Treat the symptoms of depression, including low mood, low energy, appetite problems, sleep problems, and poor concentration.	Zoloft, Lexapro, Prozac, Paxil, Celexa, Effexor, Wellbutrin, Remeron
Anticholinergic	Treat the side effects of some medications such as restlessness and muscle stiffness.	Cogentin, Benadryl, Artane

- Important tips to remember about taking medication.
 - Everybody responds differently, so some people may need a higher dose or a different medication for best results.
 - It is recommended that you continue taking antipsychotic medication even after symptoms are gone to reduce the risk of symptoms returning.

Questions:

- What changes have you noticed since beginning medication?
- Which medication(s) have you taken?
- Which symptoms were helped by the medication(s)? Please record your answers below.

Category of medication	Medication I have used	Benefits I experienced
Antipsychotic		
Mood Stabilizer		
Anti-anxiety		
Antidepressant		
Anticholinergic		
Other:		

If you have any questions about medications you were prescribed, make an appointment to discuss your concerns with your prescriber.

Cannabinoids

Cannabinoids are chemical compounds found in cannabis or marijuana. At this point, we do not know whether cannabinoids help in psychosis. Approximately a third of first episode patients have a marijuana use disorder at some point, in their lives, and marijuana use has long been known as a risk factor for relapse or symptoms returning among individuals with psychosis.

The increased relapse risk may be due to the direct effects of some cannabinoids and/or by marijuana abuse being associated with not taking

medication as prescribed. The cannabinoid system is complex and there are cannabinoid strategies that may (or may not) have therapeutic effects. Scientists are not certain if cannabinoids help or hurt people who have experienced a psychosis. Further studies are clearly needed to make any recommendations for use. Also, it is important to note that scientific studies of cannabinoids use carefully prepared doses that meet high scientific standards and “street” compounds or unregulated products at stores do not have similar standards. *At this point, the safest thing to do if you have experienced a first episode psychosis is to avoid cannabinoids.*

What are the potential side effects of medications for psychosis?

It is important to be informed about both the potential benefits and the potential side effects of the specific medication that you have been prescribed. Psychiatric medications, like other medications, can cause undesired side effects.

- Different medications have different side effects, and not everybody experiences the same number of side effects.
- Common side effects of newer antipsychotic medications:
 - weight gain
 - drowsiness
 - dizziness
 - restlessness
 - dry mouth
 - constipation
 - blurred vision
- Many side effects may go away over time.

If you experience any side effects with your medications, it is important to tell your prescriber right away.

Question:

- What side effects have you experienced from your medication? Please record your answers below.

Side Effects from Medications

Category of medication	Specific medication I used from this category	Side effects I had when taking this medication
Antipsychotics		
Mood stabilizers		
Antidepressants		
Anti-anxiety and sedatives		
Other:		

Questions:

What did you do when you experienced side effects? If you have any questions about your side effects, make an appointment with your doctor to discuss them.

Check it Out

- ✓ Many people find it helpful to plan out in advance how they might talk to their prescriber if they experienced side effects. Then they feel more comfortable talking to their doctor when they are sitting with him or her in the office. Practicing in advance makes people even more comfortable.

- ✓ What would you tell your prescriber if you were having side effects from one of your medications? Use information from the table above to make a plan to go over side effects during your next appointment. Be sure to include the following steps (sample ways of discussing this issue with your prescriber are noted in *italics*):
- Introduce the topic of side effects during your visit.
 - *“Recently I have noticed some side effects with my medication, could we take a few minutes to discuss this?”*
- Include information about your side effect(s) and what help you need from your prescriber. Be specific.
 - *“After I take my medication I become very tired and it is difficult to do go to work. Do you have any suggestions about how I could be less tired during the day?”*
- Make a plan with your prescriber to resolve the problem.
 - *“I feel like I’m hungry and want to eat all the time. I’m starting to gain a lot of weight. What do you suggest doing?”*
 - *“How can I sit in class if I am feeling like I have to move around and can’t concentrate?”*
- Ask questions if you do not understand
 - *“What if the medication doesn’t work for me?”*
 - *“I’m not sure I understand why I just can’t stop taking the medication?”*
 - *“So are you saying that it is okay to just take all of my medication in the evening before bed or do I need to still take a pill in morning?”*
- Practice talking to your prescriber with your clinician, family member or supportive person to increase your confidence. After practicing, how do you think it will go when you talk to the prescriber?

How can you make an informed decision about taking medications?

The first step in getting the best results from medication is to make an informed decision with your doctor. In making an informed decision about medications, it is important to learn as much as you can and to weigh the possible benefits (the pros) and possible drawbacks (the cons) of taking medication.

The following chart may be useful in summarizing the information:

Pros of taking medications (the benefits)	Cons of taking medications (the drawbacks)
<i>For example-reducing symptoms, preventing symptoms returning, helping to achieve my goals, making progress in other areas of my life such as relationships</i>	<i>For example-remembering to take the medication, possible side effects, makes me feel different from other people</i>

Your prescriber is vital to your decision-making process. They are an expert about medication and has experience helping others find effective medications. However, it is also important for you to be very active in making decisions about medication.

- You are the expert about your own experience of psychosis and what makes you feel better or worse.
- It can take time for you and your prescriber to find the medication that is most effective for you.
- Talk to your prescriber on a regular basis about how you are feeling, so that you can work together to find the best medicine for you.
- Here are some questions that you may want to ask your prescriber:
 - What are the benefits of taking the medication?
 - How long does it take to work?
 - Will it interfere with things that I want to do such as work or school?
 - What are the side effects or other drawbacks of taking the medication?

Questions:

- Do the benefits of taking medication outweigh the drawbacks or vice versa? Why?
- Have you discussed your concerns about medication with your prescriber?

It is important to be an active partner with your prescriber when making decisions about medication.

Questions:

- What are your thoughts about medication as a treatment option for you?
- How could medication be helpful for your symptoms?

Check it Out

- ✓ Use the information from the table above to make a plan to talk to your prescriber about taking medication. Be sure to include the following steps:
- Ask your prescriber a question and be specific.
 - Make a list of your concerns/questions and bring the list to your appointment.
 - No question is too small. Don't be afraid or nervous to ask.
- If you do not understand the answer, ask more questions.
 - If you get confused ask for clarification-*"Could you please repeat that, I am not sure that I understand your answer?"*
 - Repeat the answer back to the prescriber to make sure that you understood their answer-*"So, let me make sure I understand . . ."*
- Thank your doctor for his or her help
 - *"Thank you for answering my questions."*
- Practice talking to your prescriber with your clinician, family member or supportive person to increase your confidence. How do you think it will go when you talk to the prescriber?

Strategies for Taking Medication Regularly

Questions:

Do you have difficulty remembering to take your medication?

- What strategies have you used to help you remember to take your medication?
- You can use the following chart to review strategies to help you take your medication regularly and to make a plan to help you remember to take your medication.

Strategies for Getting the Best Results from Medication

Strategy	Strategy I am willing to try	Plan to use this strategy
Talk to my prescriber about simplifying my medication schedule.		
Take medications at the same time every day.		
Build taking medication into my daily routine.		
Use cues and reminders (calendars, notes, pill organizers, alarms).		
Remind myself of the benefits of taking medications.		
Other:		

For additional information about medications and other forms of treatment for psychosis, please refer to the following web sites:

- <http://www.nimh.nih.gov/health/publications/mental-health-medications/complete-index.shtml>
- <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/antipsychotic-medication>

Home Practice Options

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

1. Write down a list of concerns or questions you have about medication.
2. Talk to a supportive person about making an informed decision about taking medication. Ask the person what information he or she has used to make a decision and how the information was helpful.
3. Make a plan to try one of the strategies for taking medication regularly.
4. Keep track of when you miss any doses of medication. You can use the following chart:

Medication Monitoring Checklist

Day of the week	Did I take all doses of my medication today?		
	yes	no	If "no", what got in the way of taking my medication?
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Summary Points for Medications for Psychosis

- *The major category of medication that is used to treat psychosis is called antipsychotics.*
- *Additional medications may be used to treat other symptoms.*
- *Taking psychiatric medications can help to reduce symptoms. When taken on a regular basis, they can reduce the risk of symptoms returning.*
- *If you experience any side effects with your medications, it is important to tell your prescriber right away.*
- *It is important to be an active partner with your prescriber when making decisions about medication.*
- *To make an informed decision about medications, it is important to weigh the potential benefits (the pros) and the potential drawbacks (the cons) of taking them.*
- *If you decide to take medications, you will get the best results by taking them at the same time every day.*
- *It is helpful to develop strategies for fitting medications into your daily routine.*

Topic #5: Coping with Stress

What is Stress?

“Stress” is a term people often use to describe a feeling of pressure, strain, or tension. People often say that they are “under stress” or feel “stressed out” when they are dealing with challenging situations or events.

- Everyone encounters stressful situations.
- Sometimes the stress comes from something positive (like a new job, new apartment, or new relationship) and sometimes from something negative (like being bored, having an argument with someone, or being the victim of crime).
- According to the stress-vulnerability model, stress can lead to an increase in symptoms and is associated with symptoms returning.
- You can develop strategies to help you prevent and cope better with stress.

Stress is a normal part of living for everybody. Coping effectively with stress can prevent symptoms from returning.

Questions:

Describe the last time you were felt stressed.

- How does stress affect your symptoms?

What makes you feel under Stress?

- Different people find different things stressful.
 - For example, some people enjoy going to a party and meeting new people, but others find it stressful.
- Knowing what you personally find stressful will help you cope better.

- There are two main types of stress: life events and daily hassles.
- Life events refer to experiences such as moving, graduating from school, getting married, the death of a loved one, or having a baby. Some life events are more stressful than others; for example, losing a loved one is usually more stressful than changing jobs.

Life Events Checklist

Put a check mark next to each event that you have experienced in the past year.

☐ Moving	☐ New boyfriend or girlfriend
☐ Getting married	☐ Broke up with a boyfriend or girlfriend
☐ New baby	☐ Went on a diet
☐ Divorce or separation	☐ New responsibilities at work
☐ Injury	☐ No place to live
☐ Illness	☐ Hospitalization
☐ New job	☐ Stopped smoking
☐ Loss of a job	☐ New responsibilities at home
☐ Inheriting or winning money	☐ Drinking or using street drugs caused problems
☐ Financial problems	☐ Other: _____
☐ Injury or illness of a loved one	
☐ Death of a loved one	
☐ Victim of a crime	
☐ Legal problems	

☐ Total number of life events checked off.

moderate stress= 1 event; **high stress**= 2-3 events;

very high stress= more than 3 events

- Daily hassles are the small daily stresses of everyday life that can add up if they occur over time.

Daily Hassles Checklist

Place a check mark next to each event that you have experienced in the past week:

☐ Not enough money to take care of necessities	☐ clerks, toll booth collectors)
☐ Not enough money to spend on leisure	☐ Noisy situation at home
☐ Crowded living situation	☐ Noisy situation at work
☐ Crowded public transportation	☐ Not enough privacy at home
☐ Long drives or traffic back ups	☐ Minor medical problems
☐ Feeling rushed at home	☐ Lack of order or cleanliness at home
☐ Feeling rushed at work	☐ Lack of order or cleanliness at work
☐ Arguments at home	☐ Unpleasant chores at home
☐ Arguments at work	☐ Unpleasant chores at work
☐ Doing business with unpleasant people (sales clerks, waiters/waitresses, transit	☐ Living in a dangerous neighborhood
	☐ Other: _____

☐ Total number of hassles in the past week

Moderate stress= 1 or 2 daily hassles

High stress= 3-6 daily hassles

Very high stress= more than 6

Questions:

- What is the most stressful life event you have experienced in the past year?
- What are the most stressful daily hassles you have experienced in the past week?

How to recognize Stress

- Stress can affect your physical health and emotions as well as your thoughts, behavior, and mood.
- Recognizing your personal signs of stress can help you do something about it.

Use the following checklist to identify your own personal signs of being under stress.

Signs of Stress Checklist

Put a check mark next to the signs you notice when you are under stress:

- ☐ Headaches
- ☐ Sweating
- ☐ Increased heart rate
- ☐ Back pain
- ☐ Change in appetite
- ☐ Difficulty falling asleep
- ☐ Increased need for sleep
- ☐ Trembling or shaking
- ☐ Digestion problems
- ☐ Stomach aches
- ☐ Dry mouth
- ☐ Problems concentrating
- ☐ Anger over relatively minor things
- ☐ Irritable
- ☐ Anxious
- ☐ Feeling restless or “keyed up”
- ☐ Tearful
- ☐ Forgetful
- ☐ Prone to accidents
- ☐ Using alcohol or drugs (or wanting to)
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Being aware of signs of stress can help you take steps to prevent it from getting worse.

Questions:

- Have you noticed any signs of stress over the last week? If so, what were they?
- What did you do when noticed you are under stress this week? What do you usually do when you feel stressed?

Strategies to Prevent and Cope Better with Stress

- Becoming aware of stressful situations is the first step to preventing stress.
- By taking some preventative measures, you can avoid stress from building up and you can spend more of your time enjoying yourself and achieving your goals.
- Most people find it helpful to be familiar with a variety of prevention strategies.

Review the following “Strategies for Preventing and Coping with Stress Checklist” and note which strategies you already use and which ones you would like to try.

Strategies for Preventing and Coping with Stress Checklist

Strategy	Example	I already use	I would like to try
Be aware of situations that caused stress in the past.	Think of ways to handle stressful situations. If large holidays with your family make you feel tense, try taking short breaks away from the larger group.		
Schedule meaningful activities or participating in a hobby.	Identify activities that reduce stress. For some people, work is meaningful and enjoyable while other people look to volunteering, hobbies, music, or sports.		
Schedule time for relaxation.	Make a plan to use a relaxation technique such as relaxed breathing, progressive muscle relaxation or imagining a peaceful scene.		
Take care of my health.	Be sure you are eating well, getting enough sleep, exercising regularly, and		

	avoiding alcohol or drug abuse to help prevent stress.		
Talk about my feelings/Talking to someone.	Share positive or stressful feelings with a friend or family member.		
Write down my feelings in a journal.	Keep a journal of the positive and negative feelings to avoid bottling up your feelings.		
Avoid being hard on myself. Identify positive features about myself.	Create reasonable expectations for yourself and give yourself credit for your talents and strengths. Identify positive features about yourself and remind yourself of these things when you are feeling stressed.		
Maintaining my sense of humor.	It is hard to feel stressed when you are laughing. Make a list of things that make you laugh and try one the next time you feel stressed.		
Participating in religion or other form of spirituality.	Make a plan to participate regularly in a religious or spiritual activity.		
Exercising.	Work off your stress by making a plan to exercise regularly.		
Listening to music or playing a musical instrument.	Put together a playlist of your favorite songs to listen to when you are feeling stressed; if you play an instrument, practice playing it regularly for your own enjoyment or with others.		
Other:			

Coping more effectively with stress allows you to focus on your goals and important areas in your life.

Questions:

- Which of the strategies are you most interested in trying out or developing further?
- Do you need any supplies or preparation to try out the strategy? For example, do you need to locate your art supplies, or tune your guitar, or purchase a journal?

Relaxation Techniques

Three types of relaxation techniques are described below:

- Relaxed breathing
- Muscle relaxation
- Imagining a peaceful scene

Relaxation techniques are most effective when they are practiced on a regular basis. When you are first learning a technique, you usually concentrate on doing the steps according to the instructions. As you become familiar with the instructions, you will be able to concentrate more on the relaxation you are experiencing. Choose one of the following techniques and try practicing it daily. After a week, evaluate whether you think the technique is effective for you.

Check it Out

- ✓ It helps to try out relaxation techniques in advance to see how they feel. You can practice any or all of the following techniques in the session with your clinician. Review the following relaxation techniques and pick one to try with your IRT clinician in session.

Relaxed Breathing

Breathing fast and taking deep breaths (*hyperventilating*) are common responses to feeling stressed. However, taking in too much extra air or breathing too fast increases the flow of oxygen to the brain. Taking deep breaths can actually lead to feeling lightheaded, and even more anxious. *Relaxed Breathing* is a skill that helps you slow down your breathing and decrease the amount of oxygen going to your brain, which can make you feel more relaxed. The key to this skill is taking a normal breath in (not a deep one) and having a long, slow exhale. Try the following steps below:

Steps:

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

Tips for Using Relaxed Breathing:

- It is easier to use a one-syllable word (e.g., “peace”) than it is to use a two-syllable or longer word (e.g., “relax”) during the exhale. This makes it the exhale much smoother.
- At first, while you are learning the skill, practice only during times when you are *not* upset or anxious – this will help you master the skill well, so that you can use it more easily later on during times when you need it most.
- It is best to learn and practice the skill by saying the relaxing word aloud. However, if you want to use breathing retraining in public, you can say the word in your head while exhaling instead.

Learning relaxed breathing takes daily practice, but once you get good at it you can use it in any situation you feel stressed or anxious. Track your progress using the *Relaxed Breathing Tracking Table*

Try this skill out each day for a week (at least once per day) – and only use it during times that you are not upset. Why? Because you want to make sure that you really know how the skill works firsthand. That way, it will work better for you in the future, when you really need it. Use this form whenever you use the Breathing Retraining Skill. Just fill in the date that you practiced, where you were/what you were doing, and write the number that best describes your experience. There is a sample entry here to help guide you. The more you practice the skill, the easier it will be.

Relaxed Breathing Tracking Table I

<u>Date of Practice</u>	<u>Where was I when I practiced? What was I doing? (brief description only)</u>	<u>How did it go?</u> 0=not well 1=pretty well 2=very well
4/30/2020	In bed, after I just woke up in the morning.	2

Once you have learned how to use Relaxed Breathing you can use the following table to track how the skill is working. Fill it out right before you use the skill, and then right after you use the skill. That way you can see if the skill helped you feel better. There is a sample entry here to help guide you. The more you practice the skill, and the more accurately you complete the form, the faster and better this skill will work for you.

Relaxed Breathing Tracking Table II

Date/Time	What situation made me upset? (Describe briefly)	<u>How upset before I practiced?</u> (1= little, 2 = a lot, 3 = extremely)	<u>How upset after I practiced?</u> 0=not at all 1=a little 2=a lot 3=extremely	Notes or Comments
4/30/20; 9pm	Anxious in the very crowded grocery store	3	1	Using Relaxed Breathing before going into the store is a good idea for me.

Muscle Relaxation

The goal of this technique is to gently stretch your muscles to reduce stiffness and tension. The exercises start at your head and work down to your feet. You can do these exercises while sitting in a chair.

Steps:

- Shoulder shrugs. Lift both shoulders in a shrugging motion. Try to touch your ears with your shoulders. Let your shoulders drop down after each shrug. Repeat 3-5 times.
- Overhead arm stretches. * Raise both arms straight above your head. Interlace your fingers, like you're making a basket, with your palms facing down (towards the floor). Stretch your arms towards the ceiling. Then, keeping your fingers interlaced, rotate your palms to face upwards (towards the ceiling). Stretch towards the ceiling. Repeat 3-5 times.
- Stomach tension. Pull your stomach muscles toward your back as tight as you can tolerate. Feel the tension and hold on to it for ten seconds. Then let go of the muscles and let your stomach relax, further and further. Then focus on the release from the tension. Notice the heavy yet comfortable sensation in your stomach.
- Knee raises. Reach down and grab your right knee with one or both hands. Pull your knee up towards your chest (as close to your chest as is comfortable). Hold your knee there for a few seconds, before returning your foot to the floor. Reach down and grab your left knee with one or both hands and bring it up towards your chest. Hold it there for a few seconds. Repeat the sequence 3-5 times.
- Foot and ankle rolls. Lift your feet and stretch your legs out. Rotate your ankles and feet, 3-5 times in one direction, then 3-5 times in the other direction.

*If it is not comfortable to do step #2 with your arms overhead, try it with your arms reaching out in front of you.

Imagining a Peaceful Scene

The goal of this technique is to “take yourself away” from stress and picture yourself in a more relaxed, calm situation.

Steps:

1. Choose a scene that you find peaceful, calm and restful. If you have trouble thinking of a scene, consider the following:
 - at the beach
 - on a walk in the woods
 - on a park bench
 - on a mountain path
 - in a canoe or sailboat
 - in a meadow
 - traveling on a train
 - in a cabin
 - beside a river
 - next to a waterfall
 - in a high rise apartment overlooking a large city
 - riding a bicycle
 - on a farm
2. After choosing a peaceful scene, imagine as many details as possible, using all your senses.
3. What does the scene look like? What are the colors? Is it light or dark? What shapes are in the scene? If it's a nature scene, what kinds of trees or flowers do you see? What animals? If it's a city scene, what kind of buildings? What kind of vehicles?
4. What sounds are in your peaceful scene? Can you hear water or the sounds of waves? Are there sounds from animals or birds? From the breeze? From people?
5. What could you feel with your sense of touch? Are there textures? Is it cool or warm? Can you feel a breeze?
6. What smells are there in your peaceful scene? Could you smell flowers? The smell of the ocean? The smell of food cooking?
7. Disregard any stressful thoughts and keep your attention on the peaceful scene.
8. Allow at least five minutes for this relaxation technique.

How can I develop a plan to cope with my stress?

- In this handout you have identified stressful situations, signs of stress, strategies for preventing stress, and strategies for coping with stress.
- The following form can help you put this information together as an individual plan for coping with stress.

Individual Plan for Coping with Stress

Stressful situations to be aware of:

- 1.
- 2.
- 3.

Signs that I am under stress:

- 1.
- 2.
- 3.

My strategies for preventing stress:

- 1.
- 2.
- 3.

My strategies for coping with stress:

- 1.
- 2.
- 3.

Home Practice Options

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

1. Use the daily hassles checklist to track stressful events over the next week.
2. Use the signs of stress checklist to track your daily stress over the next week. How many times a week are you feeling stressed? What do you do when you feel stressed?
3. Select a stress reducing or prevention strategy to try over the next week. Make a plan to use the strategy in a specific situation. Track the success of the strategy.
4. Choose at least one of the relaxation techniques and try it out at least 1 time each day for 20 minutes for 1 week.
5. Share your plan for coping with stress with a family member or support person. Ask that person to help you practice one of your strategies for preventing or coping with stress over the next week. If the person is part of your plan, practice the coping strategy with him or her.

Summary Points for Coping with Stress

- *“Stress” is a term people often use to describe a feeling of pressure, strain, or tension.*
- *One in five people report some problem with stress.*
- *Life events and daily hassles are both sources of stress.*
- *Being aware of signs of stress can help you take steps to prevent it from getting worse.*
- *Preventing stress can help you avoid worsening symptoms.*
- *Coping more effectively with stress allows you to focus on your goals and important areas in your life.*
- *Developing a step-by-step plan to cope with stress can help you reduce symptoms and take steps towards your goals.*

Topic #6: Strategies to Build Resilience

Building resilience in treatment

As previously discussed during goal setting, resiliency is the process of adapting in the face of adversity by building strengths and developing coping skills. Resilience is a very individual process, but a process that each person can strengthen. What helps one person to “bounce back” may not be helpful for another person. For example, one person may find it helpful to express his or her creativity in art or music while another person finds strength in his or her spirituality.

- Building resilience can help you deal with life's unexpected challenges.
- Developing resiliency serves to protect against stress factors as discussed in the stress-vulnerability model.

Questions:

- What qualities of resilience have helped you cope with a challenge in your life?

How can resiliency help you?

- Resiliency will help you:
 - Build your strengths
 - Feel more hopeful
 - Feel more confident using coping strategies
 - Look toward your accomplishments in the future
- In IRT you will:
 - Learn more effective coping strategies for stressful situations
 - Practice using your coping strategies to feel more comfortable using them when you are under stress
 - Build your resources to help you achieve your goals and build resiliency
 - Develop your support system to support you
- Family members and supporters have an important role in building resiliency and in treatment. These are the people who can:
 - Reinforce your resilient qualities

- Practice effective coping strategies with you
- Support you as you take steps towards your goal
- Learn strategies to help you cope more effectively in times of stress
- Provide encouragement when it is difficult to see yourself as resilient

Questions:

- How could you use one or more of your strengths to help you build resiliency?
- Who could support you in building resiliency? How could this person help?

What is a resiliency story?

People often find it helpful to examine resiliency in the context of their own lives as a first step to building resiliency. Think back in your life about stressful situations or events that you had to overcome. Resiliency plays an important role those stories. It is not always easy to think back about the qualities that we consider resilient, but often people can remember a difficult time in their past. By exploring the process of overcoming adversity in your own life, you can begin to discover the resilient qualities and strengths that could be helpful strategies for you in the future.

- Resiliency Stories:
 - Reflect on a difficult experience in your life that you were able to overcome
 - Help you discover resilient qualities within yourself
 - Provide hope for you to find ways to use resiliency in your current situation
- Resiliency Story Example

Lashon's story

When I was in middle school, I was often teased and called names because of the way that I dressed and the clothes that I wore. I had difficulty making friends so riding the bus was stressful for me because I never knew where to sit on the bus. One day, a boy who lived in my neighborhood yelled at me on the bus in front of everyone. I was very embarrassed and angry. We argued back and forth and then we pushed each other. The next day, I was called to the office and I got in trouble. The boy and I had to write apology letters and we were enrolled in a diversion program to take a class and meet with a counselor. I was not a kid who got in trouble much. I moved around a lot in school, so I always struggled with making friends and feeling confident about myself. This time when I got in trouble and the police were notified. I was really afraid.

I worked really hard on my apology letter and took the diversion class seriously. I learned that there are other things that I can do to improve my confidence such as playing sports and working at a part-time job. Once my confidence improved, I was able to make a few close friends that really understand me. I know I can talk to these friends when I get angry.

Over the last two years, I have focused on my future. My education is really important to me and I want to get my college degree. I am working hard on my studies every day and trying to have more fun. I still play sports with my friends and we always have fun together. Getting in trouble forced me to pay attention to the important things in my life which are my future, my family, and my friends. I still struggle sometimes when I don't know what to say when I am around people but now, I use my strengths of curiosity and love of learning to help me fit in. I know that I will continue to face stresses and changes in my life, but I feel more prepared to keep my life moving forward in a positive direction.

Questions:

- What challenge did Lashon face? How did he overcome his challenge?
- Do you identify with any of the experiences that Lashon described? If yes, which ones?
- Take a moment to reflect on a resiliency story from your life.
- Begin by thinking about a situation or event in your life that challenged you. This could be a challenge you faced in your family, at school, at work, or a more personal challenge.
 - How did you face that challenge?
 - What do you admire about yourself for facing that challenge?
 - It may also be helpful to think about some specific details about your experience.
 - What is the whole story? Describe the situation that you were able to overcome.
 - What was the challenge? What did you do to get through it?
 - What's happening now?
 - Fill in the following: Because of this experience, I discovered the following qualities/things about myself.

Questions:

- What impact did this event have on your life?

- What were some of the first signs you would overcome this event?
- How did you prepare yourself to face this challenging event?
- What did you discover about yourself after you faced this event?

Home Practice Options

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

1. Think about a family member or supporter that you see as resilient. Approach that person and ask them to share a resiliency story from their life. Be sure to listen for answers to the above questions so you can pick out their resilient qualities. Ask the person what qualities helped them get through him or her get through the experience.
2. Write down your resiliency story or record it. Review your story and identify what strengths and resiliency qualities stand out as part of your story. Think about how you could use those strengths and resiliency qualities to help you with your current goal.

Summary Points for Strategies to Build Resilience

- *You can learn to be resilient by becoming aware of your strengths and using them and by developing additional strategies to cope with your stress.*
- *Building resiliency can help you become more aware of your strengths and feel more hopeful and confident.*
- *In treatment, you can build resiliency by learning more effective coping strategies and developing support and resources to help you achieve your goals.*
- *A resiliency story is a challenging experience that you have had to overcome in your life and remembering and sharing this story can help you re-discover your strengths.*

Clinical Guidelines for Healthy Lifestyles Module

OVERVIEW OF MODULE:

This module provides a rationale for and identifies skills to improve nutrition and increase exercise and is designed to be covered over 2-4 sessions. Concerns about changing diet and increasing activity level are addressed and some possible solutions identified. People are presented with information about specific ways of increasing activity and improving diet. You then help the person take stock of his or her willingness to make changes to his or her eating and exercise behavior. People who are willing work with you to collaboratively develop a plan for some changes in diet and activity level.

Goals

1. Provide education about the rationale for addressing a healthy lifestyle
2. Elicit the personal perceived benefits and concerns related to improving nutrition and increasing activity level.
3. Provide education about methods of and benefits associated with improving nutrition and increasing activity.
4. Develop an individualized plan to increase activity level and improve nutrition.
5. Normalize common benefits and concerns of smoking and quitting through psychoeducation.
6. Provide psychoeducation about available methods of quitting and coping strategies for concerns related to quitting.
7. Develop an individualized plan for quitting smoking or cutting down.
8. Review common sleep problems associated with symptoms.
9. Discuss and identify strategies to improve sleep.

Topic Areas

1. Developing a Healthy Lifestyle
2. Getting Active. Part 1 and Part 2
3. Eating Healthy. Part 1 and Part 2
4. Making Choices about Smoking
5. Strategies for Quitting Smoking
6. Getting a Good Night's Sleep

Topic #1: Clinical Guidelines for Developing a Healthy Lifestyle

OVERVIEW OF TOPIC:

The goal of this module is to increase awareness of the importance of living a healthy lifestyle. The importance of taking steps to prevent or minimize weight gain is emphasized. It is suggested that this handout could be coordinated with the prescriber to initiate interventions around the issue of antipsychotic weight gain. In the handout, individuals will discuss how to initiate a healthy habit and identify which healthy area they want to focus on first.

Goals

1. Discuss the benefits of living a healthy lifestyle.
2. Discuss strategies to develop a healthy habit.
3. Identify which healthy lifestyle area (exercise, nutrition, smoking or sleep) that the person would like to focus on first.

Handout

Developing a Healthy Lifestyle.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1 – Importance of a Healthy Lifestyle; Managing a healthy weight	Session 1: Importance of a Healthy Lifestyle; Managing a healthy weight; Creating healthy habits; Identifying a supportive person
Session 2: Creating healthy habits; Identifying a supportive person	

GENERAL TEACHING STRATEGIES:

- Help the person identify the possible benefits of a healthy lifestyle including how being healthy could help the person take a step towards their goal.
- Help the person identify which healthy area that they want to focus on first (exercise, nutrition, sleep, or smoking) and discuss the tips of creating healthy habits.

- Try to complete all of the healthy lifestyle handouts with each person but it is okay to go in the order that the person wants to review.

TIPS FOR COMMON PROBLEMS:

"I don't want to take these medications because I'm afraid of gaining weight/I don't want to gain any more weight." The concern about weight gain or further weight gain can interfere with medication adherence. You should join the person and validate their dissatisfaction with this potential side effect and if possible highlight the discrepancy between the person's goal of recovery (for which taking antipsychotic medication is central) and the possibility or reality of associated weight gain. The focus then becomes identifying and modifying the person's belief that they will not be able to prevent, minimize or reverse weight gain with the goal of improving his or her confidence that this can be done and they can do it.

"I don't care about being overweight." Some people may have gained weight already but due to negative symptoms, disorganization or other factors are not motivated to address the weight gain. In this situation, you should focus more on drawing the person out in the hopes of identifying benefits of losing weight, eating healthier or increasing activity. For example, some people may complain of low energy but not of weight gain or of poor sleep. Improving nutrition and increasing activity level could help with these complaints, so the same interventions could be used with a different therapeutic target than weight loss.

"All I want to do is lose weight." For everyone, weight loss is difficult to achieve and even more difficult to maintain (think about Oprah as an example of this). People who focus exclusively on weight loss are likely to become discouraged. Your task is to broaden the markers of progress beyond weight loss and to convey to people that these behavioral changes need to be sustained over long periods of time in order to produce weight loss.

EVALUATING GAINS:

- Follow up on agreed upon homework exercises to determine whether people learned new information by completing them.

Examples of review question:

1. What is one tip that can be helpful when beginning to learn a new healthy habit?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR LIVING HEALTHY:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Discuss the benefits of living a healthy lifestyle.	• Review the person's experience so far regarding their health including nutrition, exercise, sleep, smoking and any weight gain associated with antipsychotic medication: – “How do you focus on your health each day?” – “What is important to you about your nutrition, exercise, sleep, and smoking?” – “Have you gained any weight so far while taking these medications?” – “Have you noticed any change in the times you are eating? What about any differences in the types of food you are craving?”
Discuss strategies to develop a healthy habit.	• Emphasize that developing new healthy habits takes time and finding what works best for each person.
Identify which healthy lifestyle area (exercise, nutrition, smoking or sleep) that the person would like to focus on first.	• Discuss the person's individual preferences and areas that they are motivated to try first.

Topic # 2 Clinical Guidelines for Getting Active Parts 1 and 2

OVERVIEW OF TOPIC:

One purpose of this handout is to educate people about the benefits of exercise and increased activity level in daily life. Another goal is to help people think about how they could begin making lifestyle changes (e.g., taking the stairs instead of the elevator) while also pointing out how it is often difficult to lose weight by exercising, without also changing food intake. Common obstacles to getting more exercise are identified and solutions provided. People interested in increasing activities or exercise can develop a personalized plan.

Goals

1. Educate people about benefits of increased activity level.
2. Identify ways of increasing activity level in daily life as well as through more traditional "exercise" activities
3. Review the tips to help a person get more active
4. Complete a plan to try out at least one strategy to be more active.
5. Discuss the benefits and challenges associated with increasing activity levels.
6. Problem solve difficulties in increasing activity levels.

Handout

Developing a Healthy Lifestyle.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1: Paying attention to your activity level; Ways to increase activity level;	Session 1: Paying attention to your activity level; Ways to increase activity level; Troubleshooting obstacles and maintaining gains; Making a personal plan
Session 2: Troubleshooting obstacles and maintaining gains; Making a personal plan	

TEACHING STRATEGIES:

Part 1

- Provide a brief overview of the topic area and ask the person open-ended questions about what they already know about the relationship between activity level and weight as well as the benefits of increased activity.
- Explain rationale for weight loss as requiring both increased activity and a change in dietary intake.
- Help the person identify what they are already doing to be active. The goal is for people to be active (with a combination of activities and exercise) 60 minutes every day.
- Try to connect the person's wellness goal to the benefits of being more active or increasing exercise (i.e., such as increased stamina at work or school).

Part 2

- Validate difficulties with following through on activity and exercise goals.
- Help the person identify the benefits of increased levels of activity or exercise.
- Problem solve challenges in the strategies that the person identified to be more active.
- Update and refine the person's personal plan as many times as needed to create a sustainable healthy habit.

TIPS FOR COMMON PROBLEMS:

"I've heard it all before." Some people will say that there is nothing new for them to learn about nutrition or exercise. In these cases it may be helpful to review the topic areas with the person and identify the one that they think is most likely to provide new information. You and the person can review this one handout together and at the end evaluate whether or not there was anything new learned.

EVALUATING GAINS:

Examples of review questions:

1. Can you talk about anything new you learned about the benefits of increased activity level?
2. Did reviewing this handout make you think of any new ways you could increase your activity level (maybe through a lifestyle change as opposed to traditional "exercise")?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR GETTING MORE ACTIVE:

Part 1

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Educate people about the benefits of increased activity level	• Before reviewing the handout, ask the person an open-ended question about the benefits of exercise they are aware of. • Once you have discussed all of the benefits they can name, review the handout together and discuss benefits the person did not mention. – <i>“Which of these benefits stand out to you as important?”</i>
Review the tips to help a person get more active	• Before reviewing the tips, ask the person about what they do to stay active and what they have done in the past to stay active. • Help people connect staying active with being resilient and finding enjoyment in activities that they used to do. • Discuss the tips as a new approach to be active and try something different.
Identify ways of increasing activity level in daily life as well as through more traditional "exercise" activities	• Normalize with people the tendency for people to have difficulty following through with exercise goals. • Help people mobilize around increasing daily activity level through changing their daily habits.
Complete a plan to try out at least one strategy to be more active.	• Help increase motivation to initiate new activities by starting small and building up to 60 minutes a day. • Help people understand the potential pitfalls of having overly ambitious exercise goals. • Be on the lookout for "all or nothing" thinking about exercise (e.g., "It's only worth exercising if I do it every day.").

Part 2

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Discuss the benefits and challenges associated with increasing activity levels.	• Help the person identify any changes that they may have noticed since they tried a new activity. • If the person was unable to try a new activity normalize the difficulty in starting a new healthy habit.
Problem solve difficulties in increasing activity levels	• Remember the steps in the Developing a Healthy Lifestyle handout to help overcome difficulties starting activity or exercise.
Update a plan to try out at least one strategy to be more active.	• Suggest strategies to help incorporate a new activity into a routine: • “When could you make time for a new activity?” • “What motivates you to try something new?”
Provide a message of hope and optimism around the potential for increasing activity.	• Remind the person that healthy habits take time and small changes add up.

Topic # 3 Clinical Guidelines for Eating Healthy Part 1 and 2

OVERVIEW OF TOPIC:

This handout reviews basic guidelines for recommended nutritional intake and provides the rationale for self-monitoring daily food intake. Common problematic eating patterns are identified. Use the forms and worksheets included in this module to assist interested people in developing a plan to improve their eating behavior and/or nutritional value of the foods eaten.

Goals

1. Educate people about benefits of healthy eating.
2. Provide a rationale for self-monitoring food intake.
3. Provide a message of hope and optimism for the possibility of changing diet and eating patterns.
4. Provide some simple strategies to help a person eat healthy.
5. Emphasize value of longstanding changes in eating behavior to promote maintenance of health benefits.

Handout

Eating Healthy Parts 1 and 2.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1: Paying attention to what you eat; What can you do to eat healthy?	Session 1: Paying attention to what you eat; What can you do to eat healthy?; Creating a personal plan to eat healthy
Session 2: Creating a personal plan to eat healthy	

TEACHING STRATEGIES:

Part 1

- Provide a brief overview of the topic area and ask the person open-ended questions about what they already know about recommended nutritional intake.
- Explain rationale for paying attention to what you eat at meals and for snacks.

- Connect eating healthy to a person's wellness goal (i.e., eating healthy could help improve attention and concentration in social situations).
- Collaboratively set goals to improve nutrition and/or eating patterns for interested people.

Part 2

- Validate difficulties with following through on healthy eating goals.
- Help the person identify the benefits of improving nutrition.
- Problem solve challenges in the strategies that the person identified to eat healthy.
- Update and refine the person's personal plan as many times as needed to create a sustainable healthy habit.

TIPS FOR COMMON PROBLEMS:

"Tracking what I eat takes forever." Keeping food records is tedious, but studies have shown that people who track what they eat are more likely to maintain weight loss. There are now smartphone apps that can help people track their food intake. Provide the person with the rationale and suggest tracking on a limited time basis or tracking a few key pieces of information to make it less burdensome either on their smartphone or on paper. You can also time how long it takes to complete a daily food record when working through an example with the person in session to test the belief that it takes an inordinately long time.

EVALUATING GAINS:

- Early in treatment, gains are best evaluated by choosing behavioral targets (often the best targets are those that if sustained have a likelihood of resulting in weight loss) rather than number of pounds lost. For example, you and the person may identify number of days in the week or month that vegetables were eaten.
- After completing a topic area, it may be helpful to ask review questions to assess how much information the person has learned.

Examples of review questions:

1. What is a portion size?
2. Can you remember some of the tips for eating healthy?
3. What are some of the reasons it is recommended that people who want to change their eating behavior start by paying attention to what they eat?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR EATING HEALTHY:

Part 1

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Educate people about benefits of healthy eating.	• Before reviewing the handout ask the person an open-ended question about what they know about eating healthy. • Once you have discussed, review the benefits of healthy nutrition and discuss the personal benefits that the individual would like for themselves.
Provide rationale for tracking food intake.	• Explain how tracking eating behavior provides important information about where to start making changes in eating habits. • Explain how research shows that individuals who track their eating are more likely to lose weight and to keep weight off in the long-term.
Provide hope and optimism around the possibility of making changes to food intake that are sustained over the long-term	• Help people identify realistic goals around changing eating patterns that are sustainable (e.g., "<i>I will never eat dessert again.</i>" "<i>I will aim to eat high calorie desserts no more than 2x/week and will replace with fruit on the other days.</i>"). • Be on the lookout for "black and white thinking" (as in example above) and modify with more realistic goals.
Provide some simple strategies to help a person eat healthy.	• Keep the strategies simple so change can start small. • Practice with the person how to involve a supportive person in their healthy habit.

Part 2

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Discuss the benefits and challenges associated with improving nutrition.	• Help the person identify any changes that they may have noticed since they started eating healthy. • If the person was unable to try a healthy eating strategy normalize the difficulty in starting a new healthy habit.
Problem solve difficulties in eating healthy	• Remember the steps in the Developing a Healthy Lifestyle handout to help overcome difficulties to eat healthy.
Update a plan to try out at least one strategy to eat healthy.	• Discuss some simple ways to start changing eating habits. • Review and discuss current foods the individual is eating at mealtimes and snacks to see if a healthier option could be substituted.
Provide a message of hope and optimism around the potential for eating healthy.	• Remind the person that healthy habits take time and small changes add up.

Topic #4 - Clinical Guidelines for Making Choices about Smoking

OVERVIEW OF TOPIC:

Although the goal of this module is to increase the person's readiness to take steps to address his or her smoking, the handouts begin with a discussion of the areas that the person is likely to show the least resistance to--that is what the person likes about smoking and what the person anticipates would be difficult about trying to quit or cut down. The discussion then turns to the person's perspective on the negative aspects of his or her smoking and the perceived benefits of quitting. After this exercise, people are asked to rate their readiness to change their smoking behavior and their perceived confidence and importance of doing so.

Goals

1. Ask people to keep an open mind as they learn information about options available to help them quit or cut down.
2. Provide a message of hope and optimism for quitting smoking.
3. Provide information about different common reasons for smoking and concerns about quitting and understand the person's own reasons for smoking and concerns about quitting.

Handout

Making Choices about Smoking.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1 - Introduction, Part 1 of Identifying the Benefits of Smoking and Concerns about Quitting sections	Session 1 - Introduction, Part 1 of Identifying the Benefits of Smoking and Concerns about Quitting sections; Some facts about e-cigarettes and vaping; Taking a step to cut down or stop smoking
Session 2 – Some facts about e-cigarettes and vaping; Taking a step to cut down or stop smoking	

TEACHING STRATEGIES:

- The provision of basic information about cigarettes and e-cigarettes, and discussion of the reasons for using, is intended to *normalize* cigarette smoking as a common human behavior in the general population. Such normalization can reduce the sense of shame and stigma many people feel when talking about their smoking. In addition, discussing reasons for using cigarettes validates people's perceptions that they are using for specific reasons that are important to understand. Thus, you need to be sensitive to person's perceptions that they are being judged, and allay those concerns.
- If the person spontaneously talks about negative consequences of smoking cigarettes, listen and reinforce the observations. However, do not attempt to elicit negative consequences of cigarette smoking from the outset, it is equally important to understand and validate the person's perceived benefits of smoking and concerns about quitting.

TIPS FOR COMMON PROBLEMS:

- Low self-efficacy to quit, tried everything, previous failures:
 - Normalize multiple quit attempts before quitting (on average, smokers make at least 4 serious quit attempts before succeeding).
 - Use availability of multiple treatment options to provide hope (they can try something different from before).
- Low social support for quitting, high percentage of support system smokes or even encourages person to smoke:
 - Smoking cessation groups as one way to get social support for non-smoking.
- Myths about smoking or treatment (for example, afraid to use patch due to fear of a heart attack):
 - One purpose of module is to provide information to make informed decisions about treatment and to dispute myths.
 - Studies have shown that quitting does not lead to an exacerbation of psychiatric symptoms quitting (*note*: however, there is some evidence to suggest that severe depression may be exacerbated by quitting).
 - It is common for people to think that switching to e-cigarettes can help people quit smoking. It is important to provide information that there is no evidence that switching to e-cigarettes helps people stop smoking. In addition, there is research that suggests that using e-cigarettes can lead to additional health problems.

EVALUATING GAINS:

- After completing a topic area, it may be helpful to ask review questions to assess how much information the person has learned about different substances and reasons for using substances.

Examples of review questions for Identifying the Pros and Cons of Smoking and Quitting

1. What are some of the common reasons that people smoke and common concerns about quitting?
2. What are your main concerns about quitting and what do you think is the thing you would miss the most if you stopped smoking?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR MAKING CHOICES ABOUT SMOKING:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Ask people to keep an open mind as they learn information about options available to help them quit or cut down.	• Review the introduction to the module with the person. • Elicit and respond to any concerns the person has about discussing his or her cigarette smoking. • Review the information on e-cigarettes with the person to elicit any questions that they have.
Provide a message of hope and optimism for taking next steps towards quitting or cutting down.	• Let the person know that other people in similar circumstances have succeeded in changing their smoking behavior. • Suggest that the person is likely to learn new information about the availability of smoking cessation aides by reviewing the content in this module.
Inform person about commonly identified benefits and concerns associated with smoking and quitting.	• When probing the person for benefits of smoking/concerns about quitting, note information already known from previous meetings. – “You’ve mentioned that you really enjoy smoking when you are socializing with your friends--that sounds like an important benefit.” • Demonstrate interest and curiosity when the person talks about his or her motivations for smoking or quitting. • Try to understand from the person’s perspective why they smoke. • Paraphrase what you have heard to demonstrate understanding. • Avoid advice, evaluation, or any attempts to persuade or convince the person of anything.

Topic #5 – Clinical Guidelines for Strategies for Quitting

OVERVIEW OF TOPIC:

The "Strategies for Quitting" topic area provides information about the pharmacologic treatments available to assist individuals to quit smoking, basic instructions about how to use these treatments and information about contraindications to these medications as well as whether or not the medications are covered by insurance. The purpose of this handout is to provide basic education about the options available to help people quit smoking and to correct any misperceptions they may have about these treatments. A sample version of a Smoking Cessation or Reduction Plan is included to assist people to envision how they would complete the plan as a way of concretizing any increased readiness to make a change in their smoking behavior.

Goals

1. Provide information about pharmacologic treatment available to assist individuals to quit smoking and correct any misperceptions.
2. Create a smoking cessation/reduction plan to identify next steps.

Handout

Strategies for Quitting.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 3 - Strategies for quitting	Session 2 - Strategies for quitting; Smoking Cessation or Reduction Plan
Session 4 - Smoking Cessation or Reduction Plan	

TEACHING STRATEGIES:

- Before reviewing quitting smoking aides, ask the person what they already know about each method and correct any misperceptions.
- For people who are ready to take steps to address their smoking behavior, facilitate discussion of the aspects of each method that is most attractive.

TIPS FOR COMMON PROBLEMS:

- People may be unwilling to consider using a pharmacologic aide to quit smoking at the current time, but are willing to think about quitting on their own. For these people, reinforce their thoughts of addressing their smoking behavior and leave it open for them to consider using one of these methods at a later date in the event that they have difficulty continuing not to smoke or coping with withdrawal symptoms.
- People who are unwilling to change their smoking behavior at all may be unwilling to create a Smoking Cessation or Reduction Plan. For these people it may helpful to have a discussion about what they might like or dislike about the various treatment options in place of completing the Smoking Cessation or Reduction Plan.

EVALUATING GAINS:

1. After completing the "Strategies for Quitting" handout, it may be helpful to ask people to report on whether they learned anything about ways of quitting/reducing smoking by reading the handout. It might also be helpful to ask whether they were aware that smoking as few as 5 cigarettes/day has been shown to be harmful to one's health.

Note: People may ask about e-cigarettes as a replacement for smoking. More information is available about the health risks of e-cigarettes as discussed in Topic 4-Identifying the pros and cons of quitting.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR STRATEGIES FOR QUITTING:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide information about pharmacologic treatment available to assist individuals to quit smoking and correct any misperceptions.	• Ask people what they know about different smoking cessation approaches and provide psychoeducation. • Correct any misperceptions people have about using pharmacologic smoking cessation aides.
Create a smoking cessation/reduction plan to identify next steps.	• Review the sample plan to provide a model of how the person might complete an individualized plan. • Use goal-setting skills to break the larger goal into sub-goals that are stated as measurable steps.

Topic #6 –Clinical Guidelines for Getting a Good Night’s Sleep

OVERVIEW OF TOPIC:

The Getting a Good Night’s Sleep topic provides information about common sleep problems that many people with mental health problems experience. Helpful information is provided about the interaction between symptoms and sleep. Sleep hygiene is an important strategy that is defined in this topic as a healthy habit that can improve a person’s sleep.

Goals

1. Provide information about common sleep problems people experience related to symptoms.
2. Identify strategies to improve sleep problems by improving sleep hygiene.

Handout

Getting a Good Night’s Sleep.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1 – Sleep and psychosis; Sleep and symptoms	Session 1 - Sleep and psychosis; Sleep and symptoms; Improving your sleep
Session 2 – Improving your sleep	

TEACHING STRATEGIES:

- Normalize sleep problems that a person may be experiencing related to their experience of psychosis.
- Elicit details about a person’s sleep problems to better understand what symptoms the person includes when they talk about “sleep problems.”
- Discuss of how sleep problems could be affecting other areas of a person’s life such as work, school, family and other relationships.
- Connect sleep with other areas of a healthy lifestyle such as nutrition and activity levels.

TIPS FOR COMMON PROBLEMS:

It is common for people to identify sleep as their main problem that they are having. It can be helpful to ask them to describe the experiences they are having with sleep problems as well as the other experiences that happened to the person as a result of sleep problems. If a person identifies symptoms of psychosis as related to sleep problems there are helpful coping strategies you can review in Module 9-Coping with Symptoms.

EVALUATING GAINS:

After completing the "Getting a Good Night's Sleep" handout, it may be helpful to ask clients to report on the following questions:

1. How are sleep problems related to the experience of psychosis and other symptoms?
2. What is sleep hygiene and how can it help people who are having sleep problems?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR STRATEGIES FOR QUITTING:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide information about common sleep problems people experience related to symptoms.	• Ask people to describe a typical night of sleep for them. • Review common sleep problems associated with symptoms. • Discuss experiences that the person has had with sleep problems before and after their experience with psychosis.
Identify strategies to improve sleep problems by improving sleep hygiene.	• Review the definition of sleep hygiene with the person. • Ask the person to identify what a good night of sleep would "look like" for them. • Review the strategies to help a person improve their sleep and ask them to identify which ones they would be willing to try. • Help the person make a plan to try at least one strategy to improve their sleep hygiene over the next week.

Introduction to Healthy Lifestyles

Introduction and Module Overview

Staying healthy and focusing on your wellness are very important. Most of us could benefit from improving our wellness in the areas of nutrition, exercise, and sleep. In addition, there are significant health benefits for people who cut down or stop smoking cigarettes.

In this module we will:

- ❖ Explore steps to create healthy habits.
- ❖ Provide skills to improve nutrition and increase activity level.
- ❖ Explore ways to help you get a good night's sleep.
- ❖ Explore your choices around cutting down or quitting smoking.
- ❖ Provide examples of common obstacles to staying healthy and ways of circumventing these obstacles to obtain your goals.
- ❖ Work together to develop a personalized plan to assist you to improve sleep, nutrition and exercise and decreasing or cutting down on smoking.

This module focuses on improving health through improving sleep, decreasing or stopping smoking, increased exercise and improving nutrition.

Topic #1: Developing a Healthy Lifestyle

The Importance of a Healthy Lifestyle

Paying attention to your health is an important part of staying well. There are many benefits to a healthy lifestyle including feeling better, having more energy, and reducing your risk of developing future health problems. Staying healthy includes eating a well-balanced diet with fruits and vegetables, staying active and exercising, and getting enough sleep. Staying healthy also includes cutting down or stopping unhealthy behaviors such as smoking. We will talk about each of these things in this module.

Questions:

- What benefits would be helpful to you if you were living a healthy lifestyle?
- What changes would you like to make towards a healthy lifestyle?

How Can you Create Healthy Habits?

Developing a healthy lifestyle takes time. Change in your health habits such as eating, drinking, exercising, sleeping, and smoking can be hard. There are things that you can do to help you when you are ready to make a change in your healthy habits. Here are some tips:

1. Make changes slowly and steadily. Try to take one small step at a time. For example, one small step would be talking to your doctor about using a nicotine replacement instead of stopping smoking immediately
2. Identify things in your life that are slowing down the change or making it more difficult. For example, keeping a record of your eating habits for a week can help you identify potential problems, such as eating numerous high calorie snacks daily.
3. Focus on a few realistic habits. It can be helpful to start with smaller health habits to find what works for you. For example, if you are interested in

getting a better night's sleep, avoiding drinking caffeine after 5PM may be a good way to start.

4. Find a supportive person to help you with these changes. Having a friend or supportive person who can help you make new healthy habits. For example, if you are interested in increasing your activity, it can be helpful to find a friend to take walks or play basketball together.

Questions:

- What healthy habit would you like to focus on first: exercise, nutrition, sleep, or smoking?
- Who could support and help you with your healthy lifestyle habits?

Check it Out

- ✓ Talk to a supportive person who could help you create a healthy habit

Review the following steps with your IRT clinician to identify a supportive person and practice how you could approach this person and ask for their help.

1. Identify the area of wellness that you want to focus on: exercise, nutrition, sleep, or smoking
2. Identify a person who could support you in learning and trying out new healthy habits.
3. Find a time when the person is not busy and tell them about your plan to focus on your identified area of wellness.
4. Ask the person about their experience with starting new healthy habits.
5. Ask the person if they would be willing to join you in learning new healthy habits. Supporting you could include reminding you about your healthy habits, supporting you when you face challenges with your healthy habits, and doing healthy activities with you

Developing a Healthy Lifestyle Habit

The remaining handouts in this module focus on strategies to help you be healthier in the areas of physical activity, nutrition, sleep, and smoking. Each of the following topics will provide you with some simple steps to get healthy.

You can apply what you have learned about starting a healthy habit to each area of wellness. Remember that creating a healthy habit takes time and practice just like

achieving your goals. Keep in mind that you can break down any healthy habit into small steps to help you be more successful and overcome any challenges that come up. For example, if you identified nutrition as the first health area, you might choose to eat a healthy breakfast every day as your first step.

You can then break down that goal into steps to help you achieve your healthy habit. See the example below:

Healthy habit: Eat a healthy breakfast every day

Step 1: Make a list of healthy things I could eat for breakfast

Step 2: Make a plan for 2 healthy breakfasts that I want to eat over a week

Step 3: Make a list to buy the ingredients I need at the grocery store

Step 4: Talk to my family about supporting my habit of eating a healthy breakfast

Home Practice Options

1. For the healthy lifestyle area you have identified (nutrition, exercise, sleep, or smoking), track your habits for a week. For example, if you are focusing on sleep, you can track how many hours of sleep you get each night for a week and write down your routine before going to bed. If you are focusing on nutrition, you can focus on tracking what you eat for a week.
2. Talk to your identified supportive person to get their support in your healthy lifestyle habit.
3. Explore some healthy lifestyle apps on your phone. Identify one that you would like to try.

Summary Points for Developing a Healthy Lifestyle

- *There are many benefits to living a healthy lifestyle such as increased energy, improved mood, and taking positive steps towards wellness.*
- *You can support a healthy lifestyle by making changes in diet, exercise, sleep, or stopping or cutting down on smoking.*
- *Changes in health habits takes time and there are things that you can do to help such as taking change slowly, focusing on realistic change, and finding a supportive person to help you.*

Topic #2 Getting Active-Part 1

Benefits of being Physically Active

Being physically active helps people maintain a healthy weight, stay healthy, avoid certain health conditions and diseases, and improve their mood. Increased activity levels in combination with healthy eating and nutrition is the best way to minimize weight gain or reverse weight gain that has already occurred.

Exercise should be combined with a lower calorie diet to result in weight loss.

There are a number of benefits of increasing your activity level and many of these benefits are independent of weight loss. This means that even if you are not overweight, you can benefit from increasing your activity level in the following ways:

1. Improving stamina and energy
2. Improving lung capacity and cardiac health
3. Improving physical appearance and muscle tone
4. Improving mood and sleep
5. Providing a topic of conversation with others
6. Providing an activity to engage in with others
7. Providing a leisure activity
8. Reducing stress

Questions:

- Which of the benefits of increased activity are personally meaningful to you?
- How would becoming more active help you make progress towards your personal goal?

Pay Attention to your Activity Level

Typically, it is helpful to think of being physically active for about 30 to 60 minutes each day. Activities can include intensive activities such as jogging, biking, or basketball. It is important to pay attention to periods of activity that you do not even think about as exercise, for example, walking to the train or bus stop or to work or carrying groceries. People often neglect to take into account the exercise they get through activities of daily life. You can increase the intensity of your activity to burn more calories. For example, you burn more calories standing than sitting, walking than standing, jogging than walking, etc.

Your body is always burning calories: Increasing your activity level can be as simple as walking instead of driving or taking the stairs instead of the elevator.

Questions:

- What kind of exercise, activities or sports do you enjoy?
- What kinds of exercise or activities have you participated in recently?
- What kinds of exercise or activities did you participate in before you were involved in the NAVIGATE program?

Ways to Increase your Activity Levels

The National Institute of Health (NIH) has some helpful suggestions about how to increase your activity level.

<https://www.niddk.nih.gov/health-information/weight-management/take-charge-health-guide-teenagers#moving>

Here are four suggestions from the website you can try.

1. Identify how to get involved in an activity, exercise or sport that you enjoy or have enjoyed in the past. Think about the physical activities that you have tried in the past.

Circle the activities you have tried in the past:

1. Walking	13. Martial arts
2. Jogging	14. Yoga
3. Working out at a gym	15. Kick boxing
4. Lifting weights	16. Joining an intramural team
5. Basketball	17. Skiing
6. Lacrosse	18. Water aerobics
7. Baseball	19. Surfing
8. Swimming	20. Riding horses
9. Hiking	21. Pilates
10. Aerobics	22. Dancing
11. Riding a bike	23. Other:
12. Roller blading, skateboarding or riding a scooter	24. Other:

2. Do a fun physical activity with friends. Having someone to talk to, compete with, or spend time with while you are active can make physical activities more fun.
3. Do an activity that you can do outside. Doing activities outside is a healthy way to be active and being outside can help you clear your mind, take your mind off of worries you have, or help you take a short break from studying or work. Some activities such as taking a brief walk around the block or playing frisbee can be done in shorter amounts of time such as 15-20 minutes.
4. Plan to be active at least 30 to 60 minutes each day. Getting daily physical activity can feel challenging but if you make a plan and include a variety of different activities you can be successful. You can start by writing down what activities you do in a typical day. Activities could include regular exercise such as riding a bike or going to the gym or everyday activities such as taking out the trash, doing the dishes, or walking the dog. You should have a mix of both vigorous and moderate activities or exercise and regular daily activities that get you moving. Here are some examples of ways to get physically active in daily life.

Circle the ones that you do regularly.

1. Take stairs instead of elevator or escalator	before (e.g., taking out garbage or recycling)
2. Stand instead of sit	9. Do yard work
3. Walk more briskly	10. Wash your own car instead of taking to a car wash
4. Park in a further than usual location and walk more	11. Walk to local stores instead of driving
5. Get off at an earlier subway or bus stop and walk more	12. Take things to the upstairs of your home in multiple trips
6. Carry groceries in a basket instead of using a cart	13. Take your dog for a longer walk
7. Work more quickly when doing housework	14. Walk or bike instead of drive to the bus or train stop
8. Take on tasks that involve lifting safe amounts that you didn't do	

Questions:

- Which of these activities would you be interested in trying?
- Are there activities or exercises that you try outside?
- Who could you talk to about trying out some activities with you?

Check it Out

- ✓ Tracking your activities. As you work to build activities in your day, it is helpful to know your baseline or starting point for the activities that you are already doing. By writing down the activities that you are already doing you can slowly try out activities to add to your list and work up to 60 minutes a day. Don't worry if you start out slow. Remember that small changes add up!

What activities do you do in a typical day? _____

Activities add up and you might be surprised how much time you are already spending doing activities. For each activities, list how many minutes you spend completing each one and then add those up.

Do you have a mix of exercise activities and daily activities?

If you added up to 30 to 60 minutes, and if you have a mix of activities and exercise great! If not, make a list of some activities you could add to your daily routine? You can also add in some different types of exercise or activities using the lists above if needed. Start adding activities slowly so you can create a healthy habit of up to 60 minutes of activity every day.

Check it Out

- ✓ Make a plan to try out at least one new strategy to get more exercise or increase your activities. Use the “Personal Plan to Increase My Activity Worksheet” below to identify your strategy and make a plan to try it out in the next week.

Personal Plan to Increase My Activity Level Worksheet

Ideas I have for increasing my activity level are:

1) _____

2) _____

For each strategy you are planning to try, it can be helpful to consider the following questions:

1. When can I do try this strategy? (such as, which day of the week or time of the day is best for me?)
2. Where can I try this new strategy? (such as, do I need a location inside or outside or do I need space to move around?)
3. What do I need to try this strategy? (such as locating sports equipment or running shoes)
4. Who could join me or support me when I try this strategy? (such as going on a walk with my neighbor, hitting balls at the batting cages with my dad)

Target date (date I will try these strategies): _____

Home Practice Options

1. Try one of the strategies you identified in your Personal Plan.
2. Spend a few moments at the end of each day recording what you did for activity that day in your smartphone, a notebook, or calendar. Identify both activities and exercise and how many minutes you were active.

Summary Points for Getting Active-Part 1

- *Increasing activity level can be achieved by exercise or by increasing exertion in daily activities*
- *Trying an exercise or a sport that you enjoy or used to enjoy is a great way to get moving.*

- *Doing an activity with friends helps you have fun and be active*
- *There are many activities that you can do outside to help you try some different activities and take a break from your normal routine.*
- *30 to 60 minutes of activities a day is a healthy level of activity and exercise.*

Topic #2 Getting Active-Part 2

Creating New Healthy Habits

Developing new habits can be hard and takes time. It can be helpful to pay closer attention to the benefits you notice when you engage in new activities and exercises in your daily routine.

Question:

- If you have tried a new activity or exercise, what benefits have you noticed?
 1. More energy
 2. Improve mood
 3. Better sleep
 4. Having fun with friends and family
 5. Reduced stress
 6. Other:

Troubleshooting

When starting new activities or exercise, there are many common things that can make it difficult to get started.

Question:

- What problems or challenges did you notice when trying a new activity?

Below are some examples of common obstacles and suggestions for strategies to overcome those obstacles.

Not Enough Time

Not having enough time is one of the reasons that people do not achieve their exercise healthy goals. Review your schedule with another person to help them

brainstorm with you about time that could be used to exercise (for example, walking during your lunch hour).

Try selecting items from the "Ways to Get More Exercise in Daily Life" list from Topic 2, part 1. These activities are likely to require less additional time than going to a gym or joining a sports team.

You could do exercise during another activity. For example, if you watch TV for one hour and do some form of exercise (for example, jumping rope, doing sit-ups or push-ups) during the commercials, you will have done approximately 15 minutes of exercise!

Cannot afford a Gym

Keep in mind that YMCAs or YWCAs are often very nice facilities and have discounted memberships available for people who cannot afford them. If joining a gym is what you think will make the difference between exercising or not, it is worth coming up with creative solutions about how to make this possible.

You could also look into getting a job at a local gym since employees typically receive free or discounted membership.

Live in a place where it's not easy or safe to walk

It may not be possible to walk around your neighborhood due to heavy traffic or other safety concerns. Consider driving or taking a bus to a place where people walk, such as around a lake, hiking trails, the beach, etc. Many shopping malls open early for walkers.

Having someone to walk with also might make it more likely that you will follow through with your healthy habit.

Feel self-conscious in exercise clothes or in public places

Feeling self-conscious is something that would probably get better with practice, although you may also opt to do exercise alone in the privacy of your own home.

It might help to buy some new workout clothes and to begin by spending a short time in a public place exercising and spending a longer time once that is comfortable.

To check out your thought that other people are looking at you when you are exercising, pay attention to how much you are noticing other people. You will probably observe that you are concentrating more on yourself and your workout than

on observing others. You are also likely to discover that others generally seem to be paying attention to their own workout, music, or TV rather than to you.

Check it Out

- ✓ In part 1 of Topic 2, you made a plan to increase your activity level. You can now update your plan. You can add information to help you be more successful or you can add a new activity to your list to try. Because creating new habits takes time, you can update and create new plans using this worksheet whenever you need to.

Personal Plan to Increase My Activity Level Worksheet

Ideas I have for increasing my activity level are:

1) _____

2) _____

Troubleshooting strategy that I am going to use to help me: _____

For each strategy you are planning to try, it can be helpful to consider the following questions:

1. When can I do try this strategy? (such as, which day of the week or time of the day is best for me?)
2. Where can I try this new strategy? (such as, do I need a location inside or outside; do I need space to move around?)
3. What do I need to try this strategy? (such as locating sports equipment or running shoes)
4. Who could join me or support me when I try this strategy? (such as going on a walk with my neighbor, hitting balls at the batting cages with my dad)

Target date (date I will try these strategies): _____

Home Practice Options

1. Try one of the strategies you identified in your Personal Plan and include one strategy to help problem solve one challenge that you have experienced.
2. Enlist the help of a supportive person to try the activity you identified with you.

Summary Points for Getting Active-Part 2

- *There are many benefits from regular exercise and activities including improved mood, better sleep and more energy.*
- *It is common for people to experience challenges when starting a new activity as part of a healthy habit.*
- *Common challenges that come up when starting a new activity include:*
 - *Not enough time*
 - *Cannot afford a gym*
 - *Live in a place where it is not easy or safe to walk*
 - *Feel self-conscious in exercise clothes or in public*

Topic #3 Eating Healthy-Part 1

Increase your Healthy Eating Habits

Healthy eating habits can help you in many different areas of your life and help you achieve your wellness goals. Eating healthy foods can help you:

1. Increase your energy
2. Keep your weight in check
3. Keep you alert and focused in school and work
4. Manage or prevent medical problems such as diabetes, high blood pressure, high cholesterol and stomach problems

Paying Attention to What you Eat

Most people could benefit from increasing their intake of nutritional foods, decreasing their intake of junk food or "empty calories," and regulating their food intake so that they do not skip meals and have one planned snack per day. Learning new ways to eat healthy begins by understanding more about what you eat and when you eat. Think about the meals that you typically eat each day and the snacks you eat throughout the day.

Questions:

- What is your current routine for meals (such as do you typically eat breakfast, lunch, and dinner)?
- What is an example of a typical breakfast, lunch, and dinner that you eat?
- What are some examples of typical snacks that you eat?

What can you do to Eat Healthy?

There are some practical and easy steps that you can take to eat healthy. The following tips below include recommendations from the National Institute of Health about strategies that you can use right now to start eating healthier.

1. Take it easy on pizza, soda, and sweets

Keep in mind that these foods have lots of sugar, salt, and fat.

- Limit cakes, cookies, and other foods made with shortening, butter, and margarine.
- Choose water or fat-free or low-fat milk instead of sugary soda or juice drinks.
- Eat more foods like bananas, beans, and yogurt for potassium to help build strong bones.

It can be helpful to figure out how many calories you might save by making a specific change in your eating style. Here's an example of the effects of cutting down on soda if a person is in the habit of drinking several bottles a day

Soda

One 12-ounce bottle of soda has 210 calories

If you stop drinking the following number of bottles/day, you will lose:

3 bottles/day = 1.26 lbs per week

4 bottles/day = 1.68 lbs per week

5 bottles/day = 2.10 lbs per week

6 bottles/day = 2.52 lbs per week

2. Give your body the right fuel

- Make half of your plate fruits and vegetables.
- Power up with lean meats, chicken, seafood, eggs, beans, nuts, tofu, and other protein-rich foods.
- Build strong bones with fat-free or low-fat milk products for calcium and vitamin D.
- Choose whole grains, like whole-wheat bread, brown rice, and oatmeal, for half of your grain servings.

3. Snack smart

- Fresh apples, berries, or grapes
- A handful of walnuts or almonds
- A small bag of mini-carrots
- Low-fat or fat-free yogurt
- String cheese
- Peanut butter on whole-wheat crackers

4. Take Control

A portion is how much food or beverage you consume at one time. When you eat meals out or already prepared or “processed” foods, they often provide larger and unhealthy portions. You can use these tips to help you eat healthy portions when you eat out or eat at home.

- Avoid “value-sized” or “super-sized meals.” You may not realize that one “super-sized meal” may have more calories than you need in a whole day.
- Share your meal or take half home when eating out.
- Choose whole-wheat bread, lean meats, and fresh fruit whenever it's offered
- Take one serving out according to the food label and eat it on a plate rather than straight from the bag.
- Avoid eating in front of the TV, driving, or while you are busy with another activity.

Check it Out

- ✓ Make a plan to try out at least one new strategy to eat healthy. Use the “Personal Plan to Eat Healthy Worksheet” below to identify your strategy and make a plan to try it out in the next week.

Personal Plan to Eat Healthy Worksheet

The strategies I would like to try to eat healthy (remember the 4 tips stated above):

1) _____

2) _____

For each strategy you are planning to try, it can be helpful to consider the following questions:

1. When can I start my healthy eating strategy? (such as, which meal or snack is best for me to start with?)
2. What do I need to start eating healthy? (such as finding healthy recipes, updating a grocery list, keeping more healthy food in my refrigerator and cupboards, or using a water bottle)
3. Who could join me or support me in eating healthy? (such as trying out a new healthy recipe with my family or inviting friends over to eat a healthy snack after an activity)

Target date (date I will try these strategies): _____

Home Practice Options

1. Use a smartphone app that are free to monitor for a week what you eat and when such as Rise Up, My Fitness Pal, or Yazio.
2. Try one of the strategies to eat healthy that you identified in your Personal Plan Worksheet.

Summary Points for Eating Healthy-Part 1

- *There are many benefits to eating healthy including increasing energy, improving attention and concentration, and staying more alert at work or school.*
- *One simple strategy to improve your nutrition is to pay attention to what you eat at meal time and snacks.*
- *Improving your nutrition includes improving the quality of food eaten and the timing of eating.*
- *Four strategies to eat healthier include: limiting fatty and sugary foods, eating healthy foods to give your body fuel, eating smart snacks, and taking control of portion sizes.*
- *Give yourself credit for working on improving your nutrition. It takes time and effort, but it pays off.*

Topic #3 Eating Healthy-Part 2

Creating new Healthy Habits

Developing new habits takes time. It can be helpful to pay closer attention to the benefits you notice when you eat healthy.

Question:

- If you have tried a strategy for eating in a healthier way, which of the following benefits have you noticed?
 1. More energy
 2. Improving mood
 3. Improving attention and focus
 4. Better management of physical health and physical health problems

Troubleshooting

When you begin a new healthy habit to improve nutrition, you may notice things that can make it difficult to get started and keep eating healthy.

Question:

- If you have been trying to eat healthy, what problems or challenges did you notice?

It is important to think about ways of continuing strategies to eat healthy that work well for you and keeping yourself from going back to less healthy eating patterns. Below are some ideas for how to help you do this.

- Write down or record on your smartphone what eating habits you changed and how you went about changing it, so that you can refer back to these notes in the event that you need to.
- Set up positive sources of social support for these changes. For example, having a friend or family member who is working on the same things can help each of you stay on track.

- Remind yourself of your progress by checking in with yourself about the ways in which these changes have benefited you personally.

More Strategies for Eating Healthy

Losing weight or eating healthier takes effort and planning. Below is a list of more strategies that may be helpful to you in your efforts to eat healthy. Review this list and make a check mark in the areas that you think would be helpful for you to work on.

- ☐ Eat on a regular schedule (including having breakfast, lunch and dinner at approximately the same time of day when possible).
- ☐ Drink at least 6 glasses of water a day.
- ☐ Eat more slowly and chew your food well.
- ☐ Use smaller plates.
- ☐ Serve yourself a half portion.
- ☐ Buy snack food that is pre-portioned.
- ☐ Have healthy snacks on hand and visible (for example, a fruit bowl), so that they are easier to reach for.
- ☐ Go shopping with the person who buys food for your house or give them a list of healthy foods you would like them to buy.
- ☐ Limit your access to high fat or high calorie foods.
- ☐ Do not reach for seconds until you have given yourself 20 minutes to digest your food--you may find you are no longer hungry for that second helping.
- ☐ Set a cut off time in the evenings after which you will not eat.
- ☐ Increase fiber in your diet.
- ☐ When eating out, order a salad and appetizer instead of an entrée.
- ☐ Buy smaller slices of bread or "scoop out" the soft part of a bagel or roll before eating it.
- ☐ Eat more beans.

Check it Out

- ✓ In part 1 of Topic 3, you made a plan to try some strategies for eating healthy. You can now update your plan. You can add information to help you be more successful or you can add a new strategy to your list to try. Because creating new habits takes time, you can update and create new plans using this worksheet whenever you need to

Personal Plan to Eat Healthy Worksheet

Ideas I have for eat healthy are:

1) _____

2) _____

Troubleshooting strategy that I am going to use to help me: _____

For each strategy you are planning to try, it can be helpful to consider the following questions:

1. When can I start my healthy eating strategy? (such as, which meal or snack is best for me to start with?)
2. What do I need to start eating healthy? (such as finding healthy recipes, updating a grocery list, or using a water bottle)
3. Who could join me or support me to eat healthy? (such as trying out a new healthy recipe with my family or inviting friends over to eat a healthy snack after an activity)

Target date (date I will try these strategies): _____

Home Practice Options

1. Try one of the strategies you identified in your Personal Plan and include one strategy to help problem solve one challenge that you have experienced.
2. Enlist the help of a supportive person to try the activity you identified with you.

Summary Points for Eating Healthy-Part 2

- *There are many benefits from eating healthy including improved mood, improved attention and focus, and more energy.*
- *It is common for people to experience challenges when changing their eating habits.*
- *Common strategies to address these challenges include:*
 - *Recording your changes to your eating habits and how you made those changes*
 - *Enlisting positive support from family members and peers for your healthy eating habits*
 - *Tracking your progress and writing down the benefits you experience*

Topic #4: Making Choices about Smoking

Benefits of Smoking

If you are currently a smoker or occasionally smoke cigarettes, it can be helpful to review some of the common reasons that people smoke and identify which reasons are important to you. The following list contains some common reasons that people enjoy smoking.

Socialization

Smokers may smoke because having a cigarette is a low pressure and enjoyable way to be around other people. Smokers tend to hang around with other people who smoke, so it may also be more comfortable to smoke than not to smoke.

Reward

Many smokers use cigarettes as a reward that motivates them to accomplish the next task. For example, a cigarette might be used as a reward after finishing a task, like paying bills or getting the laundry or dishes done.

Relaxation

Smokers tend to find cigarettes relaxing. They can become a way of coping with stressful situations or negative emotions like anxiety or depression.

Clearer Thinking

Nicotine can improve attention and concentration and many smokers use cigarettes to sharpen their mind.

Energy

Smoking may give people a boost of energy.

Enjoyment

People may smoke to enhance enjoyment. Not only do smokers report direct effects of cigarettes that are enjoyable, but they also often find certain activities are made more enjoyable by smoking while doing these things. For example, relaxing on a park

bench, drinking a cup of hot coffee or socializing with friends might seem more fun if you are smoking at the same time.

Habit

Smoking easily becomes part of a person's daily routine, so people may smoke in part to fulfill the habit of having something to occupy their hands or just because they have gotten used to smoking.

Question:

- What do you like about smoking?

You can use the following checklist to record your answers. Sometimes people have gotten to the point where they no longer enjoy anything about smoking and continue to smoke because of a strong addiction--in this case, it may be helpful to think about benefits that might have applied to you in the past.

Benefits of smoking	Check here if this applies to you <u>now</u>	Check here if this has applied to you <u>in the past</u>
Socialization		
Reward		
Relaxation		
Clearer thinking		
Energy		
Habit		
Other:		
Other:		
Other:		

Benefits of Not Smoking

Although smokers may already be aware of some of the health benefits of not smoking, they are often surprised to learn about all of the health risks that are reduced by quitting smoking. In addition to health benefits, there are other lifestyle benefits.

Check off below the important benefits to you of not smoking:

Benefits of quitting smoking related to lowering my risk of:

- ☐ Lung cancer
- ☐ Throat and mouth cancer
- ☐ Emphysema
- ☐ Chronic bronchitis
- ☐ Heart disease and heart attack
- ☐ Peptic ulcer disease
- ☐ Other types of cancer (for example, bladder cancer)
- ☐ Worsening a health problem that I already have (e.g., diabetes, asthma)

Benefits of quitting related to improving my lifestyle:

- ☐ I'll breathe more easily
- ☐ More public places are becoming smoke-free, so smoking is becoming inconvenient
- ☐ I won't feel like people look down on me because I smoke
- ☐ Less risk of starting a fire
- ☐ Walking and exercising will be easier
- ☐ Other people will get off my back about quitting
- ☐ Healthier skin
- ☐ No more coughing
- ☐ Feeling a sense of control over addiction
- ☐ Getting rid of stained fingers
- ☐ More money in my pocket (*fact: If you smoke 1 pack per day at \$7/pack, you will save over \$2500/year by not smoking)
- ☐ My sense of taste and smell will improve
- ☐ No more feeling guilty
- ☐ Fresher breath, cleaner teeth
- ☐ I'll be a good example to others
- ☐ Better smelling hair, clothes, and home
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Concerns about Quitting

If you smoke it is very normal to have concerns about quitting. Read through the descriptions of common concerns about quitting below and think about whether or not you share these concerns.

Previous Failed Attempts to Quitting

Quitting smoking can be difficult. A person may need to make multiple attempts to quit smoking. It is important to remember that a person should not lose confidence if quitting is difficult or if they have a slip and have to try quitting smoking again. Some smokers successfully quit the first time they try. However, on average, a smoker makes approximately 6-7 quit attempts before they are successful at quitting smoking.

Lack of Support for Quitting

It is also common for people to be concerned that their friends or relatives might tell them that they do not think they will be able to quit.

Withdrawal Symptoms

Many smokers believe that withdrawal symptoms, such as craving, would be intolerable if they were to quit smoking. Many of the newer treatments for smoking cessation provide good relief from withdrawal symptoms, so it is important to keep an open mind about the possibility that there is a treatment that you can use that will not result in your experiencing a lot of cravings or physical withdrawal symptoms.

Pressures from Others to Smoke

Sometimes smokers have difficulty picturing how they would deal with being around smokers if they quit smoking themselves. They may also be concerned that it would be very hard to resist if other smokers pressure them to smoke. One possible way to deal with this is to develop skills to communicate assertively that you are a non-smoker and do not want to smoke.

Fear of Increased Symptoms

Smokers who have had psychiatric symptoms may be especially sensitive to the concern that smoking cessation would lead to an increase in symptoms such as anxiety, depression, irritability, voices or paranoia. Smokers may be concerned about how they would manage negative emotions if they did not smoke. This is a realistic concern, particularly if people have used smoking as the primary way of dealing with negative emotions in the past. Strengthening coping skills for negative emotions as

well as certain smoking cessation medication treatments can really help people learn to manage symptoms.

Weight Gain

Many smokers fear that they will gain a lot of weight if they stop smoking and that this weight gain will be bad for their health and self-image. There are many strategies that smokers can use to avoid weight gain while quitting smoking or to lose weight that they may gain if they stop smoking. Several suggestions have been mentioned in Topic 2-Getting Active and Topic 3-Eating Healthy.

Question:

- What are your concerns about quitting or cutting down?

You can use the following checklist to record your answers. If you are not interested in quitting or cutting down at the current time, it may be helpful to try to recall concerns you may have had when you tried to cut down or quit in the past.

Barriers to quitting/cutting down	Check here if this is something you are worried about	Check here if this is something you worried about in the past
Previous failures		
Low self-confidence		
Physical withdrawal		
Lack of support from others		
Pressure from others		
Fear of increased symptoms or negative emotions		
Other:		
Other:		
Other:		

Some Facts about E-Cigarettes

We are still learning about the effects of e-cigarettes but the following information is based on current information from the National Institute on Drug Abuse. More information can be found at:

<https://www.drugabuse.gov/publications/drugfacts/electronic-cigarettes-e-cigarettes>

Electronic cigarettes or e-cigarettes are sometimes called vaping devices, e-pipes, e-hookah, e-pins, JUULs, vapes, or vape pens. All these devices allow people to inhale an aerosol containing nicotine or other substances. They allow people to inhale an aerosol containing nicotine or other substances. These devices are battery operated and use a heating element to heat an e-liquid releasing a chemical-filled aerosol. The aerosol produced by e-cigarettes isn't just water vapor. The e-liquid contains nicotine mixed with a base and other colorings and chemicals.

Research has shown that, even in small doses, people who inhale the ingredients in e-cigarettes are exposed them to a high level of toxins. Exposure to these toxins has been linked to irreversible lung damage. Since these products have been sold in the US for less than 10 years, there is not enough information about the long-term effects of e-cigarettes.

E-cigarettes also can affect the brain. Continued use of e-cigarettes can lead to a nicotine addiction. Did you know that 1 JUUL pod contains as much nicotine as a pack of 20 cigarettes? Over time e-cigarettes can affect your attention and memory.

Vaping or using e-cigarettes exposes a person to high levels of toxins and has been linked to irreversible lung damage.

Questions:

- Who do you know that is vaping?
- What concerns do you have about e-cigarettes?

Does Vaping help people quit cigarettes?

There is no conclusive evidence that using e-cigarettes will help people quit smoking. No e-cigarette has been shown in research studies to be safe or effective in helping people quit smoking. There are other safe and proven ways to help people quit smoking.

Summary of the Benefits and Risks of Smoking and Quitting

Now that you have given some thought to the good and bad aspects of smoking and quitting, it may be helpful to summarize this in the "Check it Out" below. Doing this will help clarify the factors that affect your decision to continue to smoke or to cut down or quit. Each individual smokes for different reasons and has different concerns about quitting--providing a snapshot of how you think about smoking and quitting will assist you and your clinician to think about next steps.

Check it Out

Think about your answers to previous questions in the handout and/or refer to previous checklists completed to complete the items below.

My top 5 reasons for smoking are:

- 6.
- 7.
- 8.
- 9.
- 10.

My top 5 concerns about quitting/cutting down are:

- 1.
- 2.
- 3.
- 4.
- 5.

My top 5 concerns about smoking are:

- 1.
- 2.
- 3.
- 4.
- 5.

My top 5 benefits of quitting/cutting down are:

- 1.
- 2.
- 3.
- 4.
- 5.

Taking Stock of Your Readiness to Cut Down or Quit Smoking

After you have had a chance to complete the exercise of thinking through the benefits of smoking, concerns about quitting, and benefits of quitting, it may be helpful to think about what best describes how ready you feel at the moment to cut down or quit smoking.

Check it Out

Choose the statement that best fits how you are thinking at the present time:

- ☐ I do not want to think about quitting or cutting down.
- ☐ I'm thinking about cutting down.
- ☐ I'm thinking about quitting.

If you are thinking of cutting down or quitting, when would you like to start?

If you are thinking of cutting down or quitting, what is a first step you could take to cut down or stop using?

Note: Although cutting down on smoking can be beneficial, it is important to know that smoking as few as 5 cigarettes/day has been shown to be harmful. Therefore, cutting down may be a good intermediate goal towards the ultimate goal of quitting smoking completely.

Home Practice Options

1. Observe your smoking behavior for a whole day or for several hours of a day. Pay attention to the benefits that you get from smoking and the costs associated with smoking.
2. Review this handout or discuss the topic of benefits and costs of smoking with a friend or family member. See if this discussion leads you to generate more of the benefits and costs of smoking and quitting.
3. Take a few minutes to picture yourself as a non-smoker. Notice what would be different about your environment (e.g., home, car, work-space), how you feel physically, how you look in the mirror, and how others might interact with you. Use this exercise to come up with additional benefits of quitting for you.
4. Summarize your top 5 reasons for quitting/cutting down on an index card and put it somewhere visible (e.g., tape it to your pack of cigarettes, tape to your bathroom mirror, or put on your computer screen). Make a plan to look at the index card or computer screen daily and evaluate the effect of doing this on your motivation to quit or cut down.

Summary of Making Choices about Smoking

- *People often smoke because they derive benefits from it, because it is an addictive habit, or because they have concerns about quitting (e.g. weight gain; withdrawal symptoms).*
- *There are many benefits to quitting smoking, including those related to health and lifestyle.*
- *Weighing the benefits and risks of smoking and quitting is an excellent way to determine the next steps in ultimately quitting smoking.*

Topic #5: Strategies for Quitting Smoking

Below is a brief summary of the medication treatments currently available to assist individuals to quit smoking. If you have already tried one treatment, you could try another treatment or you could talk to your doctor or nurse about combining two treatments together. Not covered on this handout are treatments that have been found to have very low rates of success, such as "cold turkey," hypnosis," or "acupuncture.

Treatment	How to use it	Who should not use	Covered by insurance?	Can you smoke while using it?
Nicotine patch--long acting nicotine replacement therapy (NRT)	Stick on skin; change patch daily for 8 weeks. Recommended dosing is 21 mg for 4 wks, 14 mg for 2 weeks and 7 mg for 2 weeks.	Individuals with unstable cardiac disease Individuals with skin disorders (eczema, psoriasis) Individuals with peptic ulcer disease	Yes Also available over the counter; generic patch is cheaper	No
Nicotine gum--short acting NRT	Chew and put in between gum and cheek; 1 piece per hour for weeks 1-6; 1 piece every 2-4 hrs for weeks 7-9; 1 piece every 4-8 hrs during wks 10-12 Recommended dosing is 2 mg (< <u>25</u> cigs/day) and 4 mg (> <u>25</u> cigs/day). Up to 24 pieces daily.	Individuals with unstable cardiac disease Individuals with peptic ulcer disease	No Also available over the counter; generic gum is cheaper	No

Nasal spray--short acting NRT	Spray in nose 1-2 sprays/hour every 1-2 hours to start then taper for 3-6 months	Individuals with unstable cardiac disease Those with Sicca syndrome	No	No
Nicotine lozenge--short acting NRT	1 lozenge every 1-2 hrs for weeks 1-6; every 2-4 hrs for weeks 7-9; 4-8 hrs for weeks 10-12.	Individuals with unstable cardiac disease Individuals with peptic ulcer disease Should refrain from eating or drinking for 15 minutes before using lozenge	No Generic is cheaper	No
Zyban (bupropion)	150 mg twice a day (start at lower dose)	Seizure or eating disorder Insomnia Negative interactions with several medications	Yes	Yes
Chantix (varenicline)	1.0 mg twice a day (start at lower dose)	May increase risk for suicide, violence, irritability No known medication interactions	Yes	Yes
Group or individual smoking cessation programs (including online options)	Identify smoking triggers Learn coping skills Get support Attend sessions (typically 8 to 12 weeks) which usually include information about how to identify smoking triggers and how to use coping skills as well	None	Yes	Yes

	as providing support from others in the group or class			

To increase your chance of successfully quitting smoking, it is often recommended to use a medication combined with individual or group behavioral treatment to quit.

If using a medication together with a group or individual treatment does not work, it is also possible to combine medication treatments (for example, Chantix + Zyban or Patch + Lozenge + Zyban) together with a group or individual treatment for greater efficacy. Talk to your prescriber about medication options.

Developing a Plan to Cut Down or Stop Smoking

It can be helpful to develop a plan to cut down or stop smoking now that you have identified some helpful strategies and explored your readiness for cutting down or stopping smoking. Here is an example of a Smoking Cessation or Reduction Plan:

Smoking Cessation or Reduction Plan (Sample)

My plan is to (circle one): Stop Smoking Completely Reduce my smoking

I would like to accomplish this by 6/15/2021

Steps of my plan:

STEP	DATE
1) Talk to my doctor about using medication to help stop smoking	March 2021
2) Stop smoking in my apartment and car	April 2021
3) Save \$10/week that I am not spending on cigarettes	May 2021
4) Take a walk at lunch instead of smoking cigarettes	June 2021

If this doesn't work, my back up plan will be to: Join a quit smoking program

Steps of my plan:

STEP	DATE
1) Find out if there are smoking groups at the hospital	July 2021
2) Join the next smoking group	Sept 2021
3) Talk to my doctor about a smoking medication that would be safe	October 2021
4) Start taking the medication	Nov 2021
5) Quit for good	January 2022

Some problems I might run into:

- 1) Gaining weight when I cut down or stop smoking
- 2) Getting irritable

Ways to cope with these problems:

- 1) Join the YMCA and exercise regularly
- 2) Stop drinking soda and juice
- 3) Get back into yoga

If I need help, I can talk to the following people for advice:

My primary care doctor: (617-555-9000)

My therapist or psychiatrist: (617-555-2000)

Check it Out

- ✓ Complete the Smoking Cessation or Reduction Plan worksheet below to develop your plan to cut down or stop smoking.
 1. Review your readiness to identify whether you want to cut down or stop smoking.
 2. Identify if you want to use a specific treatment to help you cut down or stop smoking and fill in the steps of your plan to start the treatment.
 3. Identify some back-up steps you can take if your original steps don't work
 4. Identify some possible problems you might run into and some coping strategies you could use to help overcome those problems and add those to the worksheet.
 5. Add supportive persons to your plan who could support you as you take steps to cut down or stop smoking.

Smoking Cessation or Reduction Plan

My plan is to (circle one): Stop Smoking Completely Reduce my smoking

I would like to accomplish this by (Date) _____

Steps of my plan:

STEP

DATE

1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

If this doesn't work, my back up plan will be to:

Steps of my plan:

STEP

DATE

1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Some problems I might run into:

- | |
|----------|
| 1) _____ |
| 2) _____ |
| 3) _____ |

Ways to cope with these problems:

- | |
|----------|
| 1) _____ |
| 2) _____ |
| 3) _____ |

If I need help, I can call the following people for advice:

Home Practice Options

1. Share your plan to cut down or stop smoking with a supportive person. Talk to the person about what they can do to support you.
2. Talk to your doctor or nurse about the treatments available for quitting smoking. Ask questions about what treatment might be the most helpful for you.
3. Take the first step towards cutting down or stopping smoking on your plan. Add any problems that you experience to your plan when you are working on that first step.

Summary Points for Strategies for Quitting Smoking

- *There are a number of effective smoking cessation treatments available that reduce craving and other withdrawal symptoms.*
- *Using a medication together with an individual or group behavioral treatment group or class, such as a group for quitting smoking, doubles your chance of quitting successfully.*
- *Your IRT therapist can help you identify sources of support and education around your smoking cessation/reduction goals by researching programs available through local hospitals, health centers and interactive websites.*

Topic #6: Getting a Good Night's Sleep

Getting Enough Sleep

Sleep is as important as healthy eating and being active. During sleep, our bodies repair and our brains can recover and process information. It is recommended that people get approximately 7 to 8 hours of sleep a night. Many people have problems that interfere with getting the right amount of sleep.

This handout will focus on 2 areas of sleep: strategies to get more sleep and how symptoms affect sleep. For more information about sleep problems, see the sleep problems topic in the IRT module, "Coping with Symptoms."

Questions:

- How much sleep did you get the last two nights? Is this your usual amount?
- Do you experience any problems with your sleep? If yes, which ones?
- What kinds of things have you tried to improve your sleep problems?
- How helpful have the things been that you have tried?

Sleep and Psychosis

Many people who have experiences of psychosis report sleep problems. People who have psychotic experiences often report shorter amounts of time asleep and/or or less restful sleep.

People have reported that it can be difficult to get to sleep or stay asleep because the symptoms of psychosis cause fear or anxiety. Other people have stated that sleep problems make symptoms worse. Sleep problems have been found to make other emotional problems and experiences worse and have been linked to physical problems.

Sleep and Symptoms

A sleep problem for some people have mentioned is a reduced need for sleep. If you have experienced the symptoms of mania or hypomania in the past, a reduced need for sleep may be a warning sign of a possible manic or hypomanic episode in the near future.

If you or your family members or supportive persons notice that you have a reduced need for sleep, it is very important to talk to your doctor or nurse about what is happening. They can help you come up with a plan to respond to this warning sign and help you avoid a return of your symptoms.

On the other hand, sleeping too much can be a sign of depression. It is important to talk to your doctor if you are feeling sad or hopeless; they can evaluate whether you might be experiencing depression.

Questions:

- How do you feel when you get a good night's sleep?
- How do you feel when you get a poor night's sleep?
- What happens the next day?

Improving your Sleep

You can improve your ability to get a good night's sleep in several ways. One way is to improve your "sleep hygiene." "Sleep hygiene" refers to the habits that people have around their sleeping. Good sleep hygiene includes routines that help a person get a full night's sleep on a regular basis.

Place a checkmark next to the suggestions you would like to try.

- ☐ Go to bed and get up at the same time every day, regardless of how much sleep you got the night before.
- ☐ Choose something relaxing to do at least 30 minutes before bed (such as reading a book, taking a bath or warm shower, or listening to music).
- ☐ Avoid drinking anything with caffeine after 3 p.m.
- ☐ Take medications as prescribed.

___ Avoid smoking for several hours before going to bed.

___ Avoid watching things on TV or the internet that might be exciting or upsetting before going to bed.

___ Avoid napping during the day, even if you didn't sleep well the previous night.

___ Exercise during the day so that you feel tired at night

Questions:

- What do you think is working well for your sleep and what is not working well?

Check it Out

Talk to your IRT clinician about one small step you would like to take to improve your sleep hygiene. Make a plan to try out that strategy over the next week.

Home Practice Options

1. Try a strategy in the coming week to improve your sleep hygiene.
2. Talk to a supportive person about what strategies they use to help them get a better night's sleep. Discuss if that person could help you take your first step towards improving your sleep hygiene.

Summary Points for Getting a Good Night's Sleep

- *Getting enough sleep is an important part of wellness.*
- *It is recommended that people get 7-8 hours of sleep a night.*
- *Sleep problems can be associated with symptoms of psychosis, mania, hypomania, or depression.*
- *Sleep hygiene are the habits a person has around sleeping.*

Clinical Guidelines for Developing a Wellness Plan Module

OVERVIEW OF MODULE:

This module provides information about recognizing and responding to a relapse or symptoms returning. Persons with first episode psychosis often have a short history of experiences with relapse so relapse is defined as symptoms returning. Individuals are presented with information about factors that contribute to relapse, such as early warning signs and the three common causes of relapse, and strategies to identify individual early warning signs. Individuals work with you and family members (when available) to identify these early warning signs and develop a plan to respond to the three common causes of relapse. After you review and complete each section of the Plan for Staying Well, the individual can complete a section of their plan.

Goals

1. Understand the three common causes of symptoms returning.
2. Provide information on the factors that contribute to symptoms returning such as early warning signs.
3. Help the person develop and practice a Plan for Staying Well.

Topics

1. Developing a Plan to Stay Well.

GENERAL TEACHING STRATEGIES:

- This module should include supportive persons or family members whenever possible. There is similar information and the same Wellness Plan included in the Family Education handouts. At the beginning of this IRT module, the individual is asked to identify a supportive person to be included in the Wellness Plan. When possible, it can be helpful to include the individual, supportive persons, Family and IRT clinicians in a collaborative session to develop the Wellness Plan.
- The educational process should be collaborative. Do not treat the person as a student, but as someone with whom you are trying to share information and come to a common understanding.
- It is helpful to ask the person questions regarding how they would define symptoms returning and what they would define as upsetting or distressing experiences.

- When discussing a given topic (e.g., common warning signs; common causes of symptoms returning), ask persons to give concrete examples, which will help them to better understand and remember the concept.

Goals

1. Define relapse and instill confidence that individual can take steps to minimize and/or prevent relapse as part of recovery.
2. Define common early warning signs and triggers.
3. Have the individual identify her or his early warning signs and personal triggers.
4. Help the individual identify the relationship between triggers and warning signs.
5. Help the individual identify strategies for dealing with early warning signs and triggers.

Handout

1. Developing a Wellness Plan.

Topic #1: Clinical Guidelines for “Developing a Wellness Plan”

OVERVIEW OF TOPIC:

This handout defines relapse and introduces the individual to the idea that relapses can be prevented (which in turn, can facilitate recovery). In addition, common early warning signs and triggers are defined and described. Individuals learn to identify the link between early warning signs and triggers.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Developing a plan together; Part 1 of your plan;	Session 1- Developing a plan together; Part 1 of your plan;
Session 2-Part 2 of your plan; Part 3 of your plan;	Session 2-Part 2 of your plan; Part 3 of your plan; Practicing your plan
Session 3-Practicing your plan	

TEACHING STRATEGIES:

- Normalize a person's reluctance to talk about symptoms returning or distressing experiences. Encourage a person to prepare for wellness and be aware just in case symptoms return.
- Define symptoms returning and ask the person what distressing or upsetting experiences that the person would include as symptoms.
- Remind the person of what you discussed in the What is Psychosis? Topic about the experiences that the person endorsed.
- Recognize the person's knowledge and experience regarding their symptoms and how they can lead to symptoms returning (this may be challenging as the person will likely only have had one previous psychotic episode). Praise the person for sharing information with you.
- Review the common causes of symptoms returning with the person and discuss the importance of identifying strategies to respond if one of the common causes is identified.
- Link the benefits of preventing the common causes of symptoms returning and recognizing early warning signs to helping the person make progress towards their goal. Review how symptoms returning could make it more difficult to achieve a goal.

- Introduce to the person the notion that alternative strategies (e.g., relaxation) can be used to combat common, causes of relapse and stressors.
- Normalize the difficulty of identifying early warning signs especially since the person often has a short history of experiences with relapse.
- Discuss how person can share the information they have learned about early warning signs with a family member or friend. Also, help person practice how to approach this person to help fill in the gaps in terms of their early warning signs (and the timeline/order in which they occurred).
- Ask the person to review the early warning signs tables with family members or friends (to help them identify other early warning signs that they might have missed).
- Review how resiliency is improved by learning effective strategies to manage stressful situations in the future, such as the possibility of symptoms returning. Discuss how the person uses personal strengths to help manage stressful situations.
- Practice the steps of the Plan for Staying Well in session. Model the coping strategies for the person where needed. For example, practice relaxation strategies the person would use if they noticed early warning signs or practice making a phone call to a supporter to ask for assistance. Ask the person to share and practice the steps of their plan with a family member or supporter.

TIPS FOR COMMON PROBLEMS:

- Be prepared for person denial of having ever had symptoms, an illness, an episode, even warning signs or triggers. Accept the denial and discuss the symptoms in the spirit of informing the person, but not accusing them of having symptoms.
 - Focus on experiences that preceded either a hospitalization or receipt of treatment, rather than labeling them as symptoms or warning signs.
 - Suggest that the person could develop a plan “Just in Case” symptoms return or “What If” symptoms returned.
 - At times it may be more effective to link learning the contents of the module to a goal that the person has previously identified. For example, you could say, *“I think identifying early warning signs will help you stay in school or keep your job, rather than have to go to the hospital.”*
 - Accept the denial and discuss the common causes of symptoms returning in the context of what gives the person stress on a day-to-day basis.
 - Focus on coping strategies to decrease the effects of daily stressors or hassles.

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the person has retained about relapse and common early warning signs. You can assess a person's knowledge using the following questions:
 1. What are the 3 common causes of symptoms returning?
 2. What are the 3 parts of a Plan for Staying Well?
 3. What are common early warning signs?
 4. What can you do to cope with the 3 common causes of symptoms returning?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “INTRODUCTION TO RELAPSE PREVENTION”

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Define symptoms returning and provide information on the relationship between symptoms returning and recovery.	- Ask the person for their understanding of the term symptoms returning: <i>What comes to mind when you think of upsetting or distressing experiences?</i> - Discuss how symptoms returning relates to recovery: <i>How does learning about symptoms returning help you move forward in your wellness or make progress towards your goal?</i>
Define the three common causes of symptoms returning.	- Discuss how researchers have identified the three most common causes of symptoms coming back. - Provide information about the importance of identifying strategies to respond if a person notices any of these common causes.
Define common early warning signs of symptoms returning.	- Assess person’s knowledge of the early warning signs that preceded their psychotic episode: <i>What were some changes that you noticed before you had psychotic symptoms?</i> - Normalize that the person may not notice or be aware of early warning signs. - Describe and define early warning signs.
Have the person identify their early warning signs of relapse.	- Use the common early warning signs table as an exercise to help the person identify warning signs that they may have experienced. - Ask the person to check in with a family member or friend to help them fill in the gaps about warning signs that they might have missed.
Complete a Plan for Staying Well	- Review the example of a Plan for Staying Well (Karina’s plan). - Identify and label what the person wants to title their plan. - Have person complete their own plan one section at a time. - Practice the steps of the Plan in session. - Ask person if they want to share the plan with support person(s) in their life.

Introduction to Developing a Wellness Plan

Introduction and Module Overview

The handout in this module will be 1 topic that is about 2-3 sessions long. When you review the handout with your IRT clinician, you will discuss strategies and develop a plan to help you stay well. Having a plan in place can help you know what to do if something distressing happens so you can stay on track with your goals.

In this module we will:

- ❖ Learn how to prevent the 3 common causes of symptoms coming back.
- ❖ Learn to recognize early warning signs that symptoms may be returning.
- ❖ Identify action steps to respond to early warning signs
- ❖ Develop a plan that you can share with others to help you stay well.

This module focuses on identifying and practicing strategies to stay well so you can achieve your goals.

A Message of Hope:

Many people with psychosis have used strategies to help them avoid or minimize the impact of symptoms returning. These strategies have helped them to take more control over their lives and their wellness.

Topic #1: Developing a Wellness Plan

Developing a Wellness Plan Together

Now you and your IRT clinician will work together to put together a wellness plan to help you stay out of the hospital and on track with your goals. It is common for people to face obstacles to their goals and one of those obstacles is symptoms returning. Sometimes people who have symptoms return will experience what is called a relapse. Some relapses can be managed at home, but other relapses require hospitalization to protect the person or other people.

Most people find it helpful to have a Wellness Plan. It is helpful to include supportive people like family or friends in your Wellness Plan. People who know about your Wellness Plan can support you in treatment, staying out of the hospital and staying on track with your goals. Supportive people also can help you practice coping skills, identify early warning signs, and be aware of what you want to do to stay healthy and out of the hospital. Many people choose to have people involved in their Wellness Plan and meet together with the Family and IRT clinicians to develop the plan together.

Questions:

- Who would you like to include in developing and practicing your Wellness Plan?
- How could you involve them in your Wellness Plan (for example, meeting with you and the family education provider to develop the plan or setting up a time to introduce your plan to them)?

Why we recommend developing a Wellness Plan

Sometimes when individuals no longer have symptoms they and their supporters can be reluctant to talk about the potential for symptoms or distressing experiences that come back. They may also be a little afraid that talking about symptoms might make it more likely that they will happen again—kind of like tempting fate. Instead, they want to put the incident “in the past” and not talk about it.

While this attitude is very understandable and common, in life it is usually very helpful to plan in advance for a problem even if everyone hopes the plan never needs to be used. For example, the team hopes everyone shows up for a soccer game but every team has a backup player who can fill in just in case there is someone

missing. Also, everyone hopes a fire will never happen at school but it is common to install smoke alarms and practice fire drills just in case. Making a plan for keeping symptoms or experiences from coming back is similar. In NAVIGATE, we call such a plan a Wellness Plan, but it can have other names.

Building Your Wellness Plan

There are three parts included in the plan:

- Part 1: Preventing Common Causes of Symptoms Coming Back
- Part 2: Being Aware of Your Personal Early Warning Signs
- Part 3: Action Steps for Responding to Early Warning Signs

As you go through this handout, you will be filling out one part of the plan at a time. At the end, you will have a complete plan. You can call your plan whatever you want. Some people call it a “What If Plan,” some people call it a “Wellness Plan,” some people call it a “Just in Case Plan,” and still others call it a “Staying on Track Plan.”

You can name your plan now or wait until you have completed the contents of the plan. Before working on your own plan, it may be helpful to see an example of a completed plan, like the following one:

Karina's Staying on Track Plan

Part 1. Preventing the Common Causes of Symptoms Coming Back	
Common Cause	What I can do to prevent this common cause
Not taking medication regularly	- Keep a post-it on my bathroom mirror reminding me to take Rx - Put my pill bottle next to my toothbrush in the bathroom
Difficulty coping with high levels of stress:	- Talk to my friend Maria when I am upset - Walk around the neighborhood once a day - Practice relaxed breathing before bed
Using alcohol or drugs	- Spend less time with people who drink or take drugs - Suggest an alternative activity like playing a video game if someone asks me to use drugs - Make at least one friend who doesn't drink or use drugs
Part 2. Being Aware of Early Warning Signs	
My most important Early Warning Signs are:	
A. Spending most days in my room sleeping	

B. Arguing with people and feeling irritable

Part 3. Action Steps for Responding to Early Warning Signs

Action Step	Details for taking the Action Step
1. Contact the doctor or other treatment team member	Dr. Miller's phone #: 333-444-5555 Crisis phone #: 666-777-8888
2. Get more social support	Ask my sister to watch a movie with me or go for a run
3. Stop or reduce the use of alcohol or drugs	Find an activity other than hanging out at the houses of friends who drink or use drugs
4. Use coping strategies	Get some exercise-like running or biking Use relaxed breathing

Questions:

- What might be some advantages of having a plan in case symptoms start to return?
- What do you think of Karina's example plan? How effective do you think it will be?

At the end of this handout, there is a blank plan. As you go through this handout, you will turn to the blank plan to write down the information, strategies, and skills you plan to use for your own plan.

Part 1 of Your Plan: Preventing the Common Causes of Symptoms Coming Back

There are three common causes of symptoms coming back.

- Stopping medication or not taking it consistently
- Difficulty managing high levels of stress
- Using substances like alcohol and drugs

You can often stay well by developing strategies to prevent these three common causes of symptoms coming back. We will talk about each of the common causes below and how to prevent them.

Stopping Medication or Not Taking it Consistently

Earlier in IRT, we talked about the role of medication in staying well. When people take their medications consistently, it helps symptoms go away and stay away. We believe very strongly that medication is one of the most powerful tools for preventing symptoms from coming back, for staying out of the hospital, and for staying on track with goals.

It is especially important to remember that people should not stop taking their medications once they start feeling better. If they do, there is a very high risk that the symptoms will come back.

Here are some suggestions for taking medication consistently.

- Take medications at the same time every day and make it part of your daily routine.
- Use cues and reminders (like cell phone alarms, pill organizers, and calendars).
- Ask someone in your life to remind you in a friendly way.
- Keep your medications next to an item that you use daily (like your tooth brush or cell phone charger).
- Talk to your doctor or nurse about the possibility of switching to a long-acting injectable medication, which can be given just once a month or even less often (such as every three months).

Question:

- What are one or two strategies you could include on your plan to help you with taking medications?

Check it Out

- ✓ Take a moment to turn to the blank plan at the end of this handout. Complete the first line in Part 1 of your plan by listing strategies you plan to use to stay on track with taking medication consistently.

Difficulty Managing High Levels of Stress

The second common cause of symptoms coming back is having trouble coping with high levels of stress. Earlier in IRT, we talked about ideas for avoiding stressful situations, and also reviewed strategies for coping with stress that cannot be avoided. Most

people find it helpful to be familiar with a variety of ways to cope with stress, such as the following:

- Exercising
- Practicing mindfulness
- Listening to music
- Talking to a supportive person, like a friend or family member
- Using relaxation techniques such as relaxed breathing, muscle relaxation, and imagining a peaceful scene
- Using positive self-talk, such as talking to yourself in an encouraging, reassuring way

Question:

- What are a few strategies you could include on your plan to help you cope with stress?

Check it Out

- ✓ Take a moment to turn to the blank plan at the end of this handout. Complete the second line in Part 1 of your plan by listing strategies you plan to use to cope with stress.

Using Substances like Alcohol or Drugs

The third common cause of symptoms coming back is using alcohol or drugs. Even using small amounts of alcohol or drugs can cause symptoms to return for some people. Earlier in IRT, we reviewed the effects of substance use on symptoms and other distressing problems. We recommended that people stop drinking and using drugs, or at least cut down on their use of substances.

If you have made the choice to quit or cut down on alcohol or drug use, it can be helpful to know some strategies for succeeding at this. Here are some strategies that other people have found helpful:

- Spending time with people who don't use alcohol or drugs, like sober friends and family members
- Getting involved in fun activities that do not involve drugs and alcohol
- Avoiding situations where you are highly tempted to drink or use drugs
- Removing alcohol, drugs and over-the-counter medications from your home or your room

- Getting additional support from a counselor, a family member, a friend, or a group like Alcoholics Anonymous (AA)

Question:

- What are a few strategies you could include on your plan to help you avoid problems with alcohol or drugs?

Check it Out

- ✓ Take a moment to turn to the blank plan at the end of this handout. Complete the third line in Part 1 of your plan by listing strategies you plan to use to avoid problems with alcohol or drugs.

Part 2 of Your Plan: Being Aware of Early Warning Signs

Even when people do their best to avoid it, symptoms or distressing experiences may start to come back. Sometimes symptoms may return quickly, but more often they develop gradually over several days or weeks.

When symptoms or distressing experiences are starting to come back, people often notice small changes in their behavior, feelings, and thinking. These are often called “early warning signs.” If you know your own early warning signs, you can get help quickly and prevent symptoms from fully returning.

Sometimes people may not be able to remember early warning signs when symptoms or distressing experiences start returning. Not recognizing or remembering early warning signs is common especially when you may have had little or no experience with symptoms returning.

Learning about early warning signs can help you prevent symptoms from fully returning.

Common Early Warning Signs

The following table contains some examples of common early warning signs. You can review this table with your IRT clinician and discuss whether you experienced one or more of these signs before you had symptoms in the past. Put a check mark next to the ones you experienced.

Examples of common early warning signs

Changes in Behavior

- Withdrawing from others
- Acting impulsively (e.g., spending lots of money)
- Eating less or eating more
- Sleeping too much or too little
- Stopping medication or stopping going to appointments
- Neglecting your appearance

Changes in Thinking or Senses

- Problems concentrating
- Hearing voices or sounds that other people don't hear
- Feeling Paranoid
- Problems following a conversation or focusing on a topic

Changes in Feelings or Mood

- Feeling irritable or extra-sensitive
- Feeling tense or nervous
- Feeling sad or depressed
- Feeling unsafe or worrying that people are against you
- Feeling angry a lot of the time

Questions:

- Have you ever noticed any early warning signs?
- Which early warning signs did you mark in the table?
- Did your friends or family members tell you about any early warning signs that you were not aware of? If so, what were they?

Unique early warning signs

Some people have early warning signs that are unique to them. For example, one person's early warning sign was wearing all black clothing when they usually wore bright colors. Another person's unique early warning sign was not returning texts from friends or family members.

Questions:

- Thinking back to when you began to experience symptoms or distressing experiences, did you have any unique warning signs? If so, what were they?
- Did your friends or family members tell you about any unique early warning signs that you were not aware of? If so, what were they?

Check it Out

- ✓ Take a moment to turn to the blank plan at the end of this handout. Complete Part 2 of your plan by writing down your most important early warning signs.

Part 3 of Your Plan: Action Steps for Responding to Early Warning Signs

When you spot an early warning sign and take quick action, you have a very good chance of preventing symptoms returning. Even if symptoms return, early action usually results in the symptoms being less severe and lasting a shorter time. Early action also usually prevents the need to spend time in a hospital.

Many people have been able to prevent symptoms from returning by noticing early warning signs and taking the action steps listed below. Take a few minutes now to review the steps with your IRT clinician.

Action Step	Details
1. Contact the Doctor, the nurse, or other member of your treatment team	• Doctor or nurse's phone number • What you would like to say to them if you notice an early warning sign

2. Get more social support	- List who you would like to talk to and how to contact them - Identify some things you would like them to do to provide support, such as talking, taking a walk, contacting the treatment team together
3. If you are using drugs or alcohol, stop or reduce your use	Identify what you could do to stop or reduce your substance use, such as getting support from family or friends, going to a self-help group, talking to a counselor
4. Use coping strategies	List a few coping strategies that work for you, such as using relaxation techniques, talking about your feelings to a family member or other supportive person, or engaging in recreational activities

Check it Out

- ✓ Take a few minutes to turn to the blank plan at the end of this handout. Complete Part 3 of your plan by writing down a few details about the action steps you can take if you spot early warning signs.

Putting Your Plan into Practice

Congratulations! You have completed your plan for staying well and resilient. Now it is time to think about putting your plan into action. Your plan won't do you any good if you put it away and forget about it.

Here are a few tips for putting your plan into practice:

1. Make a copy of your plan. Keep it where you can easily find it, like in your wallet or in your desk drawer. Some people like to scan a copy and keep it on their phone.
2. Share your plan with other people. It's often helpful to have the support of family members, friends, and treatment team members. They can help you spot early warning signs and take action steps.
3. Practice parts of your plan in advance. For example, you can do role plays with your IRT practitioner to practice using a relaxation exercise to cope with stress, or to practice sharing your plan with a friend or family member, or to practice how you would talk to your treatment team if you noticed an early warning sign. You

can also start using some of your coping strategies now, like riding your bike to reduce stress.

4. Modify your plan when needed. Your plan is not written in stone. It should be considered a “living document” that is revised and changed over time as needed.

Check it Out

- ✓ Take a minute to review your completed plan with your IRT clinician. Then think about someone you could share this plan with. Then you and your IRT clinician can set up a role play to practice how you want to share your plan with that person.
- ✓ It's helpful to use the following steps:
 1. Give the person a copy of your plan.
Think about how you would ask the person to be part of your Wellness Plan such as, *“I would like to share my Wellness Plan with you.”*
 2. Walk through the plan, explaining each part along the way.
 3. Let the person know if there is something specific you would like them to do.
 4. If the person agrees to support you in carrying out your plan, thank him or her.

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation.

1. Review the 3 common causes of symptoms returning with a family member or supporter. Share strategies you identified to prevent the 3 common causes of symptoms returning. Ask the person if he or she has any suggestions.
2. Practice a strategy in your Wellness Plan. You can practice a strategy at home or with a family member or other supportive person. For example, you can practice carrying out a step of your wellness plan to prevent a common cause of symptoms returning or you could practice an action step for responding to early warning signs by asking a family member to take a walk or do a relaxation technique with you when you are feeling stressed out.

My Plan for _____

Part 1. Preventing the Common Causes of Symptoms Coming Back	
Common Cause	What I can do to prevent this common cause
Not taking medication regularly	
Difficulty coping with high levels of stress:	
Using alcohol or drugs	
Part 2. Being Aware of Early Warning Signs	
My most important Early Warning Signs are:	
Part 3. Action Steps for Responding to Early Warning Signs	
Action Step	Details for taking the Action Step
1. Contact the doctor or other treatment team member	
2. Get more social support	
3. Stop or reduce the use of alcohol or drugs	
4. Use coping strategies	

Clinical Guidelines for Processing the Psychotic Episode Module

OVERVIEW OF MODULE:

For most individuals who have experienced an initial psychotic episode, the period following the reduction of the most severe symptoms can be a very upsetting and even confusing time. This is especially common when the person has spent time in the hospital or emergency room for the treatment of their symptoms. Because of the traumatic nature of psychotic symptoms themselves, as well as some aspects of its treatment (e.g., involuntary hospitalization, forced medication), some individuals try to avoid thinking about or talking about the details of what happened. They may even avoid things that remind them of their psychotic episode, and develop posttraumatic stress symptoms related to their memories of the experience. Frequently, family members are also traumatized by the experience and try to “get back to normal” as quickly as possible. As a result, individuals may not have the opportunity to process what occurred to them, and how it is currently affecting their lives. Similarly, people may develop distressing beliefs about themselves and their future following an episode of psychosis. These beliefs are often self-defeating and stigmatizing, and it is important to address and challenge them with individuals in order to help them move forward in their recovery and personal goals.

This module focuses on helping individuals recount and “process” the details of their episode, sorting out aspects of their experience that may have been confusing or particularly upsetting, and challenging inaccurate and self-defeating beliefs about the experience. The module is divided into two topics: Telling Your Story, and Challenging Self-Defeating Thoughts and Beliefs. In the Telling Your Story topic, the clinician begins by exploring upsetting aspects of the individual’s psychotic episode, and using two standardized scales to understand how it has affected them (the Post-Psychotic Episode Checklist and the Self-Stigmatizing Beliefs Checklist). Next, a rationale is provided for how “telling one’s story” about any very upsetting experience, including a psychotic episode, can help people overcome distress related to their experience. You and the individual then review the “story” of a young man who had a psychotic episode. Next, you and the individual work together to develop a cohesive narrative of the individual’s own personal experience.

The second topic (Challenging Self-Defeating Thoughts and Beliefs) begins with the administration of the Self-Stigmatizing Beliefs Checklist again to identify which beliefs have changed and which have stayed the same. Next, the rationale for cognitive restructuring is established, and a method is taught to help individuals challenge lingering upsetting beliefs related to their episode of psychosis. Then, after the individual has had the opportunity to practice the cognitive restructuring skill to address self-defeating thoughts and beliefs, the Post-Psychotic Episode Checklist and the Self-Stigmatizing Beliefs Checklist are given again to gauge the individual’s improvement in distressing memories and negative beliefs about their experience.

The amount of time required to complete this module is 3-5 sessions, and largely depends on: 1) the individual’s willingness to discuss details of their episode and tell their story of the experience, 2) the number of self-stigmatizing beliefs that the individual initially endorses and how many linger after the initial processing portion of the module, and 3) how quickly the individual picks up the brief cognitive restructuring skill. Additional work on distressing self-stigmatizing beliefs can be done in the individualized module, “Dealing with Negative Feelings” where a more detailed approach to Cognitive

Restructuring is taught and practiced. Individuals with continued distress in this area following completion of this “Processing the Illness” module should be encouraged to participate in “Dealing with Negative Feelings.”

Goals

1. Help the individual process the psychotic episode, and “tell the story” of the experience and how it has affected their life.
2. Help the individual identify positive coping strategies used and resiliency demonstrated during this period.
3. Help individual identify and modify self-stigmatizing beliefs about experience of psychosis.

Handouts

1. Telling Your Story
2. Challenging Self-Defeating Thoughts and Beliefs

SUGGESTED AGENDA FOR MODULE:

Slow-Paced	Medium-Paced
<u>Session 1</u> -Introduction to Module; Rationale for processing episode; Understanding the Effects of Your Psychotic Episode; Common Effects of Psychotic Symptoms and Upsetting Treatment Experiences; First Person Account of Psychosis Episode – Part 1	<u>Session 1</u> - Introduction to Module; Rationale for processing episode; Understanding the Effects of Your Psychotic Episode; Common Effects of Psychotic Symptoms and Upsetting Treatment Experiences; First Person Account of Psychosis Episode – Parts 1 & 2; Telling Your Story
<u>Session 2</u> - First Person Account of Psychosis Episode – Part 2; Telling Own Story	<u>Session 2</u> - Review, re-telling and revising of personal narrative; Assessment of Self-Stigmatizing Beliefs; Cognitive Restructuring Intervention
<u>Session 3</u> - Reviewing, re-telling, and revising of personal narrative; Assessment of Self-Stigmatizing Beliefs; Cognitive Restructuring Intervention teaching and practice	<u>Session 3</u> - Cognitive Restructuring practice; Gauging Your Improvement
<u>Session 4</u> - Cognitive restructuring practice to address self-stigmatizing beliefs	
<u>Session 5</u> - Cognitive restructuring practice; Gauging Your Improvement	

GENERAL TEACHING STRATEGIES:

- It is important to balance taking a gentle approach toward eliciting the individual's "story" of the psychotic episode as well as encouraging systematic exploration of the individual's experience with psychosis, as some individuals may be very reluctant to re-examine this potentially frightening, traumatic experience.
- For individuals who are apprehensive about working within this module, you should elicit their specific concerns and address them in session. During the introduction to the module, you should normalize the fact that many of the reactions people experience after a psychotic episode are similar to other reactions people have after upsetting, traumatic events, such as intrusive memories, avoiding things that remind them of the event(s), and self-defeating thoughts and beliefs. For example, people who have been in a traffic accident are often troubled by intrusive memories of the details of the accident, and avoid driving in a car and/or driving in the neighborhood where the accident occurred. They may even think of themselves differently after the accident, such as believing that something about them caused the accident or believing that their friends no longer want to spend time with them because of the accident or that they are not "fit" to ever drive a car again. You should provide validation of and empathy about the individuals' concerns, but also send a clear message about the specific benefits of processing the episode of psychosis, including learning how to "tell your story," and challenging stigmatizing, self-defeating beliefs. Individuals can be informed that these same treatment strategies also work for people who have experienced other upsetting events.
- In eliciting the details of the experience, helping individuals tap into personal characteristics of resiliency and specific examples of resilient behaviors during and after the episode is crucial. Not only can this increase the individual's motivation to work on this module, but it may increase the individual's confidence and self-efficacy, and reduce self-stigmatizing beliefs.
- With your guidance, individuals should develop a written narrative or "story" of their psychotic episode. This may involve the individual developing a few versions, with each one more detailed and comprehensive than the previous one. Ideally, the narrative will be written. However, the development of an oral narrative instead is also fine, should the individual prefer.
- After the individual writes (or tells) their story, it should be reviewed, discussed, and "re-processed" in order to improve the details and chronology, address self-stigmatizing beliefs, and reduce the individual's anxiety with each "exposure."
- For self-stigmatizing beliefs that persist following the processing of the episode, you should introduce, teach, and practice in session with the individual the cognitive restructuring skill to help them evaluate and challenge these types of beliefs and reduce distress.
- At the end of the module, some individuals may continue to endorse several self-stigmatizing beliefs. Clinicians should normalize the individuals' distress, and encourage them to keep practicing their cognitive restructuring. Individuals who continue to experience significant distress may benefit from additional work on cognitive restructuring in the Dealing with Negative Feelings Individualized module.

GENERAL INSTRUCTIONS FOR THE MODULE:

- The two handouts for the topic areas in this module should be used actively to initiate discussion and help individuals develop their personal narratives and challenge self-stigmatizing beliefs with the Cognitive Restructuring Worksheet. These handouts should be the focus of in-session work and can also be used for home practice (specifically the Cognitive Restructuring Worksheet).
- Each of the topic handouts includes checklists for identifying posttraumatic reactions to an episode of psychosis (the Post-Psychotic Episode Checklist) and self-defeating beliefs about an episode of psychosis (the Self-Stigmatizing Beliefs Checklist). These checklists are used to evaluate change over the course of the module. The Post-Psychotic Episode Checklist is given at the beginning of topic #1 (Telling Your Story) and at the end of Topic #2 (Challenging Self-Defeating Thoughts and Beliefs). The Self-Stigmatizing Beliefs Checklist is given out three times: at the beginning of Topic #1 (Telling Your Story), at the beginning of Topic #2 (Challenging Self-Defeating Thoughts and Beliefs), and at the end of Topic #2.
- The “First-Person Account” narrative in Topic #1 should be read together in-session as a way to normalize the individual’s psychotic episode and initiate discussion around similarities and differences between Michael’s experience and the individual’s experience. This discussion will guide and structure the individual’s development of their own personal story. Michael’s Story, Parts I and II can also be reviewed for home practice following in-session discussion.
- The Experience of Psychosis Probe Questions in Topic #1 serve as a guide to help individuals develop their story about their experience with the psychotic episode – this will help both clinician and individual “fill in the gaps” about certain domains or details that the individual may initially leave out. It is suggested that you each have a copy during the discussion, and you or the individual can write down notes as the individual describes their experience. These notes can then be reviewed with the individual orally, or can be transcribed into text by you and the individual together, in order to create the narrative.
- In Topic #2, introduce cognitive restructuring with the section on The Relationship between Thoughts and Feelings, provide examples, and elicit examples from the individual. Then lead the individual in using the Cognitive Restructuring Worksheet, first with a few general examples, then by directly helping individuals address self-stigmatizing beliefs that are endorsed on the Checklist as well as those that are mentioned within the individuals’ narrative. The Cognitive Restructuring Worksheet should be assigned for home practice.

Topic #1. Clinical Guidelines for “Telling Your Story” Topic

OVERVIEW OF TOPIC:

This topic begins with an overview in which individuals learn that experiencing negative feelings and beliefs about oneself are common experiences for people after a psychotic episode. This is followed by exploring negative reactions to psychotic symptoms the person experienced, and then negative treatment experiences, with the individual indicating which event or combination of events is most distressing to look back at now. Checklists are then given to the individual to evaluate posttraumatic symptoms and stigmatizing beliefs. After a discussion of the individual's responses, the individual is engaged in learning about another person's experience with psychosis as an example to help in the process of creating their own story. The individual then works with you to piece together and formulate their own personal narrative about their experience with psychosis and its effects on daily life, relationships, and goals. As a result of the discussion of these topics, individuals can better understand the sequence of events, including what happened during and after the episode, how they felt about it and begin to process their experience in a more healthy way.

Goals

1. Establish a rationale for how “telling one's story” about the psychotic episode can help the individual process the experience and move forward in their life.
2. Assess upsetting experiences related to the psychotic episode, including symptom-related and treatment-related events.
3. Review with individual the sample first-person account of psychosis and discuss similarities and differences between “Michael's” experience and the individual's experience.
4. Help the individual tell their “story” about the experience of psychosis, and normalize this experience.
5. Aid individual in understanding their strengths, resiliency, and use of healthy coping strategies during the episode and currently.
6. Help individual develop a more cohesive written story about their experience by repeatedly refining or modifying the account, filling in the gaps regarding important details, the impact of the episode on current functioning and ongoing challenges.

Handout

Telling Your Story

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
<u>Session 1</u> -Introduction to Module; Rationale for processing episode; Understanding the Effects of Your Psychotic Episode; Common Effects of Psychotic Symptoms and Upsetting Treatment Experiences; First Person Account of Psychosis Episode – Part 1	<u>Session 1</u> - Introduction to Module; Rationale for processing episode; Understanding the Effects of Your Psychotic Episode; Common Effects of Psychotic Symptoms and Upsetting Treatment Experiences; First Person Account of Psychosis Episode – Parts 1 & 2; Telling Your Story
<u>Session 2</u> - First Person Account of Psychosis Episode – Part 2; Telling Own Story	<u>Session 2</u> - Review, re-telling and revising of personal narrative
<u>Session 3</u> - Reviewing, re-telling, and revising of personal narrative	

TEACHING STRATEGIES:

- Individuals may endorse a number of different upsetting psychotic symptoms and treatment experiences in the checklists towards the beginning of the handout (“Upsetting Psychotic Symptoms You May Have Had” and “Upsetting Treatment Experiences You May Have Had”). Then you should ask the individual more about their experiences in order to get a basic understanding of what happened, demonstrating empathy if the individual appears upset and normalizing the response as common for people recovering from an episode of psychosis. When asking the individual which event or combination of events is most distressing to look back on, it is fine to combine several different aspects of the psychotic episode (e.g., fearful voices, involuntarily being hospitalized, being secluded in the hospital) into a single experience for the purposes of evaluating posttraumatic symptoms with the Post-Psychotic Episode Symptom Checklist.
- The items on the Post-Psychotic Symptom Episode Checklist can be added up for a total score of posttraumatic symptoms, with total scores over 33 indicating moderately severe symptoms. This can be discussed briefly with the individual, with the explanation that most people feel less distressed after completing the module, and that the Checklist will be given again at the end of the module to evaluate changes they have experienced in those symptoms.
- After the Self-Stigmatizing Beliefs Checklist is completed, you should briefly review this with the individual, and initiate a brief discussion of self-stigmatizing beliefs: 1) normalize the emergence of these types of beliefs following an episode of psychosis, 2) highlight the connection between the distressing beliefs and how these types of beliefs (thoughts) often result in upsetting feelings, and 3) describe how these beliefs are often inaccurate or exaggerated.
- When reviewing the First-Person Accounts of a psychotic episode (“Michael’s” story), it is important to guide a discussion around the individual’s thoughts and feelings about “Michael’s” experience. Depending on the pace of the sessions, you and individual may initially review one or both parts of this handout together in session or the individual may review the handout for

home practice. Regardless of the process, it will be most useful to work with the individual on eliciting common features and differences between their experience and “Michael’s.”

- Be prepared to initially experience the individual’s “story” about their episode as somewhat disjointed and/or difficult to understand. Because of the traumatic nature of an initial episode of psychosis (and also because sometimes drugs/alcohol are involved), individuals often have difficulty describing their experience succinctly and cohesively. Be patient and empathic, but also gently (but directly) probe for specific details that will help the individual successfully process the experience and reduce distress.
- In helping the individual to “fill in the gaps” and make greater sense of their experience, notes can be made and then you can help the individual get the story into a more cohesive written format (if the individual is willing). This should take place in the session.
- When helping the individual tell their story, it is important to integrate into the story those aspects of the psychotic experience that the individual found most distressing, as previously indicated in the “Upsetting Psychotic Symptoms You May Have Experienced” and the “Upsetting Treatment Experiences You May Have Had” checklists. As the different elements of the story fall into place, the entire narrative becomes more cohesive, and the individual becomes more familiar with the passage of events, the anxiety and negative emotions associated with the experience often gradually decrease to the point where they no longer evoke strong upset feelings.
- Recognize this as a difficult process for the individual, but encourage the individual to stick to it. Praise the individual for sharing information with you and for their strength to engage in this exercise in order to move forward.

TIPS FOR COMMON PROBLEMS:

- Be prepared for some individuals to be reluctant to discuss details about their episode of psychosis due to anxiety or doubts about the utility of “dredging up the past.” In these cases you should:
 - Learn what the individual’s specific concerns are and address them; normalize the reluctance and agree to take a slower, gradual pace if needed (see guidelines above for “slow-paced” session structure).
 - Provide a clear rationale for the importance of doing some processing (using language understandable to individual), including:
 1. It allows an opportunity for the individual to understand better what happened to them.
 2. Processing and discussing the psychotic episode may enable the individual to be better able to prevent subsequent relapses.
 3. It gives you important symptom information to help guide the individual’s treatment.
 4. It helps the individual fill in gaps in their memory of what happened, and clarifies the confusing order of events, so that a coherent chronology of the events can be constructed.
 5. It helps in the formulation of treatment goals.

- Explain clearly to the individual that the more familiar they become with the memory of the details of the psychotic episode, including talking about it, writing about it, and remembering the experience, the less anxious and distressed they will feel. The technical term for this is “exposure,” and it refers to the process by which people gradually learn that anxiety-provoking but safe situations, such as the memory of something upsetting happening, are in fact harmless and can’t hurt them. The more people expose themselves to any upsetting memories of what happened, the less anxious they will feel, and the more at home they will feel with their own story of what happened.
- If people feel very anxious when telling their story, you could prompt them to use a stress reduction exercise to reduce the anxiety.

Check in frequently with individual throughout this process to monitor anxiety and/or upset feelings, as well as to provide empathy and positive reinforcement.

EVALUATING GAINS:

- Following completion of these topics, you should discuss with individuals how processing their experience has impacted them. The following probe questions may be helpful:
 1. What was it like to talk about the details of your episode of psychosis?
 2. What was helpful about this? What was difficult?
 3. What kinds of things are you now able to see differently related to your experience?
 4. What are some of the benefits of having gone through this process?
 5. Have any of your beliefs about the episode or about yourself changed as a result of what we discussed in the sessions on the topic of “Telling Your Story”?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR FIRST PERSON ACCOUNT OF PSYCHOSIS AND EXPERIENCE OF PSYCHOSIS TOPICS:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Establish a rationale for benefits of “telling one’s story” about the psychotic episode.	• Explain that the person can make peace with the memories, and even grow from the experience. • Elicit and address any concerns the individual may have, and normalize anxiety as appropriate.
Assess upsetting experiences related to the psychotic episode, including symptom-related and treatment-related events.	• Guide individual to complete the Upsetting Psychotic Symptoms You May Have Experienced Checklist and the Upsetting Treatment Experiences You May Have Had Checklist and briefly discuss, determining which event is most upsetting, then have individual complete Post-Psychotic Episode Symptom Checklist • Guide the individual to complete the Self-Stigmatizing Beliefs Checklist, and briefly discuss responses.
Review with individual the example of “Michael’s” first-person account of psychosis and discuss similarities and differences with individual’s experience	• Provide rationale of why learning about another’s experience is helpful for individual’s own understanding and processing of their experience. • Initiate discussion with individual about their reactions to “Michael’s story.”
Help the individual tell their “story” about the experience of psychosis, and normalize this experience.	• Normalize any anxiety individual reports when telling their story and assure them it will decrease with time and practice. • Correct any misinformation that appears (i.e., “<i>I got psychosis because I smoked pot once</i>”).
Help individual develop a more cohesive written story about their experience by repeatedly refining or modifying the account, filling in the gaps regarding important details, the impact of the episode on current functioning, and current challenges.	• Ask questions and probe gently to fill in the gaps and gather important details <i>“Help me understand more about what happened right before you went to the ER...”</i> • Help individual to revise, re-tell, and then review the narrative, preferably creating a written document (e.g., on computer) for individual to keep. • Include individual’s strengths and the healthy coping strategies used to “get through” the episode: <i>“You have some amazing inner resources to have gotten through such a difficult time; what might some of those be?”</i>

Topic #2. Clinical Guidelines for “Challenging Self-Defeating Thoughts and Beliefs” Topic

OVERVIEW OF TOPIC:

This topic area focuses on teaching an approach to cognitive restructuring aimed at altering stigmatizing beliefs individuals may have about their psychotic episode and what it means about their future. After a brief introduction about the purpose and contents of the topic area, the Self-Stigmatizing Beliefs Checklist is administered again, in order to evaluate whether the individual has changed any self-stigmatizing beliefs about their episode since completing the “Telling Your Story” topic area. After briefly discussing which of the individual’s beliefs have changed and which have not, you provide a brief introduction to cognitive restructuring by establishing the relationship between thoughts and feelings, and noting that not all thoughts or beliefs are accurate. The skill of cognitive restructuring is then taught using a 6-step process, including a discussion of what is strong vs. weak evidence when evaluating the accuracy of a thought or belief. Next, cognitive restructuring is practiced using the worksheet, with you first taking the lead to demonstrate the steps and the individual then taking the lead (with your help) to address self-stigmatizing beliefs that they have endorsed. Cognitive restructuring is used to modify self-stigmatizing beliefs, with a combination of in-session practice and practice on home assignments. At the end of the topic area, the Self-Stigmatizing Beliefs Checklist and the Post-Psychotic Symptom Checklist are administered again, with scores compared with the first time they were given at the beginning of the Telling Your Story topic area. Improvements are noted, and areas needing further work are identified.

Goals

1. Evaluate whether the individual has changed any self-stigmatizing beliefs they have about the psychotic episode since completing the Telling Your Story topic area.
2. Teach individual about the relationship between thoughts and feelings, and the fact that not all thoughts or beliefs are factually accurate.
3. Teach the cognitive restructuring (CR) skill to address self-stigmatizing beliefs.
4. Re-assess self-stigmatizing beliefs and post-psychotic symptoms to evaluate change from the beginning of the module to the end.

Handout

Challenging Self-Defeating Thinking

SUGGESTED AGENDA FOR MODULE:

Slow-Paced	Medium-Paced
<u>Session 1</u> -Assessment of Self-Stigmatizing Beliefs; Cognitive Restructuring Intervention teaching and practice	<u>Session 1</u> -Assessment of Self-Stigmatizing Beliefs; Cognitive Restructuring Intervention
<u>Session 2</u> - Cognitive restructuring practice to address self-stigmatizing beliefs	<u>Session 2</u> - Cognitive Restructuring practice; Gauging Your Improvement
<u>Session 3</u> - Cognitive restructuring practice; Gauging Your Improvement	

TEACHING STRATEGIES:

- At the outset of this overall module, the individual completed the Self-Stigmatizing Beliefs Checklist. It should be administered again at the beginning of this topic. It is hoped that some beliefs may have diminished as a result of the individual telling their story, although it is possible that some will persist and continue to cause distress. Briefly talk over with the individual which beliefs changed and which did not, and explore possible reasons for change.
- Explain the relationship between thoughts and feelings to the individual, and how inaccurate thoughts or beliefs can lead to strong negative feelings. Use generic examples from the handout to first make these points, and then elicit from the individual more personal examples. Then, explain that examining thoughts or beliefs resulting in negative feelings, and evaluating the evidence for and against them, can change them and make them more accurate. Having more accurate thoughts and beliefs decreases negative feelings. Explain to the individual that the process of examining thoughts or beliefs, evaluating evidence, and developing more accurate thoughts or beliefs is called cognitive restructuring. This includes examining distressing thoughts and beliefs related to the experience of a psychotic episode, and changing them accordingly.
- Teach the 6-step version of cognitive restructuring using the handout and example in the handout as a guide. In session, go over several examples of cognitive restructuring with the individual to address negative feelings that they have recently experienced, guiding the individual through the worksheet and writing responses in the appropriate columns.
- Once the individual understands the basics of cognitive restructuring, identify beliefs from the Self-Stigmatizing Beliefs Checklist administered at the beginning of this topic area, and use the Cognitive Restructuring Worksheet to address them, one at a time.
- Copies of the Cognitive Restructuring Worksheet should be given to the individual for home practice so that they can continue to address self-stigmatizing beliefs as they occur during the week.
- At the end of the topic area, re-administer the Self-Stigmatizing Beliefs Checklist and Post-Psychotic Symptoms Checklist to evaluate reductions in self-defeating, stigmatizing beliefs, and reductions of posttraumatic stress responses following an episode of psychosis. Before the individual completes the Post-Psychotic Symptoms Checklist, you should fill in the blank line at

the top of the questionnaire with the most upsetting event or events related to the episode that the individual identified at the beginning of the module (at the beginning of Telling Your Story). Re-administering the checklists allows you and the individual to compare their responses at the beginning and end of the module. The Post-Psychotic Symptoms Checklist can be summed, with the total compared to the first time the individual completed it. Improvements in both measures should be discussed. Individuals should be encouraged to continue using the cognitive restructuring skill, and to tell their story to people they feel close to, in order to further reduce any stigmatizing beliefs or post-psychotic symptoms related to the episode.

TIPS FOR COMMON PROBLEMS:

- The individual may have difficulty distinguishing thoughts or beliefs from feelings. This is common, in part because people often use thoughts to describe feelings (e.g., “I feel worthless,” “I feel like I have no future”). One helpful strategy is to generate a list of “feeling” words with the individual (e.g., sad, depressed, anxious, worried, guilty, ashamed, angry, etc.), and to then use this list to help the individual identify what feeling is associated with a particular thought or belief.
- Individuals may initially have difficulty coming up with appropriate “evidence” for and against their self-stigmatizing beliefs. Highlight that the evidence should be “just the facts” and not be based largely on “feelings.” Frame evidence as “*cold hard facts that would stand up in a court of law*” or say that “*strong evidence is based on objective facts that would be accepted by a scientist doing research on a question.*” This can help individuals understand how to develop good evidence for and against their beliefs.
- Be prepared for individuals to feel a bit frustrated initially when trying to modify their self-stigmatizing beliefs – they have been through a very difficult, potentially traumatic experience, and so it may be challenging for them to be able to “see things differently.” You should normalize this process, explain that modifying these beliefs may take time, and praise all efforts that the individual makes to practice this skill.

EVALUATING GAINS:

- The Self Stigmatizing Beliefs Checklist is an efficient and effective way to evaluate gains made throughout this overall module and specifically gains made as a result of learning and practicing the brief version of cognitive restructuring. This checklist should be administered at the end of this module to assess any improvements in this area and to evaluate continued distress. If the individual continues to endorse stigmatizing beliefs that are very distressing, you should encourage the individual to participate in the Dealing with Negative Feelings Individualized Module, where a more detailed version of Cognitive Restructuring is taught and practiced.
- Changes in the Post-Psychotic Symptom Checklist completed at the beginning of topic #1 (Telling Your Story) and the end of topic #2 (the Challenging Self-Defeating Thoughts and Beliefs) can be used to assess improvements in posttraumatic symptoms related to the episode of psychosis. Scores below a total of 45 indicate that the individual probably does not have clinically significant posttraumatic stress symptoms related to the episode. If the individual continues to have distressing posttraumatic symptoms, they should be encouraged to continue to practice the cognitive restructuring skill, and to share their story with people they feel close to. Individuals who have significant distress related to their episode may benefit from participating

in the Dealing with Negative Feelings Individualized Module, where a more refined version of cognitive restructuring is taught and practiced.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “CHALLENGING SELF-DEFEATING THOUGHTS AND BELIEFS”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Evaluate whether the individual has changed any self-stigmatizing beliefs they have about the psychotic episode since completing the Telling Your Story topic area.	• Administer the Self-Stigmatizing Beliefs Checklist at the beginning of the topic area and review which beliefs have changed and which have not. • Explore the individual's perceptions as to why certain beliefs changed. • Explain that persistent beliefs will be addressed in this topic area
Teach individual about the relationship between thoughts and feelings, and the fact that not all thoughts or beliefs are factually accurate.	• Use generic examples to help individual understand how thinking or beliefs influence feelings. • Link these facts to exploring why the individual changed any self-stigmatizing beliefs from the first to the second assessment, and how the new thought made them feel. - <i>“The first time you completed this checklist you endorsed the thought, ‘I am to blame for what happened,’ but then the second time you did not. Why did you recognize that thought as inaccurate? How did you feel when you corrected your thought?”</i>
Teach the cognitive restructuring (CR) skill to address self-stigmatizing beliefs.	• Begin with generic examples to help individual understand the steps of CR (with worksheets) • Practice skill with self-stigmatizing examples from the Self-Stigmatizing Beliefs Checklist: - <i>“Let’s take a closer look at your belief, ‘I have no control over my actions now’ and figure out if it’s totally accurate, looking at the evidence about what’s currently going on in your life.”</i>
Re-assess self-stigmatizing beliefs and post-psychotic symptoms to evaluate change from the beginning of the module to the end.	• Re-administer the Self-Stigmatizing Beliefs Checklist and the Post-Psychotic Episode Symptom Checklist, and discuss gains made. • Normalize potential slowness of process in being able to change thinking, encouraging individual to continue practice of CR. • Explore advancement to Dealing with Negative Feelings Individualized Module if needed.

Introduction to Processing the Psychotic Episode

Introduction and Module Overview

Going through an episode of psychosis can be a very frightening and confusing experience that can affect many different areas of a person's life, including school or work, friendships and family relationships, and self-confidence and self-esteem. It is normal to feel upset and worried after this type of experience. It is also common to have upsetting or scary memories about the experience that pop into your mind, even when you are trying not to think about it, which can get in the way of your day to day living.

The reactions that people have following a psychotic episode, such as intrusive memories and avoiding situations that remind them of what happened, are similar to common reactions people have after other upsetting or dramatic experiences, such as being in an accident or being assaulted. When people have any type of major life event that results in upsetting memories, they can benefit from being able to "talk through" or "process" their experience. People also benefit from learning how to challenge negative thoughts and beliefs they may develop about their experience, and what it means to them.

This module is aimed at helping you process the experience of your psychotic episode, and coming to a better understanding of what happened and how it has affected you. In addition, you will learn a skill called "cognitive restructuring" that will help you challenge and change negative thoughts related to your experience. By processing your experience, and changing inaccurate and self-defeating thinking related to it, you will have the confidence to move forward with your life and to pursue your personal goals.

In this module we will:

- ❖ Evaluate the different types of common negative thoughts and upsetting feelings or memories that you might have related to the episode.
- ❖ Learn about the experience of someone ("Michael") who had an episode of psychosis and how that affected areas of his life.

- ❖ Explore the different aspects of your episode of psychosis, including what led up to it, what happened, and how it affected you both then and now.
- ❖ Work together to help you “tell your story” and to make sense of some possibly confusing parts of your experience.
- ❖ Learn a skill to help you cope better with (and challenge) negative, “self-stigmatizing” beliefs you may have related to the experience of psychosis.

This module focuses on helping you better understand your episode of psychosis by learning how to “tell your story” about what happened to you, as well as how it has affected your life.

We will also work together on practicing a skill to challenge any upsetting thoughts related to psychosis that you may have.

A Message of Hope:

Although having an episode of psychosis can be extremely upsetting, talking it through or “processing” it can give you an opportunity to better understand what happened. “Telling your story” can enable you to overcome anxious feelings you may have when memories of your experience come back to you, and help you integrate the experience into your life. Many people who have had the opportunity to process their experience of psychosis, and challenge their negative beliefs about it, have found it helpful in moving forward with their personal goals and recovery.

Topic #1: Telling Your Own Story

People often describe having a psychotic episode as a “traumatic” event. When people experience any kind of traumatic event, such as an accident, disaster, being assaulted, or a psychotic episode, it is common for them to be bombarded by upsetting memories of what happened. Although you may feel helpless about your ability to escape your memories, take heart! There is a way to make peace with the memories of your psychotic episode, and even to grow from your experience. The solution is to learn how to tell your own story about your experience with psychosis, so that you will no longer need to live in fear of your own memories.

This topic will first focus on understanding some of the effects of your psychotic experience on your thoughts, feelings, and behaviors. Then you will read the story of someone else who experienced a psychotic episode and how it affected him and his life. Finally, you will tell your own story about your experience with psychosis, and how it has affected your life.

Learning how to tell the story of your psychotic episode will help you make peace with your memories, grow from the experience, and have confidence in moving forward with your life.

Understanding the Effects of Your Psychotic Episode

Having a psychotic episode can involve a variety of frightening experiences. Some of those experiences may be due to the symptoms of psychosis themselves, such as hearing voices or believing that someone wants to hurt you.

Upsetting Psychotic Symptoms You May Have Experienced

Instructions: Complete the checklist below to indicate which of the following distressing symptoms you experienced during your psychotic episode.

Symptom:	I experienced this symptom	I did <u>not</u> experience this symptom
Believing people were plotting against me		
Afraid of losing my mind or losing touch with reality		
Hearing voices say bad things, yell at me, or tell me what to do		
Doing strange, violent, or embarrassing things		
Believing people or groups want to hurt me		
Putting myself in danger		
Hurting myself		
Frightening hallucinations		
Forces outside of me making me hurt myself		
Other symptom: _____		

Questions:

- For the symptoms that you indicated experiencing above, which ones are the most upsetting to look back on?
- What about those experiences are the most distressing to remember?

In addition to upsetting symptoms, having a psychotic episode can also be associated with frightening experiences related to the treatments you received, such as having to go into the hospital or taking medications that caused unexpected side effects.

Upsetting Treatment Experiences You May Have Had

Instructions: Complete the checklist below to indicate which of the following upsetting treatment experiences you had during your psychotic episode.

Treatment experience:	I experienced this	I did <u>not</u> experience this
Forcibly taken to the hospital or emergency room		
Frightening or hurtful treatment		
Physically restrained or secluded in the hospital		
Serious problem or side effect related to medication		
Feeling embarrassed to be seen in an emergency room or hospital		
Forced to take medication		
Being frightened of other patients I saw in the hospital		
Threatened by a treatment provider		
Other treatment experience: _____		

Questions:

- For the treatment experiences that you indicated experiencing above, which ones are the most upsetting to look back on?
- What about those experiences are the most distressing to remember?

When you consider the frightening symptoms you indicated above, and the distressing treatment experiences you just endorsed, which one or ones are the most upsetting to you when you look back on them?

Having a psychotic episode can involve frightening symptoms and distressing experiences related to your treatment

Common Effects of Psychotic Symptoms and Upsetting Treatment Experiences

The stressful experiences you have described sometimes lead to problems that can interfere with everyday functioning. Use the checklist below to record which problems you may have experienced.

Post-Psychotic Episode Symptom Checklist

Instructions: From the two checklists above about your psychotic episode ("Upsetting Psychotic Experiences You May Have Had" and "Upsetting Treatment Experiences You May Have Had"), which experience (or combination of experiences) are the most upsetting when you look back on them now?

My most upsetting experience(s): _____

Below is a list of problems and complaints that people sometimes have in response to psychotic symptoms or treatment experiences. Please read each one carefully, and then circle one of the numbers to the right to indicate how much you have been bothered by that problem over the past month. Many of these problems and complaints may be decreased or eliminated entirely when you and your clinician work together on telling your story of your psychotic episode.

Problem or Complaint:

In the past month how were you bothered by:	Not at all	A little bit	Moderate	Quite a bit	Extreme
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4

5.	Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6.	Avoiding memories, thoughts or feelings related to the stressful experience?	0	1	2	3	4
7.	Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects or situations)?	0	1	2	3	4
8.	Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9.	Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10.	Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11.	Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12.	Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13.	Feeling distant or cut off from other people?	0	1	2	3	4
14.	Feeling irritable or having angry outbursts?	0	1	2	3	4
15.	Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16.	Being "super-alert" or watchful or on guard?	0	1	2	3	4
17.	Being "super-alert" or watchful or on guard?	0	1	2	3	4
18.	Feeling jumpy or easily startled?	0	1	2	3	4
19.	Having difficulty concentrating?	0	1	2	3	4
20.	Trouble falling or staying asleep?	0	1	2	3	4

Sometimes when people have had a psychotic episode they develop negative beliefs about themselves, who they are, and what they are capable of. These beliefs can be “self-stigmatizing,” meaning that they indicate the person thinks he or she is inferior to others or incapable of doing things because of their episode. The checklist below includes beliefs that people sometimes have after experiencing a psychotic episode.

Self-Stigmatizing Beliefs Checklist

Instructions: Listed below are some common beliefs that people develop after they have experienced an episode of psychosis. Place a check in the box if you have found yourself having that particular thought. You and your clinician can discuss these upsetting thoughts and work on learning to challenge them in order to reduce some negative feelings you may be having over the past several weeks.

- ☐ I will never get better or recover.
- ☐ I am to blame for what happened.
- ☐ I am crazy and always will be.
- ☐ I can't trust myself because of what happened.
- ☐ I cannot be trusted because of what happened.
- ☐ I have no control over my actions now.
- ☐ I'm unpredictable or dangerous.
- ☐ I am unable to get or keep a regular job.
- ☐ I will never be able to have meaningful relationships or a family.
- ☐ I will lose control at any moment.
- ☐ I will be unable to care for myself because of what happened.

*Adapted from: Bruce Link, Ph.D., unpublished assessments

A psychotic episode can lead to upsetting memories of what happened to you, and negative beliefs about yourself and your capabilities.

With the help of your clinician, by “telling your story” about what happened, and challenging your negative beliefs, you can process your experience and develop a positive attitude about your future.

First-Person Account of a Psychotic Episode, Part I of “Michael’s Story”

In order to tell your own story of your experience with psychosis, it can first be helpful to learn how other people with similar experiences have coped, how they have gotten their life back on track, and what they have learned about themselves. This can help you understand your own experience better, and get your own life back on track.

Below is a description of a young guy named Michael who experienced a psychotic episode. Review his story with your clinician and/or on your own at home.

Michael:

“In my life, things always went pretty well for me overall. I did okay in school, had some friends, played in the marching band at school, got along with my parents pretty well. Things weren’t great all the time, but they were pretty normal for the most part. When I went off to college (I went to a state school that was about 4 hours from my hometown), I was able to get through that freshman year, but then when I went back for my sophomore year, things started feeling really stressful. And not just the regular things like exams and papers and trying to meet girls, but everything. I started to get the feeling that my roommate didn’t want me around, then I really felt like he was trying to poison me. He used to make these powdered protein shakes all the time, and was always asking me if I wanted to try one. Of course I never did because I thought he was dangerous. I started to think about that all the time, and started wondering if the whole school was in on it too. As a result, I stopped going to the cafeteria and was even reluctant to order in take-out because I was scared that on the way up to my room, someone would give the poison to the delivery guy and he would slip it into my meal. I lost about 15 lbs in just a couple of months, didn’t sleep at all, and didn’t attend my classes because I was always working on staying safe and protecting myself. I smoked some pot to help calm me down, but I wasn’t sure if that helped or not. I think it may have made things worse.

In November, the voices came on, telling me that I would be killed and so would my family if I didn’t do something to stop the school from persecuting me. I was so terrified and confused and I felt like I had no one to talk to. My roommate stopped hanging out in our dorm and barely looked at me when he came in to get clothes or books. I was really lonely but also too scared to talk to any of my friends from home about what was happening. The voices told me to keep everything to myself anyway. One day, I couldn’t take it anymore and went into the common area of my dorm, holding my Swiss army knife, and screamed at all the students hanging out there, telling them that their lives were in danger and they were contributing to the harm and eventual downfall of my family.

That evening, things got really confusing and scary. The resident director came in to talk to me and brought a security guard with her. They took me downstairs to the main lobby and there was an ambulance there and a couple of police officers. I tried to explain that we were all in danger and that the school administration was evil, but no one would listen. I was taken to an old, kind of run-down hospital and given lots of drugs. I slept a lot. My parents were there. I don't remember much of what happened.

Since then my life has changed a lot. I'm not sure of what to make of what happened, I still don't remember a lot and my family seems to not want to talk about it. I've been living at home for the past year, going to the outpatient mental health center for some groups. I didn't go back to that school, needless to say. I feel really humiliated about what happened there. I feel like no one really knows what to say to me these days. I just feel at a loss, kind of numb, and pretty nervous all the time. It's hard to even get out of bed in the morning. I never thought my life would come to this.

Questions:

- What stands out to you about Michael's experience?
- Did anything similar happen to you?
- Which parts of Michael's experience were different from your experience?

First-Person Account of a Psychotic Episode, Part II of “Michael’s Story”

This is the second part of Michael's story about his experience with psychosis. In this portion, Michael shares how having had psychosis has affected his life and what is important to him. He also discusses the steps he took to get back on track in his life, and what this journey has been like for him. Again, review this part of the story with your clinician and/or on your own at home.

Michael:

If I'm really honest about how psychosis has affected me, I would have to say that it has affected almost every part of my life. I can't help but think where I would be now if I hadn't gotten sick. First of all, I would be finished with my first semester of my junior year. I had always planned to study abroad for part of my junior year--maybe I would be in South America or Guatemala right now. Instead I'm not even finished with my sophomore year, so even if I go back to a different college next semester, I'll be older than everyone else and it's going to be hard to make friends.

When I first got to school, I was starting to make some good new friends on the cross country team, but I was so stressed out that I didn't run track in the Spring and I lost touch with them. I was so relieved to come home for the summer after my freshman year, because I thought I'd be back to normal hanging out with my high school friends, but it seemed like they were not around. So I was left feeling like there was no one to hang out with and I was thinking that I would just stay away from everyone until I restarted college. Recently though my clinician came up with the idea that it might make sense for me to try to reconnect with some of my old high school friends, just to find out what they are up to. I did and it turned out that one of my good friends transferred to a local school after his first year because he wasn't happy there, so he kind of gets where I'm coming from. At least I have him to hang out with now. I haven't told him exactly why I left school--I think he thinks that I have depression or obsessive-compulsive disorder or something. I worry all the time though that he's going to hear gossip about how I went crazy at school--you know what a small world it is. Anyway, I've been thinking through with my clinician whether it makes sense to tell him a little bit about what I have been going through. I worry about him judging me.

It doesn't help that my parents are so uptight about what I did--I think they are really afraid that people in our town are going to think badly of us because of how I acted at school. I've noticed that they've become a little more standoffish from other people since I got sick. They don't know how to explain to their friends why I'm home from college--the other day I heard my mom saying that the college just wasn't a good fit for me and that I was taking off time to volunteer, which is totally untrue. So aside from being embarrassed about me to their friends and acting like nothing is wrong, they have me under a microscope at home. They are constantly nagging me to take my medication and complaining about my smoking.

One of the really stupid things I started doing since I was in the hospital is smoking cigarettes. I used to smoke only occasionally--like when I was hanging out with friends or drinking, but now I'm up to a pack a day, which is really dumb I know, but I've been really nervous and smoking seems to help a little. I really miss running, though, I used to run 5 miles a day, but now I'm getting out of breath when I walk up the stairs of my parents' house.

It has been a rough time, but one of the things I'm starting to think is that the worst is over. I've been going to a group at the mental health center with other people who have been in the hospital like me and seeing how they have moved on with their lives has really given me hope. Some of them are back in school and have jobs. Some of them have their own apartments and girlfriends or boyfriends. I now think that being able to get through psychosis is something that you have to be a strong person to do.

Questions:

- What stands out to you about Michael's experience?
- Did anything similar happen to you?
- Which parts of Michael's experience were different from your experience?

Telling Your Own Story

Now that you have learned about "Michael's story" the next step is to work on telling your own story—that is, your experience with psychosis. When working on your story, you may find that there are parts of it that are confusing or hard to remember. Piecing your story together, and making sense of what happened, can help you better understand your experience, and what you have learned from it. This can help prepare you for moving forward with your life and your personal goals.

Pulling your story together can be challenging but rewarding. Your clinician will work together with you to fill in any missing gaps about what happened during the episode and after. You may also find it helpful to talk to family members or other people who you know and trust about what they remember of your experience. In order to help you write your "story," a set of probe questions is provided below that may help you remember different aspects of the experience that you want to include. Work with your clinician to recount your experience, and he or she will help you use some of the questions below as a guide to help you develop a clear story of what happened that is helpful to you.

Before the Episode:
Were there stressful situations in your life?
Were there any life changes?
Did you experience any upsetting feelings or symptoms?
Did you notice these problems yourself or not?
Did someone point out these problems? Who? How did you react to his or her feedback?
During the Episode:
Did you seek treatment on your own?
What drew people's attention to the fact that you needed assistance?
What do you remember about your experience at the ER or the hospital?
Who was involved in getting you to seek treatment?
How did you react to people who were involved? Family, friends, doctors, etc?
Are there things that you feel badly about having said or done around this time?
Did you have any distressing experiences related to your treatment? (Refer back to "Upsetting Treatment Experiences You May Have Had" Checklist)
General After-Effects of the Episode:
How has your life changed since you experienced psychosis?
Have you changed how you think about yourself since experiencing psychosis?
How have other people responded to you?
What is your biggest fear related to having had psychosis?
Do you experience intrusive memories about the episode? How do you cope with them?
How the Episode Affected your Social Life and Relationships:
How did psychosis affect how much you wanted to be with friends?
How did psychosis affect the types of activities you do with friends?
How did it affect whether you were the one initiating contact with friends or not?
How did it affect the quality or depth of your friendships and family relationships?
How comfortable do you feel sharing your experience with others?
What is it like to attend family celebrations lately?
How about romantic relationships?
How did this experience affect what you enjoy doing?
Do you still have interest in doing the same activities you did before the episode? Why or why not?
How the Episode Affected your School or Work:
What were your future school/work goals before your developed psychosis?
How about now? Have things changed, and if so, how and why?
What were some of the extra-curricular activities you were involved in before? How about now?

How the Episode Affected your Independence or Autonomy:
How did this affect your independence from your family members (e.g., parents)?
How do you feel about your current level of independence?
Are there things you used to do for yourself that you are no longer doing?
How satisfied/unsatisfied are you with your level of independence right now?
Are there things in your life that you don't have control over currently that you wish you did?
How the Episode Affected your Self-Care and Wellness:
What is your current physical health like?
Are there ways that the experience of psychosis or treatment have affected your health?
Are there activities that you used to do that made you feel healthy that you are not doing now?
How are you feeling about your appearance these days?
Are there things you used to do to pay attention to your appearance that you are not doing now (e.g., showering, dressing well, washing and cutting your hair, etc)?
If so, what are some reasons you are paying less attention to your appearance now?

Now that you and your clinician have taken some time to discuss different aspects of your experience with psychosis and its effects on your life, you can work on telling your own story about your personal experience (see “Michael’s story” again for a guide). Use the space below to work on writing out your story, or try writing on a computer. You and your clinician can decide what works the best as far as where to start and what to include.

A suggested format is to include the following information:

1. What happened before the episode.
2. What happened during the episode.
3. What were some immediate after-effects of the episode.
4. What effects you are experiencing currently related to the episode.
5. Integrate into your story information about your experience that identified in earlier sections of this handout, “Upsetting Psychotic Symptoms You May Have Experienced” and “Upsetting Treatment Experiences You May Have Had”).
6. Be sure to include information about healthy coping strategies that you used during this time and strengths that you possess that got you through this experience. Also include progress you have already made on getting your life back on track.

Take your time writing your story. You may find that you need to write it more than once, in order to fill in the gaps and to help you make new sense of what you

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Home Practice Options

1. Reread "Michael's Story" this week at home. Underline parts that resonate with your experience and make notes in the margins of the handout if you'd like. Bring this handout to your session next week and further discuss it with your clinician.
2. Share "Michael's Story" with a trusted family member or friend and discuss their reaction to Michael's experience, and impressions of how your experience may have been similar or different.
3. Review your story and think about if you want to add anything. Write up a new draft and share it with your clinician in your next session.
4. Share your story with a trusted family member or friend and discuss their reaction to your experience. Ask them if they think there is anything important to add that you may have missed. Decide whether or not to incorporate their ideas into your story or discuss this with your clinician in your next session.

Summary Points for Telling Your Own Story

- *It is common for people to have distracting thoughts and feelings related to symptoms they had and upsetting treatment experiences during their psychotic episode.*
- *Intrusive and distressing memories related to those upsetting experiences are common, as well as negative, self-stigmatizing beliefs about yourself.*
- *Learning how to “tell your story” is an effective way of organizing and understanding your memories, processing what happened, overcoming your distress when you look back on the episode, and understanding and learning from the experience.*
- *It often takes going over your story several times and writing it down in order to feel comfortable with it, and ready to move on with your life.*

Topic #2: Challenging Self-Defeating Thoughts and Beliefs

As previously discussed in the “Telling Your Own Story” topic area, after someone has experienced a psychotic episode, they may develop thoughts and beliefs about their experience, themselves, and their capabilities. Sometimes these thoughts can be inaccurate, self-defeating, and stigmatizing, such as the belief that the person himself or herself is to blame for what happened. Identifying and correcting these thoughts can help you develop a more positive and realistic understanding of yourself and your experience, and help you prepare to move forward in your life with confidence and self-assurance.

In this topic area we will first identify any self-defeating thoughts you still may have using the same self-assessment form we used at the beginning of the last topic area. You will learn a method to identify and challenge inaccurate and self-defeating thoughts and beliefs, called “cognitive restructuring.” You will then have the chance to use this cognitive restructuring skill to challenge some of your negative thinking in order to develop more positive and more accurate thoughts and beliefs about yourself and the effects of your psychotic episode. At the end of this topic you will complete the self-assessment form about your beliefs again, and the checklist of problems and complaints related to a psychotic episode that you also previously completed. This will tell you in which areas you have experienced a reduction in distress about your psychotic episode and in which areas you still need additional work.

Reviewing Your Self-Defeating Thoughts and Beliefs

For some people, “telling their story” about their psychotic episode, and making sense of their experience, naturally reduces self-defeating or stigmatizing thoughts and beliefs they may have about what happened. For some people, negative thoughts or beliefs may persist, and additional attention needs to focus on identifying and changing them. In order to see which of your negative thoughts and beliefs have changed since the beginning of the Processing the Psychotic Episode module, and which ones are still a problem, complete the Self-Stigmatizing Beliefs Checklist again to indicate which thoughts and beliefs you currently have about your psychotic episode.

Self-Stigmatizing Beliefs Checklist

Instructions: Listed below are some common beliefs that people develop after they have experienced an episode of psychosis. Place a check in the box if you have found yourself having that particular thought over the past several weeks.

- ☐ I will never get better or recover.
- ☐ I am to blame for what happened.
- ☐ I am crazy and always will be.
- ☐ I can't trust myself because of what happened.
- ☐ I cannot be trusted because of what happened.
- ☐ I have no control over my actions now.
- ☐ I'm unpredictable or dangerous.
- ☐ I am unable to get or keep a regular job.
- ☐ I will never be able to have meaningful relationships or a family.
- ☐ I will lose control at any moment.
- ☐ I will be unable to care for myself because of what happened.

*Adapted from: Bruce Link, Ph.D., unpublished assessments

Questions:

- When you compare your response on this checklist to the ones you previously gave, which stigmatizing beliefs did you used to have that you no longer do? Why do you no longer believe that belief (or those beliefs)?
- When you compare your responses, which stigmatizing beliefs do you continue to endorse? Which of those beliefs is most distressing to you?

The Relationship between Thoughts and Feelings

How people feel about themselves, in general and in different situations, is strongly influenced by what they think about themselves and those situations. For example:

- If you did poorly on a test and thought “I’m a failure,” how would that make you feel? (Sad? Disappointed? Embarrassed?)
- If someone remembered your birthday by sending you card, and you thought “She cares about me,” how would you feel? (Happy? Pleasantly surprised?)

How a person feels about something is often influenced by their thoughts and beliefs about the situation.

Question:

- What’s a real-life example of how a feeling might be caused by a certain thought?

Thoughts Can Be Inaccurate

Sometimes the thoughts that lead to upsetting feelings are not completely accurate. In fact, some of the beliefs people have about themselves can be downright **wrong**, which can cause unnecessary negative feelings for no valid reason!

Example #1:

<u>SITUATION</u>	<u>INACCURATE THOUGHT</u>	<u>FEELINGS</u>	<u>CONTRARY EVIDENCE</u>	<u>ACCURATE THOUGHT</u>	<u>FEELINGS</u>
You're lying in bed at night sleeping and you hear a scratching at the window.	"Someone is trying to break into my apartment!"	- Anxiety - Fear	- Your cat is scratching to be let into your apartment.	"My cat wants to be let in."	- Surprise - Relief

Example #2:

<u>SITUATION</u>	<u>INACCURATE THOUGHT</u>	<u>FEELINGS</u>	<u>CONTRARY EVIDENCE</u>	<u>ACCURATE THOUGHT</u>	<u>FEELINGS</u>
You are walking down the street and you see a friend across the street. You shout "hello" but they don't wave or shout back.	"My friend is snubbing me, or he doesn't want to be seen with me in public."	- Hurt - Anger	- Your friend has a terrible cold and he didn't hear you shout to him.	"My friend didn't hear me. He wasn't deliberately ignoring me."	- Calm, not hurt or angry

Having lots of inaccurate, self-defeating, or stigmatizing thoughts and beliefs can keep a person feeling upset and stuck, and prevent them from moving on. People can develop some of these types of thoughts after an upsetting experience like having an episode of psychosis.

Questions:

- What's a real-life example of how an upsetting feeling might be caused by an inaccurate thought?
- Can you think of a personal example of when an upsetting thought that made turned out to be inaccurate? What did you do about it?
- Which of the beliefs from the Self-Stigmatizing Beliefs Checklist did you first check off and then later changed? Which beliefs did you first check off, and still continue to believe? Review these with your clinician.

Not all thoughts or beliefs that lead to upsetting feelings are accurate. Some thoughts or beliefs about having a psychotic episode may be totally incorrect.

What Can Be Done About Inaccurate Thoughts and Upsetting Feelings?

When someone feels upset by something, it can be helpful to more closely examine the thoughts or beliefs that underlie those feelings. This can enable the person to evaluate whether they are accurate or not. If the thought is not totally accurate, it is best to come up with a more accurate thought, or a different way of looking at the situation. Examining one's thoughts in this way can help reduce upsetting feelings due to inaccurate and self-defeating thinking, and replace them with more accurate and more self-empowering thoughts.

Cognitive Restructuring

"Cognitive restructuring" (or "CR") is a skill for closely examining and challenging thoughts and beliefs that lead to upsetting feelings, including thoughts related to having a psychotic episode. A brief explanation of this skill is provided below.

In **Cognitive Restructuring (CR)**, if you have a negative feeling related to a thought or belief, you take the following steps:

1. Identify the thought or belief that is making you upset.
2. Figure out the feeling or feelings are related to your thought.
3. Consider all the evidence that supports the *accuracy* of your thought, focusing on the most objective evidence possible.
4. Consider all the evidence that *does not* support the accuracy of your thought, focusing on the most objective evidence possible.
5. Come up with a new thought that is more accurate than your old thought or belief.
6. Note whether or not you still *feel* the same way as you did before you tried CR, or whether you feel less upset.

As noted in Steps #3 and #4 above, CR requires you to evaluate the evidence *supporting* your upsetting thought or belief, and the evidence *against* the thought or belief, *focusing on the most objective evidence possible*. When judging whether the evidence is objective or not, it can be helpful to think about whether the evidence would be accepted by someone who is independent or impartial to your situation. For example, is the evidence the type of evidence that might be accepted in a court of law, or by some scientists who are trying to evaluate a research question?

For example: John is walking down the street in the middle of the day and he begins to feel anxious when he notices that a man is walking 15 feet behind him. Read the types of evidence below, and consider which ones are objective evidence and which ones are not. For each of your answers, why do you think the evidence is objective or not?

- John feels anxious, therefore he knows he must be in danger.
- John notices that the person has a gun bulging out of his pocket.
- The man rushes up to John and tells him “Give me your money or else!”
- John was mugged once a few years ago.

CR can be used to work on any upsetting thought or belief. Here we will focus on helping you use this skill to challenge upsetting thoughts or beliefs you have that are related to your experience of having had an episode of psychosis. When you complete this module, if you continue to experience distress related to these or other thoughts, you can further improve your CR skills in the Individualized Module called “Dealing with Negative Feelings.”

Cognitive Restructuring (CR) is a skill to help you identify and challenge inaccurate and self-defeating thoughts and beliefs that lead to upsetting feelings.

Examples of Cognitive Restructuring

In order to learn how to use CR, it can be helpful to see some examples of how other people have challenged and changed self-defeating thoughts related to experiencing a psychosis. Review the examples below with your clinician and discuss how the first person (Sally) worked through her self-defeating thought, “Since I had psychosis, I can’t achieve anything in my life,” and how the second person (John) worked through his self-defeating thought of “I am to blame for what happened.”

Example #1: Sally

<u>SELF-DEFEATING THOUGHT</u>	<u>FEELINGS</u>	<u>EVIDENCE FOR</u>	<u>EVIDENCE AGAINST</u>	<u>NEW THOUGHT</u>
“Since I had psychosis, I can’t achieve anything in my life”	- Hopeless - Angry	- My life feels empty - I’m not in college anymore - Other people have told me I won’t be able to work	- Things are better than when I was in the hospital - I’m in the supported education and employment program and working on re-enrolling in school	“If I work hard and try, I can probably get much of what I want in life”

			- I am in treatment and I'm working hard on it - I've learned that lots of people with a psychotic episode have returned to work or school	

Example #2: John

<u>SELF-DEFEATING THOUGHT</u>	<u>FEELINGS</u>	<u>EVIDENCE FOR</u>	<u>EVIDENCE AGAINST</u>	<u>NEW THOUGHT</u>
"I am to blame for what happened"	- Guilt	- I was smoking pot before my episode occurred - I wasn't getting the sleep I needed when I began to have psychotic symptoms	- Pot does not cause psychotic episodes - I'm working with my treatment team to get better - I've stopped smoking pot	"My psychotic episode was not my fault and I'm doing what I can to recover from it"

Question:

- Are either of these examples similar to some thoughts or beliefs you have had recently, based on your own experience? Which ones? When you consider the evidence for and against the thoughts in the examples, what does it make you think about your own self-defeating thoughts?

Practicing Cognitive Restructuring

Now that you have had a chance to see some examples of how CR worked for two other people, you can practice using the skill to address some of your own thoughts and beliefs related to your psychotic episode. Return to the most recent copy of the Self-Stigmatizing Beliefs Checklist that you completed (at the beginning of this handout). With your clinician's help, select a belief that you still endorse, and use the steps of CR to identify the feelings associated with the belief, examine the evidence supporting it and not supporting it, and come up with a new, more accurate and helpful way of looking at your experience. If you did not endorse any of the beliefs on the checklist, identify some other upsetting thoughts and feelings that you can use CR to examine and **challenge**. Use the Cognitive Restructuring Worksheet to keep track of the steps of CR.

CR is a skill that you get better and better at the more you try. Not only can CR help correct self-defeating and inaccurate beliefs you may have about your experience of having a psychotic episode, but it can also help you deal more effectively with other negative feelings you may have in your life. As with all other skills in life, the key is to "Practice, practice, practice!" Below is a blank Cognitive Restructuring Worksheet that you can use for practicing the skill.

<u>SELF- DEFEATING THOUGHT</u>	<u>FEELING</u>	<u>EVIDENCE FOR</u>	<u>EVIDENCE AGAINST</u>	<u>NEW THOUGHT</u>

Home Practice Options

1. Using the worksheet below, practice this CR skill one day each week with any upsetting thoughts you notice yourself having.
2. Take one or two of the self-stigmatizing thoughts from the Self-Stigmatizing Beliefs Checklist (at the beginning of this handout) that you checked off and use this skill to challenge these beliefs. If you get stuck, your clinician will help you.
3. Share this skill with a trusted family member or friend and ask them to help you work on your upsetting thoughts using CR.

Cognitive Restructuring Worksheet

Practice the CR Skill with your own upsetting thoughts. You can use some of the thoughts you checked off in the Self-Stigmatizing Beliefs Checklist (beginning of this handout) or any other upsetting thought.

Remember how to practice this skill:

1. Ask yourself "What am I thinking right now that is causing me to be upset?"
2. Identify a particular emotion that you are experiencing.
3. Jot down "hard" evidence that supports your self-defeating thought.
4. Jot down evidence that does NOT support your self-defeating thought.
5. Based on the Evidence Against, come up with a more helpful or realistic thought.
6. Once you have developed a new thought, check yourself to see how that new thought makes you feel.

<u>SELF-DEFEATING THOUGHT</u>	<u>FEELING</u>	<u>EVIDENCE FOR</u>	<u>EVIDENCE AGAINST</u>	<u>NEW THOUGHT</u>

Gauging your Improvement

In this module you have been working hard on processing your experience of having a psychotic episode, and how it has affected your life. You have told your story of your experience, and learned how to use CR to challenge and change some of your self-defeating, stigmatizing beliefs. It can be helpful to see how some of your thoughts and feelings related to your episode have changed over the last several weeks of processing your experience.

In order to see what has changed since you began work on processing your experience, complete the same two questionnaires that you initially completed at the beginning of this module, including the Post-Psychotic Episode Symptom Checklist and the Self-Stigmatizing Beliefs Checklist. To see which areas you improved in, with your clinician's help compare your current scores on the checklists with your initial scores.

You might continue to have some stigmatizing beliefs related to your experience. You may also still have some upsetting memories related to it. You may find two strategies helpful for dealing with these thoughts and memories:

- Continue to practice CR in order to challenge and change your upsetting thoughts and beliefs—sometimes it just takes more time and practice
- Share your personal story of what happened to you with other people whom you feel close to, and make any modifications in your story to include any missing parts—the more familiar your story is to you, and the easier it is for you to tell it, the more successful you will be in integrating your psychotic episode into your life

Post-Psychotic Episode Symptom Checklist

Instructions: From the last time you completed this Checklist (at the beginning of the "Telling Your Story" topic handout), write down the most upsetting psychotic or treatment experience (or combination of experiences) you had below.

My most upsetting experience(s): _____

Below is a list of problems and complaints that people sometimes have in response to psychotic symptoms or treatment experiences. Please read each one carefully, and then circle one of the numbers to the right to indicate how much you have been bothered by that problem over the past month. Many of these problems and complaints may be decreased or eliminated entirely when you and your clinician work together on telling your story of your psychotic episode.

Problem or Complaint

In the past month how were you bothered by:		Not at all	A little bit	Moderate	Quite a bit	Extreme
1.	Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2.	Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3.	Suddenly feeling or acting as if the stressful experience were happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4.	Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5.	Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6.	Avoiding memories, thoughts or feelings related to the stressful experience?	0	1	2	3	4
7.	Avoiding external reminders of the stressful experience (for example,	0	1	2	3	4

	<i>people, places, conversations, activities, objects or situations)?</i>					
8.	<i>Trouble remembering important parts of the stressful experience?</i>	0	1	2	3	4
9.	<i>Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?</i>	0	1	2	3	4
10.	<i>Blaming yourself or someone else for the stressful experience or what happened after it?</i>	0	1	2	3	4
11.	<i>Having strong negative feelings such as fear, horror, anger, guilt, or shame?</i>	0	1	2	3	4
12.	<i>Loss of interest in activities that you used to enjoy?</i>	0	1	2	3	4
13.	<i>Feeling distant or cut off from other people?</i>	0	1	2	3	4
14.	<i>Feeling irritable or having angry outbursts?</i>	0	1	2	3	4
15.	<i>Irritable behavior, angry outbursts, or acting aggressively?</i>	0	1	2	3	4
16.	<i>Being "super-alert" or watchful or on guard?</i>	0	1	2	3	4
17.	<i>Being "super-alert" or watchful or on guard?</i>	0	1	2	3	4
18.	<i>Feeling jumpy or easily startled?</i>	0	1	2	3	4
19.	<i>Having difficulty concentrating?</i>	0	1	2	3	4
20.	<i>Trouble falling or staying asleep?</i>	0	1	2	3	4

Sometimes when people have had a psychotic episode they develop negative beliefs about themselves, who they are, and what they are capable of. These beliefs can be "self-stigmatizing," meaning that the person thinks he or she is inferior to others or incapable of doing things because of the episode of psychosis. The checklist below includes beliefs that people sometimes have after experiencing a psychotic episode. To see which areas you improved in, with your clinician's help compare your current scores on the checklist with your initial score.

Self-Stigmatizing Beliefs Checklist

Instructions: Listed below are some common beliefs that people develop after they have experienced an episode of psychosis. Place a check in the box if you have found yourself having that particular thought. You and your clinician can discuss these upsetting thoughts and work on learning to challenge them in order to reduce some negative feelings you may be having over the past several weeks.

- ☐ I will never get better or recover.
- ☐ I am to blame for what happened.
- ☐ I am crazy and always will be.
- ☐ I can't trust myself because of what happened.
- ☐ I cannot be trusted because of what happened.
- ☐ I have no control over my actions now.
- ☐ I'm unpredictable or dangerous.
- ☐ I am unable to get or keep a regular job.
- ☐ I will never be able to have meaningful relationships or a family.
- ☐ I will lose control at any moment.
- ☐ I will be unable to care for myself because of what happened.

*Adapted from: Bruce Link, Ph.D., unpublished assessments

Growing from Your Experience

Your experience with a psychotic episode was a challenging one that may have produced a great deal of worry and confusion to you, and others who care about you. In telling your story about your experience, you have taken important steps toward developing a better understanding of what happened before, during, and after your episode, and being able to integrate the experience into your overall life. You have also challenged and changed some of your own self-defeating and self-stigmatizing beliefs you had about your experience, and have learned a new skill (cognitive restructuring) to help you deal with other upsetting thoughts and beliefs. Everyone experiences different challenges and setbacks in their lives. Your willingness to learn from your own experience, and to closely examine and challenge your own thinking when it makes you feel bad, can help you grow as an individual with a more complete sense of yourself and your capabilities. This type of personal growth, which you can expect to continue after you move on from this module, can both enrich your appreciation of your own resiliency in the face of life challenges, and facilitate your ability to achieve your personal goals.

Summary Points for Challenging Self-Defeating Thoughts and Beliefs

- *Thoughts and beliefs related to a psychotic episode can be self-defeating and distressing.*
- *Thoughts and beliefs can be inaccurate.*
- *Cognitive restructuring is the skill of recognizing the thoughts underlying negative feelings, evaluating their accuracy, and changing them when they are not accurate.*
- *More accurate thoughts and beliefs are usually associated with a reduction in distress.*
- *Cognitive restructuring can be used to challenge and change self-defeating and stigmatizing beliefs that people sometimes develop often with a psychotic episode.*

Clinical Guidelines for Developing Resiliency Module

OVERVIEW OF MODULE:

The Developing Resiliency Module is broken down into two sections-standard sessions and individualized sessions. The first 4 topics (How can I develop resiliency?; Good Things; Savoring; and Mindfulness) will be completed as Module #7 at the end of the Standard Modules. During Module #8 Building a Bridge to Your Goals, clinicians work collaboratively with each individual to decide which of the Individualized Modules will be completed as part of ongoing treatment. The second section of the Developing Resiliency Module-Individualized Sessions (Module #13) is included as a section individuals can choose to complete after the standard modules. Individuals can complete Module #13 either as a standalone Individualized Module or with single exercises integrated into the first session or two of each of the Individualized Modules. Before beginning each Individualized Module, each individual should complete one Resiliency exercise from Module #13. If the individual chooses not to complete any of the Individualized Modules, they have the option of completing any of the exercises in Module #13.

Each exercise (except How Can I Develop Resiliency) is broken down into two parts. Part I provides the rationale for the exercise, gives the individual a chance to practice the skill, and helps the individual make a plan to use the skill before the next session. Part II is designed to follow-up with the individual to determine the success of using the skill and the impact the skill had on their mood, social relationships, level of stress, etc.

Goals

1. Provide information on and help individual identify with the resiliency process.
2. Help the individual build resiliency through using strengths and paying attention to the good things that happen.

Handouts

Developing Resiliency-Standard Sessions

1. Exploring Your Resilience
2. Good Things Parts I and II
3. Savoring Parts I and II
4. Mindfulness Parts I and II

Developing Resiliency-Individualized Sessions

5. Gratitude Visit Parts I and II
6. Counting Your Blessings Parts I and II
7. Active/Constructive Responding Parts I and II
8. Life Summary Parts I and II
9. Practicing Acts of Kindness Parts I and II

ADDITIONAL RESOURCES:

- Because “resilience” may be a new topic for some clinicians, we have provided below additional resources on resilience-related topics:

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

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

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

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

Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist*, 61(8), 774-788.

Topic #1: Clinical Guidelines for “Exploring Your Resilience”

OVERVIEW OF TOPIC:

This handout reviews the process of developing resiliency and introduces common features of resiliency. The handout helps the individual identify personal qualities that they see as resilient and reviews personal resiliency stories.

Goals

1. Review a personal story of resiliency.
2. Identify important personal elements of resiliency.

Handout

Exploring Your Resiliency.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Reviewing a resiliency story.	Session 1-Reviewing a resiliency story and identifying resilient qualities.
Session 2-Identifying resilient qualities.	

TEACHING STRATEGIES:

- Review how individual has built upon definition of recovery and resiliency from the Goal Setting, Psychoeducation, and Processing the Illness modules.
- Connect the resiliency process with making progress towards recovery and the individual's goals.
- Use the My Important Elements of Resiliency Table to help the individual connect their strengths to the process of building resiliency.
- Discuss how individual's resilient qualities could help them move forward in recovery.

- Discuss how the individual can share the information they have learned about building resiliency with a family member or friend. Also, help the individual practice how to approach this person to ask about what resilient qualities that they have noticed in the individual.

TIPS FOR COMMON PROBLEMS:

- 1) Be prepared for individual to have a difficult time identifying resilient qualities.
 - Focus on some of the simple challenges that they have faced and the qualities that the individual found to be the most helpful.
 - It may be more helpful for individual to think of examples from the lives of people that they admire or finds inspiring. Ask the individual to think about the qualities that the person could have used to get through the experience.

EVALUATING GAINS:

- After completing this handout it may be helpful to periodically assess how much knowledge the individual has retained about building resilience. You can assess an individual's knowledge using the following questions:
 1. What are some examples of resilient qualities?
 2. What are (your) resilient qualities?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “EXPLORING YOUR RESILIENCE”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Review a personal story of resiliency.	• Practice how the individual could share a story of resiliency with a family member or supporter. • Discuss how sharing this story with a family member or supporter could help that person see that recovery is possible for the individual.
Have the individual identify their resilient qualities.	• Review strengths identified from the Brief Strengths Test • Identify resilient qualities from individual's resiliency story: – “You recently talked about a time in your life when you faced a significant challenge. Which qualities helped you face this challenge?” • Use the Identify Important Resilient Qualities table to help the individual list their resilient qualities and why they were important or helpful.

Topic #2: Clinical Guidelines for “Good Things”

OVERVIEW OF TOPIC:

This handout presents strategies for paying attention to the good things that happen. It is designed to help the individual notice and remember positive events that occur throughout the day. In Part I of the handout, individuals are prompted to think about why good things happen to them and who is responsible for the good things that happen. In Part II (follow-up session), individuals learn to identify positive emotions they felt when the good things happened and how other people responded when they shared this information with them.

Goals

1. Provide information about how recognizing the good things can improve mood.
2. Review how to pay attention to good things during the day.
3. Identify ways to maximize making good things happen.

Handouts

- Good Things Parts I and II
- Positive Emotion Poster
- Good Things Cards

SUGGESTED AGENDA:

Slow-and Medium-Paced

Session 1-Provide information about how recognizing good things improves mood. Review how to pay attention to good things during the day.

Session 2 - Follow-up-Identify ways to maximize making good things happen.

TEACHING STRATEGIES:

- Ask person to think about the good things that have happened recently.
- Help individual identify emotions associated with the good things using the Positive Emotions poster.

- Prompt individual to think about why the good thing happened to them. Listen for situations in which individuals underemphasize their role in making good things happen. Explore the reasons why the individual thinks the good things happened to them.
- Identify the individual's role in making the good thing happen. For example, an individual might think that their neighbor brought over a gift because she felt sorry for the individual rather than because the neighbor wanted to thank the individual for taking care of her cat the last time she went on vacation.
- Help individual practice sharing good things with a family member or friend. Identify how the individual could approach that person and start the conversation.

TIPS FOR COMMON PROBLEMS:

- Be prepared for individual to not be able to think of good things.
 - Focus on what the individual did over the past 24 hours.
 - Focus on the simple things, such as: the sun was out this morning, someone let me go in front of them to get on the bus, I enjoyed my lunch, an attractive person smiled at me on the street, or I answered a question during my class.
 - Use the Positive Emotions poster to help the individual think about times in the last couple of days that they felt a positive emotion. Help the individual identify what they was doing at the time.
 - If individual still can't identify a good thing, brainstorm ideas of what things make the individual feel one of the positive emotions
 - For example, think about the last time you smiled or laughed, what was it that made you smile?

EVALUATING GAINS:

- After completing this handout, it may be helpful to periodically assess what the individual has learned about recognizing the good things each day. You can assess an individual's knowledge using the following questions:
 1. How does thinking about good things affect your emotions?
 2. How can you recognize good things during the day?
 3. What is your role in making good things happen?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “FINDING THE GOOD THINGS IN EACH DAY”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide information about how recognizing the good things in one's life can help improve mood.	• Discuss how recognizing good things is connected to how you feel.
Review how to pay attention to good things during the day.	• Identify strategies to pay attention to the good things that happen. • Discuss good things that have happened to the individual recently. • Ask the individual how they could share good things with a family member or friend. • Practice approaching that person to tell them about good things.
Follow-up-Identify ways to maximize making good things happen.	• Problem-solve challenges to noticing the good things. • Identify emotions associated with remembering the good things. • Help the individual identify reasons why the good things happened and what their role was. • Help the individual think of ways to make more good things happen.

Topics #3-4: Clinical Guidelines for “Savoring” and “Mindfulness”

OVERVIEW OF TOPIC:

Savoring and Mindfulness can be completed as part of the Developing Resiliency-Standard Sessions (Module #7) or integrated with one of the Individualized Modules. If it is integrated with an Individualized Module, it should be done in the initial session. In Part I of the Savoring handout, savoring is linked to more fully enjoying pleasant experiences in the past, present, and future. In Part II (follow-up), individuals report on the positive emotions that they felt using strategies to help them savor experiences and discuss how to incorporate their strengths with savoring. Mindfulness is introduced as a strategy to focus attention on the present moment and reduce distress. In Part I of the Mindfulness handout, individuals practice mindfulness in session and learn how it could be a helpful skill when feeling stressed or anxious. In Part II (follow-up), individuals examine the benefits of practicing mindfulness and problem-solve challenges to using mindfulness in their daily lives.

Goals

1. Define the purpose of savoring and how it is connected to positive emotions.
2. Learn techniques to more effectively savor.
3. Learn strategies to practice mindfulness.

Handouts

- Savoring Parts I and II
- Mindfulness Parts I and II
- Home practice worksheet-Savoring Worksheet

SUGGESTED AGENDA:

Slow-and Medium-Paced

Session 1-Defining purpose of savoring and learn strategies to practice savoring.

Session 2-Follow-up and discuss benefits and challenges to practice savoring. Identify emotions associated with savoring.

Session 3-Learn strategies to practice mindfulness.

Session 4-Follow-up and discuss strategies to continue practicing mindfulness.

TEACHING STRATEGIES:

- Practice savoring and mindfulness in session. Help the individual notice differences in mood immediately following the practice.
- Provide something to practice with savoring such as fruit. This can be helpful to compare the experience of an everyday experience with the fruit with the experience of savoring the fruit.
- Practice mindfulness related to one of the senses such as looking at something in nature or listening to the quiet.
- During mindfulness practice, occasionally say out loud, “Place your attention on your breath” and “If you have a thought or series of thoughts that take you away from attention to breathing, just notice that, say “thinking” – not out loud, just mentally – and let them go, then just gently guide your attention back to the breathing. Remember, there is nothing wrong with thoughts, they are just thoughts – the practice involves just noticing them and letting them go.”
- Help the individual identify how they could savor experiences in the past, present, and future.
- Break down the steps to more effectively savor so the individual learns how to pay attention to the details.
- Help individual identify positive feelings associated with savoring and mindfulness.
- Discuss how practicing savoring and mindfulness could be connected to individual’s recovery and taking a step towards their goal. Be prepared to share how practicing savoring and/or mindfulness lead to appreciating successes and looking forward to the positive things in the future.

TIPS FOR COMMON PROBLEMS:

- Be prepared for individual to forget to practice savoring and mindfulness.
 - Practice again in session to help the individual see benefits.
 - Problem-solve the challenges to savoring and mindfulness.
- Some individuals will say that mindfulness practice is too difficult, or they are “bad at it”.
 - Emphasize that this is a new way of doing things and takes practice, even “experts” note that it is a continuing process.
 - Gently explain that the concept of mindfulness does not “allow for” self-judgment as the point of trying to increase mindful experiences is to “just notice” how it goes, and not rate or rank or criticize oneself while trying it out.

- Help the individual schedule a time to practice. Ensure the individual has a quiet place to practice with minimal distractions.
- Use mindfulness at the beginning and end of your sessions. Help the individual build confidence by becoming more skilled at each session.

EVALUATING GAINS:

- After completing this handout it may be helpful to periodically assess how much knowledge the individual has retained about savoring and mindfulness. You can assess an individual's knowledge using the following questions:
 1. What are some benefits of practicing savoring and mindfulness?
 2. What are some different ways to practice savoring and mindfulness?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “SAVORING AND MINDFULNESS”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
<u>Savoring</u> : Define the purpose of savoring and how it is connected to positive emotions.	• Review the benefits of practicing savoring. • Discuss how savoring could be connected to recovery.
Learn techniques to more effectively savor.	• Practice savoring in session. • Identify strategies to more effectively savor. • Learn strategies to savor in the past, present, and future.
Follow-up-Identify the benefits of practicing savoring.	• Discuss how the individual felt to practice savoring.
<u>Mindfulness</u> : Learn strategies to practice mindfulness.	• Practice mindfulness in session. • Identify strategies to practice mindfulness.
Follow-up-Strategies to continue practicing mindfulness.	• Discuss the benefits and challenges of mindfulness. • Identify ways to incorporate mindfulness into daily routine.

Introduction to Developing Resiliency-Standard Sessions

Introduction and Module Overview

In this module you will complete 3 exercises (Exploring Your Resilience, Using Your Strengths, and Finding the Good Things in Each Day) to help you explore resiliency and then you will make a choice about which of the remainder of the exercises you want to complete. The handouts in this module will be about 2-3 sessions long. When you review the handouts with your IRT clinician, you will review a resiliency topic and make a plan to see if it is a helpful strategy in your life. You may find that some of the resiliency strategies are more helpful than others. The handouts may be divided into 2 sections (Part I and Part II). Part I provides a brief rationale of how the skill could be helpful followed by an exercise that will help you practice the skill. Part II asks questions about your experience using the exercise and gives some suggestions for strategies to continue using the skill. At the end of Module #7: Building a bridge to your goals, you will have an opportunity to complete additional resiliency topics.

In this module we will:

- ❖ Learn strategies to build resilience and increase positive emotions.
- ❖ Practice identifying good things throughout the day.
- ❖ Practice savoring as a way to improve your mood and get more out of the things you enjoy in life.
- ❖ Demonstrate mindfulness as a way to practice savoring and improve your mood.

Topic #1: Exploring Your Resilience

Over the past sessions, you have explored how to use your strengths in treatment, set personal meaningful goals, and examined resiliency stories in your life and in others. As you have seen, you have demonstrated your resiliency in many different ways and you will have many more opportunities to take a resiliency perspective throughout your recovery. Each time you use your strengths to cope more effectively in a stressful situation or discover new ways to use your strengths in your life you are developing resiliency.

Check it Out

- ✓ There are many different ways to define and develop resiliency. People can use a variety of strategies to help them develop resiliency. Think back to the strengths you have used in treatment and the resiliency stories that you shared with your supporter and that he or she shared with you. What stands out the most from those stories? Use the “My Important Elements of Resiliency” table below to first review what resilient qualities are important to you and your strengths that were identified on the Brief Strengths Test. Second, think about why this quality or strength would be important in your life and how it could help you make progress towards your goal.

My Important Elements of Resiliency

Resilient Quality or Strength from the Brief Strengths Test	Why is it important?
1.	
2.	
3.	
4.	
5.	

The resiliency exercises in this module and throughout IRT focus on helping you build resiliency and the common qualities associated with resiliency.

Home Practice Options

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

1. Share what you have learned about resiliency with a family member or supporter. If this is the same person who shared his or her story of resiliency with you earlier, thank that person.
2. Pick one story from your past that best describes resiliency in your life. Write the story down and share it with a family member or supporter.

Summary Points for Developing Resiliency

- *You can build resiliency in many different ways in your life using your strengths.*
- *Finding new ways to use your strengths can help you find meaning and purpose in your life, cope better in stressful situations, and build resiliency.*
- *Becoming more aware of the good things that happen to you each day can increase your positive emotions and lead to making more positive experiences happen in your life.*

Topic #2: Good Things-Part I

(Adapted from Group Positive Psychotherapy, Parks and Seligman, 2007)

Part of recovery is focused on feeling better. One way to improve your mood is to become more aware of the good things that happen to you. The goal of this strategy is to help you notice and remember positive events that occur throughout your day, and to end your day on a positive note by thinking and writing about those positive events.

The following exercise will help you identify strategies to notice the good things that happen to you each day. You will practice identifying good things with your IRT clinician and make a plan to write down the experiences you identify at the end of each day. Then your IRT clinician will ask you about your experience during your next session.

Tips to help pay attention to the good things during the day:

- Try to focus on things that happened *that day* instead of things for which you are generally grateful in your life. These might include things such as spending time doing something fun with a friend, getting a good night's sleep, eating your favorite food, meeting a new person, or finishing a project.
- At first, it may be difficult to remember the good things that happened each day. The more you practice this skill the easier it will be for you to remember the good things. It may help if you are on the lookout for good things to write. This will increase the chances that you will both notice and remember positive events.

Questions:

- Think about some good things that happened to you recently. What were they? Try writing down one good thing that occurred in the last 24 hours.
- Why do you think those good things happened?
- Using the Positive Emotions poster, identify what emotion did you notice when the good thing happened?

Home Practice Option

1. Each evening before bed, complete write down at least one thing that went well using the Good Things Cards. This thing can be ordinary and small in importance or relatively large in importance. Next to each positive event in your list, answer the questions, "Why did this good thing happen?" and "How did it feel?" After you have written down at least one good thing, share it with a supporter or family member the next day.
 - Try not to write the same things each day such as I have a great family. Instead, try and be more specific, detailing what happened that day to remind you of the things for which you are generally grateful (for example, *"I spent the day with my family at the beach and had a great time. I was reminded about how much fun we have together."*)



Good Things Card

Date/Time:

Place:

Good thing that happened today:

Why did this good thing happen?

How I felt:



Good Things Card

Date/Time:

Place:

Good thing that happened today:

Why did this good thing happen?

How I felt:



Good Things Card

Date/Time:

Place:

Good thing that happened today:

Why did this good thing happen?

How I felt:



Good Things Card

Date/Time:

Place:

Good thing that happened today:

Why did this good thing happen?

How I felt:

Love Adoration Affection Arousal Attraction Caring Charmed Close Compassion
Desire Enchantment Fondness Infatuation Kindness Liking Longing
Lust Passion Sentimentality Sympathy Tenderness Warm

LOVE

Positive Emotions

JOY

Interest
Curiosity
Intrigue
Surprise
Amazement
Astonishment
Awe
Wonder

Boldness
Bravery
Courage
Determination
Powerfulness
Mastery
Sense of Competence
Capability

Pride Rapture Relief Satisfaction Thrill Triumph Zaniness Zest
Glee Happiness Hope Jolliness Joviality Jubilation Optimism Pleasure
Enjoyment Enthrallment Enthusiasm Excitement Exhilaration Gaiety Gladness Zeal
Joy Amusement Bliss Cheerfulness Contentment Delight Eagerness Ecstasy Elation

Topic #2: Good Things-Part II

Home Practice Follow-Up

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- Were you able to come up with at least 1 good thing every day? If it was difficult, what made it difficult for you? Did it become easier to do so as the week progressed?
- How did other people respond to you when you shared your good things with them? How did their response make you feel?
- Think about your role in making good things happen. As you look at the list of good things that happened over the last week, what kinds of reasons did you give for “why” your positive events happened?
 - Do you notice any patterns in terms of why you thought good things happened?
 - What kinds of things made your list more than once?
- Review your list of good things that happened and pay attention to what kinds of things made your list more than once. Think about ways you can maximize the amount of good things that happen to you, such as attending activities with friends or family or sharing a meal with your family or a friend. What are some situations in which good things happen for you?
- Consider some ways that you could use your good things cards. Is there a special place that you could keep them? When might it be helpful to review your good things cards? What could you learn about the things that you have written on your good things cards?

Topic #3: Savoring-Part I

(Adapted from Group Positive Psychotherapy, Parks and Seligman, 2007)

Savoring involves being “in the moment” and “taking in” all that an experience has to offer. Savoring can be used in a wide variety of circumstances – one can savor a sensory experience, a social experience, a feeling, or even a memory. Any thoughts or behaviors that prolong or intensify the positive feelings associated with an experience can be classified as savoring.

Check it Out

- ✓ Try some savoring yourself. Choose a type of food or drink that you really enjoy or one you may have never tried such as fruit (e.g., raspberries, blackberries, oranges, mangos).
- If you have tried the food before, describe what you like about the food and the experience of eating the food.
- Keeping your eyes closed, feel the food with your fingers and notice as much as you can. Take in the smell of the food or drink, and then put the food to your mouth but do not bite it. Explore the food with your tongue and teeth, noticing as much as you can. Now, bite into the food and focus in on the taste. When you have finished, swallow the food and open your eyes
- How did the savoring experience compare to their experience eating the food normally?
- Describe your reaction at each step of the savoring experience. Was it easy to stay focused?
- What was it like to pay attention to each individual detail of the experience?

Savoring can be an easy way for you to boost your mood and get more enjoyment out of the things that you enjoy. You can savor things from the past by recalling memories of pleasant experience, the present by paying attention to and living in the moment, and the future by looking forward to positive experiences.

- What are some daily experiences in your life that you could savor over the next week?

- How could you share your savoring experiences with a family member or supporter?
- Looking at your worksheet from “Finding the Good Things in Each Day” exercise; how could you savor some of those experiences?
- The following techniques include suggestions for more effectively savoring your experiences.
 - You can share savoring with other people. Seek out others to share the experience and tell people how much you value the moment. This is probably the single best way to savor pleasure.
 - Build positive memories. Take mental photographs or even a physical souvenir of the event and reminisce about it later with others.
 - Congratulate yourself when you accomplish something or do something well. Do not be afraid of pride. Tell yourself how impressed others are and remember how long you've waited for this to happen.
 - Become absorbed in the moment. Get totally immersed and try not to think, just sense.
 - Create a savoring album. Put together pictures of all your favorite things in a book and look at it occasionally to remind you to savor the positive things in your life.

Home Practice Option

1. Every day for the next week, be sure to savor at least one experience (for example, your morning coffee, or enjoying a brief walk outside). Spend at least 2-3 minutes savoring each experience. After savoring your experience, rate the intensity of the savoring experience from 1 not very intense to 10 the most intense you have ever felt using the Savoring Worksheet provided below. Review your morning routine, your daily activities, and your evening rituals, and consider how much time you spend noticing and enjoying the pleasures of the day, both small and large.

Remember the pointers for savoring:

(1) Sharing your experience with others, (2) Take mental photographs or even a physical souvenir of the event and reminisce about it later with others, (3) Don't be afraid to congratulate yourself, (4) Focus your perceptions on certain elements and block out others, (5) Let yourself get totally immersed and try not to think, just sense.

What are some possible savoring experiences that could incorporate your strengths or that you identified from "Finding the Good Things Each Day?"

Savoring Worksheet

List your Savoring Experiences each day over the next week and rate the intensity of emotion that you experience from 1 (not at all intense) to 10 (the most intense feeling you've ever had)

	Savoring Experience #1 Intensity Rating	Savoring Experience #2 Intensity Rating
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Topic #3: Savoring-Part II

Home Practice Follow-Up

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- What kinds of activities did you savor?
- Did you find savoring to be inconvenient or easy?
- Do you already savor things or was this a new experience for you?
- If you struggled with savoring, what factors made savoring difficult? How might you address those problems?
- What did it feel like at the moment that you were savoring? How did you feel afterwards?
- Look back at your strengths and the Using the Strengths Worksheet. How might you use your strengths to facilitate savoring? Some examples may include someone with the strength of love of learning might savor reading a new short story or someone with an appreciation of beauty might savor a nature walk.

Summary Points for Savoring

- *Savoring is a technique that helps you intensify and prolong an enjoyable experience.*
- *Practicing savoring can help you improve your mood and experience gratitude.*

Topic #4: Mindfulness-Part I

Mindfulness has been defined as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally”. Mindfulness is similar to savoring but focused on the present moment. You can practice mindfulness by focusing on a pleasurable sensation. Mindfulness also brings you into the present moment, which is important because often our minds are wandering to think about future worries or past hurts.

Check it Out

- ✓ Take a minute and practice mindfulness with your clinician. Make sure you are seated in a comfortable position with your eyes closed or open. Now, focus your attention on the sounds in the room. Your clinician will periodically remind you to gently and non-judgmentally notice if your mind has wandered and redirect your attention back to the sounds in the room. If possible, use a bell to signal the start and finish of the practice.
- The following script may be helpful to use as you practice mindfulness. Your IRT clinician can read this out loud:
 1. Sit in a comfortable position.
 2. Observe your breathing. Notice how your breath flows in and out. Simply notice your body breathing.
 3. Notice your breath . . . from the in breath . . . to the pause . . . followed by the out breath.
 4. Feel the air entering through your nose. Picture your breath flowing through your nose down through your sinuses into your lungs.
 5. As thoughts come up, allow them to pass and gently return your attention to your breath.
- After about 5 minutes, check in about how you feel? Do you notice any differences?
- Was it difficult to pay attention? If yes, why?
- Mindfulness can easily be incorporated into your daily routine but does not always come naturally. Practicing mindfulness daily will help you become more comfortable and could help you experience less stress.
- Additional Suggestions for mindfulness include:
 1. Find a quiet place where you will not be interrupted.
 2. Make sure you are in a comfortable position whether sitting or lying down.

3. Focus attention on a particular sensation such as: sound: listening to ambient noise; sight: a photograph or painting; touch: a soft/hard object you can hold; internal: breathe ; smell: hand lotion
4. If your mind wanders, gently remind yourself to come back and pay attention to the sensation.

Home Practice Option

1. Pick one of the sensations and practice mindfulness each day. Be sure to pick a time of the day when you will not feel rushed, pick a place where you will least likely be disturbed and take your time because mindfulness takes practice.

Topic #4: Mindfulness-Part II

Home Practice Follow-Up

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- How often were you able to practice mindfulness over the last week?
- How did it make you feel after you finished practicing mindfulness?
- Did anything make it difficult to practice mindfulness?
- How could you incorporate mindfulness into your daily routine?
- How could you use mindfulness to help you reduce your anxiety or cope with a stressor? For example, practicing 5 minutes of mindfulness before going to class to take an exam.

Summary Points for Mindfulness

- *Mindfulness is a structured way to pay attention in the present moment.*
- *Practicing mindfulness can help reduce anxiety about difficult experiences in the past or upcoming challenges in the future.*

Clinical Guidelines for Building a Bridge to Your Goals

OVERVIEW OF MODULE:

This module provides a structure to use collaborative decision making to help the individual decide how to proceed in their treatment. You should discuss individual's progress towards goals, barriers the individual has faced or could potentially face working towards goals, strengths, and helpful strategies from the Standard modules. You should also work with the individual to identify areas of functioning or distress that the individual can address in the Individualized modules. At the end of the module, you help individuals develop a Personalized Treatment Plan in which the individuals decide what treatment they want to continue and the next steps in making progress towards their goal(s).

Goals

1. Use collaborative decision making to help the individual decide how they want to proceed in treatment.
2. Review progress towards goal(s) and make modifications if necessary.
3. Discuss barriers to achieving goal(s), personal strategies, and helpful strategies from the standard modules.
4. Assess potential areas of functioning and distress that could be addressed in the individualized modules.
5. Help individual develop a Personalized Treatment Plan.

Handouts

1. Goal Setting Review
2. Moving Ahead with a Plan-Transitions in Treatment

If needed Topic #5: Setting Goals Handouts (from Assessment and Initial Goal Setting)
Worksheets-IRT Goal Planning Sheet

Topic #1: Clinical Guidelines for Goal Setting Review

OVERVIEW OF TOPIC:

In this handout, the individual is provided with information to help make a decision about whether or not to continue with treatment. If the individual has not already set a goal, they have a chance to go back and review the goal setting process and complete a Goal Planning Sheet. If an individual has completed a Goal Planning sheet, you will help the individual review progress towards the goal, barriers that individual has experienced or could potentially experience related to their goal, strengths, and strategies that the individual found useful in the Standard modules. You will also help the individual assess current levels of distress and areas of functioning to determine which of the Individualized modules could help individual improve functioning and make progress towards a goal.

Goals

1. Review progress towards goals.
2. Identify barriers to achieving a goal and/or potential barriers.
3. Review personal strengths and helpful strategies that the individual learned in the Standard modules.
4. Assess areas of functioning and levels of distress that the individual is experiencing which may be addressed by the individualized modules.

Handout

Goal Setting Review

If needed Topic #5: Setting Goals Handouts (from Assessment and Initial Goal Setting)

Worksheets-IRT Goal Planning Sheet

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Goal Progress or Setting a Goal, Barriers, and Strengths	Session 1- Goal Progress or Setting a Goal, Barriers, Strengths, Helpful Strategies, Assessing areas of functioning and level of distress
Session 2-Helpful Strategies, Assessing areas of functioning and level of distress	

TEACHING STRATEGIES:

- Review teaching strategies from the Initial Goal Setting Clinical Guidelines as needed.
- Discuss progress towards goal. Review steps to make sure they are reasonable.
- Celebrate progress towards a goal, even the small steps. Praise attempts to complete a step. Take the opportunity to break down the step into smaller pieces as necessary to help the individual complete the step.
- Make progress towards goals a priority. Remind individuals how treatment can be tailored to help them make progress towards personal goals.
- Record progress on the IRT goal planning sheet. Be sure that the individual has a copy and there is a copy in the individual's records.
- Help individual identify challenges or obstacles that they faced while working towards goal. Discuss potential challenges that individual may face in the near future while working towards goals.
- Review individual's strengths from the Brief Strengths Test. Discuss how individual has incorporated these strengths into daily life and treatment. Identify how the individual can continue to use strengths moving forward in recovery.
- Review strategies that individual has found helpful in the Standard modules.
- Review the different areas of functioning with the individual. Assess individual's current level of functioning, distress associated with different areas of their life, and whether or not individual would like to make a change.
- To assess persistent posttraumatic stress disorder (PTSD) symptoms related to the individual's psychotic episode and self-stigma, review the Post-psychotic Episode Symptom Checklist (PPEPC) and the Self-Stigmatizing Beliefs Checklist (SSBC) completed at the end of the Processing the Psychotic Episode module. High scores on the PPEPC (total score over 33 indicates probable PTSD related to upsetting life event) or the SSBC indicate the individual could benefit from the Dealing with Negative Feelings individualized module, which teaches cognitive restructuring as a skill for reducing negative feelings, including stigmatizing beliefs and PTSD symptoms related to the episode.
- Sometimes, individuals have had trauma in their past, unrelated to psychosis, and they may have PTSD from other sorts of traumatic events (i.e., childhood abuse, assault, crime victimization, etc.). If the individual indicates a history of trauma and/or you suspect trauma/PTSD, you can administer the PTSD Checklist (PCL) which can be found in the Dealing with Negative Feelings Module. On the PCL, write down the (most distressing) traumatic event that the individual has noted and give the individual the PCL to complete related to that event. A total PCL score ≥ 45 indicates probably PTSD, and suggests the individual would benefit from the Dealing with Negative Feelings module, which teaches cognitive restructuring as a self-management skill, a treatment which has been shown to be effective for PTSD. Scores on the

PCL < 33 indicate that the individual does not have probable PTSD and should not be targeted for treatment.

- Check to see if individual understands the information.
- At the end of the handout, summarize the findings from the different sections for the individual. Present the information that they have learned since beginning treatment and how that information fits into the next steps for treatment.

TIPS FOR COMMON PROBLEMS:

- Be prepared for individual to feel stuck and not think they have made progress towards goals.
 - Identify small steps individual has taken to work towards goals.
 - Normalize the difficulties of setting a goal and working to achieve it.
 - Review goal planning sheet. Break down the short-term goals into smaller steps as needed.
- Be prepared for individual not to identify any areas that are causing difficulties.
 - Gently introduce information that individual has shared in the past about areas of functioning.
 - Connect the area of functioning to individual's goals.

EVALUATING GAINS:

- After completing this module it may be helpful to periodically assess an individual's knowledge using the following questions:
 1. What progress have you made towards your goal?
 2. How have you used your strengths in treatment?
 3. What have been the most helpful strategies you have learned in treatment?
 4. How could these strategies help you achieve your goal?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “GOAL SETTING REVIEW”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Review progress towards goal or set a goal.	• If individual has already completed a goal planning sheet, review progress towards short-term goal. • Help individual make modifications as necessary. • Use handouts from Initial Goal Setting to help the individual who hasn't set a personal goal.
Identify barriers to achieving a goal and/or potential barriers.	• Ask individual about the greatest challenge they have faced while working towards the goal. • Reinforce positive feelings with individual's accomplishment. • Ask individuals about what potential barriers they could face moving forward towards their goal.
Review personal strengths and helpful strategies that the individual learned in the Standard modules.	• Review individual's top 5 strengths from the Brief Strengths Test. • Identify how individual has used strengths in treatment. • Discuss helpful strategies from the Standard modules and connect them to the individual's goal.
Assess areas of functioning as well as distress the individual may be experiencing.	• Review the different areas of functioning with individual. • Assess any difficulties or distress. • Discuss individual's desire to change and how treatment could be helpful.

Topic #2: Clinical Guidelines for Moving Ahead with a Plan: Transitions in Treatment

OVERVIEW OF TOPIC:

During this topic area, the individual will review the use of information gathered from the first handout to make a plan for continued treatment. You will help the individual make a plan by reviewing the goals and strategies of the Individualized modules. You will also discuss how IRT can help individuals make steps towards their goal, help overcome barriers to making progress towards the goal, build on helpful strategies learned in the Standard modules, and/or help the individual improve an area of life. By the end of the module, the individual develops a Personalized Treatment Plan that explains what treatment they want to continue in IRT and how staff and clinicians can help the individual make progress towards their goal.

Goals

1. Review goals and strategies in the individualized modules.
2. Discuss how the individualized modules can benefit individual's goals, build strengths, and improve areas of functioning.
3. Develop a Personalized Treatment Plan.

Handout

Moving Ahead with a Plan-Transitions in Treatment

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Review goals and strategies of Individualized modules and discuss how Individualized modules benefit individual	Session 1- Review goals and strategies of Individualized modules, discuss how Individualized modules benefit individual, and develop Personalized Treatment Plan
Session 2-Develop Personalized Treatment Plan	

TEACHING STRATEGIES:

- Respect the individual's preferences for continuing treatment. Use this opportunity to inform individual about how IRT could help them continue in recovery.
- Connect the goals of the Individualized modules to the individual's goals and how they could help decrease distress and improve functioning.
- Clarify the individual's needs, ideas, and expectations for treatment.
- Find out how the individual wants you (the clinician) involved in the decision.
- Find out how the individual wants other people involved in the decision. If possible, suggest individual review the information about goals, strengths, and areas of life with a family member or supporter.
- Offer opportunities for individual to ask questions about continuing treatment.
- The Personalized Treatment Plan may or may not involve continuing with IRT and the Individualized modules. Be sure to make a plan for individual to continue working towards their goal and using the Goal Planning Sheet.

TIPS FOR COMMON PROBLEMS:

- Individual may not see the need for an Individualized module despite their problem.
 - Connect individual's goal to the obstacles being experienced by the individual and describe how the module could be helpful.
 - Remind individual of how they used a strategy from the Standard module that was helpful.
 - Respect the individual's decision. They may not be ready to make a change at this point or to continue with treatment.

EVALUATING GAINS:

- After completing this module it may be helpful to periodically assess an individual's knowledge using the following questions:
 1. Which Individualized module do you think could be helpful to you?
 2. What is your Personal Treatment Plan?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “MOVING AHEAD WITH A PLAN: TRANSITIONS IN TREATMENT”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Review goals and strategies in the Individualized modules.	Summarize how the Individualized modules could help individual make progress towards a goal or help improve functioning.
Discuss how the Individualized modules could benefit individual's goals, build strengths, and improve areas of functioning.	- Reinforce successful achievements the individual made in the Standard modules and how the Individualized modules could help the individual continue to make progress. - Offer the individual choices and respect their decision.
Develop a Personalized Treatment Plan.	- Help individual complete each section and whether or not they would like to continue IRT. - Help individual develop a plan to continue making progress towards their goal.

Introduction to Building a Bridge to Your Goals

Introduction and Module Overview

These handouts are designed to help you review your goal(s) and determine the next steps you need to make to move forward in your recovery. You can assess which of the Individualized Modules can help you in your recovery by helping you take a step closer to your goal or reducing distress associated with your experiences. In this topic area you will:

- ❖ Set a personally meaningful goal that is broken down into 1 to 3 short-term goals and steps to help you achieve the short-term goals (if you have not done so already).
- ❖ Review progress towards your personal goal and make changes and modifications if clarification of the short-term goals or steps is needed.
- ❖ Identify challenges and/or obstacles that have made it difficult for you to achieve your goal.
- ❖ Identify problem areas or personal challenges in different areas of functioning.
- ❖ Review the goals of the Individualized Modules and determine if the goals match with your current needs and personal goal.
- ❖ Develop a plan to move forward in your recovery and continued goal progress that can include a combination of treatment (Individualized Modules), planning for goal follow-up, and a supportive network.

This module focuses on helping you make a plan to continue your progress towards achieving your personal goal.

Topic #1: Goal Setting Review

Now that you have completed most of the Standard Modules, it can be helpful to review your strengths and areas for improvement and re-examine your goals.

Review your Goal Planning Sheet

- Review your Goal Planning Sheet and answer the following questions:
 - Describe the progress you have made since you began working towards your goal. Review your short-term goals and steps to make sure that they are reasonable for you to accomplish in a short time period.
 - Review your ratings on the Satisfaction with Areas of My Life questionnaire from the Assessment and Goal Setting Module. Has your situation changed? Does your long-term goal still address your most important area?
 - Has your situation changed since you set your original long-term goal? If yes, how does that affect your long-term goal? Since you originally set your goals, you may have experienced a life change. Has that changed your priorities for your long-term goal?
 - Is the long-term goal that you selected originally still a priority for you?
- Since completing the Brief Strengths Test, Education about Psychosis and Processing the Illness modules, what strengths and resilient qualities have you identified in yourself? How could those be important in taking a step towards your goal?
- If your priorities or situation has changed and you want to change your long-term goal. Use the Goal Setting Handouts to help you complete a new Goal Planning Sheet.

Identify Challenges to Goal Attainment

Often when people set goals for themselves, they will encounter challenges and obstacles that create a barrier to achieving their goal. Before moving ahead in treatment, it can be helpful to identify challenges that you have faced since you set your goal or challenges that you might anticipate facing in the near future.

In the table below, there is a list of common barriers associated with achieving a goal. Review the list of barriers to goal attainment and mark the ones that have been an obstacle for you and the ones that have the potential to be in the near future.

Barriers to Goal Attainment
(Adapted from Clarke et al., 2006)

Barriers to Goal Attainment	Has Been Problem in Past	Potential to Be Problem
Not enough support (needed help filling out an application, didn't have a supporter to practice with, no financial support available)		
Physical Health problems (always tired, not sleeping)		
Mental Health problems (depressed, anxious, disorganized, fearful)		
Feelings of frustration, boredom, or unhappiness		
Not generally motivated (lost interest in the goal, goal no longer important to me)		
Goal was too difficult (steps seemed too big to complete)		
Goal was too easy (goal was no longer a challenge)		
Forgot to work on goal (difficulty remembering after session)		
Stressful relationships (arguments with my family)		
Goal no longer seemed achievable (lost confidence in ability to achieve goal)		
Tasks to complete goal did not seem relevant (homework did not match goal)		
People were critical of me choosing this goal (people made fun of my goal)		
No experience setting goals (don't understand how to set goals)		
Other:		
Other:		

Questions:

Of the barriers you identified, which ones did you find to be the most problematic (if any)?

What resources do you have that can help you overcome those challenges?

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

Which barriers would you like to overcome by developing an action plan?

1. _____

2. _____

3. _____

Why did you select those areas?

Keep these challenges in mind as you continue through the remainder of the handout. In topic #2: Planning the Next Steps-Developing an Action Plan, you will work collaboratively with your IRT clinician to decide on strategies to address the barriers you identified above.

Helpful Strategies You Learned in IRT

As you plan ahead in your treatment and recovery, you have an opportunity to recall what has been the most helpful to you in treatment thus far. The following section provides an opportunity to use the information that you have learned in IRT to help you plan what you want your treatment to look like and what strategies have the potential to be the most helpful.

The Goals and Strategies in the Standard Modules table will help you think about the Standard modules that you have completed with your IRT clinician. Review the

table with your clinician and identify which strategies you found to be the most helpful and why they were helpful and which strategies you are still using and why.

Goals and Strategies in the Standard Modules

Modules	Goals and Strategies	This was helpful because
Orientation	• Describe NAVIGATE and IRT • Practice relaxed breathing to cope with stress	
Assessment and Goal Setting	• Define wellness and resiliency • Identify strengths and areas of improvement • Set a personally meaningful goal • Break the goal into smaller manageable steps	
Education about Psychosis	• Review information about psychosis, substance use problems, and schizophrenia • Review information about psychiatric medications • Discuss strategies to improve taking medication • Identify common areas of stress • Develop a plan to cope more effectively with stress • Identify personal resilient qualities and how you have used them in your life	
Healthy Lifestyles	• Develop a plan to create healthy habits • Provide skills to improve nutrition and increase activity level. • Explore ways to get a good night's sleep. • Provide strategies to cut down or stop smoking cigarettes	
Developing a Wellness Plan	• Learn how to prevent the 3 common causes of symptoms coming back. • Learn to recognize early warning signs that symptoms may be returning.	

	• Identify action steps to respond to early warning signs • Develop a plan that you can share with others to help you stay well.	
Processing the Illness	• Understand the effects of a psychotic episode • Tell your own story • Challenge self-defeating thoughts and beliefs	
Developing Resiliency	• Explore your own resiliency • Learn strategies for building positive emotions • Identify strategies for using your strengths	

Questions:

Think about the strategies and information in the Standard modules that you found to be the most helpful. What do you think could be helpful moving forward towards achieving your goal? (For example, discovering that using your strength in creativity was helpful when making a plan for coping with stress and incorporating it into your Goal Planning Sheet.)

- What strategies could be helpful in achieving your goal and moving forward in treatment?

Explore areas for improvement

In this section, you can explore different areas in your life that are difficult or causing you some distress. First, answer the questions to help you identify which areas in your life are most distressing. The table that follows the questions will help you organize your answers and can be used in topic #2: Planning the Next Steps-Developing an Action Plan. Your answers to these questions will help you and your IRT clinician understand which areas of your life could interfere in your recovery and achieving your goals.

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

2. Have you been feeling depressed or sad recently? If yes, what has been making you feel depressed or sad?
3. Have you been feeling distressed or worried recently? If yes, what has been making you feel distressed or worried?
4. Have you been troubled by negative, self-stigmatizing thoughts about yourself and what having had a psychotic episode means about you and your life? Review your scores on the Self-Stigmatizing Beliefs Checklist, completed at the end of the Processing the Psychotic Episode module.
5. Have you been, troubled by upsetting memories, thoughts, or images related to your experience of psychotic symptoms or treatment experiences, or have you avoided situations that remind you of these experiences? Review your scores on the Post-Psychotic Episode Symptom Checklist, completed at the end of the Processing the Psychotic Episode module.
6. Sometimes, it is common for people to have experienced other sorts of stressful experiences in their lives, unrelated to their experience of psychotic symptoms. These are sometimes caused “traumas” or “traumatic events” and can sometimes lead to “post-traumatic stress disorder” (PTSD). If you and your clinician have talked about your having had these sorts of experiences, this is a good time to review how you are doing. Have you been troubled by upsetting memories, thoughts, or images related to other upsetting life experiences, or have you avoided situations that remind you of these experiences? Complete the PTSD Checklist (PCL) related to the same event as you were evaluated in your previous interview.
7. What experiences have you found to be most distressing recently? (For example, feelings of depression or anxiety, substance use, lack of motivation, difficulty connecting with friends and/or family, or irritability.)
8. Do you have any beliefs that are distressing to you? If yes, what are those beliefs and how distressing are they?
9. Have you heard any voices or noises that other people can't hear in the last week? If yes, how often have you heard them and how distressing have they been?

10. Have you had difficulties or consequences in your life related to using substances (i.e., legal problems, blacking out, losing friends)? If yes, what difficulties?
11. Do you feel an increased need to use substances to help you cope with distress or difficulties in your life? If yes, would you be interested in cutting down or stop using and finding a different way to cope with stress?
12. Have you had difficulty getting along with your friends and/or family members? If yes, what do you think is the problem?
13. Do you sometimes feel isolated and find it difficult to make friends or spend time with family members? If yes, would you be interested in learning strategies to connect with other people and find things to do with your time?

Areas of My Life I Would Like to Change

Area of my life	Causing some distress in my life	I would like to change
Experiences of depression or anxiety		
Stigmatizing beliefs about myself and my capabilities		
Posttraumatic stress disorder (PTSD) symptoms due to my psychotic episode or other traumatic life events		
Auditory hallucinations (voices)		
Distressing thoughts		
Substance use		
Friendships		
Enjoyable activities (hobbies or activities for fun)		

Family relationships		
Intimate relationships		
Physical Health		
Other:		

Questions:

Of the areas you identified, which areas would you most like to change?

1. _____

2. _____

3. _____

Why did you select those areas?

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

What resources do you have in those areas?

Home Practice Options

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

1. Discuss your goals and progress towards your goals with a family member or supporter. Ask them what changes they have noticed since you began treatment?
2. Put together a piece of art that captures the essence of your goals and the progress you have made in treatment. This could be a collage, a photograph, a drawing, a poem, or a short story. Share your artwork with a family member or friend.

Summary Points for Goal Setting Review

- *As you plan ahead in your treatment and recovery, it can be helpful to review your progress towards your goals, challenges you have faced, your strengths and areas you would like to continue to improve.*
- *Review your Goal Planning Sheet. Discuss your greatest accomplishment (step and/or goal you completed) and most problematic barrier.*
- *Review the modules that you have completed in IRT and the strategies you found to be the most and least helpful. Discuss how you could apply this information as you move forward in treatment.*

Topic #2: Moving Ahead with a Plan: Transitions in Treatment

The following sections explore the goals and strategies of the Individualized modules which can be combined with the information from the progress towards your goal, obstacles or barriers associated with your goal, and areas of your life that you want to change to help you decide how to best continue in your treatment.

Individualized Modules

The remainder of IRT is organized around what strategies and information will best help you in your recovery. You may decide to do none, one, or any combination of the Individualized modules depending on your needs and goals. The Individualized Module Table provides a list of the Individualized modules and their goals. Review the table with your IRT clinician and discuss which modules can help you as you work towards your goal.

Individualized Module Table

Individualized Module	Goals and Strategies	This could help me to:
Dealing with Negative Feelings	• Understand role of thinking underlying emotional reactions to situations • Learn how to recognize and change Common Styles of Thinking that can be associated with emotional distress • Learn the 5 Steps of Cognitive Restructuring to manage negative feelings • Use cognitive restructuring to reduce or eliminate self-stigmatizing thoughts, anxiety, depression, PTSD symptoms, distress related to hearing voices, thought about suicide or hopelessness	

Coping with Symptoms	• Identify symptoms that bother you • Learn coping strategies for the following symptoms as identified: depression, anxiety, hallucinations, sleep problems, low stamina and low energy, and worrisome thoughts	
Substance Use	• Learn strategies to deal with negative feelings, cravings and boredom that lead to substance use • Learn how to get support and use resiliency to overcome barriers to making a change in your substance use • Learn strategies to deal with social situations that lead to substance use • Developing a Plan to cut down or stop using substances	
Having Fun and Developing Good Relationships	• This module has 3 sub-modules	
A. Having Fun	• Strategies to revive interest and participation in previously enjoyed activities • Strategies to develop new fun activities • Strategies to get the most out of your fun	
B. Connecting with People	• Strategies to re-connect with old friends • Strategies to make new friends	
C. Improving Your Relationships	• Strategies to improve communication • Understanding how to manage disclosure • Learn strategies for picking up on social cues	

Developing Resiliency (done as part of each Individualized module or as a separate module)	• Recognize the benefits of gratitude and learn how to incorporate gratitude into daily life • Learn strategies and benefits of savoring and mindfulness • Learn active/constructive responding and the benefits for personal relationships • Recognize your priorities in life and develop a plan to start doing them • Learn how practicing acts of kindness can lead to positive emotions and improved relationships	

Questions:

Review your Goal Planning Sheet. Do any of the Individualized modules help you get closer to achieving your goal or offer skills that would help you achieve your goal? If yes, which ones?

Review the barriers that you faced as you worked towards your goal or potential barriers that you may face. Do any of the Individualized modules help you overcome those barriers? If yes, which ones?

Review the strategies you found helpful in the Standard modules. Do any of the Individualized modules help you build on those strategies? If yes, which ones?

Review the areas that you identified as causing distress or difficulty in your life. Do any of the Individualized modules help you learn strategies to cope more effectively? If yes, which ones?

Which of the Individualized Modules best fit with your goals for treatment and your recovery?

1. _____

2. _____

3. _____

Developing Personalized Treatment

The following chart can help you write down what you want to happen in your treatment. Review and discuss each section with your IRT clinician so your treatment reflects your needs and builds on your strengths.

Personalized Treatment Plan

What are my goals for treatment (personal goal, strengths, and areas of improvement)?

- 1.
- 2.
- 3.
- 4.

What strategies and/or strengths would I like to build in treatment?

- 1.
- 2.
- 3.
- 4.

I would like to continue in treatment with the following modules or if not continuing with the Individualized modules, list the steps to continue towards achieving personal goal:

- 1.
- 2.
- 3.
- 4.

I would like the following support as I continue treatment (people who can help me and how they can help me achieve my goal):

People

How to be helpful

- 1.
- 2.
- 3.
- 4.

Home Practice Option

1. Review your Personalized Treatment Plan with a family member or supporter. Discuss how your supporter can help you work towards your goal and move forward in your recovery. Be sure to share the information that you used to develop your plan (goals, barriers to goals, strategies from Standard modules, strengths, and areas of improvement)

Summary Points for Moving Ahead with a Plan– Transitions in Treatment

- *Treatment is a continued collaboration between you and your IRT clinician who can help inform you about the options in the Individualized modules.*
- *Deciding on your next steps in treatment involves taking into account information about your goals, progress towards your goals, barriers as you work towards your goals, your strengths and helpful strategies, and areas that you want to improve.*
- *Developing personalized treatment can be done by making a plan that discusses your goals for treatment and takes into account your personal goals, strengths, and areas of improvement along with the supporters who can help you move forward in your recovery.*

Clinical Guidelines for Dealing with Negative Feelings Module

OVERVIEW OF MODULE:

Negative feelings such as depression, anxiety, guilt, frustration, anger, and suicidal thinking are common in people who have experienced a first episode of psychosis. These feelings may be primary in people with a first episode of psychosis because depression and anxiety often precede the onset of psychotic symptoms. Negative feelings may also be related to the multiple losses and challenges associated with developing a major mental illness and its disruptive effects on people's lives. In addition, negative feelings may be related to psychotic symptoms such as hallucinations and delusions, which may be distressing in their own right or because they lead to unrealistic fears. Furthermore, significant numbers of individuals who have had an episode of psychosis have posttraumatic stress disorder (PTSD) due to traumatic experiences in their lives (not including psychotic symptoms and treatment), such as physical or sexual abuse or assault, the sudden unexpected death of a loved one, witnessing violence, or being in an accident, disaster, or type of mass violence. Finally, suicidal thinking and suicide attempts are often related to negative feelings, and are significant problems in first episode psychosis. It is important to address any suicidal thoughts as soon as they are detected.

This module focuses on teaching cognitive restructuring as a strategy for helping individuals reduce their negative feelings. Cognitive restructuring has a strong evidence base across multiple clinical populations for helping people reduce or eliminate negative feelings such as anxiety, depression, PTSD symptoms, and distress due to psychotic symptoms. Cognitive restructuring is based on the assumption that how people react emotionally to different situations, especially in terms of negative feelings, is strongly influenced by their thoughts and beliefs about themselves, other people, and the world in general. Teaching people how to recognize the thoughts that underlie their negative feelings, and to examine those thoughts critically, can often reduce the negative emotions associated with them.

Most individuals in IRT will have been taught a rudimentary approach to cognitive restructuring in the Processing the Psychotic Episode module (in the topic area of "Challenging Self-Defeating Thoughts and Beliefs"). In the Dealing with Negative Feelings module, a more powerful approach to cognitive restructuring is taught that is specifically tailored to address negative feelings. In the first topic area, "Taking Charge of Your Negative Feelings," the relationship between thoughts and feelings is established, and then individuals are taught how to recognize and challenge "Common Styles of Thinking," or inaccurate thinking patterns that often lead to negative feelings, such as "catastrophizing" and "all-or-nothing thinking." Recognizing and changing Common Styles of Thinking often reduces negative feelings.

In the second topic area ("Cognitive Restructuring for Negative Feelings"), a 5 step approach to cognitive restructuring is taught that builds on the Common Styles of Thinking. While recognizing and changing Common Styles of Thinking is useful for addressing negative feelings due to inaccurate thinking, the 5 Steps of Cognitive Restructuring is a more broadly applicable skill for dealing with negative feelings. Not only does the 5 Step method prompt individuals to develop an alternative more accurate thought when the evidence does not support their upsetting thought, it also prompts them to develop an action plan for dealing with situations in which a careful examination of the evidence indicates that the individual's concerns are realistic and need to be addressed. Early practice with the 5 Steps of CR focuses on using the skill to deal with any upsetting feelings. When the individual is

familiar with the skill, the clinician uses it to directly target symptoms related to negative feelings that the individual has endorsed.

An important part of the Dealing with Negative Feelings module is the evaluation of changes in distressing symptoms over the course of the module, using standardized measures that tap the specific symptoms that are being targeted. Depending on the negative feelings that are being targeted in the module, either previously administered measures are administered again over the course of the module to evaluate change and identify problematic symptoms, or new measures are administered at the beginning of the module and again to assess change.

Most individuals can be expected to complete this module in a total of 7-12 sessions. However, many individuals will continue to benefit from additional practice of cognitive restructuring after going onto another module. You can encourage individuals to continue practicing the cognitive restructuring skill after completing this module by collaboratively developing home assignments with them to practice the skill, briefly checking in with them about their progress in using it, and helping them troubleshoot difficulties they experience using the skill on their own.

In IRT, the Dealing with Negative Feelings module is one of two individualized modules for helping individuals address upsetting feelings. The other module is Coping with Symptoms, which addresses a variety of symptoms including depression, anxiety, psychotic symptoms, and negative symptoms by teaching strategies aimed at improving coping without attempting to examine the thoughts or beliefs underlying negative feelings associated with these symptoms. Individuals with negative feelings may benefit from either or both modules. Assessments of distressing symptoms should be given at the end of whichever module is provided first in order to determine whether providing the other module might also be helpful for addressing negative feelings.

Goals

1. Teach the skill of Cognitive Restructuring (CR) and Problem Solving/Action Planning as self-management tools to help the individual deal with negative feelings.
2. Help individual use these skills to deal with negative feelings such as depression and anxiety, including negative feelings related to self-stigmatizing beliefs, psychotic symptoms, PTSD symptoms, and hopelessness.

Handouts

Introduction to Dealing with Negative Feelings Module

1. Taking Charge of Your Negative Feelings
2. Cognitive Restructuring for Negative Feelings

Note: The 5 Steps of Cognitive Restructuring Note Card (optional) is included at the end of the Clinical Guideline for Handout #2.

MEASURES:

Based on the nature of the individual's negative feelings, standard measures are selected and used to track changes in symptoms from before, during, and after completion of this module. Blank copies are provided at the end of the Clinical Guidelines for this module. The following list summarizes the measures and when they are administered to individuals with corresponding symptoms:

1. Self-Stigmatizing Beliefs Checklist (SSBC): for individuals with persistent self-stigmatizing beliefs after the Processing the Psychotic Episode module, this questionnaire is completed at end of Processing the Psychotic Episode module, again at the beginning of the second topic area in this Dealing with Negative Feelings Module, "Cognitive Restructuring for Negative Feelings", and again at the end of that same topic area.
2. Post Psychotic Episode Symptom Checklist (PPESC); PTSD Checklist (PCL): for individuals with persistent PTSD symptoms *related to psychotic or treatment experiences* or for individuals with persistent PTSD symptoms *due to a traumatic event unrelated to their psychotic episode*, this questionnaire is completed again at the beginning of the second topic area in this Dealing with Negative Feelings Module "Cognitive Restructuring for Negative Feelings," and again at the end of that same topic area.
3. Depression Anxiety Stress Scale (DASS): for individuals with significant anxiety or depression, this questionnaire is completed 3 times: 1) at the beginning of the "Taking Charge of Your Negative Feelings" topic area of this Dealing with Negative Feelings module, 2) again at the beginning of the second topic area, "Cognitive Restructuring for Negative Feelings," and 3) again at the end of that same topic area.
4. Beliefs About Voices Questionnaire (BAVQ): for individuals with significant distress related to hallucinations, this questionnaire is completed 3 times: 1) at the beginning of the "Taking Charge of Your Negative Feelings" topic area of this Dealing with Negative Feelings module, 2) again at the beginning of the second topic area, "Cognitive Restructuring for Negative Feelings," and 3) again at the end of that same topic area.
5. Beck Hopelessness Scale (BHS): for individuals with significant suicidal thinking or behavior, this questionnaire is completed 3 times: 1) at the beginning of the "Taking Charge of Your Negative Feelings" topic area of this Dealing with Negative Feelings module, 2) again at the beginning of the second topic area, "Cognitive Restructuring for Negative Feelings," and 3) again at the end of that same topic area.

Key to abbreviations of assessments:

BAVQ	Beliefs About Voices Questionnaire
BHS	Beck Hopelessness Scale
DASS	Depression Anxiety Stress Scales
PCL	PTSD Checklist
PPESC	Post Psychotic Episode Symptoms Checklist
SSBC	Self-Stigmatizing Beliefs Checklist

GENERAL TEACHING STRATEGIES:

- All of the teaching in this module should be highly interactive in order to ensure that the individual understands the relevance of the concepts to their personal experiences, including: the relationship between thinking and feeling, the fact that thoughts leading to negative feelings may be inaccurate, the value of examining the accuracy of upsetting thoughts and changing them when they are inaccurate, and the value of developing an action plan to deal with situations in which the individual has a realistic concern.
- People are often slow to change their thoughts and beliefs, even in the face of strong evidence against them; when working with individuals to examine the accuracy of upsetting thoughts, it is often preferable to focus on helping individuals make smaller changes in their thoughts in order to make them more accurate, rather than major changes that the individual may resist or reject (e.g., emphasize the question of whether the thought or belief is completely accurate, or might contain some inaccuracies that could be corrected by another, less upsetting thought).
- When the individual decides that a thought is not entirely true, and a new, more accurate thought is developed, make sure that the individual believes that this new thought is indeed more accurate than the old one, and then check to ensure that the new thought is associated with less distress than the old one.
- You should always avoid directly confronting the individual about the accuracy of certain beliefs, and remember that the purpose of cognitive restructuring is to serve as an individual-guided self-management tool for dealing with negative feelings.
- First focus on helping individuals learn how to use cognitive restructuring to deal with any upsetting feelings. Then use cognitive restructuring to help the individual directly address distressing symptoms that they endorsed on the brief symptom measures given prior to this module or at the beginning of the module.

GENERAL INSTRUCTIONS FOR THE HANDOUTS:

- The Introduction to Dealing with Negative Feelings handout provides a brief rationale for the overall module, and a message of hope for the individual coping with negative feelings. The Taking Charge of Your Negative Feelings handout establishes the role of thinking in leading to negative feelings, and the fact that thoughts may be inaccurate and correcting them may reduce negative feelings and teaches individuals how to recognize and correct common but inaccurate thinking patterns (called Common Styles of Thinking). The Cognitive Restructuring for Negative Feelings handout teaches a 5-step skill for examining thoughts leading to upsetting feelings and either changing those thoughts (when they are inaccurate) or developing an action plan to address the upsetting situation (when the thoughts are accurate).
- Worksheets are included in the handouts that should be used to teach the skills in session, and for the individual to practice the skills as home assignments, including the Common Styles of Thinking Worksheet, the 5 Steps of Cognitive Restructuring Worksheet, and the Action Plan Worksheet.
- The individual should be encouraged to practice the skills taught in sessions as often as possible at home, with daily practice as the goal. It is important to make sure that individuals

have multiple blank copies of the worksheets at their disposal to increase the likelihood of success with home practice.

- A copy of The 5 Steps of CR note card is provided at the end of the Clinical Guidelines for handout #2 (Using Cognitive Restructuring for Negative Feelings). This optional card can be photocopied and given to individuals once they have a basic understanding of the CR skill and have used the 5 Steps of CR Worksheet with some success. The card is double sided with the 5 steps of CR on the front of the card and the Tips for Finding Evidence on the back side of the card. The purpose of the note card is to help individuals generalize the skills more easily within their day-to-day activities. They can put copies of the note card where they can easily find them (e.g., place in their wallets or purses, post in their rooms, put in their backpacks) to serve as a reminder of the steps of the skill. Individuals often appreciate having laminated copies, which are both more attractive and sturdier.
- The clinical guides for handout #1 and handout #2 refer to “brief symptom assessments.” The PPESC and SSBC were previously administered in the Processing the Psychotic Episode, a standard module. The PCL related to lifetime traumatic events was administered in the Bridging module to individuals where trauma or PTSD was endorsed by the individual (or suspected by the clinician). The DASS, BAVQ, and BHS are administered at the beginning of the Dealing with Negative Feelings module to individuals who have significant distress related to depression or anxiety, hallucinations, or suicidal thinking or behavior, respectively. Measures that tap symptoms that are being targeted for treatment in this module are given again after completing the first topic area (“Taking Charge of Your Negative Feelings”) and again after completing the second topic area (“Cognitive Restructuring for Negative Feelings”) to evaluate change. The following table summarizes key information about identifying target symptoms and using assessments for evaluating them:

Identifying Target Symptoms and Using Assessments for Evaluating Them

<u>Target symptom</u>	<u>Identification procedure</u>	<u>Baseline assessment for Dealing with Negative Feelings module</u>	<u>Follow up assessments for Dealing with Negative Feelings module</u>
Self-stigmatizing beliefs	High levels of self-stigmatizing beliefs present after the Processing the Psychotic Episode module	SSBC administered at end of Processing the Psychotic Episode module	SSBC at beginning and end of Topic 2 (Cognitive Restructuring for Negative Feelings)
PTSD symptoms related to psychotic episode	High levels of PTSD symptoms present after Processing the Episode module	PPESC administered at end of Processing the Episode module	PPESC at beginning and end of Topic 2
PTSD due to lifetime traumatic event(s)	Individual reports history of trauma and/or clinician suspects this and gets	PCL (score of 45 or over) administered in Bridging module	PCL at beginning and end of Topic 2

	confirmation from individual, reports of other treatment team members		
Depression	Individual self report; reports of other treatment team members	DASS at beginning of Topic 1 (Taking Charge of Your Negative Feelings) of Dealing with Negative Feelings module	DASS at beginning and end of Topic 2
Anxiety	Individual self report, reports of other treatment team members	DASS at beginning of Topic 1 of Dealing with Negative Feelings	DASS at beginning and end of Topic 2
Distress due to auditory hallucinations	Individual self report, reports of other treatment team members	BAVQ at beginning of Topic 1 of Dealing with Negative Feelings	BAVQ at beginning and end of Topic 2
Suicidal thinking	Individual self report, reports of other treatment team members	BHS at beginning of Topic 1 of Dealing with Negative Feelings	BHS at beginning and end of Topic 2

Topic #1: Clinical Guidelines for “Taking Charge of Your Negative Feelings”

OVERVIEW OF TOPIC:

After a brief overview of the topic area, you will initiate a brief discussion with the individual about negative feelings that they have recently experienced. Following this, you will establish the relationship between thoughts and negative feelings using the Thought-Feeling Model, how some thoughts may be inaccurate, and how correcting inaccurate thoughts may reduce those negative feelings. You will then introduce the Common Styles of Thinking, which are common but inaccurate ways of thinking about different situations, such as “catastrophizing” or “all-or-nothing thinking.” You will review each of the different Common Styles of Thinking to discuss why it is inaccurate and to prompt the individual to identify personal examples of when they may have engaged in that style. You will then show the individual how to use the Common Styles of Thinking Worksheet to evaluate upsetting thoughts, and develop a home practice assignment for the individual to begin recognizing and changing Common Styles of Thinking that lead to negative feelings.

Goals

1. Provide an introduction to the module and rationale for how these skills will be helpful for decreasing negative feelings.
2. Help individual understand common types of emotional distress and discuss their recent negative feelings.
3. Establish the relationship between thoughts and negative feelings, how thoughts may be inaccurate, and how correcting them may reduce negative feelings.
4. Introduce and teach individual how to recognize and change Common Styles of Thinking that lead to negative feelings in session and for home practice.

Handouts

1. Introduction to Dealing with Negative Feelings Module.
2. Topic handout #1 - Taking Charge of Your Negative Feelings.
3. Brief symptom assessments previously administered in the Processing the Psychotic Episode module (SSBC and PPESC) and Bridging module (PCL related to other lifetime traumatic events). Blank copies of these assessments are located at the end of the clinical guide for this module.
4. Additional brief symptom assessments to administer if the individual expresses problems with depression or anxiety (DASS), hallucinations (BAVQ), or suicidal thinking or behavior (BHS). Blank copies of these assessments are located at the end of the clinical guide for this module.

Key to abbreviations of assessments:

BAVQ	Beliefs About Voices Questionnaire
BHS	Beck Hopelessness Scale
DASS	Depression Anxiety Stress Scales
PCL	PTSD Checklist
PPESC	Post Psychotic Episode Symptoms Checklist
SSBC	Self-Stigmatizing Beliefs Checklist

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
<u>Session 1</u> - Introduction and Module Overview; Review/Discussion of individual's domains of emotional distress from assessments done in Processing the Psychotic Episode module (SSBC, PPESC) or Bridging module (PCL related to same lifetime traumatic event); administer the DASS if individual identifies problems with depression or anxiety, the BAVQ if problems with hallucinations, and the BHS if the individual has problems with suicidal thinking or behavior; Where do Negative Feelings Come From?; Changing Negative Feelings; Begin Common Styles of Thinking	<u>Session 1</u> - Introduction and Module Overview; Review/Discussion of individual's domains of emotional distress from assessments done in Processing the Psychotic Episode module (SSBC, PPESC) or Bridging module (PCL related to same lifetime traumatic event); administer the DASS if individual identifies problems with depression or anxiety, the BAVQ if problems with hallucinations, and the BHS if the individual has problems with suicidal thinking or behavior; Where do Negative Feelings Come From?; Changing Negative Feelings; Common Styles of Thinking
<u>Session 2</u> - Review of Where do Negative Feelings Come From? and Changing Negative Feelings; complete Common Styles of Thinking	<u>Session 2</u> - Practice recognizing and changing Common Styles of Thinking based on recent negative feelings experienced by individual
<u>Session 3</u> - Practice recognizing and changing Common Styles of Thinking based on recent negative feelings experienced by individual	
<u>Session 4</u> - Practice recognizing and changing Common Styles of Thinking based on recent negative feelings experienced by individual	

TEACHING STRATEGIES:

- For individuals with significant distress you should review the following brief assessments that were previously administered during the Processing the Psychotic Episode module (PPESC and SSBC). If these questionnaires were completed several weeks ago, they may no longer be completely accurate. If the individual indicates that their responses would be different now, the appropriate questionnaires should be given again. Blank copies can be found at the end of this clinical guideline.
- If the individual identifies problems with depression or anxiety, administer the DASS. If they identify problems with hallucinations, administer the BAVQ. If they have suicidal thinking or

behavior, administer the BHS. Blank copies of all three of these questionnaires can be found at the end of this clinical guideline. This allows for both you and the individual to have a good idea about the individual's persistent symptoms as well as some of the thoughts that underlie these symptoms (easily obtainable from the items on these assessments) that can be examined in this topic area and the following topic area.

- Make sure to spend time reviewing and discussing the completed assessments (see point above) with individual to discuss specific areas of distress that they currently experience (e.g., depression, anxiety, PTSD symptoms related to the episode or lifetime traumatic events, paranoid ideation, hallucinations, self-stigmatizing beliefs), and what changes (if any) they have noted since completing these assessments.
- Individuals will hopefully remember the relationship between thoughts and feelings that was first established in the “Challenging Self-Defeating Thoughts and Beliefs” topic area of the “Processing the Psychotic Episode Module.” It is important to review this here as well in order to remind the individual and to set the stage for recognizing and changing Common Styles of Thinking.
- In reviewing the relationship between thoughts and feelings, explain how a particular thought (even when potentially inaccurate) can greatly affect our feelings and cause distressing emotions, and that by learning to modify such thoughts, one can reduce these negative feelings that go along with having had an episode of psychosis. Use examples in the Thought-Feeling Triangle to help people identify how their own thoughts and feelings are connected.
- The Common Styles of Thinking described in the handout should be reviewed with the individual. For each Common Style, you should discuss with the individual:
 - Why the style is inaccurate
 - What might be a more accurate thought for the examples of the Common Style provided in the handout
 - Possible examples of when the individual engaged in that Common Style of Thinking
 - Possible alternative, more accurate thoughts for any personal examples of Common Styles of Thinking
- Note that the different Common Styles of Thinking overlap with each other, and that a particular thought might fall into a few categories simultaneously. It's most important that individuals understand what a “Common Style” is and why it is something to look out for and address; it is less important that individuals are able to perfectly define and differentiate between each of the categories.
- The Common Styles of Thinking Worksheet should be assigned for home practice following the introduction of this skill, even if you don't get through all of the Common Styles in a single session. Individuals should be encouraged to complete as many entries as they can between sessions. Highlight for individuals that the more they practice the skill of recognizing Common Styles of Thinking and developing more helpful or realistic thoughts, the easier and more useful this skill will become.

TIPS FOR COMMON PROBLEMS:

- Some individuals initially have difficulty differentiating between thoughts and feelings. Validate and normalize this issue with the individual, as this is common, especially for people first learning this skill. If the problem is significant, you can skip ahead to the Guide to Thoughts and Feelings, which is part of the next topic area, Handout #2, Cognitive Restructuring for Negative Feelings. The Guide to Thoughts and Feelings is specially designed to help people recognize their thoughts and feelings and differentiate between the two.
- Be prepared for some individuals to struggle with, or seem resistant to changing their thoughts (via the Common Styles of Thinking Worksheet) initially. To address this, you should:
 - “Back up” and start with less-distressing and/or less “personal” thoughts. It is often easier for individuals to initially learn and practice this skill by either 1) using a more “generic” example, 2) pretending it’s someone else’s thought, not theirs (e.g., “a friend”), or 3) giving an example from your own life if appropriate (this is within your clinical judgment of course, and should not be an overly personal example).
 - Validate that perfect understanding and use of the skill can be difficult at first. *“You may have been thinking this way for a long time, so it can be difficult to change right away, that is totally understandable”* and normalize the individual’s reaction. For example, you can say something like, *“Most people do feel a bit frustrated at first, it gets easier with practice; you are doing a great job though.”*
- Keep in mind that although most individuals understand and resonate with the Common Styles of Thinking, some find it somewhat abstract. These individuals may find it easier to learn the 5 Steps of Cognitive Restructuring, taught in the next topic area.

EVALUATING GAINS:

- After completing this topic area, it may be helpful to assess the individual’s understanding of the basic concepts taught by asking the following questions:
 1. What is the relationship between thoughts and feelings?
 2. Are the thoughts that people have in different situations always correct?
 3. How can changing inaccurate thoughts related to negative feelings improve those feelings?
 4. What are some examples of the Common Styles of Thinking? Which ones do you tend to use a lot?
- Make sure that the individual has a basic grasp of the relationship between thoughts and feelings and the value of closely examining thoughts that lead to negative feelings. Individuals will have demonstrated this by their ability to work through the Common Styles of Thinking Worksheet in session with you, and on their own for home practice. You should provide additional teaching, examples, and practice as needed to increase individuals’ understanding.
- Some individuals have difficulty learning to apply the abstract nature of recognizing and changing Common Styles of Thinking to the negative feelings they experience in their daily lives, but find the 5 Steps of Cognitive Restructuring (taught in the next topic area) easier to

learn. If the individual still has difficulty grasping the how to use the Common Styles of Thinking by the end of the fourth session, move onto the next topic area anyway.

- The same questionnaires that were selectively reviewed at the beginning of this module (SSBC, PPESC, PCL, DASS, BAVQ, and BHS) are administered again at the beginning of the next topic area (“Cognitive Restructuring for Negative Feelings”). Changes in distress related those questionnaires targeting symptoms related to negative feelings indicate improvements over the course of the topic area.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR TAKING CHARGE OF YOUR NEGATIVE FEELINGS:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide an introduction to the module and rationale for how these skills will be helpful for decreasing negative feelings.	• Review the Introduction/Overview handout in session. • Explain the different types of emotional distress/negative feelings (aka, symptoms). • Mention how cognitive restructuring and problem-solving/action planning skills can alleviate this distress/help individual make progress towards recovery.
Help individual understand common types of emotional distress and discuss their recent negative feelings.	• Review brief symptom assessments previously administered (SSBQ, PPESC, PCL due to lifetime traumatic events), and/or assessments given at beginning of topic area (DASS, BAVQ, BHS) • Discuss scores and (for previously administered questionnaires) differences between current symptom levels and initial symptom levels assessed prior to this topic area.
Establish the relationship between thoughts and negative feelings, how thoughts may be inaccurate, and how correcting them may reduce negative feelings.	• Explain the how people react and feel in different situations is influenced by what they think in those situations. • Initiate discussion of “Jeff” in handout, how some thoughts he has are more accurate than others, how changing inaccurate thoughts reduce negative feelings. • Complete the Thought-Feeling Model with a generic example from the individual. • Use other examples, either generic or ones from individual’s clinician’s own experiences, to illustrate basic concept.
Introduce and teach individual how to recognize and change Common Styles of Thinking that lead to negative feelings in session and for home practice.	• Introduce Common Styles of Thinking, and why each one is inaccurate. • For each, prompt individual to identify more accurate thoughts for examples • Help individual identify personal examples. • Help individual practice identifying and changing thoughts that lead to negative feelings using the Common Styles of Thinking Worksheet.

Topic #2: Clinical Guidelines for “Cognitive Restructuring for Negative Feelings”

OVERVIEW:

This topic area focuses on teaching and helping individuals practice the 5 Steps of Cognitive Restructuring (CR) as a self-management skill for dealing with negative feelings:

1. Describe the situation
2. Describe the negative feeling
3. Identify the thought underlying the negative feeling
4. Evaluate the evidence supporting and not supporting the thought
5. Take action by either changing the thought if it is inaccurate or developing an action plan to address the situation if the thought is accurate.

The 5 Steps of CR skill builds upon what the individual has already learned about recognizing and changing Common Styles of Thinking that lead to negative feelings in the previous topic area (“Taking Charge of Your Negative Feelings”). In addition to helping people develop more accurate thoughts when the evidence doesn’t support their thoughts, the 5 Steps of CR also helps individuals develop an “action plan” for dealing with situations in which a careful examination of individual’s concerns reveals they are realistic and need to be addressed. A step-by-step approach to developing an effective action plan is provided. You will teach the 5 Steps of CR in session, and develop home practice assignments with the individual to use the skill on their own. Initially, you will focus on using a generic example to help the individual understand the 5 Steps of CR, followed by actual examples of negative feelings, including those based on symptom assessments.

Goals

1. Evaluate changes in distressing symptoms assessed on questionnaires following completion of the previous topic area (“Taking Charge of Your Negative Feelings”).
2. Teach the 5 Steps of CR in session and help individual practice the skill repeatedly in-session and for home practice.
3. Help individual take “ownership” of the 5 Steps of CR as a “self-management” skill.
4. Help individual use the 5 Steps of CR to address specific, previously-endorsed symptoms.
5. Evaluate changes in distressing symptoms assessed on questionnaires after completing this topic area.

Materials Needed

1. Completed copies of the brief symptom assessments previously administered (SSBC, PPESC, PCL, DASS, BAVQ, and BHS) and blank copies (to evaluate change at end of topic area).
2. Topic handout #2: Cognitive Restructuring for Negative Feelings.

Note that The 5 Steps of Cognitive Restructuring Note Card (optional) is included at the end of this Clinical Guideline

Note that The 5 Steps of Cognitive Restructuring Note Card (optional) is included at the end of this Clinical Guideline

Key to abbreviations of assessments:

BAVQ	Beliefs About Voices Questionnaire
BHS	Beck Hopelessness Scale
DASS	Depression Anxiety Stress Scales
PCL	PTSD Checklist
PPESC	Post Psychotic Episode Symptoms Checklist
SSBC	Self-Stigmatizing Beliefs Checklist

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
<u>Session 1</u> - Review changes in distress related to symptoms on brief symptom assessments; assessment that tap targeted distressing symptoms should be re-administered at the beginning of the topic area as needed (e.g., SSBC, PPESC, PCL, DASS, BAVQ, BHS); Teach the 5 Steps of CR and Making Effective Action Plans	<u>Session 1</u> - Review changes in distress related to symptoms on brief symptom assessments; assessment that tap targeted distressing symptoms should be re-administered at the beginning of the topic area as needed (e.g., SSBC, PPESC, PCL, DASS, BAVQ, BHS); Teach the 5 Steps of CR and Making Effective Action Plans
<u>Session 2</u> - Review the 5 Steps of CR skill; practice the 5 Steps of CR on recently experienced negative feelings	<u>Session 2</u> - Review the 5 Steps of CR skill; practice the 5 Steps of CR on recently experienced negative feelings
<u>Session 3</u> - Practice the 5 Steps of CR on recently experienced negative feelings	<u>Session 3</u> - Target specific symptoms using 5 Steps of CR
<u>Session 4</u> - Practice the 5 Steps of CR on recently experienced negative feelings	<u>Session 4</u> - Target specific symptoms using 5 Steps of CR
<u>Session 5</u> - Target specific symptoms using 5 Steps of CR	<u>Session 5</u> - Target specific symptoms using 5 Steps of CR; Review and discussion of gains made; provide copies of 5 Steps of CR note card (optional)

Session 6- Target specific symptoms using 5 Steps of CR	
Session 7- Target specific symptoms using 5 Steps of CR	
Session 8- Target specific symptoms using 5 Steps of CR; Review and discussion of gains made; provide copies of 5 Steps of CR notecard (optional)	

TEACHING STRATEGIES:

- Only the assessments that tap targeted distressing symptoms should be re-administered at the beginning of the topic area (SSBC, PPESC, PCL, DASS, BAVQ, BHS, as needed). Sum up the scores of assessments that were given, and discuss with the individual any changes that have been observed since the time they were first completed and now.
- Explore possible reasons for any improvements in distress related to symptoms, including the individual learning how to recognize and correct Common Styles of Thinking in Topic 1 of this module. Normalize lack of change by explaining that it takes time and practice to change distressing symptoms, and that the next topic area (“Cognitive Restructuring for Negative Feelings”) will focus even more on specific symptoms in order to provide the individual with relief. Assure the individual that with practice, they will likely see reductions in distress related to symptoms.
- When teaching the 5 Steps of CR, it is important for you, in session and early on, to lead the individual through the 5 Steps to their successful completion so that they can see how the skill works in a personal example, and can directly experience a reduction in distress following the use of the skill. This is most effective when you first try to focus on examples of negative feelings that appear to be clearly related to inaccurate thoughts which, if modified, will reduce the negative feeling.
- Once the individual has experienced a reduction in distress after using the 5 Steps of CR, you should gradually shift to having the individual take the lead on initiating each step of the skill, while providing support and prompting as needed.
- It is crucial for you to take a gentle (yet straightforward) approach when helping individuals to learn and practice this skill: you should use the Socratic Method (asking probing questions rather than giving answers) in guiding individuals through the 5 steps. This type of style is preferable (particularly in the Step 4: Evaluate your Thought and Step 5: Take Action) to telling the individual the evidence and crafting a new thought for them.
- Focus on teaching cognitive restructuring as a self-management skill, rather than a way of changing the individual’s thoughts and feelings, so that once the individual learns the skill, they will use it independently to reduce negative feelings.
- Help the individual begin using the 5 Steps of CR as soon as possible after a negative feeling or problem situation has been identified. The cue for skill use is any type of distress experienced.

- Don't get bogged down during the 5 Steps of CR and fail to get through all the steps in a single session. In order to ensure that individuals are encouraged and reinforced for using cognitive restructuring when they feel upset, they must repeatedly experience relief from using the skill in sessions with you. This can only occur if you strive to get through all 5 Steps of CR within a session, and avoid only working on one situation over multiple sessions.
- Be aware that in some situations, dealing with upsetting feelings may necessitate the development of both a new thought *and* an action plan. Sometimes an individual is able to change their thought (i.e., from *"My siblings hate me since I developed psychosis"* to *"My siblings may not be sure how to be helpful to me, and I may have been avoiding them a bit, too"*) which brings some distress reduction. However, a plan of action may also be needed to further alleviate negative feelings that linger. For example, the individual might want to include an action plan such as the following: *"1) Call my sister next week and talk to her about my feelings; 2) Invite my brother out for coffee this weekend; 3) Tell my mom I would like to schedule a family dinner; 4) Remind myself of my new thought before and after I talk to them."*
- You can provide generic examples of thoughts and feelings to help individuals practice the skill of CR, including:
 - *Situation:* You are invited to a party. *Upsetting Thought/Feeling:* *"They don't want me to come, they just feel sorry for me"/depressed.*
 - *Situation:* Your boss calls you into his office after the work day. *Upsetting Thought/Feeling:* *"I'm about to get fired"/anxious and fearful.*
 - *Situation:* You call a cousin on the phone and after one day she has not returned your call. *Upsetting Thought/Feeling:* *"She must have gotten in a car accident and is seriously injured or dead, and that's why she hasn't called"/fearful.*
- You can also ask probe questions to help the individual generate personal examples to use for 5 Steps of CR practice, such as:
 - *Did you find yourself feeling worried or anxious at all this past week? In which situations?*
 - *Did you feel down or sad this past week? What happened?*
 - *How did you feel about yourself this week? When did you start feeling that way, what were you doing at the time?*
 - *Let's think about some times during the past week where you felt stressed out. What was going on then?*
 - *What kinds of things did you struggle to take care of this week? What got in the way?*
- While each individual's specific triggers and associated thoughts will be different, individuals who have experienced a first-episode of psychosis often note some of the following situations and distressing thoughts, which can be used as examples in practicing the 5 Steps of CR:
 - *"I don't feel like doing anything during the day, so I can't."*

- *“Other people aren’t interested in me at all.”*
- *“I don’t have anything to say at family gatherings or parties because I’m not doing anything in my life.”*
- *“I’m not the same person I used to be, so I can’t accomplish anything.”*
- *“Seeing all these doctors and doing all these treatments aren’t going to make any difference.”*
- Individuals should be encouraged to practice the 5 Steps as home practice as often as they can: daily practice is the goal. It is important to make sure that individuals have multiple blank copies of the handouts at their disposal to increase the likelihood of success with home practice.

To find more examples to use in the 5 Steps of CR, it is helpful to review the most recently completed brief symptom assessments and discuss with the individual which areas still cause persistent distress. Brief symptom assessments are described in the clinical guide to handout #1: the SSBC, PPESC, PCL, DASS, BAVQ, and BHS. Use clinical judgment, scores on the assessments and individual preference in collaboratively deciding which symptoms to focus on in this section.

- Once symptom areas for continued 5 Steps work are decided upon, when possible it is best to start by taking specific items from the particular assessments and helping the individual create workable thoughts to use for 5 Steps practice in session, for example:
 - PCL: “Avoid thinking about or talking about the stressful experience” → *“If I talk about the hospital, my family will make me go back there for sure.”*
 - DASS: “I felt that life wasn’t worthwhile” → *“My life is worthless because I am young and sick.”*
 - BAVQ: *“My voice will harm or kill me if I disobey or resist it.”*
- Once the individual has had more in-session practice with using the 5 Steps with specific symptoms (or “negative feelings”), encourage home practice of the 5 Steps to focus on them.
- In many cases, individuals will need to both modify their inaccurate thought *and* create an action plan with coping strategies to deal with the symptom. This is particularly true when dealing with voices. For example, an individual may be able to successfully modify the inaccurate thought, *“I need to do everything my voice tells me to or else I will be in danger,”* but will also benefit from a detailed action plan around how to cope with this symptom. An action plan for coping with command hallucinations might include steps such as the following: *“When I hear the voice command me I will, 1) do relaxation breathing practice, 2) put headphones on, 3) call my neighbor on the phone for support, and 4) remember my new thought about the voices not being as powerful as I think given my past experiences with ignoring them”.*
- When working with paranoid thinking, it can be helpful in Step 4 (Evidence) to help the individual use the following strategies in order to generate good evidence against the thought:

- Assess the likelihood that the feared event will occur (*“How likely is it that people end up being assaulted on the street by strangers in the middle of the day?”* or *“How often do you hear about Psychiatrist s poisoning their patients, and are there any reasonable motivations for a doctor to do this?”*).
 - Come up with as many reasonable alternative explanations for the situation as possible (*“What might be some other reasons that the man on the train glanced at you sideways when you stepped on?”*).
 - Be very careful to not dismiss or minimize the individual’s perception of risk, but instead help them to logically assess the evidence.
 - Be sure to not confront delusional beliefs or note them as definitely false; instead use Socratic questioning to guide the individual through the steps of the skill as you would with any other type of potentially inaccurate belief.
- In order to help the individual use the 5 Steps of CR more easily in their day-to-day activities, and to wean them from using the worksheet, you have the option of giving the individual a 5 Steps of CR note card that summarizes each step on a small card that can be carried in the wallet or purse. A reproducible copy of this card is provided at the end of the clinical guidelines for this topic area. The card is double sided with the 5 steps of CR on the front of the card and the Tips for Finding Evidence on the back side of the card.
 - Reinforce small gains in the individual’s ability to use the 5 Steps of CR. It takes time and effort to learn this skill, and gains often occur very slowly over time and with repeated practice.
 - At the end of the topic area, administer the same questionnaires that tap targeted distressing symptoms that were previously administered at the beginning of this topic area (SSBC, PPESC, PCL, DASS, BAVQ, and BHS). Sum up the scores of questionnaires that were given, and discuss with the individual any changes that have been observed since when they were first completed, when they were completed again at the beginning of this topic area, and the current administration. Reinforce any improvements, however small. Reassure the individual that improvements often continue to happen as the person gets more experience practicing the 5 Steps of CR.

TIPS FOR COMMON PROBLEMS:

- Sometimes during the evaluation of the thought (Step 4 of the 5 Steps of CR), reviewing the evidence for and against the upsetting thought reveals that either too little information is known to make a firm judgment about its accuracy, or the evidence appears contradictory, with some good evidence supporting it but other good evidence against it. In these situations, it can be helpful to make a plan with the individual to gather additional information that will lead to more evidence about the accuracy of the thought.
 - The plan could simply involve the individual obtaining more factual information about the concerning thought. For example, if the individual was concerned that a class she was planning on taking at her local community college was “above her head,” but she had little information about expectations and requirements for the class, she could make a plan to obtain more information about the class by talking with the teacher, her academic advisor, someone else in the college department, and/or another student who has taken

the class. The individual could then include this information in weighing the evidence for and against her upsetting thought, with your help if needed.

- Alternatively, you could develop a plan with the individual that involves them behaving in a different way (or ways) in order to obtain more information about the accuracy of a concerning thought. This strategy is often called a *behavioral experiment*. When developing a behavioral experiment, first establish with the individual that the evidence for and against the upsetting thought is either ambiguous or contradictory. Then, explain that the two of you can collaborate on conducting an “experiment” to obtain additional information about the thought or belief—appeal to the individual’s curiosity and desire for objective evidence to determine whether the thought is accurate. Develop an experiment that involves the individual trying to do something differently from the way they usually do things, or doing something in two different ways to see what the result is. *For example, if the individual is anxious that other people can read his thoughts, but acknowledges that the evidence supporting the belief is debatable, an experiment could be set up in which the individual is in a social situation with strangers (such as sitting in the waiting room for a clinic appointment or riding the bus), and first deliberately thinks of a bland thought (such as “it feels like a nice day today”), and then changes the thought to one that would be more surprising and expected to create a reaction from the stranger (such as “I will give \$20 to the first person who comes over and asks for it”). If the strangers don’t appear startled or look over (or approach them) when the individual thinks the surprising thought, this is evidence that other people can’t read the individual’s mind. The individual could conduct this experiment in several different situations so the results are more dependable, and he could then review them with you in the IRT session. When developing such an experiment with the individual, it is important that the behavior change is something that the individual is willing to do and does not present any realistic harm to them. It is also important to discuss with the individual in advance how the results of the experiment will be interpreted in light of the concerning thought (i.e., what results would support the thought and what would not support it?).*
- As is the case with teaching individuals how to recognize and change the Common Styles of Thinking described in the previous topic area, some individuals initially have difficulty differentiating thoughts from feelings. Validate and normalize this issue with the individual as common, especially for people first learning this skill. Spend time reviewing the Guide to Thoughts and Feelings to help the individual identify thoughts underlying negative feelings.
- Some individuals struggle with, or seem resistant to, changing their thoughts, even when the evidence clearly does not support the thought. To address this, you should:
 - Focus on skill development, and do not become invested in changing the individual’s mind. This avoids a potential problem of *psychological reactance* (i.e., the tendency to strongly resist others’ attempts to control one’s behavior). Having the individual generate evidence is more effective than when the therapist provides it, because people are more inclined to believe evidence that they themselves identify than that supplied by others. You should always avoid direct confrontation about the accuracy of certain beliefs.
 - Validate that changing one’s thoughts is not an easy task at first. “*You may have been thinking this way for a long time, so it can be difficult to change right away, that is totally understandable*” and normalize the individual’s reaction. “*Most people do feel a bit frustrated at first, it gets easier with practice; you are doing a great job though.*”

- Initiate a collaborative, non-confrontational discussion around the pros and cons of “holding onto” versus “giving up” certain beliefs. This can help individuals step back from their emotional investment in some of these thoughts and increase motivation to adopt new, more accurate beliefs.
- Some individuals may have difficulty learning the 5 Steps of CR or report that the skill is too burdensome and needs to be simplified. In these cases, you should consider the following strategies:
 - Enlist the help of a family member or a significant other to prompt individuals to use the skill and help them with the steps when they get stuck in their day to day practice.
 - Note that individuals do not have to learn all 5 Steps of CR to learn the essence of the cognitive restructuring skill; instill hope that this skill can be made simpler.
 - The steps of CR can be simplified into three basic steps: (1) recognize the feeling; (2) identify the bad thoughts (inaccurate or exaggerated thoughts) leading to the upsetting feeling; (3) change the thought (ask the question: “is there another way of looking at this?”)

EVALUATING GAINS:

- As you and the individual go through this topic area, it is very important to periodically assess how much the individual has learned about the 5 Steps of CR. You can assess the individual’s knowledge using the following questions:
 1. What is the purpose of the 5 Steps of CR? How might it help you?
 2. What’s the cue for deciding to use the skill? That is, how do you know when it’s a good time to use the 5 Steps of CR?
 3. How do you choose which thought to examine in the 5 Steps of CR?
 4. What is important to remember when you are evaluating the evidence for and against your thought in Step 4 of the 5 Steps of CR?
 5. How do you know when you should change your thought in Step 5? How do you know when you should develop an Action Plan?
- To determine whether the individual is able to use the 5 Steps of CR on their own, evaluate the extent to which the 5 Steps of CR Worksheets are completed by the individual as a home assignment, and whether the individual reports that using the skill reduced negative feelings.
- At the end of this topic area, improvements in the brief assessment questionnaires for distressing symptoms that were targeted in the module (SSBC, PPESC, PCL, DASS, BAVQ, BHS) is an indicator of improvement in negative feelings. If negative feelings persist, consideration should be given to engaging the individual in the Coping with Symptoms individualized module.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR TEACHING COGNITIVE RESTRUCTURING FOR NEGATIVE FEELINGS:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Evaluate changes in distressing symptoms assessed on questionnaires following completion of the previous topic area ("Taking Charge of Your Negative Feelings").	• Re-administer questionnaire(s) that tap distressing symptoms targeted for treatment at beginning of the previous topic area (SSBC, PPESC, PCL, DASS, BAVQ, and BHS). • Score questionnaires, discuss changes and similarities in ratings compared to initial scores. • Praise improvements and explore reasons for gains. • Normalize lack of improvements and explain it takes time and practice to improve distressing symptoms.
Teach the 5 Steps of CR in session and help individuals practice the skill repeatedly in-session and for home practice.	• Go through each step of the skill in detail using a generic example initially. • Have individual come up with some examples to use in session for practice. • Assess for distress reduction following completion of 5 Steps of CR practice. • Encourage daily practice at home and problem-solve around potential obstacles. • Prompt individual as needed to remind them of the steps and how to go through the skill.
Help individual take "ownership" of the 5 Steps of CR as a "self-management" skill.	• Have individual take the lead on completing the worksheets in session. • Prompt individual as needed to remind them of the steps and how to go through the skill. • Shift to a less-directive teaching stance and more to providing guidance, prompts, and encouragement. • Encourage individual to continue daily practice at home. • Help individual eventually reduce reliance on written worksheets over time. • Provide and reinforce use of 5 Steps note card (optional). • Enlist help of a support person (e.g., family member) to encourage practice outside of session.
Help individual use the 5 Steps of CR to address specific, previously-endorsed symptoms.	• Review the brief symptom assessments (such as SSBC, PPESC, DASS, BAVQ, and BHS as described in clinical guide for handout #1).

	• Use combination of assessment scores, clinical judgment and individual preference to determine which symptoms to address. • Help individual translate endorsed items from brief symptom assessments into thoughts appropriate for CR. • Go through several examples in-session and monitor individual's use of this skill to address these symptoms. • Have individual use the 5 Steps of CR for home practice to deal with specific symptoms. • Encourage daily use of the 5 Steps of CR for coping with symptoms and negative feelings. Highlight helpfulness of both modifying and inaccurate thought and creating an action plan to cope with the symptom as appropriate.
Evaluate changes in distressing symptoms assessed on questionnaires after completing this topic area.	• Re-administer questionnaire(s) that were given at the beginning of this topic area (SSBC, PPESC, PCL, DASS, BAVQ, and BHS). • Reinforce gains and explore reasons why, such as practicing the 5 Steps of CR. • Normalize if the individual experiences persistent distress and encourage them to continue to practice cognitive restructuring with the expectation that more practice will lead to greater gains. • Explore with the individual whether they would benefit from the Coping with Symptoms module.

Self-Stigmatizing Beliefs Checklist (SSBC)

Individual Name / ID _____

Date: _____

Instructions: Listed below are some common beliefs that people develop after they have experienced an episode of psychosis. Place a check in the box if you have found yourself having that particular thought. You and your clinician can discuss these upsetting thoughts and work on learning to challenge them in order to reduce some negative feelings you may be having over the past several weeks.

- ☐ I will never get better or recover.
- ☐ I am to blame for what happened.
- ☐ I am crazy and always will be.
- ☐ I can't trust myself because of what happened.
- ☐ I cannot be trusted because of what happened.
- ☐ I have no control over my actions now.
- ☐ I'm unpredictable or dangerous.
- ☐ I am unable to get or keep a regular job.
- ☐ I will never be able to have meaningful relationships or a family.
- ☐ I will lose control at any moment.
- ☐ I will be unable to care for myself because of what happened.

*Adapted from: Bruce Link, Ph.D., unpublished assessments

Post-Psychotic Episode Symptom Checklist (PPESC) (PCL)

Individual Name / ID _____

Date: _____

Instructions: Below is a list of problems and complaints that people sometimes have in response to psychotic symptoms or treatment experiences. Please read each one carefully, and then circle one of the numbers to the right to indicate how much you have been bothered by that problem over the past month. In your responses, please refer to your most upsetting experience(s) related to your psychotic episode. These experiences should be the same experiences you identified in the Processing the Psychotic Episode module.

My most upsetting experience(s) related to my psychotic episode:

Problem or Complaint

In the past month how were you bothered by:	Not at all	A little bit	Moderate	Quite a bit	Extreme
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing <i>dreams</i> of the stressful experience?	0	1	2	3	4
3. Suddenly <i>feeling</i> or <i>acting</i> as if the stressful experience <i>were happening again</i> (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling <i>very upset</i> when <i>something reminded you</i> of the stressful experience?	0	1	2	3	4
5. Having strong <i>physical reactions</i> when <i>something reminded you</i> of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding <i>memories, thoughts or feelings related to the stressful experience</i> ?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects or situations)?	0	1	2	3	4

8.	Trouble <i>remembering important parts</i> of the stressful experience?	0	1	2	3	4
9.	Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10.	Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11.	Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12.	<i>Loss of interest</i> in activities that you used to enjoy?	0	1	2	3	4
13.	Feeling <i>distant</i> or <i>cut off</i> from other people?	0	1	2	3	4
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	0	1	2	3	4
15.	Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16.	Being " <i>super-alert</i> " or watchful or on guard?	0	1	2	3	4
17.	Being " <i>super-alert</i> " or watchful or on guard?	0	1	2	3	4
18.	Feeling <i>jumpy</i> or easily startled?	0	1	2	3	4
19.	Having <i>difficulty concentrating</i> ?	0	1	2	3	4
20.	Trouble falling or staying asleep?	0	1	2	3	4

Depression Anxiety Stress Scale (DASS)

Individual Name / ID _____

Date: _____

Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3

19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

Beliefs About Voices Questionnaire-Revised (BAVQ – R)

Individual Name / ID _____

Date: _____

There are many people who hear voices. It would help us to find out how you are feeling about your voices by completing this questionnaire. Please read each statement and tick the box which best describes the way you have been feeling in the *past week*.

If you hear more than one voice, please complete the form for the voice which is dominant.

Thank you for your help.

		Disagree	Unsure	Slightly Agree	Strongly Agree
1	My voice is punishing me for something I have done				
2	My voice wants to help me				
3	My voice is very powerful				
4	My voice is persecuting me for no good reason				
5	My voice wants to protect me				
6	My voice seems to know everything about me				
7	My voice is evil				
8	My voice is helping to keep me sane				
9	My voice makes me do things I really don't want to do				
10	My voice wants to harm me				
11	My voice is helping me to develop my special powers or abilities				
12	I cannot control my voices				
13	My voice wants me to do bad things				
14	My voice is helping me to achieve my goal in life				
15	My voice will harm or kill me if I disobey or resist it				

		Disagree	Unsure	Slightly Agree	Strongly Agree
16	My voice is trying to corrupt or destroy me				
17	I am grateful for my voice				
18	My voice rules my life				
19	My voice reassures me				
20	My voice frightens me				
21	My voice makes me happy				
22	My voice makes me feel down				
23	My voice makes me feel angry				
24	My voice makes me feel calm				
25	My voice makes me feel anxious				
26	My voice makes me feel confident				

When I hear my voice, usually...

		Disagree	Unsure	Slightly Agree	Strongly Agree
27	I tell it to leave me alone				
28	I try and take my mind off it				
29	I try and stop it				
30	I do things to prevent it talking				
31	I am reluctant to obey it				
32	I listen to it because I want to				
33	I willingly follow what my voice tells me to do				
34	I have done things to start to get in contact with my voice				
35	I seek the advice of my voice				

Beck Hopelessness Scale (BHS)

Individual Name / ID _____

Date: _____

This questionnaire consists of 20 statements. Please read the statements carefully one by one. If the statement describes your attitude for the past week, including today, fill in the circle indicating TRUE in the column next to the statement. If the statement does not describe your attitude, fill in the circle indicating FALSE in the column next to this statement. Please be sure to read each statement carefully. Do not leave any statements blank.

1. I look forward to the future with hope and enthusiasm.	☐ True	☐ False
2. I might as well give up because there is nothing I can do about making things better for myself.	☐ True	☐ False
3. When things are going badly, I am helped by knowing they can't stay that way forever.	☐ True	☐ False
4. I can't imagine what my life would be like in ten years.	☐ True	☐ False
5. I have enough time to accomplish the things I want to do.	☐ True	☐ False
6. In the future, I expect to succeed in what concerns me most.	☐ True	☐ False
7. My future seems dark to me.	☐ True	☐ False
8. I happen to be particularly lucky, and I expect to get more of the good things in life than the average person.	☐ True	☐ False
9. I just don't get the breaks, and there's no reason to believe I will in the future.	☐ True	☐ False
10. My past experiences have prepared me well for the future.	☐ True	☐ False
11. All I can see ahead of me in unpleasantness rather than pleasantness.	☐ True	☐ False
12. I don't expect to get what I really want.	☐ True	☐ False
13. When I look ahead to the future, I expect I will be happier than I am now.	☐ True	☐ False
14. Things just won't work out the way I want them to.	☐ True	☐ False
15. I have great faith in the future.	☐ True	☐ False
16. I never get what I want, so it's foolish to want anything.	☐ True	☐ False
17. It's very unlikely that I will get any real satisfaction in the future.	☐ True	☐ False
18. The future seems vague and uncertain to me.	☐ True	☐ False
19. I can look forward to more good times than bad times.	☐ True	☐ False
20. There's no use in really trying to get something I want because I probably won't get it.	☐ True	☐ False

5 Steps of CR Note Card

The 5 Steps of CR:

What is:

1. The Situation?
2. My upsetting Feeling?
3. My upsetting Thought?
4. Evidence FOR the thought?
Evidence AGAINST the thought?

5. Take Action!

Does the Evidence support thought?
NO: What is a more accurate Thought?
YES: Make an Action Plan for situation.

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NO: What is a more accurate Thought?
YES: Make an Action Plan for situation.

Tips for Finding Evidence

Ask Yourself:

- ☐ If this is a Common Style, why?
- ☐ Is there any other way to look at this?
- ☐ What would you say to a friend in this situation?
- ☐ Is this a feeling, an opinion, or a fact?
- ☐ Do you think other people would see it this way?
- ☐ Has there been any time where there has been an exception to this being true?
- ☐ What is different about you now than before?
- ☐ How would any person in this situation be expected to respond?
- ☐ Looking back, what were you supposed to do in that situation given your age, circumstance, etc.?

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- ☐ Looking back, what were you supposed to do in that situation given your age, circumstance, etc.?

Introduction to Dealing with Negative Feelings

Introduction and Module Overview

Negative feelings such as depression and anxiety can make people feel miserable, and rob them of the joys of life. However, experiencing persistent and strong negative feelings is not something that you have to passively accept and live with. In this module, you will learn how you can take charge of your negative feelings by understanding where they came from and critically examining the thoughts and beliefs underlying them. By challenging negative and inaccurate thoughts, you can get relief from your upsetting feelings. In addition, when thoughts or concerns are realistic and present a genuine problem, developing an effective action plan for dealing with the situation can reduce those negative feelings in the long run by resolving the problem.

In this module we will:

- ❖ Explore what negative feelings you have been experiencing recently.
- ❖ Discuss where negative feelings come from, and how thoughts can lead to feelings.
- ❖ Consider how thoughts related to negative feelings are not always accurate.
- ❖ Learn how to recognize and change inaccurate thinking styles that lead to negative feelings.
- ❖ Learn the skill of cognitive restructuring for dealing with negative feelings by examining the evidence for and against the thoughts underlying negative feelings, and then either:
 - Change those thoughts when they are inaccurate, or
 - Make an action plan to address the problem when the thoughts are accurate.
- ❖ Apply the skill of cognitive restructuring to examine and reduce distressing feelings associated with symptoms and upsetting thoughts.

This module focuses on helping you deal with negative feelings more effectively by understanding the relationship between thoughts and feelings.

We will also help you learn cognitive restructuring as a skill for coping with negative feelings by examining the evidence supporting the upsetting thought, and either changing it when it's inaccurate or developing an action plan when the concern is realistic.

A Message of Hope:

Negative feelings can be difficult to bear and can detract from your enjoyment of life. You may feel hopeless or helpless about your ability to control your negative feelings. However, there is a solid foundation for hope.

In this module, you'll be taught how to take charge of your negative feelings by using the skill of cognitive restructuring. This skill has proved helpful to thousands of people struggling with negative feelings such as depression, anxiety, and guilt. By taking charge of your negative feelings, you will regain control over your life, including your ability to achieve your goals. All it takes is some patience and a willingness to practice.

Topic #1: Taking Charge of Your Negative Feelings

Experiencing negative feelings like sadness, anxiety, or anger is a common part of everyday living. These feelings may be especially common in reaction to different experiences people have in their lives, such as a loss of something, concern over oneself or another person, or anger or resentment at being wronged. Sometimes negative emotions can get out of control and completely dominate the person's life. This is especially common when people have experienced a significant disruption in their life.

The topic of this handout addresses where negative feelings come from, and how thoughts can lead to feelings. Furthermore, thoughts that are related to feelings are not necessarily accurate. This leads to a discussion of common patterns or styles of inaccurate thinking that people often engage in that lead to negative feelings. By learning to recognize how thinking affects feelings and challenging and changing the inaccurate thoughts underlying upsetting feelings, you can begin to take charge of your feelings.

These are common types of negative feelings or distress that people in a situation similar to yours have reported experiencing:

- Depression
- Thoughts about suicide, hurting oneself, or life not being worth living
- Anxiety
- Hearing voices
- Having feelings or thoughts that others may mean me harm (paranoia)
- Post-traumatic feelings or symptoms related to upsetting experiences, including events related to having a psychotic episode

Questions:

- *Have you experienced any negative feelings recently? If yes, which ones from the list?*
- *Are there other negative feelings that you have recently been experiencing?*

Where Do Negative Feelings Come From?

In any particular situation, the feelings that people have are influenced by the thoughts and beliefs they have in that situation.

For Example:

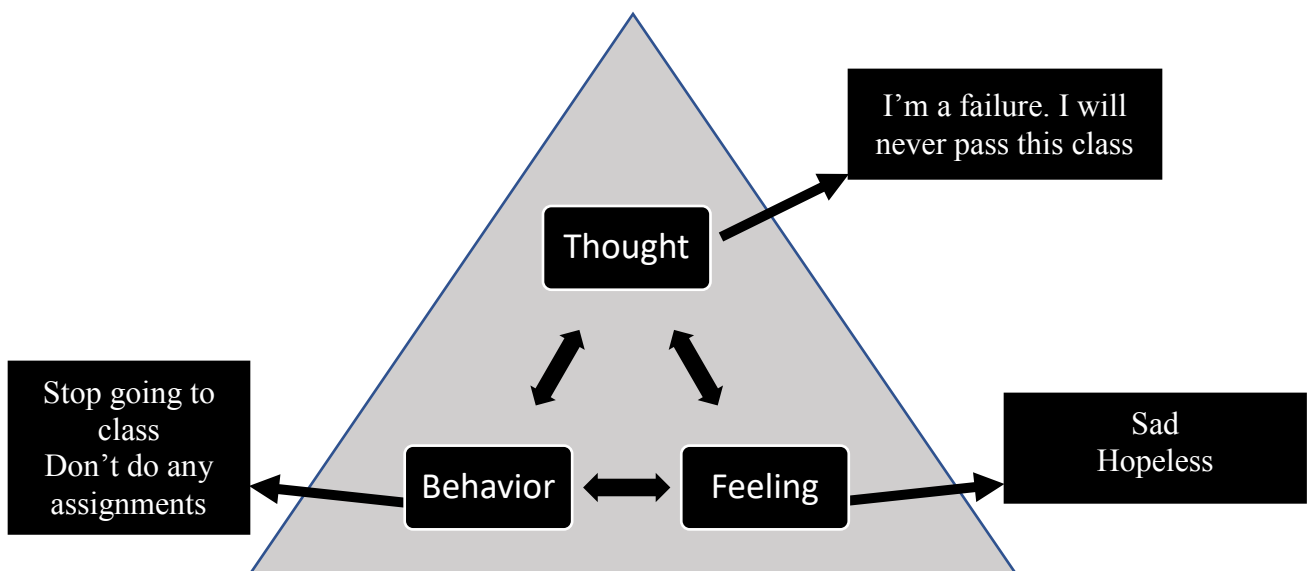
If Jeff got a poor grade on a test and thought, *"I'm a failure - I'll never pass this class and get my degree,"* how would he feel?

On the other hand, if Jeff thought *"This is really no problem, I'll probably do better next time,"* how would he feel?

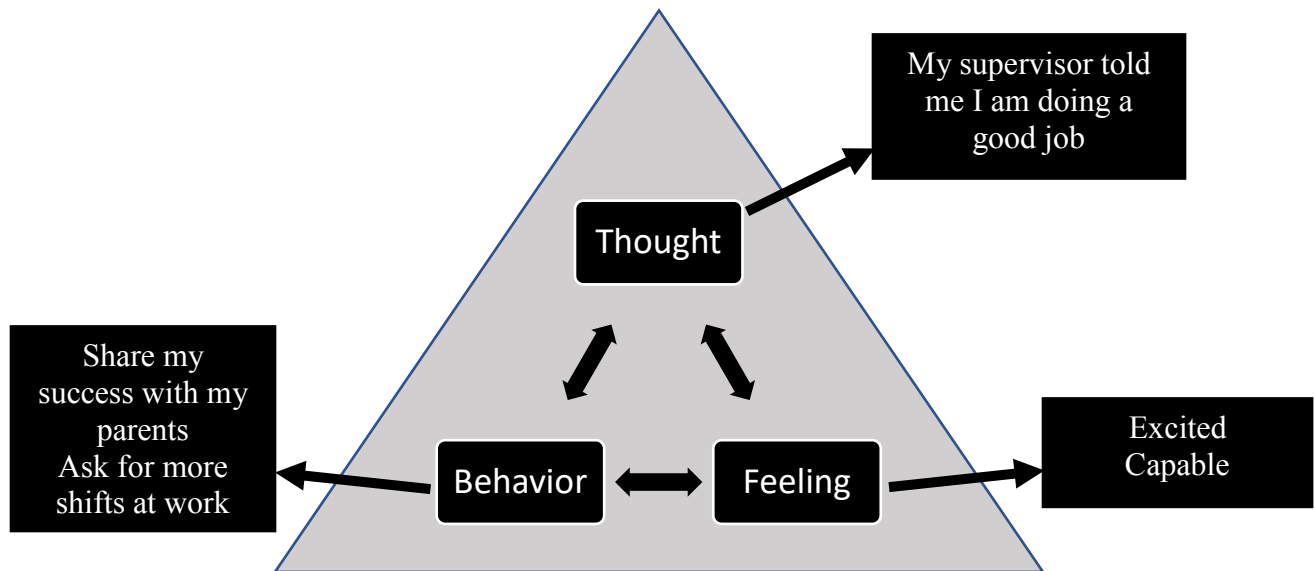
Thought-Feeling Triangle

Even though it may not seem this way, our feelings don't come from out of nowhere. In fact, our feelings are usually caused by our thoughts and beliefs. That means that if we are feeling sad, it is likely we are having a thought that is making us feel that way, such as "I'm a worthless person." And if we "buy into" that thought over time, we will likely continue to feel sad.

The same goes for other emotions like anxiety, fear, anger, or shame. These feelings are related to certain thoughts or beliefs we have. How do we start to have these thoughts and beliefs in the first place? These beliefs about ourselves and the world and other people come from past experiences. This is called the "Thought-Feeling Triangle."



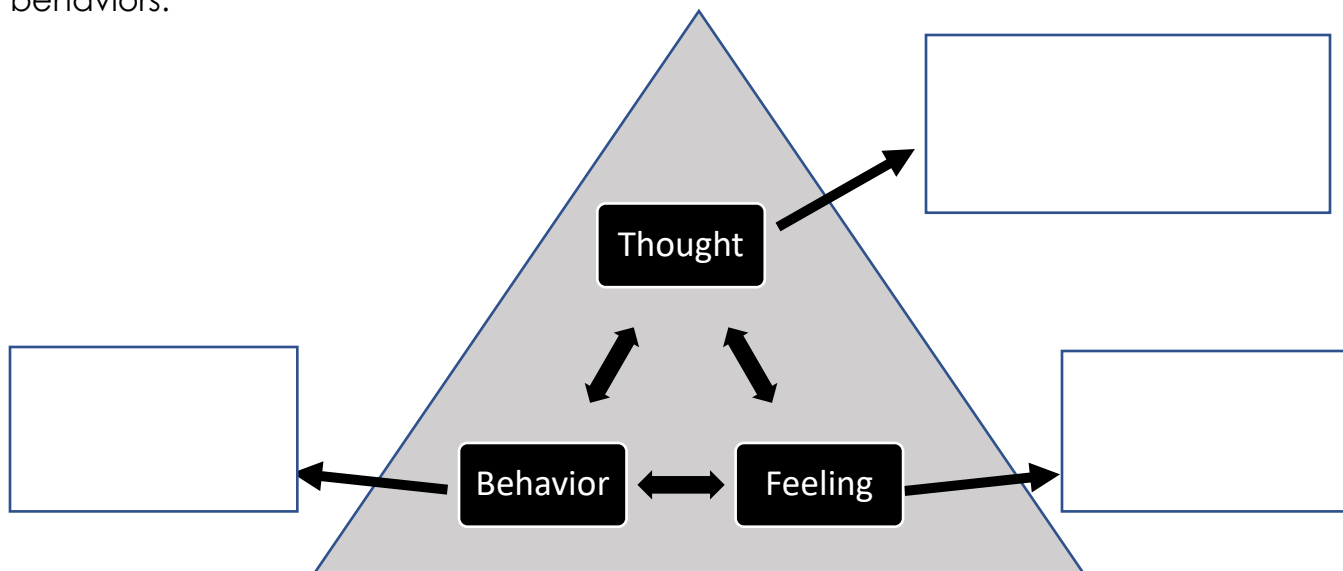
The Thought-Feeling Triangle helps us understand how our beliefs are related to our thoughts and feelings for both negative feelings and positive feelings. In the previous example, Jeff was experiencing negative feelings. The Thought-Feeling Triangle also can be used to help explain the experience of positive feelings. Look at the Thought-Feeling triangle below for a person who gets a complement from their boss at work who says, "You are doing a really good job with customer service".



Check it Out

Now it is your turn to try completing a Thought-Feeling triangle for a recent situation that you have experienced. Think about a time recently when something good happened to you or when something upsetting happened. Write down what happened:

Fill in the boxes in the Thought-Feeling Triangle to identify your thoughts, feelings, and behaviors.



Not all thoughts or beliefs are completely accurate. In fact, sometimes they can be downright wrong. We all have inaccurate beliefs from time to time – it is very common.

Questions:

Consider the following questions about Jeff's thought that *"I'm a failure—I'll never pass this class and get my degree"*:

- Why might his thought not be completely accurate?
- Just because Jeff got a poor grade on the test, does that mean he will fail his class?
- Just because Jeff got a poor grade on his test, does that mean that he is not going to get his degree? Why?
- What might be a more accurate statement that Jeff could say to himself in this situation? How would he feel if he thought this instead of his original thought?

Changing Negative Feelings

As you can see from the example of Jeff above, changing upsetting and inaccurate thoughts can reduce negative feelings. You can also see that in some situations, negative feelings may be related to accurate, realistic concerns. In these situations, coming up with a plan for dealing with the concern can resolve the problem and reduce the negative feelings.

Questions:

- If Jeff came up with a new and more accurate thought after doing poorly on the test, such as *"I am concerned about my performance on this test and how I can be better prepared for the next test,"* how would he feel?
- What are some strategies Jeff might try to address his concern?

For the rest of this topic area, we will focus on identifying and challenging inaccurate thoughts that lead to negative feelings. In the next topic area, we will continue work on this and also address how to resolve problem situations that lead to negative feelings.

Common Styles of Thinking

(Adapted and modified from Burns, 1989)

As you now know, what people think in a situation can be inaccurate and unnecessarily lead to negative feelings. There are a number of patterns or "Common Styles of Thinking" in which people draw inaccurate conclusions that lead to negative feelings. Being able to recognize when your negative feeling is due to an inaccurate Common Style of Thinking can help you change your thought to a more accurate one, and reduce or eliminate your negative feelings. Below is a list of Common Styles of Thinking. For each Common Style:

- Consider why the thoughts listed under each style of thinking are examples of *inaccurate* thoughts.
- Think of a more accurate thought.
- Try to think of a personal example of when you engaged in that specific Common Style of Thinking.
- For your own examples, try to think of a more accurate thought for each situation.

All or Nothing Thinking

The world is seen in extremes with nothing in between. For example:

- “Since I’m not perfect, I’m a failure.”
- “The world is a totally dangerous place.”

Overgeneralization

A single distressing event is seen as a never-ending pattern. When something bad happens, it is assumed that it will happen again and again. For example:

- “Because I went through this psychosis, I will never have a decent life.”
- “My first time with medications didn’t go well, so I’m sure they will never work for me.”

Must,” “Should” or “Never” Statements

These are unwritten rules or expectations for how people think they should behave, that are not based on facts. These “rules” may have been learned when growing up and they may seem unchangeable. When they cannot be followed, they are distressing. For example:

- “I must take serious precautions on the train since people are likely out to get me.”
- “I should be able to live on my own at this age.”

Catastrophizing

These thoughts occur when one focuses on the most extreme and distressing possible outcome. The thoughts often come out of the blue or following a minor problem when the person assumes the very worst will happen. For example:

- “I’m never going to get any better and my whole life will be a failure because I had this experience”
- “I didn’t do well on this exam, so I know I’m going to flunk the class.”

Emotional Reasoning

This occurs when the person's feelings determine what he or she thinks or believes, even when there is no 'hard' evidence to support it. Just because a person feels something, it doesn't mean it's true. For example:

- "I feel anxious and afraid, so I must be in danger."
- "I feel ashamed, so I must be a bad person."
- "I feel sad, so my life must be hopeless."
- "I feel angry, so somebody must have wronged me."
- "I don't feel like this date is going well, therefore, it is not going well."

Overestimation of Risk

The person thinks the risk of something is much greater than the evidence supports. For example:

- "I'm not going to take a walk because I might be attacked."
- "I'm not going to drive because I might get into a car accident."

Inaccurate or Excessive Self-blame

The person blames himself or herself for something he or she had little or no control over or responsibility for. For example:

- "It's all my fault that I developed psychosis."
- "I'm responsible for my parents' divorce."

Mental Filter

These thoughts occur when the person focuses only on negative aspects of something and ignores the positive aspects. By focusing on the negative, the person does not see the "whole picture" and feels worse than necessary.

- After fumbling for words in a conversation, you tell yourself, “I’m such a screw-up, I made a total fool of myself.”
- Your boss gives you positive feedback about your work, but then recommends improving one area. You think, “My boss is unhappy with my performance.”

Check it Out

Negative feelings can be the result of inaccurate thoughts, such as the Common Styles of Thinking described above. In order to know whether any negative feelings that you have are due to Common Styles of Thinking, and to correct those thoughts and improve your feelings, use the Common Styles of Thinking Worksheet (provided at the end of this handout) and follow these steps:

- Use the worksheet when you have a negative feeling, such as feeling anxious, depressed, annoyed, or guilty
- Describe the current situation in which you are having the negative feeling
- Identify the thought that is leading to your negative feeling
- Evaluate whether your thought is a Common Style of Thinking
- If it is, change your thought to a more accurate one

Home Practice Options

1. Practice completing the Thought-Feeling Triangle for upsetting situations for a week. Review the thoughts you identify and see if you notice any patterns or Common Styles of Thinking.
2. Practice noticing and changing Common Styles of Thinking that lead to negative feelings using the Common Styles of Thinking Worksheet provided at the end of this handout. Try to practice this skill at least one day each week to examine any upsetting thoughts you have that lead to negative feelings.
3. Share this worksheet with a family member or friend and ask him or her to help you examine some of your upsetting feelings that may be due to Common Styles of Thinking.

Summary Points for Taking Charge of Your Negative Feelings

- *Negative feelings are related to thoughts and beliefs that people have in different situations.*
- *Sometimes underlying thoughts are inaccurate and unnecessarily lead to negative feelings.*
- *Common Styles of Thinking are inaccurate patterns of thinking in certain situations that lead to negative feelings.*
- *Identifying an upsetting thought as a Common Style of Thinking, and changing it to a more accurate one, can reduce negative feelings or make them go away entirely.*

Common Styles of Thinking Worksheet

Directions: When you begin to feel distressed or upset, first ask yourself, “What am I thinking right now that is causing this feeling?” Write down your thought on the worksheet. Next, identify whether the upsetting thought is a Common Style of Thinking (see #1 Taking Charge of Your Negative Feelings handout for description of Common Styles of Thinking). If it is, indicate which Common Style(s) on the worksheet. Then, come up with a more realistic or helpful thought and write that new thought down on the worksheet. You should notice a reduction in your negative feeling with your new thought compared to your old one.

* More than one Common Style of Thinking may be related to the distressing feeling.

<i>SITUATION</i>	<i>Upsetting Thought/feeling</i>	<i>Common Style of Thinking*</i>	<i>More helpful or realistic thought</i>
Example: On Friday at noon I was walking down the street when I saw a friend, but she did not say hello to me.	She must not like me anymore. / Sad	Catastrophizing	Maybe she did not really see me. Maybe she was distracted and was thinking about something else.

Topic #2: Cognitive Restructuring for Negative Feelings

You have learned that what you think in different situations influences how you feel. You also know that not all thoughts or beliefs that lead to negative feelings are completely accurate—such as Common Styles of Thinking—and that correcting these thoughts can reduce or eliminate these feelings (as described in topic area #1 for this module, Taking Charge of Your Negative Feelings). However, you also know that some thoughts related to negative feelings are accurate, and you need to be able to address the problems in those situations in order to deal with those negative feelings.

This topic area will focus on teaching the skill of cognitive restructuring for dealing with negative feelings. You will learn a simple, 5-step method for using cognitive restructuring to examine the evidence supporting upsetting thoughts, and either changing your inaccurate thoughts to more accurate ones, or developing an action plan for dealing with realistic, accurate concerns. By learning and practicing cognitive restructuring, you'll have a valuable tool for dealing with any negative feelings you experience in your life.

The 5-Steps of Cognitive Restructuring

The 5 Steps of Cognitive Restructuring (CR) is a step-by-step skill for dealing with negative feelings. When you experience a negative feeling, go through the 5 steps to deal with the feeling. A worksheet for recording each of the 5 steps, and an example of a completed worksheet, is provided at the end of this handout. A brief description of each of the steps is provided below.

1. Describe the situation. Describe what was happening to you or around you when you experienced your negative feeling.
2. Identify the upset feeling. Identify what feeling(s) you were experiencing in the situation. You may have experienced a variety of different feelings. Focus on the strongest, most upsetting feeling you were having.
3. Identify the thought underlying the feeling. A number of different thoughts might be related to the negative feeling. Write down any upsetting thoughts related to the feeling that you can think of. Then, identify which thought is the most upsetting one, and focus on that thought when you move on to Step #4. If you have trouble figuring out what you're most upsetting thought

is, use the Guide to Thoughts and Feelings provided at the end of this handout after the 5 Steps of Cognitive Restructuring Worksheet. After you have identified the most upsetting thought, consider whether that thought might be one of the Common Styles of Thinking, described in the previous topic area on Dealing with Your Negative Feelings.

4. Evaluate the evidence for and against the thought. Focus on evidence that is objective and factual, and not just based on feelings. Think of evidence that is the type someone could present in a court of law to convince a jury that something was true. If in the previous step you identified the thought as a possible “Common Style of Thinking”, which means your thought is probably inaccurate, and you should carefully look for evidence that *does not* support your thought.
5. Take action. If your thought was not supported by the evidence, come up with a new, more accurate thought related to the situation. This new thought should be more believable than the old thought was. The new thought should also be associated with a reduction in your negative feeling. If your review of the evidence concludes that the thought *is accurate*, you need to develop an action plan to deal the situation. The steps of developing an action plan are described below.

The 5 Steps of CR is a skill for dealing with any negative feelings you may have.

1. **Describe the situation.**
2. **Identify the upset feeling.**
3. **Identify the thought underlying the feeling.**
4. **Evaluate the evidence for and against the thought.**

Take action by coming up with a new more accurate thought OR by developing an action plan to deal with the situation.

Making Effective Action Plans

It is important to develop a specific plan for dealing with an upsetting situation in order to either resolve the situation or prevent it from happening again. An effective action plan can be developed by following the six steps described below. This process is also described in your Family Education Program and Supported Employment and Education sessions as problem solving using the same steps. An action plan worksheet is also included at the end of this handout.

1. Define the goal of the action plan. Be as specific as possible. Consider what you would like to see changed as a result of the action plan.
2. Brainstorm possible strategies. Think of different strategies for achieving the goal of your action plan. Don't evaluate your strategies yet—just focus on thinking of as many different strategies as possible.
3. Evaluate the different strategies. Weigh the advantages and disadvantages of each possible strategy for achieving your goal. Consider how hard it might be to implement each strategy, and what the chances are that the strategy will solve the problem.
4. Choose the best strategy or strategies. Pick one or two strategies that appear most likely to be effective in helping you achieve the goal of your action plan. Sometimes a combination of strategies is most effective.
5. Make a plan to implement the selected strategies. Make a specific plan to implement the strategy or strategies you selected. Consider what resources you may need to implement the plan, such as information, skills, money, or help from another person. Think of any possible obstacles to implementing your plan, and solutions to those obstacles.
6. Set a time and date to follow up on your plan and do additional work on it if the goal has not yet been achieved. Sometimes an action plan is effective the first time you try it, and other times you may need to do additional work on it, or try some of the other strategies you identified. Setting a date to follow up on your plan will ensure that you keep working on it until your goal has been achieved. Your planned date should not be more than a week away from when you developed your original plan.

When thoughts are related to negative feelings are accurate, you can address the problem situation by developing an effective action plan.

1. **Define the goal of the action plan.**
2. **Brainstorm possible strategies.**
3. **Evaluate the strategies.**
4. **Choose the best strategy or strategies.**
5. **Make a plan to implement the selected strategies.**
6. **Set a time and date to follow up on your plan.**

Check it Out

The 5 Steps of Cognitive Restructuring (CR), including the steps for developing an action plan, can be used to help you deal with any negative feelings you experience. With the help of your clinician, try using the 5 Steps of CR in session to address some negative feelings you have recently experienced.

Cognitive Restructuring and Symptoms

Learning how to use cognitive restructuring can be a helpful strategy for dealing with any negative feelings that you may have in your day-to-day life. Once you are familiar with the steps of cognitive restructuring, you can also use it to examine, challenge, and get relief from your distressing symptoms. Negative feelings related to symptoms such as depression, anxiety, traumatic experiences, hearing voices, and thoughts of hopelessness and hurting yourself can all be addressed and improved using the 5 Steps of CR.

Questions:

Consider the following symptoms and distressing thoughts drawn from some of the standard questionnaires that you completed. Ask yourself “What might be the upsetting feeling? What might be the distressing thought?”

- “I will never get better or recover”
- Repeated disturbing, memories, thoughts, or images of a stressful experience
- “I felt I wasn’t worth much as a person”
- “My voice is punishing me for something I have done”
- “I never get what I want so it’s foolish to want anything”

Check it Out

With your clinician, review some of the answers you gave on the questionnaires that you recently completed about your distressing symptoms. Pick one or two items that you indicated that you had strong negative feelings about. For each item, try using the 5 Steps of CR in session to examine the thoughts related to the associated

negative feeling. If the thought is *not accurate*, change it to one that is more accurate. If the thought is accurate, develop an action to deal with the situation. For each item that you carefully examine, see if your distress level goes down.

Practice, Practice, Practice!

Cognitive restructuring is a skill for dealing with negative feelings that takes practice in order to get good at it. Like any other skill, such as bowling or playing a musical instrument, the more you practice, the better you will get at it. Over time, and with practice, cognitive restructuring can become a natural part of how you handle any negative emotions on a day-to-day basis. The more you practice, the greater mastery you'll have over your negative feelings and your ability to pursue and achieve your personal goals.

Home Practice Options

1. Practice using the 5 Steps of CR Worksheet during the next week to carefully examine any thoughts you have related to negative feelings. If you conclude that there is strong evidence supporting a thought, use the Action Plan Worksheet to make a plan to address the situation. Try to practice this skill at least one day each week to address any negative feelings you may be having.
2. Share the 5 Steps of CR and Action Plan worksheets with a family member or friend and ask them to help you examine some of your negative feelings.
3. With your clinician, pick several distressing symptoms from the questionnaires to examine using the 5 Steps of CR over the next week—work on only one item at a time.
4. Share the 5 Steps of CR worksheet with a family member or friend and ask for their help in addressing one of your distressing symptoms from one of the questionnaires.

Summary Points for Cognitive Restructuring for Negative Feelings

- *The 5 Steps of Cognitive Restructuring is a skill for dealing with negative feelings that helps you critically examine the thoughts underlying your feelings.*
- *Changing inaccurate thoughts related to negative feelings can reduce those feelings.*

- *Developing an effective action plan for dealing with realistic concerns about upsetting situations can resolve those problems, and reduce the negative feelings associated with them.*
- *The 5 Steps of Cognitive Restructuring is a useful tool for dealing with negative feelings and helping you move forward with your life.*
- *The 5 Steps of Cognitive Restructuring can help you deal with negative feelings resulting from symptoms and upsetting thoughts.*

Sample of the 5 Steps of Cognitive Restructuring Worksheet

(Adapted and modified from Mueser, Rosenberg, and Rosenberg 2009)

Directions: Review this worksheet with your clinician and refer to this example to demonstrate how the steps of the skill work.

1. SITUATION

Ask yourself, “What happened that made me upset?” Write down a brief description of the situation.

Situation:

I was invited to a family BBQ that will take place next week at the house of my cousin who is my age and just graduated from college.

2. FEELING

Circle your strongest feeling (if more than one, use a separate sheet for each feeling):

Fear/Anxiety

Sadness/Depression

Guilt/Shame

Anger

3. THOUGHT

Ask yourself, “What am I thinking that is leading me to feel this way?” Use your Guide to Thoughts and Feelings handout to identify thoughts related to the feeling circled above. You may identify more than one thought related to the feeling. Write down your thoughts below, and circle the thought most strongly related to the feeling.

Thoughts:

I won't have anything interesting to say at the party and I will feel uncomfortable. Everyone will know that I have been in the hospital just by looking at me.

We're the same age and she's perfect at everything and I've done nothing worthwhile at all ever in life.*

Is this thought a Common Style of Thinking? If yes, circle the one:

All-or-Nothing

Over-Generalizing

Must/Should/Never

Catastrophizing

Emotional Reasoning

Overestimation of Risk

Self-Blame

Mental Filter

4. EVALUATE YOUR THOUGHT:

Now ask yourself, “What evidence do I have for this thought?” “Is there an alternative way to look at this situation?” “How would someone else think about the situation?” Write down the answers that do support your thought and the answers that do not support your thought.

Things that DO support my thought:

- She's just graduated from college.
- She rents her own apartment and has enough money to have a BBQ for everyone._
- I had to drop out of school last year.
- I'm bored most of the day and I don't have a job.

Things that DO NOT support my thoughts:

- I know she has gone through a lot of troubles herself like having some health scares and recent break-up with her fiancé – her life probably doesn't feel perfect to her.
- Just because someone has their own apartment and a BBQ and a college degree doesn't mean they are perfect or better than me._
- I didn't have a choice about leaving school – it's not like I was lazy and didn't go to class. I got really stressed out and had too many problems to continue at that time.
- My goal is to get my life back on track and I am working on it each week.____
- I want to go back to school and have my own apartment at some point and I am taking steps to make that happen in the future._
- I have succeeded in other areas in my life prior to going to the hospital like in sports in high school and I also completed a challenging wilderness course a few years ago.

There are people in my life who I trust who have told me that I am a worthwhile person.

5. TAKE ACTION!

Next, ask yourself, “Do things mostly support my thought or do things mostly NOT support my thought?”

☐ NO, the evidence does not support my thought.

If the evidence does NOT support your thought, come up with a new thought that is supported by the evidence. These thoughts are usually more balanced and helpful. Write your new, more helpful thought in the space below. And remember, when you think of this upsetting situation in the future; replace your unhelpful automatic thought with the new, more accurate thought.

New Thought:

Even though I have had some struggles lately I am working hard on moving forward and my family knows that. No one's life is perfect; we all have our problems but that doesn't mean I am worthless.

☐ YES, the evidence does support my thought.

If the evidence DOES support your thought, decide what you need to do next in order to deal with the situation. Ask yourself, “Do I need to get more information about what to do?” “Do I need to get some help?” “Do I need to take steps to make sure I am safe?” Write down your action plan for dealing with the upsetting situation or complete the Action Plan Worksheet.

Action Plan:

The 5 Steps of Cognitive Restructuring Worksheet

(Adapted and modified from Mueser, Rosenberg, and Rosenberg 2009)

Directions: Use this Worksheet whenever something happens that upsets you. It will help you sort out your thoughts and feelings and decide what to do next. The more often you use this worksheet, the easier it will be, and the more you will be able to reduce upsetting feelings.

1. SITUATION

Ask yourself, “What happened that made me upset?” Write down a brief description of the situation.

Situation:

2. FEELING

Circle your strongest feeling (if more than one, use a separate sheet for each feeling):

Fear/Anxiety

Sadness/Depression

Guilt/Shame

Anger

3. THOUGHT

Ask yourself, "What am I thinking that is leading me to feel this way?" Use your Guide to Thoughts and Feelings handout to identify thoughts related to the feeling circled above. You may identify more than one thought related to the feeling. Write down your thoughts below, and circle the thought most strongly related to the feeling.

Thoughts:

Is this thought a Common Style of Thinking? If yes, circle the one:

All-or-Nothing

Over-Generalizing

Must/Should/Never

Catastrophizing

Emotional Reasoning

Overestimation of Risk

Self-Blame

Mental Filter

4. EVALUATE YOUR THOUGHT:

Now ask yourself, "What evidence do I have for this thought?" "Is there an alternative way to look at this situation?" "How would someone else think about the situation?" Write down the answers that do support your thought and the answers that do not support your thought.

Things that DO support my thought:

Things that DO NOT support my thoughts:

5. TAKE ACTION!

Next, ask yourself, “Do things mostly support my thought or do things mostly NOT support my thought?”

☐ NO, the evidence does not support my thought.

If the evidence does NOT support your thought, come up with a new thought that is supported by the evidence. These thoughts are usually more balanced and helpful. Write your new, more helpful thought in the space below. And remember, when you think of this upsetting situation in the future, replace your unhelpful (“automatic”) thought with the new, more accurate thought.

New Thought:

☐ YES, the evidence does support my thought.

If the evidence DOES support your thought, decide what you need to do next in order to deal with the situation. Ask yourself, “Do I need to get more information about what to do?” “Do I need to get some help?” “Do I need to take steps to make sure I am safe?” Write down your action plan for dealing with the upsetting situation below or complete the Action Plan Worksheet.

Action Plan:

Sample of a Completed Action Plan Worksheet

John was feeling down as he was sitting around his room on a Saturday afternoon with nothing to do. He decided to complete a 5 Steps of CR worksheet. On the worksheet he identified his feeling as depression, and the associated thought was "I don't have anything fun to do." When he evaluated the evidence, he identified quite a bit of evidence supporting his thought, including the fact that since his episode of psychosis he had not been engaging in many of the fun activities that he used to enjoy. He concluded that his thought was supported by the evidence. He then completed the following Action Plan Worksheet to address the situation.

1. DEFINE THE GOAL

What situation requires action?

I haven't been doing as many fun things as I used to.

Consider what change you would like to see in your situation. Be as specific as possible.

My goal is to start doing at least one of the activities that I used to enjoy.

2. BRAINSTORM POSSIBLE STRATEGIES

What can you do to change the situation?

Using your creative problem-solving skills, think of several possible ways of effectively achieving your goal and list them below.

1. *Go biking*
2. *Play video games with Justin*
3. *Hang out at the mall*
4. *Play guitar again*
5. *Buy a lottery ticket and WIN*

3. EVALUATE EACH SOLUTION

After you have identified a list of different strategies in step 2, evaluate each one and place an asterisk (*) next to the best ones on the list.

1. *Pro: Biking is fun. Con: It's winter and my brakes are broken.*
- *2. *Pro: Justin and I have had a lot of good times playing video games in the past. Con: Justin might be busy.*
3. *Pro: Hanging out at the mall gets me out of the house. Con: It's boring after a while.*
- *4. *Pro: I like playing the guitar and can do it by myself or with my brother. Con: I'm rusty at playing.*
5. *Pro: Winning the lottery would be great. Con: Not much chance it will happen.*

4. CHOOSE A SOLUTION

I want to try out two fun things this week: playing video games and playing the guitar.

5. PLAN HOW TO IMPLEMENT THE STRATEGIES YOU CHOSE

What steps can you take to make this happen?

1. *Try playing at least one song every day. It can be the same one.*
2. *Look up guitar lessons on YouTube if I need a refresher.*
3. *Call my brother to ask him to bring his guitar next Saturday so we can play something together.*
4. *Start practicing the video game I got for Christmas.*
5. *Call Justin on Monday and ask him to come over and play a video game after school sometime during the week.*

6. SET A TIME TO FOLLOW UP YOUR PLAN

I will follow up next Sunday afternoon. I'll ask myself if I followed the steps of my plan and if I had at least a little more fun. I might have to work on this for a while so I can get back to having as much fun as before.

Action Plan Worksheet

(Adapted and modified from Mueser and Glynn 1999)

Directions: Use this worksheet to help you develop a plan for addressing any upsetting situation that you want to resolve. This worksheet should be used after completing the 5 Steps of CR Worksheet. Make an action plan using this worksheet if you have determined either:

- 1) your initial upsetting thought is accurate
OR
- 2) you have changed your initial upsetting thought to a more accurate one, but you still feel upset or believe that the situation requires some additional action.

1. DEFINE THE GOAL

What situation requires action?

Consider what change you would like to see in your situation. Be as specific as possible.

2. BRAINSTORM POSSIBLE STRATEGIES

What can you do to change the situation?

Using your creative problem-solving skills, think of several possible ways of effectively achieving your goal and list them below.

3. EVALUATE EACH SOLUTION

Which strategies will work best?

After you have identified a list of different strategies in step 2, evaluate each one and place an asterisk (*) next to the best ones on the list.

4. CHOOSE A SOLUTION

Which solution do you want to try?

Select one of the strategies you placed an asterisk (*) by from the above list to implement and write it below.

5. PLAN HOW TO IMPLEMENT THE STRATEGIES YOU CHOSE

What steps can you take to make this happen?

Consider these questions:

When will the plan be implemented?

When is the problem or situation likely to come up again?

What information do you need to have?

Do you need to get some help?

Who is going to support you in taking this action?

What obstacles could interfere with the plan?

How can you prevent or deal with these obstacles?

Then, write down your plan below, listing the action steps you will take:

6. SET A TIME TO FOLLOW UP YOUR PLAN

Ask yourself:

Did I follow the steps of my plan?

How did it go? Is the problem solved or the situation improved?

Do I need to modify the plan to make it more effective?

When and where will I use the plan again?

Guide to Thoughts and Feelings

Directions:

If you are having a negative or upsetting feeling, first find the feeling on the chart. Then ask yourself whether any of the questions in the second column apply to your thinking about the upsetting situation. If so, see the third column for some specific examples of thoughts that may apply to your upsetting situation. If the questions in the second column don't match up with your current thought process, then perhaps you may be experiencing a different emotion after all. This sheet can help you hone in on which feelings are most distressing to you and help you understand the thoughts that may be connected to those feelings.

Negative Feeling	Examples of questions you can ask yourself to identify your own underlying thoughts or beliefs	Examples of Thoughts or Beliefs Related to the Feeling
Fear or anxiety	What bad things do I expect to happen? What am I scared is going to happen? Am I afraid I am going to lose control or go crazy?	Thoughts that something bad will happen, such as: • Some terrible thing is going to happen • I am going to be attacked or hurt • I am going to be rejected or abandoned • I am going to lose control or go crazy
Sadness or depression	What have I lost in my life? What is missing in me or in my life?	Thoughts of loss, such as: • I am worthless • I don't have anyone I can depend on • Nothing will ever get better
Guilt or shame	What bad thing have I done? What is wrong with me?	Thoughts of having done something wrong or being lacking in some way, such as: • I am a failure • I am to blame for what happened to me • I am a bad person

Anger	What is unfair about this situation? Who has wronged me?	Thoughts of being treated unfairly or having been wronged, such as: • I am being treated unfairly • I am being taken advantage of • Someone has done something wrong to me

Clinical Guidelines for “Coping with Symptoms” Module

OVERVIEW OF MODULE:

This module is designed to address the problems that individuals often have with experiencing persistent symptoms. The structure of this module is slightly different than other modules in IRT in that individuals are not expected to complete all the handouts. At the beginning of the module, individuals are given an overview (“Introduction to the Coping with Symptoms Module”) which describes the nature of persistent symptoms and lists the ones that will be covered in the handout: depression, anxiety, hallucinations, sleep problems, low stamina or low energy, and worrisome thoughts. In handout #1 (“Identifying the Symptoms that Bother You”), symptoms are described in more detail and individuals are encouraged to identify the ones that they experience and for which they would like to develop coping strategies. This guides the selection of the handouts that will be covered in the rest of the module. Some individuals may experience only one persistent symptom, such as hearing voices, and they will only cover handout #4, Coping with Hallucinations. Others may experience two symptoms, such as depression and delusions, in which case they will cover handout #2 (Coping with Depression) and #7 (Coping with Worrisome Thoughts). Still others may experience more than two symptoms, in which case they will cover the appropriate handouts for developing coping strategies for the symptoms that trouble them.

The amount of time to complete the module varies, depending on how many symptoms they experience, and the pace at which the individual learns and practices skills for coping with the symptom(s). All individuals will complete the introductory handout and handout #1, which take one or two sessions to complete. Individuals usually take about 2-4 sessions to cover the handout for each symptom selected. The key to developing effective coping strategies is to develop at least two strategies that the individual is confident using for each symptom experienced. This involves extensive practice, both in the session and at home.

GUIDELINES FOR SELECTING THIS MODULE INSTEAD OF OR IN ADDITION TO THE “DEALING WITH NEGATIVE FEELINGS” MODULE:

The “Coping with Symptoms” module is recommended for:

- Individuals who experience distressing symptoms that interfere with activities, goals, or enjoyment.
- Individuals who have completed the “Dealing with Negative Feelings” module and have learned cognitive restructuring, but continue to report distress from specific symptoms.

The “Dealing with Negative Feelings” module is recommended for:

- Individuals who initially report experiencing significant distress from symptoms.
- Individuals who do not initially identify distress, but who disclose the distress they experience while doing the “Coping with Symptoms” module.

- Individuals who have completed the “Coping with Symptoms” module, but continue to have difficulties coping.

Goals of the “Coping with Symptoms” Module

1. Assist individuals in identifying distressing symptoms that interfere with activities or their enjoyment of life.
2. Assist individual in learning coping strategies and planning how to implement them during the sessions. Depending on the strategy, use modeling and role playing when feasible.
3. Assist individuals in practicing coping strategies in their own environment, using home practice assignments, and, in some instances, conducting sessions at off-site locations.

Handouts

Introduction to the Coping with Symptoms Module

Topic handouts (to be selected by individual):

1. Identifying Symptoms that Bother You
2. Coping with Depression
3. Coping with Anxiety
4. Coping with Hallucinations
5. Coping with Sleep Problems
6. Coping with Low Stamina and Low Energy
7. Coping with Worrisome Thoughts

****Note** that although the topic handouts are numbered for ease of identification, there is no expectation that individuals will select all the topics, nor are they expected to cover topic handouts in any particular order.

GENERAL TEACHING STRATEGIES FOR THIS MODULE:

- The educational process should be collaborative. Do not treat the individual as a student, but as someone with whom you are trying to share information and come to a common understanding.
- In identifying symptoms to work on, you should elicit examples of specific symptoms individuals have experienced, as well as coping strategies that the individual already uses.
- It is recommended that individuals develop at least two coping strategies for each symptom, so that if one strategy doesn’t work in a specific situation, another one can be used. Sometimes individuals may want to develop confidence in more than two strategies. For example, an individual may want a range of coping strategies to use for coping with voices, depending on the situation in which they experience the voices (e.g., alone, in public, at school, on the job, with or without access to headset to listen to music, with or without access to taking a walk or doing exercise, etc.).

- It is important to build on the coping strategies that the individual has already used. If the individual has a strategy that is effective, but not used very often, you should encourage them to use the strategy more frequently. If the individual has a strategy that is partially effective, you can assist the individual with fine-tuning it to make it more effective.
- Rather than just discussing coping strategies, you should help the individual take steps towards either learning and practicing the strategies in the session or planning how they will put them into action at home. Some strategies, such as relaxation techniques and using positive self-talk, can be taught directly, using the following steps:
 - Briefly review with the individual the steps of the coping skill.
 - Model (demonstrate) an example of using the coping skill.
 - Set up a role play for the individual to practice the coping skill.
 - Evaluate the effectiveness of the coping strategy by eliciting feedback from the individual.
 - Repeat role play practice as necessary to fine tune the use of the skill or to increase the individual's confidence in using the skill.
 - Plan how to practice the new coping skill as part of a home practice assignment.
 - After individual practices the skill in their own environment as home practice, evaluate the effectiveness of the coping skill by eliciting feedback from the individual about the effects of using the skill.
 - Modify the coping skill as necessary and repeat practice as indicated.
- Go at a pace that is comfortable for the individual. Because of cognitive difficulties it may be necessary to present the information in small chunks.
- The clinical guidelines for each handout provides a table of suggestions on how to break up the topic into sessions, based on whether a person is working at a slow or moderate pace. Some individuals may be knowledgeable enough to go through a handout in one session and still others may take longer than the estimated number of sessions per handout.

Topic # 1: Clinical Guidelines for “Identifying the Symptoms that Bother You”

OVERVIEW OF TOPIC:

The handout for this topic describes the nature of persistent symptoms and provides examples for some of the most common ones: depression, anxiety, hallucinations, sleep problems, low stamina/low energy, and troubling or worrisome thoughts. You should create a hopeful atmosphere about developing effective coping strategies that will help the individual get on with their life and have more enjoyment in life. You will explore with the individual their experience with symptoms, how much distress they have caused, which coping strategies they have used and how effective they are. You and the individual will then work together to select the symptoms that will be addressed in future sessions; this determines which handouts will be used.

Goals

1. Provide psychoeducation about the nature of persistent symptoms, including examples of common persistent symptoms (depression, anxiety, hallucinations, sleep problems, low stamina/low energy, and worrisome thoughts).
2. Elicit information about the individual’s experience of symptoms, the distress they have caused, and the effectiveness of their coping strategies.
3. Provide a message of hope and optimism that there are many effective strategies that people can learn to help them cope with symptoms that bother them.
4. Help individual select the symptoms that they want to work on for the remainder of this module.

Handout

Identifying Symptoms that Bother You.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What are Persistent Symptoms, What Can People Do if They Have Persistent Symptoms, Persistent Symptoms Assessment Scale	Session 1- What are Persistent Symptoms, What Can People Do if They Have Persistent Symptoms, Persistent Symptoms; Which Symptoms Do You want to Focus on?
Session 2-Which symptoms do you want to focus on?	

TEACHING STRATEGIES:

- The provision of information about persistent symptoms and how common they are is intended to normalize the individual's experience. Such normalization can reduce the individual's reluctance to talk about continuing to experience symptoms in spite of receiving treatment.
- Note individual's strengths and resiliency in dealing with symptoms. For example, use opportunities to reinforce individuals who have developed effective coping strategies on their own, and/or who have managed to get through some challenging situations in spite of experiencing symptoms (e.g., getting good grades even though they have persistent worrisome thoughts about their classmates being against them).
- Help individuals make the connection between the content in this module and how it can help them make progress towards their goal or improve their quality of life. That is, explore how being able to have effective coping strategies for symptoms, such as hearing voices, could help the individual with goals such as getting a job, having close relationships, getting their own apartment.
- Recognize the individual's knowledge and experience about their own experience with symptoms and with coping strategies. Praise the individual for sharing information with you and for developing strategies on their own.
- Discuss how the individual can share the information they have learned about persistent symptoms with a family member or friend. Also discuss how the individual can ask family members or friends about persistent symptoms they have noticed in them.
- If indicated, help the individual practice in a role play how to approach a family member or friend on the subject of persistent symptoms.

TIPS FOR COMMON PROBLEMS:

- Some individuals may initially be reluctant to describe their experience with persistent symptoms. If this is the case, move to discussing the symptoms other people have in the spirit of informing the individual, but not "accusing" them of having symptoms. It may also be helpful to review some things that the individual has shared in the past, such as having difficulty concentrating in class because of hearing voices or thinking that the other students were against them.
- Some individuals may think that by acknowledging symptoms, they are accepting a specific diagnosis that they prefer not to have. Here are some tips:
 - Focus on symptoms, rather than diagnoses, due to the diagnostic uncertainty that occurs following an initial psychotic episode.
 - Address the individual's concerns directly, saying something like, *"I totally understand your concern about being diagnosed as having schizophrenia." I agree with you, because the fact is that an actual diagnosis isn't the important thing here, is it? What is important is your day-to-day life and what kinds of things get in the way of doing what*

you want to be doing. Could we agree to keep our discussion focused on the symptoms you've experienced and how to keep them from getting in your way, and not worry about diagnoses or labels? What are your thoughts about that?"

- At times it may be more effective to link learning the contents of the handout to a goal that the person has previously identified. For example, you could say something like, *"I think working together on identifying some symptoms that you have experienced could be helpful in terms of your goal of getting your own apartment. For example, you have mentioned that having low energy has interfered with your looking for apartments. There are some strategies for improving your energy level in this module."*

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the individual has retained about persistent symptoms and how they might affect them. You can assess an individual's knowledge using the following questions:
 1. What are some of the common persistent symptoms that people have when they have experienced psychosis?
 2. Which persistent symptoms have you experienced?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "IDENTIFYING SYMPTOMS THAT BOTHER YOU":

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide psychoeducation and destigmatize the experience of persistent symptoms.	• Emphasize that persistent symptoms are common and that they may occur even when people are fully participating in treatment such as medication. • Use the individual's own words, when necessary (e.g., "the blues" or "feeling low" rather than "depression").
Elicit individual's experience of persistent symptoms.	• Personalize the information for the specific individual and treat them as the expert in their own experience (e.g., ask how they experienced symptoms, ask how they would describe what happened, encourage them to use their own words). • Ask how much distress the symptoms have caused and what they interfered with them doing. • Ask how the individual has coped with persistent symptoms in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies. • Check in periodically to make sure you understand: – "So let me see if I have this correct. . ."

	– <i>“Thank you for clarifying the difficulty you were having with hearing voices and how that related to your reluctance to leave the house.”</i>
Provide a message of hope and optimism.	• Let individual know that they may already be using effective coping strategies, and that you will work together to strengthen those strategies and to add a few new ones. • Let individual know that many people continue with important activities and pursuing personal goals in spite of experiencing persistent symptoms. • Help individual identify how having coping strategies would be beneficial in pursuing their own goals (e.g., <i>“I have confidence that your efforts to meet people will go a lot better if you have some strategies for coping with the worrisome thoughts you have told me about”</i>).
Help individual select symptoms they want to work on for the rest of the module.	• Review the Symptom Assessment Scale to see which symptoms the individual has experienced and the amount of distress they have experienced. • Help individual identify the symptoms that caused the most distress. • Help the individual rank order the symptom that they want to work on 1st, second, etc. • Let the individual know that it’s helpful to select a few symptoms to get started, but there will be many opportunities in this module to go back to the list of symptoms and select additional ones that they may have discovered are also causing distress.

General Clinical Guidelines for Symptom Topics

The remainder of the topics in the Coping with Symptom Module use the same handout format for each symptom addressed. The following guidelines include helpful tips and suggestions for how to use the handout in session and individualize strategies to teach coping skills. These general guidelines apply to all of the symptom areas included in this module.

Goals

1. Provide psychoeducation about the symptom.
2. Provide a message of hope and optimism that there are many effective strategies that people can learn to help them cope with the symptom.
3. Elicit information about the individual's experience of symptoms, the distress they have caused, and the effectiveness of their coping strategies.
4. Help individual select the coping strategies that they would like to try or use more often.
5. Help individual learn new coping skills, using opportunities for modeling and role playing.
6. Help individual develop at least two coping strategies for each symptom that they evaluate as being effective and which they express confidence in using in the "real world."

TEACHING STRATEGIES:

- Provide information about the symptoms and how common they are, which is intended to normalize the individual's experience. Such normalization can reduce the individual's reluctance to talk about their experience of symptoms.
- Help individual make the connection between what is being taught in this topic area of the module and how it can help them make progress towards his goal or improve his quality of life. That is, explore how being able to have effective coping strategies for symptoms could help individuals with improving their quality of life, and also with pursuing their goals, such as going back to school.
- Recognize the individual's knowledge and expertise about their own experience with symptoms and with coping strategies. Praise the individual for sharing information with you and for developing strategies on their own.
- Rather than just discussing coping strategies, you should take opportunities to help the individual take steps towards putting them into action, taking a low key approach and using a method based on the nature of the coping strategy involved. For example, you can help the individual make a list of activities that they might enjoy doing and make a plan to try doing one again before the next session. Or you can help individuals make a list of their positive characteristics and plan where individuals will keep their list and how they will remind themselves to refer to it. Or you can help individuals select a type of exercise they might like to

try to improve their mood and energy level, identify any resources needed, and plan when, where, and how they will try out the exercise in the next week.

- Some strategies lend themselves to direct teaching, such talking to a supportive person, using relaxation techniques, using cognitive restructuring, using positive self talk, and talking to your doctor about medications. You can say something like, *“Sometimes it helps to try things out before the situation actually comes up. Let’s see what it would be like to use the strategy we just discussed. I don’t mind taking a stab at it first. Or would you rather go first?”* Depending on the individual’s response, you can then use the steps of direct teaching that were described in the overview to this module: model the skill, set up a role play for the individual to practice, give feedback, set up an additional role play as needed to increase ability and confidence, plan how to practice the skill in “real life.”
- Discuss how the individual can share the information they have learned about depression with a family member or friend. Also discuss how the individual can ask family members or friends about symptoms of depression they have noticed in them.
- If indicated, help the individual practice how to approach a family member or friend on the subject of symptoms.

TIPS FOR COMMON PROBLEMS:

- Some individuals may continue to experience distress, even though they have learned coping strategies from this module. They may benefit from using cognitive restructuring to address the symptom that distresses them, using the techniques in the IRT Individualized Module “Dealing with Negative Feelings.” For some individuals, this will mean returning to this module and for others it will mean going through the module for the first time.
- Some individuals may be reluctant to acknowledge symptoms. Here are some tips:
 - Focus on symptoms, rather than diagnoses, due to the diagnostic uncertainty that occurs following an initial psychotic episode.
 - At times it may be more effective to link learning the contents of the handout to a goal that the person has previously identified. For example, you could say something like, *“I think working together on identifying some symptoms that you have experienced could be helpful in terms of your goal of feeling closer to your friends. For example, you have mentioned that feeling like things aren’t enjoyable any more has kept you from doing hobbies you used to enjoy, like going to movies with friends. You have told me that you miss doing things like that with your friends. In this handout you will find some strategies for improving your ability to enjoy things.”*

Topic # 2: Clinical Guidelines for “Coping with Depression”

OVERVIEW OF TOPIC:

The handout for this topic describes the symptoms of depression and provides examples for some of the most common ones: sad mood, helplessness, low self-esteem, preoccupation with death, excessive guilt, loss of energy, change in appetite, sleep problems, lack of pleasure, and problems concentrating. You will explore with the individual their experience with symptoms, how much distress they have caused, which coping strategies that they have used and how effective they are. You and the individual will then work together to select the coping strategies that they would like to try out or use more often and use opportunities to practice the skills. Next, you and the individual will work on a plan for the individual to try the strategies on their own, and finish with a home assignment that involves using the coping strategy in their own environment. The home assignment may include using the Coping Strategy Evaluation Sheet to record how well the strategy works.

Handout

Coping with Depression

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What is Depression, What can you do to cope with depression, Which Coping Strategies Would You Like to Try? (note: use opportunities for modeling and role playing), Making a plan to try Coping Strategies on Your Own	Session 1-What is Depression, What can you do to cope with depression, Which Coping Strategies Would You Like to Try? (note: use opportunities for modeling and role playing), Making a plan to try Coping Strategies on Your Own
Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice modified strategy in home environment	Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability OR move to teaching new strategy using opportunities for modeling and role playing B. if the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice modified strategy in home environment

Session 3-4 or more- Repeat Session 2 until individual has developed at least two effective strategies and has shown in home practice that they can use the strategies in “real life”

Session 3 or more: Repeat Session 2 until individual has developed at least two effective strategies and has shown in home practice that they can use the strategies in “real life”

TIPS FOR COMMON PROBLEMS:

- Some individuals may initially be reluctant to describe their experience with depression. They may think it’s a sign of weakness or may have been told “just cheer up.” It is helpful to normalize the feelings of depression and remark on how common it is for everyone to feel depressed or blue sometimes. Using the examples in the handout, you can provide examples of the symptoms other people have experienced in the spirit of informing the individual, but not “accusing” them of having symptoms. It may also be helpful to review some things that the individual has shared in the past, such as having difficulty starting conversations with potential friends because of low self-esteem.
- It can be challenging to work with individuals who are significantly depressed. You need to strike a balance between being cheerful and being realistic. By being moderately upbeat, you avoid being pulled down affectively to the flatness of the individual. By being realistic and not “Pollyanna-ish” in your approach, you avoid being overly cheerful, which can seem fake or upsetting to the depressed individual.

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the individual has retained about coping with depression. You can assess an individual’s knowledge using the following questions:
 1. What are some of the common symptoms of depression that people have?
 2. What is an example of a coping strategy for depression that you find helpful?
 3. After the individual has sufficient practice and expressed confidence with using at least two coping strategies, ask them to complete the Coping Strategy Evaluation Sheet during the coming week. When the sheet is completed, compare the distress caused by the symptom before and after using the strategy. Look for a lowering of the distress experienced. The ideal would be to experience a “1” (no distress) or “2” (a little distress), but this may not always be possible, and any reduction is an improvement.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “COPING WITH DEPRESSION:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide psychoeducation and destigmatize the experience of depression.	• Emphasize that depression is common and that it may occur even when people are fully participating in treatment. • Use the individual’s own words, when necessary (e.g., “the blues” or “feeling low” rather than “depression”).
Elicit individual’s experience of feeling depressed.	• Personalize the information for the specific individual and treat them as the expert in their own experience. • Encourage individual to use their own words. • Ask how the symptoms have interfered with activities. • Ask how the individual has coped with symptoms in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies.
Provide a message of hope and optimism.	• Let individual know that they may already be using effective coping strategies. • Let individual know that many people continue with activities and achieve personal goals in spite of experiencing persistent symptoms. • Help individual identify how coping strategies could be beneficial in pursuing their own goals (e.g., <i>“I have confidence that your efforts to meet people will go a lot better if you have some strategies for coping with the sad feelings you have told me about”</i>).
Help individual select coping strategies to try or use more often.	• Review coping strategies. • Use worksheet “Coping Strategies for Depression.”
Help individual learn new coping skills (or become more effective at the ones they already use).	• Use opportunities for modeling and role playing. • Adapt style of modeling and role playing to suit the individual. • Take a low key approach (<i>“Let’s give it a try; what kind of positive self talk do you think would work for you?”</i>).
Help individual develop at least two coping strategies for depression that they express confidence in using in the “real world.”	• Encourage practicing skills at home. • Consider getting assistance from family members or other supporters in helping individual use a coping strategy. • Help individual modify strategies that aren’t effective at first. • Praise practice or partial practice of skill at home.

Topic #3: Clinical Guidelines for “Coping with Anxiety”

OVERVIEW OF TOPIC:

The handout for this topic describes the symptoms of anxiety and provides examples for some of the most common ones: worry, fear, over-arousal, panic attacks, agitation, difficulty concentrating, and avoidance. You will explore with the individual their experience with symptoms, how much distress they have caused, which coping strategies that they have used and how effective they are. You and the individual will then work together to select the coping strategies that they would like to try out or use more often and use opportunities to practice the skills. You and individual will then work on a plan for the individual to try the strategies on their own, and finish with a home assignment that involves using the coping strategy in their own environment. The home assignment may include using the Coping Strategy Evaluation Sheet to record how well the strategy works.

Handout

Coping with Anxiety.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What is Anxiety, What Can You Do to Cope with Anxiety, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own	Session 1-What is Anxiety, What Can You Do to Cope with Anxiety, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own
Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability B. if the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment	Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability OR move to teaching new strategy using opportunities for modeling and role playing B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment
Session 3 - 4 or more: Repeat Session 2 until individual has developed at least two effective coping strategies and has shown in home practice that they can use the strategies in “real life”	Session 3 or more: Repeat Session 2 until individual has developed at least two effective strategies and has shown in home practice that they can use the strategies in “real life”

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the individual has retained about coping with anxiety. You can assess an individual's knowledge using the following questions:
 1. What are some of the common symptoms of anxiety that people have?
 2. What is an example of a coping strategy for anxiety that you find helpful?
 3. After the individual has sufficient practice and expressed confidence with using at least two coping strategies, ask them to complete the Coping Strategy Evaluation Sheet during the coming week. When the sheet is completed, compare the distress caused by the symptom before and after using the strategy. Look for a lowering of the distress experienced. The ideal would be to experience a "1" (no distress) or "2" (a little distress), but this may not always be possible, and any reduction is an improvement.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “COPING WITH ANXIETY”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide psychoeducation and destigmatize the experience of anxiety.	• Emphasize that anxiety is common and that it may occur even when people are fully participating in treatment such as medication. • Use the individual’s own words, when necessary (e.g., “<i>feeling jittery</i>” or “<i>nervous energy</i>” rather than “<i>anxiety</i>”).
Elicit individual’s experience of feeling anxious.	• Treat individual as the expert in their own experience, Ask how symptoms may have interfered with them doing things. • Ask how the individual has coped with persistent symptoms in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies. • Check in periodically to make sure you understand: – “<i>So let me see if I have this correct. . .</i>” – “<i>Thank you for clarifying your difficulties with feeling anxious and how that related to being reluctant to leave the house.</i>”
Provide a message of hope and optimism.	• Let individual know that they may already be using effective coping strategies, and that you will work together to strengthen those strategies and to add a few new ones. • Help individual identify how having coping strategies would be beneficial in pursuing their own goals (e.g., “<i>I have confidence that your efforts to meet people will go a lot better if you have some strategies for coping with some of the worries that you have told me about</i>”).
Help individual select coping strategies that they would like to try or use more often.	• Review coping strategies. • Use worksheet “Coping Strategies for Anxiety”
Help individual learn new coping skills (or become more effective at the ones they already use).	• Use opportunities for modeling and role playing. • Adapt style of modeling and role playing to suit the individual. • Take a low key approach (“<i>Let’s give it a try; what kind of relaxation technique do you think would work for you?</i>”).
Help individual develop at least two coping strategies for anxiety that they can use in the “real world	• Encourage practicing skills at home. • Consider getting assistance from family members or other supporters to help individual practice a skill. • Praise practice or partial practice of skill at home.

Topic #4: Clinical Guidelines for “Coping with Hallucinations”

OVERVIEW OF TOPIC:

The handout for this topic describes the symptoms of hallucinations and provides examples for some of the most common ones: hearing, seeing, smelling, feeling or tasting something that is not there. The most common hallucination among people who have experienced psychosis is hearing voices. You will explore with the individual their experience with symptoms, how much distress they have caused, which coping strategies that they have used and how effective they are. Next, you and the individual will work together to select the coping strategies that they would like to try out or use more often and use opportunities to practice the skills in the sessions. You and the individual will then work on a plan for the individual to try the strategies on their own, and finish with a home assignment that involves using the coping strategy in their own environment. The home assignment may include using the Coping Strategy Evaluation Sheet to record how well the strategy works.

Handout

Coping with Hallucinations.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What are Hallucinations, What Can You Do to Cope with Hallucinations, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own	Session 1-What are Hallucinations, What Can You Do to Cope with Hallucinations, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own
Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment	Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability OR move to teaching new strategy using opportunities for modeling and role playing B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment
Session 3-4 or more: Repeat Session 2 until individual has developed at least two effective strategies for anxiety and has shown in home practice that they can use the strategies in “real life.”	Session 3 or more: Repeat Session 2 until individual has developed at least two effective strategies and has shown in home practice that they can use the strategies in “real life”

TIPS FOR COMMON PROBLEMS:

- Some individuals may think that by acknowledging hallucinations, they are accepting a specific diagnosis that they prefer not to have. Here are some suggestions:
 - Focus on symptoms, rather than diagnoses, due to the diagnostic uncertainty that occurs following an initial psychotic episode.
 - Address the individual's concerns directly, saying something like, *"I totally understand your concern about being diagnosed as having schizophrenia or being 'schizophrenic.' I agree with you, because the fact is that an actual diagnosis isn't the important thing here, is it? What is important is your day-to-day life and what kinds of things get in the way of doing what you want to be doing. Could we agree to keep our discussion focused on the symptoms you've experienced and how to keep them from getting in your way, and not worry about diagnoses or labels? What are your thoughts about that?"*
 - At times it may be more effective to link learning the contents of the handout to a goal that the person has previously identified. For example, you could say something like, *"I think working together on identifying some coping strategies for symptoms that you have experienced could be helpful in terms of your goal of doing well in school. For example, you have mentioned you haven't been able to concentrate in class because of hearing voices. In this handout you will find some strategies for cutting down the amount of voices you hear and for keeping them from interfering with things you want to do."*

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the individual has retained about coping with hallucinations. You can assess an individual's knowledge using the following questions:
 1. What are some of the common symptoms of hallucinations that people have?
 2. What is an example of a coping strategy for hallucinations that you find helpful?
 3. After the individual has sufficient practice and expressed confidence with using at least two coping strategies, ask them to complete the Coping Strategy Evaluation Sheet during the coming week. When the sheet is completed, compare the distress caused by the symptom before and after using the strategy. Look for a lowering of the distress experienced. The ideal would be to experience a "1" (no distress) or "2" (a little distress), but this may not always be possible, and any reduction is an improvement.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “COPING WITH HALLUCINATIONS”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide psychoeducation and destigmatize the experience of hallucinations.	- Emphasize that hallucinations are common and that they may occur even when people are fully participating in treatment such as medication. - Use the individual’s own words, when necessary (e.g., “voices” rather than “hallucinations”).
Elicit individual’s experience of hallucinations.	- Personalize the information for the specific individual and treat them as the expert in their own experience, encourage individual to her to use their own words). - Ask how much distress the symptoms have caused and what they interfered with them doing. Ask how the individual has coped with hallucinations in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies.
Provide a message of hope and optimism.	- Let individual know that they may already be using effective coping strategies, and that you will work together to strengthen those strategies and to add a few new ones. - Let individual know that many people continue with important activities and personal goals in spite of experiencing persistent symptoms. - Help individual identify how having coping strategies would be beneficial in pursuing their own goals (e.g., “<i>I have confidence that your efforts to meet people will go a lot better if you have some strategies for coping with the voices you told me about</i>”).
Help individual select coping strategies that they would like to try or use more often.	- Review coping strategies. - Use worksheet “Coping Strategies for Hallucinations”
Help individual learn new coping skills (or become more effective at the ones they already use).	- Use opportunities for modeling and role playing. - Adapt style of modeling and role playing to suit the individual. - Take a low key approach (“<i>Let’s give it a try; what kind of distraction technique do you think would work for you?</i>”).
Help individual develop at least two coping strategies for hallucinations that they evaluate as being effective and which they express confidence in using in the “real world.”	- Use “Plan for Implementing Strategies for Coping with Hallucinations”. - Use Home Practice Options to follow through on plan for implementing a strategy. - Consider getting assistance from family members or other supporters in helping individual use a coping strategy.

	• Help individual modify strategies that aren't effective at first. • Help individual get enough practice that they feel confident. • Praise the completion or partial completion of home practice.

Topic #5: Clinical Guidelines for “Coping with Sleeping Problems”

OVERVIEW OF TOPIC:

The handout for this topic describes the symptoms of sleep problems and provides examples for some of the most common ones: difficulty falling asleep, problems staying asleep, sleeping too much, feeling tired despite sleeping, and decreased need for sleep. You will explore with the individual their experience with sleeping problems, how much distress they have caused, which coping strategies that they have used and how effective they are. Next, you and the individual will work together to select the coping strategies that they would like to try out or use more often and use opportunities to practice the skills in the sessions. You and individual will then work on a plan for the individual to try the strategies on their own, and finish with a home assignment that involves using the coping strategy in their own environment. The home assignment may include using the Coping Strategy Evaluation Sheet to record how well the strategy works.

Handout

Coping with Sleeping Problems.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What are the Main Types of Sleeping Problems, What Can You Do to Cope with Sleeping Problems, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own	Session 1-What are the Main Types of Sleeping Problems, What Can You Do to Cope with Sleeping Problems, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own
Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment	Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability OR move to teaching new strategy using opportunities for modeling and role playing B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment
Session 3 -4 or more: Repeat Session 2 until individual has developed at least two effective strategies and has shown in home practice that they can use the strategies in “real life”	Session 3 or more: Repeat Session 2 until individual has developed at least two effective strategies and has shown in home practice that they can use the strategies in “real life”

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the individual has retained about coping with sleep problems. You can assess the individual's knowledge using the following questions:
 1. What are some of the common types of sleep problems that people have?
 2. What is an example of a strategy for sleeping better that you find helpful?
 3. After the individual has sufficient practice and expressed confidence with using at least two coping strategies, ask them to complete the Coping Strategy Evaluation Sheet during the coming week. When the sheet is completed, compare the distress caused by the symptom before and after using the strategy. Look for a lowering of the distress experienced. The ideal would be to experience a "1" (no distress) or "2" (a little distress), but this may not always be possible, and any reduction is an improvement.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR "COPING WITH SLEEP PROBLEMS":

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide psychoeducation and destigmatize the experience of sleep problems.	• Emphasize that sleep problems are common. • Use the individual's own words, when necessary (e.g., "<i>can't go to sleep</i>" or "<i>can't wake up</i>" or "<i>tired all the time</i>" rather than "<i>sleep problems</i>").
Elicit individual's experience of sleep problems.	• Ask how much symptoms have interfered with them doing things that are important to them. • Ask how the individual has coped with sleep problems in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies. • Check in periodically to make sure you understand: – "<i>So let me see if I have this correct. . .</i>" – "<i>Thank you for clarifying the difficulty you were having with staying awake all night and sleeping during the day and how that relates to your difficulty with meeting a woman that you want to date.</i>"
Provide a message of hope and optimism.	• Help individual identify how having coping strategies would be beneficial in pursuing their own goals (e.g., "<i>I have confidence that your efforts to meet people will go a lot better if you have some strategies for sleeping better</i>").
Help individual select coping strategies that they would like to try or use more often.	• Review coping strategies. • Use worksheet "Coping Strategies for Sleep Problems."

Help individual learn new coping skills (or become more effective at the ones they already use).	• Use opportunities for modeling and role playing. • Adapt style of modeling and role playing to suit the individual. • Take a low key approach (<i>“Let’s give it a try. If you wanted to talk to someone about how difficult it is to fall asleep, who would it be? What would you say?”</i>).
Help individual develop at least two coping strategies for sleep problems that they evaluate as being effective and which they express confidence in using in the “real world.”	• Use Home Practice Options to follow through on plan for implementing one or more strategies for sleeping better. • Consider getting assistance from family members or other supporters in helping individual use a coping strategy. • Help individual modify strategies that aren’t effective at first. • Praise the completion or partial completion of home practice.

Topic #6: Clinical Guidelines for “Coping with Low Stamina or Energy”

OVERVIEW OF TOPIC:

The handout for this topic describes the nature of problems with low stamina or energy, and provides examples for some of the most common ones: feeling slowed down, needing a lot of energy to start an activity, getting tired easily, needing a lot of rest to recover from an activity, difficulty finishing an activity, trouble following through with personal hygiene, believing that something is not worth the energy, and believing that many activities require more energy than one has. You will explore with the individual their experience with stamina or energy problems, how much distress they have caused, which coping strategies that they have used and how effective they are. Next, you and the individual will work together to select the coping strategies that they would like to try out or use more often and use opportunities to practice the skills in the sessions. You and the individual will then work on a plan for the individual to try the strategies on their own, and finish with a home assignment that involves using the coping strategy in their own environment. The home assignment may include using the Coping Strategy Evaluation Sheet to record how well the strategy works.

Handout

Coping with Low Stamina or Energy.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What are the Main Types of Stamina/Energy Problems, What Can You Do to Cope with Stamina/Energy Problems, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own	Session 1-What are the Main Types of Stamina/Energy Problems, What Can You Do to Cope with Stamina/Energy Problems, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own
Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment	Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability OR move to teaching new strategy using opportunities for modeling and role playing B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment

Session 3-4 or more: Repeat Session 2 until individual has developed at least two effective strategies and has shown in home practice that they can use the strategies in “real life”

Session 3 or more: Repeat Session 2 until individual has developed at least two effective strategies and has shown in home practice that they can use the strategies in “real life”

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the individual has retained about coping with low stamina or low energy. You can assess the individual’s knowledge using the following questions:
 1. What are some of the common types of problems people have with low stamina or low energy?
 2. What is an example of a strategy for increasing your energy that you find helpful?
 3. After the individual has sufficient practice and expressed confidence with using at least two coping strategies, ask them to complete the Coping Strategy Evaluation Sheet during the coming week. When the sheet is completed, compare the distress caused by the symptom before and after using the strategy. Look for a lowering of the distress experienced. The ideal would be to experience a “1” (no distress) or “2” (a little distress), but this may not always be possible, and any reduction is an improvement.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “COPING WITH LOW STAMINA OR ENERGY”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide psychoeducation and destigmatize the experience of low stamina or low energy.	• Emphasize that problems with low stamina and low energy are common. • Use the individual’s own words, when necessary (e.g., “<i>don’t have the juice</i>” or “<i>takes too much out of me</i>”).
Elicit individual’s experience of stamina/energy problems.	• Personalize the information for the specific individual and treat them as the expert in their own experience, encourage individual to use their own words. • Ask how much distress the symptoms have caused and what they interfered with them doing. • Ask how the individual has coped with stamina/energy problems in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies. • Check in periodically to make sure you understand: – “<i>So let me see if I have this correct. . .</i>”

	– <i>“Thank you for clarifying the difficulty you were having with lacking the energy for going to the gym and how that relates to your difficulty with losing weight.”</i>
Provide a message of hope and optimism.	• Let individual know that they may already be using effective coping strategies, and that you will work together to strengthen those strategies and to add a few new ones. • Help individual identify how having coping strategies would be beneficial in pursuing their own goals (e.g., <i>“I have confidence that your efforts to meet people will go a lot better if you have some strategies for increasing your energy”</i>).
Help individual select coping strategies that they would like to try or use more often.	• Review coping strategies. • Use worksheet “Coping Strategies for Low Stamina or Energy”.
Help individual learn new coping skills (or become more effective at the ones they already use).	• Use opportunities for modeling and role playing. • Adapt style of modeling and role playing to suit the individual. • Take a low key approach (<i>“Let’s give it a try. If you were going to use the ‘buddy system’ for going to the gym, who would you ask? What would you say to them?”</i>).
Help individual develop at least two coping strategies that they evaluate as being effective and which they express confidence in using in the “real world.”	• Use Home Practice Options to follow through on plan for implementing a strategy for increasing energy or stamina. • Consider getting assistance from family members or other supporters in helping individual use a coping strategy. • Help individual modify strategies that aren’t effective at first. • Help individual get enough practice to feel confident. • Praise the completion or partial completion of home practice.

Topic #7: Clinical Guidelines for “Coping with Worrisome Thoughts”

NOTE TO CLINICIANS:

This handout refers to delusions as “worrisome thoughts.” The nature of delusional beliefs is that individuals often firmly believe that what they think is true, and speaking about them as “delusions” implies strongly that what they think is false. Also, in everyday language, the term “delusional” is commonly associated with being “crazy” or seriously out of touch with reality. Because of this association, individuals will often be reluctant to admit to having problems with delusions, and if you insist on that term, you are likely to lose rapport. In this handout we chose a term which refers to the common *effect* of delusions; that is, they are thoughts that tend to cause *worry* either in the person or in those around them. Using the term “worrisome thoughts” is more likely to engage the individual in a discussion about their experience with delusions.

OVERVIEW OF TOPIC:

The handout for this topic describes problems people sometimes experience when they have worrisome thoughts, and divides such thoughts into two common groups: ideas of reference and thinking that others are trying to give you a hard time. The handout provides examples for some of the most common ideas of reference: thinking that people are talking about you, that someone on the radio or television is talking about you, that a television show or song is about you, that something you see is a special sign, that the way objects are arranged has a special meaning. It also provides examples of common examples of people thinking that others are trying to give them a hard time: thinking that someone is out to get you, that you are being followed, that you are under surveillance, that someone is putting thoughts into your head, that an individual or group means to harm you or your reputation, that people in a public place want to annoy you, that another person or device can read your thoughts or control your mind. You will explore with the individual their experience with problems related to worrisome thoughts, how much distress they have caused, which coping strategies that they have used and how effective they are. Next, you and the individual will work together to select the coping strategies that they would like to try out or use more often and use opportunities to practice the skills in the sessions. You and the individual will then work on a plan for the individual to try the strategies on their own, and finish with a home assignment that involves using the coping strategy in their own environment. The home assignment may include using the Coping Strategy Evaluation Sheet to record how well the strategy works.

Handout

Coping with Worrisome Thoughts.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-What are Ideas of Reference, Identifying your Experience with Ideas of Reference, What are Some Examples of People Thinking that Others are Trying to Give Them a Hard Time? Identifying your Experience with Thinking that Others are Trying to Give You a Hard Time What Can You Do to Cope with Worrisome Thoughts, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own	Session 1-What are Ideas of Reference, Identifying your Experience with Ideas of Reference, What are Some Examples of People Thinking that Others are Trying to Give them a Hard Time? Identifying your Experience with Thinking that Others are Trying to Give You a Hard Time What Can You Do to Cope with Worrisome Thoughts, Which Coping Strategies Would You Like to Try (note: use opportunities for modeling and role playing), Making a Plan to Try Coping Strategies on Your Own
Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment	Session 2-Review home practice experience A. If the strategy was effective make a plan to use again to increase confidence and generalizability OR move to teaching new strategy using opportunities for modeling and role playing B. If the strategy is not effective, modify it accordingly, use opportunities to model and role play the strategy again; make a plan to practice the modified strategy in home environment
Session 3-4 or more: Repeat Session 2 until individual has developed at least two effective strategies and has shown in home practice that they can use the strategies in "real life"	Session 3 or more: Repeat Session 2 until individual has developed at least two effective strategies and has shown in home practice that they can use the strategies in "real life"

EVALUATING GAINS:

- After completing this handout it may be helpful to assess how much knowledge the individual has retained about coping with worrisome thoughts. You can assess the individual's knowledge using the following questions:
 - What are some of the common types of problems people have with worrisome thoughts?
 - What is an example of a strategy for coping with worrisome thoughts that you find helpful?
 - After the individual has sufficient practice and expressed confidence with using at least two coping strategies, ask them to complete the Coping Strategy Evaluation Sheet during the coming week. When the sheet is completed, compare the distress caused by the symptom before and after using the strategy. Look for a lowering of the distress experienced. The ideal would be to experience a "1" (no distress) or "2" (a little distress), but this may not always be possible, and any reduction is an improvement.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “COPING WITH WORRISOME THOUGHTS”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide psychoeducation and destigmatize the experience of having worrisome thoughts.	• Emphasize that problems with worrisome thoughts are common. • Use the individual’s own words, when necessary (e.g., <i>“thinking that people are referring to me all the time,” “thinking that people are out to get me,” “seeing special messages”</i>).
Elicit individual’s experience of problems with worrisome thoughts.	• Personalize the information for the specific individual and treat them as the expert in their own experience; encourage individual to use their own words). • Ask how much distress the symptoms have caused and what they interfered with them doing. • Ask how the individual has coped with worrisome thoughts in the past and how effective those strategies were; recognize and reinforce novel and creative coping strategies. • Check in periodically to make sure you understand – <i>“So let me see if I have this correct. . .”</i> – <i>“Thank you for clarifying the difficulty you were having with thinking that your phone was being tapped and how that relates to your difficulty with calling your friends.”</i>
Provide a message of hope and optimism.	• Let individual know that they may already be using effective coping strategies, and that you will work together to strengthen those strategies and to add a few new ones. • Let individual know that many people continue with important activities and personal goals in spite of experiencing worrisome thoughts. • Help individual identify how having coping strategies would be beneficial in pursuing their own goals (e.g., <i>“I have confidence that your efforts to get a job will go a lot better if you have some strategies for dealing with the thought that people can read your mind”</i>).
Help individual select coping strategies that they would like to try or use more often.	• Review coping strategies. • Use worksheet “Coping Strategies for Worrisome Thoughts”.

Help individual learn new coping skills (or become more effective at the ones they already use).	• Use opportunities for modeling and role playing. • Adapt style of modeling and role playing to individual. • Take a low key approach (<i>“Let’s give it a try. If you were going to use the strategy of checking out your thought with someone you trust, who would you talk to? What would you say to them?”</i>)
Help individual develop at least two coping strategies that they evaluate as being effective and which they express confidence in using in the “real world”.	• Use Home Practice Options for helping individual implement a particular coping strategy. • Consider getting assistance from family members or others to help individual use coping strategy. • Help individual modify strategies that aren’t effective. • Help individual get enough practice that they feel confident. • Praise the completion or partial completion of home practice.

An Introduction to Coping with Symptoms

If you have selected this module, it means that you have identified that you have experienced a problem with at least one persistent symptom. This is not unusual when people have had an episode of psychosis. The good news is that there are many effective strategies for coping with symptoms that will help you continue to enjoy your life and pursue your goals. In this module, you will learn about common persistent symptoms, identify the ones that bother you, and learn to use some effective strategies for coping with them.

Here are examples of common persistent symptoms

- ❖ Depression
- ❖ Anxiety
- ❖ Hallucinations
- ❖ Sleep problems
- ❖ Low stamina or low energy
- ❖ Worrisome thoughts

The first step in this module is to review Handout #1, "Identifying the Symptoms that Bother You," which briefly describes the different symptoms. You will identify which symptoms trouble you and which ones you would like to develop coping strategies for. Some people are only bothered by one symptom, in which case they will work on developing coping strategies using the handout for that particular symptom. Other people are bothered by more than one symptom and will select the handouts with strategies for those symptoms.

In the handout for each symptom, there are several coping strategies to choose from. You will select the ones that you want to use, practice them in the sessions, and then try them out in real life situations to see which ones work the best for you.

Topic #1: Identifying Symptoms that Bother You

What are persistent symptoms?

For some people, symptoms related to psychosis become mild or go away with treatment. For others, their symptoms may be more persistent and troublesome, despite taking medication and receiving other types of treatment. In this module, you will learn about common persistent symptoms, identify the symptoms that bother you, and learn effective strategies for coping with them.

Here are a few examples of common persistent symptoms:

Symptom	Example
Depression	Feeling down or sad much of the time; having discouraging thoughts like <i>"Things are hopeless"</i> or <i>"I'm no good"</i>
Anxiety	Feeling worried, nervous, tense or agitated about even minor things; being worried that others think negatively about you; avoiding things that make you feel anxious such as social situations or going to work
Hallucinations	Hearing, seeing, or smelling something that others can't, such as hearing voices that others put you down; feeling something on one's skin when there is nothing visible to cause the sensation
Sleep problems	Difficulty falling asleep or staying asleep; sleeping too much; sleeping during the day and staying awake during the night
Low stamina/low energy	Finding it difficult to start activities or to complete them; "running out of steam" easily such as at work or school; not having enough energy or motivation to do things you used to enjoy
Worrisome thoughts	Having troubling thoughts or beliefs, such as thinking that someone or something is out to get you; thinking that people can read your thoughts; having "ideas of reference" like people are talking about you, believing that special messages are intended for you, or thinking that a television show is about you

Some symptoms are mild and don't interfere with people's activities. For example, some people feel a little anxious sometimes, but it doesn't get in the way of getting things done. Some people hear quiet voices much of the time, but they are easy to ignore.

Some symptoms can be upsetting, get in the way of work or school or interfere with enjoying life. For example, when people think that others want to hurt them, it can make them reluctant to leave their room or go to work or hang out with friends. Some people hear voices that interfere with being able to concentrate or follow a conversation.

What can people do if they have persistent symptoms?

The good news is that when people have persistent symptoms that interfere with their lives, they can learn effective strategies for coping with them. These strategies can help you continue to pursue important personal goals and enjoy your life, in spite of experiencing some symptoms.

Each person is different, and no one has the same experience with symptoms. Each person also uses different coping strategies for dealing with symptoms so that they can decrease the distress or interference caused by the symptoms. Some examples of coping strategies include talking to somebody, using medication, relaxing, going for a walk or exercising.

The following scale will help you identify the symptoms you have experienced recently and the coping strategies you use.

Persistent Symptom Assessment Scale

For each symptom you experience, please indicate how much distress it causes you. Also identify the coping strategies you already use for each symptom and how effective they are.

Type of Symptom	I experience this symptom		How much distress does this symptom cause? 1 = none at all 2 = a little distress 3 = moderate distress 4 = quite a bit 5 = extreme distress	Ways that I cope with this symptom	How effective am I at coping with this symptom? 1 = not at all effective 2 = a little effective 3 = moderately effective 4 = very effective 5 = highly effective
	No	Yes			
Depression			1 2 3 4 5		1 2 3 4 5
Anxiety			1 2 3 4 5		1 2 3 4 5

Hallucinations			1 2 3 4 5		1 2 3 4 5
Sleep problems			1 2 3 4 5		1 2 3 4 5
Low stamina/low energy			1 2 3 4 5		1 2 3 4 5
Worrisome thoughts			1 2 3 4 5		1 2 3 4 5

Developing strategies for coping with persistent symptoms can help people reduce stress and improve their quality of life.

Questions:

- What is an example of a situation when a persistent symptom interfered with doing something you wanted or needed to do?
- When you review the Persistent Symptoms Assessment Scale, which symptoms bother you the most? These are the symptoms that you and your clinician will work on together. You can use the list below to rank the symptom that you would like to work on first, second, etc.
 - __ Depression
 - __ Anxiety
 - __ Hallucinations
 - __ Sleep Problems
 - __ Low Stamina/low energy
 - __ Worrisome thoughts

After developing strategies for one or two symptoms, you and your clinician can review the list again to decide together what to work on next.

Home Practice Options

Between sessions, most people find it helpful to try putting some knowledge or skill into practice at home, so they can see how it works in their own situation. Here are some home practice options to consider:

1. Share this handout with a family member or other supportive person. Let him or her know about persistent symptoms you have experienced. Find out whether he or she has observed any other persistent symptoms in you.
2. During the week keep track of the symptoms you experience to see which ones are most distressing. You can use the checklist that follows.

Symptom Monitoring Checklist

Directions: Make a check mark for each day that you experience a symptom. Next to the check mark use a number from 1 to 5 to rate how much distress this symptom caused you. Use the following rating scale:

1= no distress at all

2 = a little distress

3= moderate distress

4= quite a bit of distress

5= extreme distress

Symptom	Days of the Week (rate distress from 1-5 using scale above)						
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Depression							
Anxiety							
Hallucinations							
Sleep Problems							
Low stamina, low energy							
Worrisome thoughts/ideas of reference							

Summary Points for Identifying the Symptoms that Bother You

- *Some symptoms of psychosis become mild or go away with treatment.*
- *Some symptoms may persist, despite taking medication and receiving other types of treatment. It is not the person's fault.*
- *Once people identify persistent symptoms that bother them or get in the way, they can develop effective coping strategies so they can be less affected and can get on with their life.*

Topic #2: Coping with Depression

Depression is when people have extremely low moods, when they feel very sad, “down,” or unhappy. These feelings occur despite not having a recent loss, or persist long after a loss, such as the death of a loved one. Depression affects not only feelings, but also thinking, sleeping, eating, and energy. In this handout you can learn to recognize depression and develop effective ways to cope with it.

What is Depression?

People experience depression in a variety of ways. You can use the following checklist to identify the symptoms of depression that you have experienced.

Symptoms of Depression Checklist

Symptom	Example	I have felt this symptom
Sad mood	Everything seems dark and negative, feeling down or blue all the time, hard for anyone to cheer you up, sometimes a feeling of dread and anxiety	
Helplessness, hopelessness	Believing that you can't accomplish things or make important changes in your life; feeling stuck, having no hope for the future, nothing seems worth striving for	
Low self-esteem	Feeling worthless, believing you aren't capable or competent at anything, not feeling worthy of others people's respect or love	
Preoccupation with death	Thinking you would be better off dead, suicidal thinking or attempts to hurt or kill yourself, thinking death is the only way to escape your pain	
Excessive guilt	Preoccupation with things you wish you had done or not done in the past, feeling guilty about your current life, taking responsibility for things that are beyond your control	
Loss of energy	Feeling tired throughout the day, lacking energy to get out of bed in the morning, requiring a lot of effort to get through even the simplest of activities, limited stamina	
Changes in appetite	Loss of appetite and losing weight OR eating all the time and gaining weight	

Sleep problems	Difficulty falling asleep, staying asleep or waking up early OR sleeping too much, like 10 or 12 or more hours per night	
Lack of pleasure	Reduced feeling of enjoyment when doing things you used to find fun, discontinuing pleasurable activities, nothing feels fun or worth doing	
Problems concentrating	Difficulty staying focused, easily distracted by things going on around you, problems making decisions, hard to concentrate on tasks at work, school or home	

All people feel some symptoms of sadness or depression sometimes, especially if something upsetting happens to them or someone they love. However, if strong sad feelings come up for no reason or linger long after an upsetting event has passed, it is depression that needs attention.

If you feel severely depressed or start thinking of hurting yourself or ending your life, you should contact your clinician or treatment team immediately or seek emergency services. Your safety is most important.

Although depression can interfere with enjoying your life, there are many coping strategies you can learn to improve your mood.

Questions:

- When you feel depressed, what words would you use to describe your feelings?
- What is an example of when depression got in the way of doing something that you wanted or needed to do?

What can you do to cope with Depression?

There are many different skills for coping with depression. You may already be using one. However, it is usually a good idea to know at least two skills for coping with depression, so if one doesn't work in a certain situation, you have another one you can use.

As you read the following examples of some coping skills for depression, think about the ones that you currently use and choose one or two to try out or get better at using.

- **Talk to a supportive person** about your feelings. For example, you could talk to a friend, a family member, a staff member, or a roommate. When you talk to the person, use the following steps:

- Look at the person.
 - Tell the person how you feel (for example, “sad” or “depressed” or “blue”).
 - If there is a situation that is making you feel depressed, tell the person what it is.
 - Make a suggestion about what the person can do to help you feel less depressed or ask the person for his or her ideas about what to do.
- **Use relaxation techniques** to stay calm and to feel more hopeful. Examples of relaxation techniques are relaxed breathing, muscle relaxation or imagining a peaceful scene. These techniques were included in the Standard IRT module Education about Psychosis, in the handout “Coping with Stress.” Your clinician can review these techniques with you now.

Other relaxing activities include listening to music, taking a walk or drawing. To develop relaxation strategies, it is helpful to choose a place that is comfortable, and to select a strategy to try. At first, it is best to practice the strategy on a regular basis and at a time when you are free of distractions and not depressed. As you get better at using the strategy, it can be used to relax in more challenging and stressful situations.

- **Set goals for daily activities.** Start with one or two activities and gradually build up to a full schedule. Include something pleasant to do each day, even if it's a small thing. This will give you something to look forward to. Ask people to join you in activities. You may be more likely to follow through with plans when someone else is involved. Also, it may be more enjoyable to do activities together.
- **Deal with a loss of appetite** by eating small portions of food that you like and taking your time. Some people find it helpful to eat small portions more frequently throughout the day.
- **Use positive self-talk.** When people feel depressed, they often have a lot of negative self-talk, like “I’m no good” or “I have no future”. Positive self-talk can combat negative self-talk by reminding yourself of your strengths, resiliency, and potential. You can say things to yourself like “This may be a hard time, but I can get through this” or “I can handle this” or “There are lots of people who care about me and stand behind me”. Remind yourself of steps you have accomplished. Do not focus on things that have gone wrong or mistakes you might have made.
- **Make a list of your positive characteristics.** As previously described, when people are depressed they often lack self-esteem and are overly critical of themselves. They frequently focus on their weaknesses and problems, and neglect to pay attention to and recognize their own strengths and personal qualities. Making a list of your strengths and reminding yourself of them on a regular basis can be useful in countering the excessive self-blame associated with depression. Earlier in IRT, you identified personal strengths when you were setting goals and when you

completed the “Developing Resiliency – Standard Session Module”. You can review with your clinician the strengths you identified then. After participating in NAVIGATE and completing more IRT modules, you may have also recognized that you have additional strengths. You can use the following list to check off the strengths you have now.

- determination
- creativity
- caring for others
- work skills
- academic skills
- empathy for others
- knowledge about a particular topic
- artistic talent
- mechanical talent
- sense of humor
- computer skills
- other: _____

- **Use Cognitive Restructuring.** When people are depressed, they often have self-defeating, inaccurate, or distorted thinking styles about themselves and the world. These thinking styles can contribute to and worsen depression. Recognizing self-defeating thinking styles can make you feel better and have a less bleak and better outlook on yourself and the world. You can combat inaccurate thinking styles by using the skill of Cognitive Restructuring (which was described in the Processing the Psychotic Episode module). You can learn (or review) the skill of Cognitive Restructuring in the Individualized IRT module “Dealing with Negative Feelings.”
- **Exercise.** People who exercise regularly say that it improves their mood and energy level. Physical activity during the day also helps you sleep better at night and feel more rested. Some examples of moderate exercise include walking, biking, skateboarding, tennis, and swimming. Exercising with friends or joining an exercise class may be helpful, too, because it gives you more social support.
- **Talk to your doctor about medication.** Some people benefit from taking medication for depression. Talk to your doctor about whether an antidepressant medication might be helpful to you. As described in the Education about Psychosis module in the handout “Just the Facts: Medications for Psychosis,” it is important to talk with your doctor about the pros and cons of taking any medication.
- **Identify things you used to enjoy or that you might enjoy doing and make a plan to start doing them again regularly, like once or twice a week.** It might be helpful to start off with small steps. For example, if you used to enjoy making complicated

recipes, you could start off with a simple one. If you used to enjoy high speed computer games, you could start with one that is played at a more relaxed pace.

It is important to make plans to participate in pleasurable activities, and to follow through on your plans, even if you don't feel like it at the time. Including other people in pleasant activities can increase the chances that you will follow through. Because people with depression often have negative expectations about everything, they think activities will be less enjoyable than they actually are. Following through on plans can help you correct your belief that you can't have fun, and that life is hopeless.

Using the "Pleasure Predicting Worksheet" can help you test out your predictions about how enjoyable an activity will be. Many people find it helpful to use this worksheet, and they often find out that their negative expectations don't line up with their actual experiences once they go out and do something. They often become more optimistic about trying things and give themselves more chances to have a good time.

Pleasure Predicting Worksheet

Directions: Select one or more activities that you would like to try. Before doing an activity, predict how much you will enjoy it. After doing the activity, record how much you enjoyed it. Then compare your predictions with your actual experience.

Activity	How much will you enjoy this activity? (0% to 100%)	How much did you enjoy it? (1% to 100%)	<u>Comments</u> What is the relationship between the kinds of thoughts you had and the enjoyment you experienced? (Hint: Positive thoughts increase enjoyment)
1.			
2.			
3.			
4.			
5.			

You can learn skills to cope effectively with depression and help you feel more confident.

Check it Out

- ✓ Which of the skills do you already use to cope with depression?
- ✓ How often do you use them? How helpful are they?
- ✓ What are some new coping skills you would like to try? You can use the following worksheet to summarize your thoughts.

Coping Strategies for Depression

Directions: Indicate on this worksheet which coping strategies you have tried, which strategies you have found helpful, and which ones you would like to try.			
Coping Strategy	I have tried this strategy	This strategy is helpful	I would like to try this strategy or use it more often
Talk to a Supportive Person			
Use Relaxation Techniques			
Identify things I might enjoy and make a plan to try them			
Use the "Pleasure Predicting Worksheet"			
Set goals for daily activities			
Use strategies for dealing with loss of appetite			

Use Positive Self-Talk			
Make a list of positive characteristics			
Use Cognitive Restructuring			
Exercise			
Talk to the doctor about medications			

Check it Out

- ✓ Select one or two coping skills on the checklist that you would like to try and practice them with your clinician in the session. This will help you feel more confident in using the skill when you feel depressed.
- ✓ When you practice with your clinician, what goes well? What does not go so well?

Making a Plan to Try Coping Strategies on Your Own

Learning how to cope with depression is like learning any other skill, such as driving a car, playing a musical instrument, or playing a sport. It takes practice to get good at it. To improve the way you cope with depression, it helps to make a plan to practice coping strategies on a regular basis. It may be helpful to work on one strategy at a time, and then to add additional coping strategies as you become familiar with them. The core components of developing a plan for implementing coping strategies include:

- What coping strategy will you try?
- When can you try this skill next week (which days, what time each day)?
- How can you remember to practice your coping strategy?
- What might interfere with your plan and what can be done to prevent the interference?

Check it Out

- ✓ You can use the following sheet for making plans to implement coping strategies for depression.

Plan for Implementing Strategies for Coping with Depression

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

Home Practice Options

1. Follow through on your plan to practice the coping skill(s) for depression that you selected today. The more times you practice, the more natural it will become. Where would you practice the skill(s)? When would you practice? For skills that involve another person, with whom would you practice?
2. Select one or more activities that you would like to try and practice using the "Pleasure Predicting Worksheet" included in this handout.
3. When you use a coping skill, evaluate how well it works. You can use the following evaluation sheet. If a skill is not effective, modify it and try it again. For example, if you try using positive self-talk but forget what you wanted to say to yourself, try writing it down on a note card and keeping it in your wallet. Keep trying a strategy until you get something that works for you.

Depression Coping Strategy Evaluation Worksheet

Day of Week	Time, place, what was happening at the time	How depressed did you feel? 1 = not at all depressed 2 = a little depressed 3 = moderately depressed 4 = quite depressed 5 = extremely depressed	Coping Strategy that you tried	How depressed did you feel after using the coping strategy? 1 = not at all depressed 2 = a little depressed 3 = moderately depressed 4 = quite depressed 5 = extremely depressed
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Summary Points for Coping Strategies for Depression

- *There are many effective strategies for coping with depression, including:*
 - *Talking to a supportive person*
 - *Using relaxation techniques*
 - *Setting small goals for daily activities*
 - *Optimizing your appetite by using tactics such as eating small portions*
 - *Using positive self-talk*
 - *Making a list of your positive characteristics*
 - *Using cognitive restructuring*
 - *Exercising*
 - *Talking to your doctor about medication for depression*
 - *Making a plan to start doing things that might enjoy, starting off small*
- *It is important to keep using the coping strategies you find helpful for coping with depression. The more regularly you use them, the more effective they will be.*

Topic #3: Coping with Anxiety

Almost everyone feels anxious or worried some of the time because of life situations. However, anxiety can be problematic when it makes you feel uncomfortable or distressed or when it interferes with doing things that you want or need to do. This handout will help you recognize the symptoms of anxiety and develop effective strategies for coping with it. Anxiety is not just something you have to live with.

What is Anxiety?

People experience anxiety in a variety of ways. You can use the following checklist to identify the symptoms of anxiety that you have experienced.

Symptoms of Anxiety Checklist

Symptom of Anxiety	I have felt this symptom
Worry • Preoccupied with thinking about bad things that might happen or that already have occurred • Constantly thinking about “what if. . .”	
Fear • Intense feelings of being scared or fearful to the point you can't focus on anything else	
Over-arousal • “Fight or flight” response • Racing heart, shortness of breath, muscular tension or headache • Shakiness, sweating • Feeling that you can't relax • Hypervigilant to potential risks	
Panic Attacks • Intense wave of anxiety or fear accompanied by extreme physical symptoms of arousal • Often occurs suddenly and appear to have no obvious provoking stimuli • Feeling like you are having a heart attack	

Agitation • Difficulty sitting still • Feeling like pacing or constantly moving around	
Difficulty concentrating • Difficulty focusing on important things such as work, school and relationships • Difficulty holding conversations because you are feeling distracted	
Avoidance • Avoiding situations that make you feel anxious, such as – social situations – leaving the house – going to work – going to school – doing something new – attending places or events that remind you of past upsetting events	

When anxiety is severe it can get in the way of doing activities. Some people may feel very anxious about certain situations and go to extremes to avoid them.

- *For example, Jake feels very anxious about talking to people, and stays in his room all the time. Staying in his room interferes with things that are important to him, like going out with his friends and taking steps towards getting a job.*

Questions:

- What is an example of a situation that makes you feel very anxious or worried? For example, do you get anxious in social situations, at work, at school, or leaving the house?
- What is it like when you feel anxious? Do you have physical or emotional signs when you are under stress? What are they?

What can you do to cope with Anxiety?

There are many different skills for coping with anxiety. You may already be using one or more. However, it is usually a good idea to know at least two skills for coping with anxiety, so if one doesn't work in a certain situation, you will have another one you can use.

As you read the following list of coping skills for anxiety, consider which ones you use and think of one or two that you would like to try or get better at using.

- **Talk with a supportive person about your feelings.** For example, you could talk to a friend, a family member, a counselor, or a roommate. Anxiety is often related to specific concerns and problems, such as work, school, relationships, and important decisions people have to make. People can also be anxious related to uncertainty about their future.

Talking things over can help you address concerns, identify practical solutions to problems, and make plans for achieving personal goals. In this way, talking to a supportive person can both reduce the symptoms of anxiety and sometimes address the causes as well. If you know something that will help you feel less anxious, ask the person to help you do it. If you don't know what to do, ask the person's advice about what you could do.

- **Use relaxation techniques** to stay calm, such as relaxed breathing, muscle relaxation or imagining a peaceful scene. These techniques were included in the Basic IRT Psychoeducation module, in the handout "Coping with Stress." Your clinician can review these techniques with you now.

Other relaxing activities include listening to music, taking a walk or drawing. To develop relaxation strategies, it is helpful to choose a place that is comfortable, and to select a strategy to try. At first it is best to practice the strategy on a regular basis and at a time when you are free of distractions and not anxious. As you get better at using the strategy, it can be used to relax in more challenging and stressful situations.

- **Develop a plan to do something about the situation** that is making you anxious. Break down your plan into small steps.
 - *For example, Maria was anxious about completing a job application and kept putting it off. She decided to complete the first question of the application on Monday, the second question on Tuesday, the third question on Wednesday, etc. Another example is Daniel, who was nervous about calling his brother, whom he liked but had not seen in a while. He set up a time to call his brother on Saturday and then practiced with his father on Thursday and Friday about what he would say when he called.*
- **Develop a plan with a supportive person to gradually expose yourself to a situation that makes you feel anxious,** but is nonetheless safe. Sometimes people avoid situations that are frightening, even though they are actually safe. Fears may be related to upsetting events that have occurred in the past, or may be situations

that just make the person nervous. For example, someone may be anxious about social situations, such as attending a new class or making conversation with co-workers. Or someone may feel anxious in situations that trigger memories of past upsetting or traumatic occurrences.

Making a plan to gradually expose yourself to these safe but scary situations can help you overcome anxiety by learning that these situations don't really cause any actual danger.

Here are some steps for gradually exposing yourself to a situation or activity that makes you anxious:

1. Break down the situation or activity into small pieces.
2. Start with exposing yourself to the smallest piece.
3. Repeat this piece until you get comfortable.
4. Add the next piece and practice it until you get comfortable.
5. Continue this process until you feel comfortable with all the pieces of the situation or activity.
6. Include a supportive person in the plan to make it easier to follow through.

Here's an example of how Carol overcame her fear of taking the bus.

- *Carol waited with her best friend Anna at the bus stop and watched people get on and off the bus on several occasions.*
 - *After Carol became comfortable, she and Anna got on the bus together and got off at the first stop. They did this several times.*
 - *After Carol got more comfortable, she and Anna took the bus together for several short trips.*
 - *Later Carol took several more short bus trips, this time alone, with Anna or another friend waiting at her destination.*
 - *Finally Carol took round trip bus trips alone, without anyone waiting for her at her destination.*
- **Exercise.** People who exercise regularly say that it improves their mood and energy level. Exercise can help people take their mind off what's worrying them and gives them a chance to focus on something more positive. Exercise also releases some “feel-good” brain chemicals like certain neurotransmitters and endorphins, and may also give you a chance to interact with others in a relaxed positive way. For example, even seeing a friendly smile as you walk around the neighborhood can help you feel more optimistic. Physical activity during the day helps you sleep

better at night and feel more rested, which reduces stress and anxiety. Some examples of moderate exercise include walking, biking, skateboarding, tennis, and swimming. Exercising with friends or joining an exercise class may be helpful, too, because it gives you more social support.

- **Practice yoga and meditation.** Yoga and meditation are skills designed to relax the body and mind. Learning yoga or meditation take time and practice, but the payoffs can be big, both in terms of reducing anxiety and refreshing the body and mind. In most communities you can find a variety of different classes on yoga and meditation. In addition, you can use self-instructional programs, such as books, DVDs, CDs, websites, YouTube videos, and Wii games to learn yoga.
- **Use Cognitive Restructuring.** Sometimes the thoughts and feelings people have about a situation or activity are at the root of their anxiety. Learning to think and react differently to situations by using the skill called Cognitive Restructuring can be very helpful in reducing anxiety. You can learn (or review) the skill of Cognitive Restructuring in the Individualized IRT module “Dealing with Negative Feelings.”

You can learn skills to cope effectively with anxiety and help you feel more confident.

Check it Out

- ✓ Which of the skills do you already use to cope with anxiety?
- ✓ How often do you use them? How helpful are they?
- ✓ What are some new coping skills you would like to try? You can use the following worksheet to summarize your thoughts.

Coping Strategies for Anxiety

Instructions: Indicate on this worksheet which coping strategies you have tried, which strategies you have found helpful, and which ones you would like to try.			
Coping Strategy	I have tried this strategy	This strategy is helpful	I would like to try this strategy or use it more often
Talk to Supportive Person			
Use Relaxation Techniques			
Gradually Expose Yourself to Feared but Safe Situations			
Exercise			
Yoga and Meditation			
Make a plan to do something about the situation that makes you anxious			
Cognitive Restructuring			
Other strategy:			

Check it Out

- ✓ Select one or two coping skills on the checklist that you would like to try and practice them with your clinician in the session. This will help you feel more confident in using the skill when you are in the actual situation that makes you feel anxious.
- ✓ When you practice with your clinician, what goes well? What does not go so well?

Making a Plan to Try Coping Strategies on Your Own

Learning how to cope with anxiety is like learning any other skill, such as driving a car, playing a musical instrument, or playing a sport. It takes practice to get good at it. To improve the way you cope with anxiety, it helps to make a plan to practice coping strategies on a regular basis. It may be helpful to work on one strategy at a time, and then to add additional coping strategies as you become familiar with them. The core components of developing a plan for implementing coping strategies for anxiety include:

- What coping strategy will you try?
- When can you try this skill next week (which days, when each day)?
- How can you remember to practice your coping strategy?
- What might interfere with your plan and what can be done to prevent the interference?

Check it Out

- ✓ You can use the following sheet for making plans to implement coping strategies for anxiety.

Home Practice Options

1. Follow through on your plan to practice the coping skill(s) for anxiety that you selected today. The more times you practice, the more natural it will become. Where would you practice the skill(s)? When would you practice? For skills that involve another person, with whom would you practice?
2. When you are feeling anxious, try practicing a coping skill. Then evaluate how well the coping skill works, using the following evaluation sheet. If a skill is not effective, modify it and try it again. For example, if you try listening to music to feel less anxious, but the type of music you select isn't relaxing, try a different kind of music the next time. Keep trying until you get something that works for you.

Plan for Implementing Strategies for Coping with Anxiety

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

Coping Skills Evaluation Worksheet

Day of Week	Time, place, what was happening at the time	How anxious did you feel? 1 = not at all anxious 2 = a little anxious 3 = moderately anxious 4 = quite anxious 5 = extremely anxious	Coping Strategy that you tried	How anxious did you feel after using the coping strategy? 1 = not at all anxious 2 = a little anxious 3 = moderately anxious 4 = quite anxious 5 = extremely anxious
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Summary Points for Coping with Anxiety

- *There are many effective strategies for coping with anxiety, including:*
 - *Talking to a supportive person*
 - *Using relaxation techniques*
 - *Gradually exposing yourself to feared by safe situations*
 - *Exercising*
 - *Making a plan to do something about the situation that makes you anxious (e.g., break down a difficult task into small steps)*
 - *Using Cognitive restructuring*
- *It is important to keep using the coping strategies you find helpful for coping with anxiety. The more regularly you use them, the more effective they will be.*

Topic #4: Coping with Hallucinations

Hallucinations are hearing, seeing, smelling, tasting or feeling something when nothing in the environment actually caused that experience. The most common type of hallucination is hearing voices. Sometimes hallucinations are mild and easily ignored, but sometimes they are problematic, such as when they are loud or critical or threatening. These experiences of hallucinations can make people feel uncomfortable or distressed and may interfere with doing things that are important to them. This handout will help you recognize the symptoms of hallucinations and develop effective strategies for coping with them.

What are the symptoms of hallucinations?

People experience hallucinations in a variety of ways. You can use the following checklist to identify the symptoms of hallucinations that you have experienced.

Symptoms of Hallucinations Checklist

Symptom of Hallucination	I have experienced this symptom
Hearing a voice when no one is speaking - Hearing one or two voices talking to you or about you or whispering - Hearing a voice call your name - The voice may be positive (e.g., says, "Good job") or negative (e.g., says, "You're going to fail" or "You should hurt yourself") or neutral (e.g., making an observation about the weather)	
Hearing a sound, such as rustling or ringing, when there is nothing around to cause it	
Seeing something that is not there - Seeing a person, object or event that others do not see - The image may be positive (e.g., a friendly face) or negative (e.g., a threatening person or animal) or neutral (e.g., a book on a table)	
Smelling something that is not there The smell may be positive (e.g., the scent of roses) or negative (e.g., the smell of sour milk) or neutral (the scent of newly-mown grass)	

Feeling a sensation from something that is not there The feeling may be positive (e.g., like a light breeze on your face), or negative (e.g., like a pinch) or neutral (e.g., like a slight pressure on your foot)	
Tasting something that is not there The taste may be positive (e.g., like sweet candy) or negative (e.g., like bitter lemon peel) or neutral (e.g., like a cracker)	

Although hallucinations can be upsetting, they are not always distressing. Sometimes people experience hallucinations that are positive in nature, and may even be soothing or encouraging. In these situations, there is no special need to cope with the hallucination, unless it distracts you from something else you want to focus on. When hallucinations are negative or intrusive, however, they can be upsetting. They can also be distracting and get in the way of doing activities, like going to work or school or interacting with other people.

Although hallucinations can interfere with enjoying your life, there are many effective coping strategies you can learn to decrease the amount of impact they have on you.

Questions:

- What is an example of a time when you experienced hallucinations? What type were they?
- What is it like when you experience hallucinations? Would you describe them as positive, neutral or negative?

What can you do to cope with hallucinations?

There are many different skills for coping with hallucinations. You may already be using one or more. However, it is usually a good idea to know at least two skills for coping with hallucinations, so if one doesn't work in a certain situation, you will have another one you can use. For example, on a bus you could listen to music on headphones to distract yourself from voices, but if you are on a job interview you would probably prefer to use a strategy such as positive self-talk.

As you read the following list of nine different coping skills for hallucinations, consider which ones you use and think of one or two that you would like to try or get better at using.

Normalization

People often feel very distressed by hallucinations, especially if they think that this is a highly unusual experience. However, it turns out that this is not the case.

Hallucinations are actually relatively common. About 4-5% of people in the general population report hearing voices at some point in their lives. People can hear voices under a variety of circumstances, including when they are going to sleep or waking up, after a loved one has passed away, when they have a high temperature, and during extremely stressful events. People can also hear voices as the symptom of a number of different mental illnesses, including depression, bipolar disorder, and schizophrenia.

The most important thing to remember is that hearing voices is not as unusual as you might think, and that you are not alone in your experience. You can remind yourself of this fact by developing some statements to say to yourself to keep yourself calm and help yourself cope when you hear voices. Here are some examples:

- *"It's not completely abnormal to hear voices. Lots of other people do."*
- *"Hearing voices doesn't mean I'm crazy or dangerous. I'm in control of myself."*
- *"I'm going to stay calm and wait for this experience to pass."*

Distraction

Shifting the focus of your attention to something different can reduce hallucinations. People tend to have fewer hallucinations when they are involved in something that captures their attention and keeps it focused on something outside of themselves. Distractions that involve other sounds can be especially helpful for someone with auditory hallucinations. Some examples of activities that may be helpful in coping with hallucinations include:

- talking to someone
- listening to the radio
- using headphones to listen to music, such as on an iPod
- humming to yourself
- playing a game
- taking a walk
- watching something on TV
- playing a computer game

Reality Testing

People often know that hallucinations are not real, but sometimes they are unsure. One strategy is to check out your experience regarding a possible hallucination with someone you trust. For example when the mathematician John Nash was greeted by someone who wanted to talk to him about being awarded the Nobel Prize in Economics, he was uncertain as to whether this person was real or a hallucination. To check this out, he asked someone standing near him whether he saw the individual who was talking to him.

Sometimes it is helpful to have a way of evaluating whether a sensory experience is real or not aside from talking to other people. One person said that a helpful strategy was to see whether people's lips were moving when he heard voices. If he heard voices and no one's lips were moving around him, then he knew the voices were hallucinations. If he saw someone's lips moving while he heard the voices, then he knew that they were real.

Positive Self Talk

Practice saying positive things to oneself can help combat the negative content of hallucinations. Examples of positive self talk include:

- *"I'm not going to let those voices get to me."*
- *"I'm not going to believe those voices, I know I'm a good person; lots of people tell me so."*
- *"Hang in there; these voices can't control me."*

Positive self talk can be especially powerful when it helps you challenge your beliefs that the hallucinations, especially hearing voices, have power over you. For example:

- *"Those voices think they are so important, but they can't control me. I am in control of myself."*
- *"Those voices don't even have a body. How do they think they can control me when they don't even physically exist?"*
- *"I am going to put those voices in their place: I am the one in charge, not them."*

You can find more suggestions for challenging your beliefs about voices in the Advanced IRT module "Dealing with Negative Feelings."

Relaxation Techniques

Sometimes hallucinations occur more often or are more severe during times of stress. Using relaxation techniques can reduce the distress or severity of hallucinations.

Examples of relaxation strategies include:

- practicing relaxed breathing
- doing muscular relaxation exercises
- imagining a pleasant or peaceful scene
- spending time in a peaceful place, such as nature
- listening to music

Several of these techniques were included in the Standard IRT module, Education about Psychosis, in the handout “Coping with Stress,” which your clinician review with you now.

Acceptance/Mindfulness

Acceptance involves accepting the fact that people can’t control everything that goes on in their minds, including hallucinations. The purpose of acceptance is not to give up; rather, the goal of acceptance is to avoid actively fighting hallucinations, and instead to accept their presence, while at the same time not allowing them to rule your life or interfere with your ability to achieve your goals.

When using acceptance-based strategies, the point is to acknowledge the hallucination without giving it undue attention. Attempts to ignore or actively suppress hallucinations are often unsuccessful, and can sometimes even make them worse. Accepting the hallucination, and “just noticing it” without focusing extensively on it, is a useful way of minimizing the impact upon the individual. It is sometimes described as “putting the voices on the back burner”. For example, one person said that when he hears voices he doesn’t put himself “in the listening position”. That is, he hears the voices but doesn’t pay attention to what they say. Another example is a client who likes to humorously “thank his brain” when he has a hallucination, and then go on with what he was doing before.

Cognitive Restructuring

When people experience hallucinations, they often have self-defeating, inaccurate, or distorted thinking styles about themselves and the world. These thinking styles can make hallucinations worse. For example, some people believe that the critical voices are right and feel down about themselves. Or they believe that the voices have some power over them. You can combat inaccurate thinking styles by using the skill of

Cognitive Restructuring. You can learn (or review) the skill of Cognitive Restructuring in the Advanced IRT module “Dealing with Negative Feelings”.

Talking to your doctor about medication

Some people benefit from a change in their medication, either in the amount or type they take. Talk to your doctor about whether a change in your medication might be helpful to you. You can find more information about talking to your doctor in the Standard IRT module, Education about Psychosis, in the handout “Just the Facts: Medications for Psychosis”.

You can learn skills to cope effectively with hallucinations and decrease their impact on your enjoyment of life and ability to do things.

Check it Out

- ✓ Which of the skills do you already use to cope with hallucinations?
- ✓ How often do you use them? How helpful are they?
- ✓ What are some new coping skills you would like to try? You can use the following worksheet to summarize your thoughts.

Coping Strategies for Hallucinations

Instructions: Indicate on this worksheet which coping strategies you have tried, which strategies you have found helpful, and which ones you would like to try.			
Coping Strategy	I have tried this strategy	This strategy is helpful	I would like to try this strategy or use it more often
Normalization			
Distraction			
Reality Testing			
Positive Self-Talk			

Relaxation Techniques			
Acceptance/mindfulness			
Cognitive Restructuring			
Talking to doctor about medication			
Other strategy:			

Check it Out

- ✓ Select one or two coping skills on the checklist that you would like to try that you can practice in the session with your clinician. This will help you feel more confident in using the skill when you are actually in a situation when you experience hallucinations. For example, you could practice a relaxation technique or using positive self-talk.
- ✓ Select one or two coping skills on the checklist that you would like to try that you can plan in the session how to implement. For example, for the strategy of distraction, you can plan with your clinician what kind of activity you would like to use to distract yourself and what kind of supplies you might need (e.g., headset to listen to music, puzzle to put together, comfortable shoes for taking a walk).
- ✓ When you practice with your clinician, what goes well? What does not go so well?

Making a Plan to Try Coping Strategies on Your Own

Learning how to cope with hallucinations is like learning any other skill, such as driving a car, playing a musical instrument, or playing a sport. It takes practice to get good at it. To improve the way you cope with hallucinations, it helps to make a plan to practice coping strategies on a regular basis. It may be helpful to work on one strategy at a time, and then to add additional coping strategies as you become familiar with them. The core components of developing a plan for implementing coping strategies include:

- What coping strategy will you try?
- When can you try this skill next week (which days, when each day)?

- How can you remember to practice your coping strategy?
- What might interfere with your plan and what can be done to prevent the interference?

Check it Out

- ✓ You can use the following sheet for making plans to implement coping strategies for hallucinations.

Plan for Implementing Strategies for Coping with Hallucinations

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

Home Practice Options

1. Follow through on your plan to practice the coping skill(s) for hallucinations that you selected today. The more times you practice the more natural it will become. Where would you practice the skill(s)? When would you practice? For skills that involve another person, with whom would you practice?
2. When you experience a hallucination, try practicing a coping skill. Then evaluate how well the coping skill works, using the following evaluation sheet. If a skill is not effective, modify it and try it again. For example, if you try listening to music on your I Pod to distract you from hearing voices, but the type of music you select isn't engaging, try a different kind of music the next time. Keep trying until you get something that works for you.

Hallucinations Coping Strategy Evaluation Sheet

Directions: This week when you experience a distressing hallucination try a coping strategy and record the results below. If you do not experience any hallucinations this week, try out the coping strategy a few times anyway to get more practice and to increase your confidence in using the skill if the situation arises.

Day of Week	Time, place, what was happening at the time	How distressed did you feel? 1 = not at all anxious 2 = a little distressed 3 = moderately distressed 4 = quite distressed 5 = extremely distressed	Coping Strategy that you tried	How distressed did you feel after using the coping strategy? 1 = not at all distressed 2 = a little distressed 3 = moderately distressed 4 = quite distressed 5 = extremely distressed
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Summary Points for Coping with Hallucinations

- *There are many effective strategies for coping with hallucinations, including:*
 - *Normalization*
 - *Distraction*
 - *Reality Testing*
 - *Relaxation Techniques*
 - *Acceptance/Mindfulness*
 - *Using cognitive restructuring*
 - *Talking to your doctor about medication*
- *It is important to keep using the coping strategies you find helpful for coping with hallucinations. The more regularly you use them, the more effective they will be.*

Topic #5: Coping with Sleeping Problems

Sleeping problems are very common. However, they can interfere with getting a good night's rest, which in turn can affect your energy and concentration the next day. The most common type of problems is either sleeping too much or too little. Sometimes sleep problems are only occasional or only have a small effect on people. However, sometimes difficulties with sleeping can cause distress and interfere with your ability to enjoy life or carry out important activities, like working or going to school or having a social life. This handout will help you identify problems related to sleeping and develop effective strategies for coping with them.

What are the main types of sleeping problems?

People experience sleeping problems in a variety of ways. You can use the following checklist to identify the types of sleeping problems that you have experienced.

Types of Sleeping Problems Checklist

Sleep problem	I have experienced this problem
Difficulty falling asleep • Persistently thinking about the problems of the day • Thinking about things that have gone wrong • Worrying about the future • After lying awake for some time, worrying about not getting enough sleep and being able to function the next day	
Problems staying asleep or waking up early • Able to fall asleep, but waking up in the middle of the night and having trouble going back to sleep • Waking up far earlier than you want, such as 4 p.m. or 5 p.m., and not being able to get back to sleep	
Sleeping too much • Sleeping many hours every day, such as over 10 or 12 hours • Sleeping becomes a way of escaping the problems of life • Spending more time sleeping than awake	

Feeling tired despite sleeping • Taking a long time to wake up in the morning, despite having slept a reasonable amount • Having limited energy, becoming easily tired throughout the day, even though you had a full night's sleep • Not feeling rested and refreshed after sleeping	
Decreased need for sleep • Having a change in your sleeping pattern so that you seem to need much less sleep than before • Being the kind of person who used to sleep 7-8 hours and suddenly needing only 2-3 hours to feel rested and energized • Not being distressed yourself by having only a few hours' sleep, but others around you see it as a problem	

Although sleeping problems can interfere with enjoying your life or doing activities that are important to you, you can learn many ways to improve your ability to get a good night's sleep.

Questions:

- What is an example of a time when you experienced sleeping problems? What type were they?
- What is it like when you experience sleeping problems? How does it affect you the next day?

What can you do to cope with sleeping problems?

A variety of coping strategies can be used to help you get a restful, full night's sleep. Some of these strategies involve changing habits, and therefore may take some time and practice to get consistent and positive results.

As you read the following list of coping skills for sleeping problems, consider which ones you use and think of one or two that you would like to try or get better at using.

Developing a good sleep Hygiene

"Sleep hygiene" refers to the habits that people have around their sleeping. Good sleep hygiene includes habits or routines that help a person get a full night sleep on a daily basis. The core elements of good sleep hygiene include the following:

- Go to bed and get up at the same time every day, regardless of how much sleep you got the night before.
- Choose something relaxing to do at least 30 minutes before bed (such as reading a book, taking a bath or warm shower, or listening to music).
- Avoid drinking anything with caffeine after 3 p.m.
- Avoid smoking for several hours before going to bed.
- Don't watch anything on TV that might be exciting or upsetting before going to bed.
- Avoid talking about upsetting topics with other people before going to bed.
- Avoid napping during the day, even if you didn't sleep well the previous night.
- Avoid spending more than 30 minutes at a time lying in bed trying to get to sleep; instead, get up and go into another room and do something relaxing.
- Exercise during the day so that you will feel tired at night.
- Take medications as prescribed.

Coping with Excessive Worrying

Excessive worrying can interfere with sleep. People may lie in bed for many hours worrying about the past or the future. Worry can be a particular problem for people when they are going through changes in their lives and feel that there are many uncertainties involved.

One helpful strategy for dealing with excessive worry is to schedule a daily time devoted just to worrying as follows:

- Set aside some time each day just to worry, e.g., 15 to 30 minutes.
- Set aside the same time every day, but not just before you go to sleep.
- During this time, focus on your worries; it may be helpful to write them down.
- After writing down different worries that you have, brainstorm possible solutions for them and write them down.

- Consider getting input about your worries and possible solutions for them from other supportive people.
- From your list of possible solutions, try choosing one and carrying out one or two steps towards this solution; write down what happens.
- When you are lying in bed and start to worry, remind yourself that you have a special time every day for worrying. You can also practice mindfulness and just notice the worries and then move on to something else (e.g. something pleasant).
- Over time, you can gradually feel more control over your worries and spend less time on them throughout the day and at bedtime.
- If you continue to have problems with worrying, you can find additional ideas in the “Coping Strategies for Anxiety” handout in this module.

Talking with Your Doctor about Not Feeling Rested

It is important to talk to your doctor about sleep problems. He or she may be able to adjust your medication or the time that you take your medications to help you sleep better. Also, it is important to evaluate whether you might have a sleep disorder, such as apnea. When people have sleep apnea, they usually snore very loudly and periodically wake up briefly throughout the night because their breathing becomes obstructed. This can happen up to hundreds of times during a night without the person being aware of it. There are effective treatments for sleep apnea, including both machines to help people breathe freely during sleep as well as surgical procedures.

Coping with Sleeping too Much

Sleeping too many hours of the day (such as 10 or more) can be a sign of sleep apnea, as described above. It can also be a sign of boredom or feeling discouraged that there’s nothing worth getting up for. If that’s your situation, you can start by making a plan for each day so that you have some structure in your day, including both responsibilities and fun things. You can find additional ideas for coping with boredom and finding activities in the IRT Individualized Module, “Having Fun and Developing Good Relationships.” Sleeping too much can also be a sign of depression. It is important to talk to your doctor if you are feeling sad or hopeless; he or she can evaluate whether you might be experiencing depression. There are many effective treatments for depression and many coping strategies that can help you feel better. You can find more information in the handout for “Coping with Depression” in this module.

You can learn skills to cope effectively with sleeping problems and decrease their impact on your enjoyment of life and ability to do things.

Check it Out

- ✓ Which of the skills do you already use to cope with sleeping problems?
- ✓ How often do you use them? How helpful are they?
- ✓ What are some new coping skills you would like to try? You can use the following worksheet to summarize your thoughts.

Coping Strategies for Sleeping Problems

Instructions: Indicate on this worksheet which coping strategies you have tried, which strategies you have found helpful, and which ones you would like to try.

DEVELOPING GOOD SLEEP HYGIENE

Coping Strategy	I have tried this strategy	This strategy is helpful	I would like to try this strategy or use it more often
Go to bed and get up at the same time			
Exercise during the day so you will be tired at night			
Do something relaxing before bed			
Avoid caffeine in the evening			
Avoid napping during the day			

COPING WITH EXCESSIVE WORRY			
Coping Strategy	I have tried this strategy	This strategy is helpful	I would like to try this strategy or use it more often
Set aside a specific time to worry every day			
Write down worries and possible solutions			
Talk to a supportive person and get their ideas about problems worrying you			
Practicing mindfulness			

TALKING WITH YOUR DOCTOR			
Coping Strategy	I have tried this strategy	This strategy is helpful	I would like to try this strategy or use it more often
Ask your doctor about how medications may be affecting your sleep			
Explore the possibility with your doctor of adjusting your medication or the time you take it			
Ask your doctor about getting an evaluation for sleep apnea			

COPING WITH SLEEPING TOO MUCH			
Coping Strategy	I have tried this strategy	This strategy is helpful	I would like to try this strategy or use it more often
Get more structure in your day			
Include a balance of responsibilities and fun activities in your daily schedule			
Talk to your doctor about getting an evaluation for depression			

Check it Out

- ✓ Select one or two coping skills on the checklist that you would like to try and talk with your clinician about what would be involved in putting the strategy into practice. For example, if you would like to develop a more regular sleep routine, discuss your ideas about a good time for routinely going to bed and waking up. If you would like to start keeping a dream journal, explore where you could purchase the journal, when you would write in the journal, who you might talk to about the dreams you are having.
- ✓ Practice with your clinician strategies that involve talking to another person, such as talking to a supportive person about your worries or talking to your doctor about getting an evaluation for a sleep disorder.

Making a Plan to Try Coping Strategies on Your Own

Learning how to cope with sleeping problems is like learning any other skill, such as driving a car, playing a musical instrument, or playing a sport. It takes practice to get good at it. To improve the way you cope with sleeping problems, it helps to make a plan to practice coping strategies on a regular basis. It may be helpful to work on one strategy at a time, and then to add additional coping strategies as you become

familiar with them. The core components of developing a plan for implementing coping strategies include:

- What coping strategy will you try?
- When can you try this skill next week (which days, when each day)?
- How can you remember to practice your coping strategy?
- What might interfere with your plan and what can be done to prevent the interference?

Check it Out

- ✓ You can use the following sheet for making plans to implement coping strategies for sleeping problems.

Plan for Implementing Strategies for Coping with Sleeping problems

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

Home Practice Options

1. Follow through on your plan to practice the coping skill(s) for sleeping problems that you selected today. The more times you practice the more natural it will become. Where would you practice the skill(s)? When would you practice? For skills that involve another person, with whom would you practice?
2. Try evaluating how well the coping skill works, using the following evaluation sheet. If a skill is not effective, modify it and try it again. For example, if you try going to sleep regularly at 10 p.m. and getting up at 6 a.m., but find that those hours keep you from socializing with friends, try going to sleep at midnight and getting up at 8 a.m. Keep trying until you get a routine that works for you.

Sleeping Problems Coping Strategy Evaluation Sheet

Directions: This week try at least one coping strategy for sleep problems and record the results below.

Day of Week	What sleep problem did you experience? (e.g., difficulty falling asleep or staying asleep, sleeping too much, wakened by nightmares, sleepy during the day)	How distressed did you feel? 1 = not at all distressed 2 = a little distressed 3 = moderately distressed 4 = quite distressed 5 = extremely distressed	Coping Strategy that you tried	How distressed did you feel after using the coping strategy? 1 = not at all distressed 2 = a little distressed 3 = moderately distressed 4 = quite distressed 5 = extremely distressed
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Summary Points for Coping with Sleep Problems

- *Sleep problems are very common.*
- *A good first step for coping with sleep problems is to develop good sleep hygiene, including:*
 - *Going to bed and getting up at the same time.*
 - *Exercising during the day.*
 - *Doing something relaxing before bed.*
 - *Avoiding caffeine in the late afternoon and evening.*
 - *Avoiding napping during the day.*
- *If excessive worry keeps you from sleeping well, you can use strategies such as:*
 - *Setting aside a specific time to worry every day.*
 - *Writing down your worries and possible solutions.*
 - *Talking to a supportive person to get their ideas for addressing some of your worries.*
- *If you have problems with sleeping too much, you can try getting more structure in your day and including a balance of responsibilities and fun in your daily schedule.*
- *It is important to talk to your doctor about sleep problems to explore whether your medications may be affecting your sleep and whether you might have a sleep disorder called apnea. Your doctor may also want to evaluate whether symptoms of depression may be contributing to sleep problems.*

Topic #6: Coping with Low Stamina or Energy

Stamina refers to having the kind of physical or mental energy that allows people to do something for a relatively long time period. When people have low stamina, they often find it difficult to get on with life, such as going to school, working, having rewarding relationships, and even having fun. Sometimes having low stamina is also connected to lacking interest or pleasure in things. That is, sometimes people have the feeling that activities don't seem *worth* the energy of pursuing or spending time on them. This feeling may exist even if people know the activity is important or used to enjoy it in the past.

This handout will help you identify problems related to low stamina and help you develop strategies for increasing your stamina and energy level.

What are the main types of problems with low stamina?

People experience stamina problems in a variety of ways. You can use the following checklist to identify the types of problems that you have experienced.

Stamina Problems Checklist

Directions: Check off whether or not you experience the following problems with stamina.

Is this a problem for you?	Yes	No
Feeling slowed down and having little energy		
Needing a great deal of energy to start an activity		
Getting tired or fatigued more easily than in the past		
Needing a lot of rest to recover after an activity		
Difficulty finishing something that you start		

Trouble following through with personal hygiene (like brushing your teeth, showering, combing your hair, using deodorant, changing clothes)		
Believing that you won't enjoy something, so it's not worth the energy (fun activities, work, school, taking care of yourself or your environment)		
Believing that many activities simply require more than energy than you have		

Questions:

- Which of the problems with stamina or low energy have you experienced?
- What is an example of a time when low stamina or low energy interfered with something that you wanted to do?
- If you had more stamina or energy, what are one or two things you would like to accomplish (such as in the areas of school, work, relationships, having fun, etc.)?

Although stamina problems can interfere with enjoying your life or doing activities, you can learn many ways to increase your stamina.

What can you do to cope with stamina problems?

It is common for people who are inactive to get drawn into a vicious cycle of continued inactivity because the mind and body become under stimulated, and activity takes increasingly more effort. In other words, sometimes the less people do, the less energy they have and the less they feel like doing things. Instead of a lot of free time being fun and relaxing, it becomes empty and boring. People can even begin to believe that they *can't* do things even though they haven't tried.

To break out of the cycle of low energy and stamina, you can learn to use a variety of coping strategies. Some of these strategies involve starting with breaking down activities into very small steps. When you get comfortable with one or two small steps, you can gradually add on more steps or do things for longer time periods. It may take a while, but if you persist and keep trying, you will get positive results.

As you read the following list of strategies for coping with stamina problems, consider which ones you use already and think of one or two that you would like to try or get better at using.

Strategies for low stamina or low energy:

Develop a Daily Schedule

- Schedule a regular time for getting up and going to bed.
- Plan consistent meal times.
- Schedule a balance of fun activities and responsibilities.
- Try scheduling activities when you feel most rested and optimistic; for example, are you a “morning person” or a “night person”? Do you have more energy before or after a meal?
- Consider using an alarm clock to wake you up in the morning.
- Before going to bed at night, review your schedule, especially noting one fun thing to look forward to and one accomplishment you can achieve the next day.

Here is a form you can use for setting up a basic schedule for the week.

Weekly Activity Schedule for the Week of: _____

Directions: Write down what you plan to do each day and when you plan to do it. You can also use it to check off the activities or tasks that you complete.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 noon							

1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM							
10 PM							
11 PM							
midnight							

Break down activities into small steps

Select an activity that is important to you, but not too demanding:

- Break down the activity into very small steps.
- Begin by doing the first one or two steps involved in the activity.
- Reward yourself for doing the first few steps.
- When you feel comfortable doing the first few steps, add another one or two more.

- Reward yourself for doing the additional steps, add another one or two, and so on.
- For example, if you want to start reading magazine articles again, you can start by reading a paragraph, then asking yourself the main point of that paragraph. After several days of reading a single paragraph, you will gradually get more comfortable. When you get comfortable reading a paragraph and quizzing yourself, try reading two paragraphs. When you get comfortable with two paragraphs, try reading a whole page, then a few pages. Gradually you will be able to read an article with ease.

Gradually increase your schedule to include longer or more

- Start with a simple schedule that includes a balance of responsibilities (like doing homework after taking out the trash) and fun things (like playing a computer game after doing your laundry).
- As you gain confidence in brief activities, gradually plan longer ones; for example, after taking short daily walks in your neighborhood for a few weeks, you could try taking a walk to an interesting place a little farther away, like a park.
- As you get more confident in an activity, add another step; for example, after walking in your neighborhood and at a local park, you could try going on a walk at a nature center.
- As you gain stamina in an activity, explore new interests and make a plan to try out one or two; for example, after building up stamina in walking you could consider asking a friend to try the climbing wall at a local gym.

Build in rewards for yourself

- Check off activities on your schedule, calendar or daily list, to note your achievement.
- Try doing a new activity at the same time as something you know you already enjoy (for example, if you already like going to the comic book store, try walking to there to get some exercise).
- Give yourself a reward for taking even small steps. For example, after going for a walk for the first time, stop by your favorite music store to browse.

- Talk to a friend or family member about what you have accomplished (for example, tell your brother that you finished a difficult level of a computer game or tell your co-worker that you completed a work task in record time).

Use Reminders

- Program your cell phone or set your alarm clock to ring when it's time for an activity.
- Write your plans on a paper calendar, or enter them on a computer calendar or PDA.
- Consider posting a written daily or weekly schedule so that you can review it easily.
- Put post-it notes where you are likely to see them (such as on your mirror, on your computer, on the door to your room).
- Post a photograph or drawing of the activity or accomplishment you want to do, from the internet, the newspaper, or a magazine, as an inspiration (for example, a photo of a guitar if you want to start playing one again, of a nature trail if you want to start hiking again, or of a neat apartment if you want to keep yours that way).

Exercise

- Keep in mind that if you feel fatigued or have low energy, research has shown that doing some light exercise can *increase* your energy level, not decrease it.
- Engage in regular exercise (for example, daily or every other day) to increase your energy in the long run.
- Start off with small amounts of exercise, and gradually build up to doing a little more each day. For example, if you wanted to return to lifting weights over the course of several weeks, you could start with 3 daily repetitions of 5 pound weights for a week, building up to 5 repetitions, then 10 repetitions, and gradually increasing the weight from 5 pounds to 7 pounds to 10 pounds.

Challenge your Beliefs

- Keep in mind that people often overestimate how much energy that an activity will take or how fatigued they will feel.

- Do experiments to test out your beliefs about how much you will enjoy something. For example, if you believe that you won't enjoy art any more, rate how much enjoyment you think you will get from drawing for 5 minutes, using a scale of 0% (no enjoyment at all) to 100% (complete enjoyment). Put your rating away. Try drawing for 5 minutes, and then rate your actual enjoyment. Bring out your previous rating and see what the difference is. If you enjoy something more than you thought, try it again, then consider gradually increasing the amount of time that you spend on the activity.
- Do experiments to test out how tired an activity will make you. For example, if you think that taking a shower will make you too tired, rate how energetic you think you will be if you take a short (3-5 minutes) shower, using a scale of 0% (not at all energetic) to 100% (very energetic). Put your ratings away. Then take a shower and rate actual energy after showering. Bring out your previous rating and see what the difference is. If an activity leaves you with more energy than you thought, try it again, and then consider gradually increasing the length of the activity or the intensity of it.
- Use positive self-talk to counter the negative beliefs about your stamina or energy. Try saying things to yourself, *"Walking to the post office will take some energy, but I have done it in the past and I know I can do it again"*.

Use cognitive restructuring

- If you find that you have persistent negative beliefs about your stamina (for example, *"I have no energy so I can't do anything"* or *"If I do anything it will completely wear me out"*), consider learning (or reviewing) the skill of cognitive restructuring in the Individualized IRT module "Dealing with Negative Feelings".
- Keep in mind that you can learn to recognize and combat inaccurate, self-defeating thinking styles using cognitive restructuring with your clinician.

Use the Buddy System

- Ask a friend or family member to join you in an activity. People are more likely to follow through with an activity when someone else is counting on them.
- People report that activities seem more fun and take less energy when they do them with other people.
- Talking with someone while doing an activity tends to make people more focused on conversation and less focused on their energy level.

- Doing an activity with someone gives you something in common.

Make sure you are getting enough rest

- If you having difficulty getting a good night's sleep, see the strategies in this module for "Coping with Sleeping Problems".
- Talk to your doctor if you have a low mood in addition to low energy. This may be a sign of depression, which your doctor can evaluate.

Talk to your Doctors about medication

- Side effects of some medications include sleepiness and fatigue. Talk to your doctor about the side effects of the medications you are taking and ask for his or her suggestions.
- Sometimes the timing of medications can make a difference. Talk to your doctor about whether taking some of your medications at night could give you more energy during the day.

You can learn skills to build up your stamina and increase your ability to do things and enjoy life.

Check it Out

- ✓ Which of the skills do you already use to cope with stamina problems?
- ✓ How often do you use them? How helpful are they?
- ✓ What are some new coping skills you would like to try? You can use the following worksheet to summarize your thoughts.

Coping Strategies for Stamina Problems

Instructions: Indicate on this worksheet which coping strategies you have tried, which strategies you have found helpful, and which ones you would like to try.			
Coping Strategy	I have tried this strategy	This strategy is helpful	I would like to try this strategy or use it more often
Develop a daily schedule and follow it			
Break down activities into small steps			
Gradually build up your schedule to include longer or more activities			
Build in rewards for yourself			
Use Reminders			
Exercise			
Challenge your beliefs			
Use Cognitive Restructuring			
Use the buddy system			
Make sure you are getting enough rest			
Talk to your doctor about medications			

Check it Out

- ✓ Select one or two coping skills on the checklist that you would like to try and talk with your clinician about what would be involved in putting the strategy into practice. For example, if you would like to try the strategy of developing a basic schedule you can use the “Weekly Activity Schedule” with your clinician to set up a simple daily schedule with regular times for getting up, eating meals, and going to bed. Or you can talk to your clinician about setting up reminders for yourself to follow through with your activities.
- ✓ Practice with your clinician any strategies that involve talking to another person, such as asking a friend or family member to join you in an activity.
- ✓ Practice challenging your beliefs with your clinician. For example, if you believe, *“I have no energy, therefore I can't do anything”*, you can look for the evidence for and against this belief.
- ✓ Practice breaking down an activity or task into small steps with your clinician.

What can you do to cope with stamina problems?

Learning how to cope with stamina problems is like learning any other skill, such as driving a car, playing a musical instrument, or playing a sport. It takes practice to get good at it. To improve the way you cope with stamina problems, it helps to make a plan to practice coping strategies on a regular basis. It may be helpful to work on one strategy at a time, and then to add additional coping strategies as you become familiar with them. The core components of developing a plan for implementing coping strategies include:

- What coping strategy will you try?
- When can you try this skill next week (which days, when each day)?
- How can you remember to practice your coping strategy?
- What might interfere with your plan and what can be done to prevent the interference?

Check it Out

- ✓ You can use the following sheet for making plans to implement coping strategies for stamina problems.

Home Practice Options

1. Follow through on your plan to practice the coping skill(s) for stamina problems that you selected today. The more times you practice the more natural it will become. Where would you practice the skill(s)? When would you practice? For skills that involve another person, with whom would you practice?
2. Try evaluating how well the coping skill works, using the following evaluation sheet. If a skill is not effective, modify it and try it again. For example, you might choose to try the strategy of doing exercise to improve your energy. If you feel overtired after the bike ride, try planning a shorter or less strenuous route for next time. Keep trying until you get a routine that works for you.
3. Use the Weekly Activity Schedule form provided earlier in this handout to develop a schedule for the week that includes the basics (regular times for going to bed and getting up; regular times for meals) and at least short activity per day.

Plan for Implementing Strategies for Coping with Stamina Problems

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

Stamina Coping Strategies Evaluation Sheet

Directions: This week try at least one coping strategy for increasing your stamina and energy and record the results below.

Day of Week	Coping strategy that you tried	How effective was this strategy in increasing your stamina or energy? 1 = not at all effective 2 = a little effective 3 = moderately effective 4 = quite effective 5 = extremely effective	Notes or comments
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

Summary Points for Coping with Low Stamina or Energy

- *There are many effective strategies for coping with low stamina or energy including:*
 - *Developing and following a daily schedule*
 - *Breaking down activities into small steps*
 - *Gradually building up your schedule to include longer or more activities*
 - *Building in rewards for yourself*
 - *Using reminders like calendars, cell phones, and post-it-notes*
 - *Exercising*
 - *Challenging negative beliefs about your energy or stamina*
 - *Using cognitive restructuring*
 - *Using the buddy system*
 - *Making sure you get enough rest*
 - *Talking to your doctor*
- *It is important to keep using the coping strategies you find helpful. The more regularly you use them, the more energy and stamina you will have.*

Topic #7: Coping with Worrisome Thoughts

Having worrisome or troubling thoughts is a common problem that people sometimes have when they have experienced psychosis. One common type of worrisome thought is called “ideas of reference”, which means that people think that something or someone is referring to them or giving them special messages. Another common type of worrisome thought is when people think that someone is out to give them a hard time or hurt them in some way. Both types of worrisome thoughts occur when there may be little or no evidence to support them. Worrisome thoughts can be unsettling and make people feel on edge.

The purpose of this handout is to review the nature of worrisome thoughts, to teach you to recognize if you experience them, and to give you some coping strategies for dealing with them so you can get on with your life and enjoy yourself more.

What are some examples of ideas of reference?

Sometimes people may have a lot going on and may be under stress for a variety of reasons, including having experienced some of the symptoms of psychosis. At such times, it can be difficult for people to figure out how to interpret certain things that they see or hear. They may come to quick conclusions about something that they have very little information about. Sometimes psychosis can influence people's thinking by causing them to think that something or someone is referring to them, even though there may be several other more likely explanations. This is called having “ideas of reference” and this may have happened to you.

One of the best ways to understand ideas of reference is to read some examples. The following are quotations from people who have experienced ideas of reference:

- *“When I passed Ben and Marcie in the hall, they were talking to each other and giggling. I couldn't hear anything that they were saying but I got this strong vibe that they were laughing about something I had done.”*
- *“When I was listening to the radio, I heard a song about a broken heart. I thought that song must definitely refer to me, since my girlfriend just broke up with me. The D.J. decided to play that song on purpose for me to hear.”*

- *"I was watching a sitcom on TV. Some of the characters had things in common with me, and I got a gut feeling that this show was actually referring to my life and was about me."*
- *"When I picked up a magazine in the waiting room, there was an article about taking vacations in Montana. My family lives in Montana. That article was written especially for me to read to make me feel guilty about not spending more time with my family."*
- *"There was an extra clicking sound on my telephone when I picked it up to make a call. I think that only happens to me and that it means my phone is being tapped."*
- *"When I sat down on the subway, there was an advertisement for mouthwash directly across from me where I couldn't miss it. It was no coincidence. That ad was meant to give me a message that I have bad breath and that no one wants to be in a relationship with me."*
- *"I was taking a walk in the park one day and stopped to tie my shoe. I saw three sticks on the path that made the shape of an arrow. I thought there was no way those sticks could be there by accident. The arrow was directing me to turn back on the path."*
- *"I saw three license plates in a row that had the number 3 in them. To my way of thinking, that was a message to remind me of the holy trinity, Father, Son, and Holy Ghost, and that I should get to a church as soon as possible."*

Questions:

- Do any of these experiences sound familiar to you?
- How would you describe what happened to you?

Identifying your experiences with ideas of reference

Having ideas of reference is quite common, but each person experiences them in different ways. You can use the following checklist to identify the types of experiences you have had.

Ideas of Reference Checklist

Common Idea of Reference	I have experienced something like this
• Thinking that people are talking about you	
• Thinking that someone on radio or television is talking about you or speaking directly to you	
• Thinking that a television show or song is about you	
• Thinking that something you see or hear is a special sign meant just for you	
• Seeing special meaning in the arrangement of objects	

It is important to know that you are not alone if you have these kinds of thoughts. Often these thoughts may be quite fleeting, and you can quickly move on to thinking and doing something else. Sometimes they may last longer, however, and can interfere with your enjoyment of life. The good news is that there are lots of strategies later in this handout that you can learn to cope with worrisome thoughts so they don't get in your way.

Questions:

- Review the checklist above and identify an idea of reference that you have had. What were you thinking at the time? What was happening around you? What did you do?
- What is an example of when an idea of reference interfered with something you wanted to do? For example, when did a worrisome thought get in the way of your doing something related to school, work, or friendships?

What are some examples of people thinking that others are trying to give them a hard time?

As described above, sometimes when people have experienced psychosis and are under stress, it can be difficult for them to figure out how to interpret certain things that they see or hear. This can lead them to having ideas of reference, when they think that something or someone is referring to them, even when they are not. In a similar way, sometimes psychosis can influence people's thinking by causing them to think that an individual or a group of individuals are out to give them a hard time, even

though there may be several other more likely explanations. This may have happened to you.

Here are some examples of quotations from people who have thought that others were trying to give them a hard time:

- *"I thought that when I went out, my roommate was moving my stuff so I couldn't find things I was looking for."*
- *"I thought that the people who worked in the convenience store were plotting to sell me food that was past its expiration date."*
- *"I thought that the police were keeping me under surveillance for a crime I didn't commit."*
- *"When I ate dinner at home, my food tasted funny, and I thought maybe my Mom was putting something in it."*
- *"I thought the librarian put a GPS device in one of the books I checked out and was tracking my whereabouts."*
- *"I thought people were following me when I got off the bus."*
- *"I kept doing stuff that got me in trouble, and I thought that there was some kind of chip implanted in my tooth by the government that was controlling my behavior."*
- *"People could read my mind and turn my thoughts against me."*
- *"My teachers all assigned big projects at the same time so that I would fail."*

Questions:

- Do any of these experiences sound familiar to you?
- How would you describe what happened?

Identifying your experiences with thinking that others are out to give you a hard time

Thinking that others are out to give you a hard time is quite common among people who have experienced psychosis, but each person has his or her own experience. You can use the following checklist to identify the types of experiences you have had.

A Checklist for Thinking that Others Are Out to Give You a Hard Time

Common Experience	I have experienced something like this
• Thinking that someone is out to get you	
• Thinking that you are being followed or are under surveillance	
• Thinking that someone is putting thoughts in your head or is taking thoughts out of your head	
• Thinking that there is a group of individuals or an organization that means to harm you or your reputation	
• Thinking that people in a public place want to annoy you or give you a hard time	
• Thinking that another person or some kind of mechanism or machine can read your thoughts or control your mind or your actions	

It is important to know that you are not alone if you have these kinds of thoughts. Like ideas of reference, these thoughts may be quite fleeting, and you can quickly move on to thinking and doing something else. Sometimes they may last longer, however, and can interfere with your enjoyment of life. A little later in this handout you will find lots of strategies that you can learn to cope with these kinds of thoughts so they don't get in your way.

Questions:

- Review the checklist above and identify an experience when you thought others were out to give you a hard time. What was happening? What were your thoughts? What did you do?
- What is an example of when you're thinking that others were out to give you a hard time interfered with something you wanted to do? For example, when did this kind of thought get in the way of your doing something related to school, work, or friendships?

Ways of Coping with Worrisome Thoughts

A variety of coping strategies can be used to help you cope effectively with both kinds of thoughts that people find worrisome: ideas of reference and thinking that people are out to give them a hard time. As you read the following list of coping skills, consider which ones you use already and think of one or two that you would like to try or get better at using.

Shift your attention to something else

- When you give less time and consideration to a thought it is likely to pass or to become less concerning.
- Try engaging in a physical or mental activity that takes your attention.
- Take a break or try practicing a relaxation technique such as relaxed breathing if you are under stress.

Question whether your thought might be related to psychosis

- Remind yourself that thinking people or things are referring to you or that people are out to give you a hard time is a common experience for people when they have psychosis.
- Consider that your thought may be true, but there may be other explanations for what you are experiencing.
- Review your previous experience with the kind of thought you are having. For example, if you currently think people are talking about you, it can be helpful to remember that in the past you thought the same thing, but it turned out they were discussing a movie they had seen.

Take your time coming to conclusions

- If your thought seems worrisome, give yourself a chance to take a second look. Take the role of a detective, and ask yourself these kinds of questions about your worrisome thought: *“What is the evidence supporting my thought?” “What is the evidence that does NOT support my thought?” “What are some other possible explanations?”*
- Talk to someone you trust about your thought and get their opinion.

Brainstorm other possible explanations

- Remind yourself that there are usually many different ways to interpret situations.
- Remind yourself that it can be confusing to figure out what is happening in some situations, and your first thought may not always be right.
- Build up your skills in coming up with other possible explanations for experiences. You might find the following example helpful. Jacob sees his friend Laura when he is walking down the street. He says “Hi” to her, but she does not respond. Jacob’s first thought was “Laura is mad at me.” But it turned out that Laura was deep in thought and just didn’t hear him.

Talk to someone you trust

- Talk to someone you know and trust, like a family member, a friend, or clinician.
- Tell the person what you are thinking and ask his or her opinion.
- Ask the person if he or she can help you think of other possible explanations.
- If you still have concerns, talk to the person again.
- For example, *Elena thought that the electric company truck parked on her block was proof for her belief that the utility companies were targeting her in order take away her gas and electricity, which frightened her. When Elena talked to her brother, she found out that the electric company had been replacing power wires in all the neighborhoods, including his, for the past two weeks. Her brother was also able to show her a newspaper article supporting this. Although Elena was suspicious, she became less convinced of her belief because there was a possible alternative explanation. She was less frightened after talking to her brother and was able to continue her daily activities.*

Consider directly checking out your thoughts

- Sometimes it is helpful to talk directly to the person involved.
- Here’s one example: *Todd thought that his father was making comments that meant that the family was in deep financial trouble. He started a conversation with his father by saying, “I had a question about something you said yesterday. When you said that ‘times are hard,’ I wondered what you meant.” His father replied that*

he was talking about a news article that he had just read. Todd then asked a few questions about the family's finances and they continued talking for several minutes. This kind of conversation usually helps people understand each other better.

- Here's another example: Pedro worked at a library. One day his supervisor said, "I'd like to talk to everyone in my office tomorrow when they come in for their shift." Pedro thought that his supervisor was trying to convey a special message to him that she was unhappy with his work and was planning to fire him. He decided to check this out directly by talking to his supervisor. "This afternoon when you said I should come see you in your office tomorrow morning, I wondered if you had some concerns about my work performance." His supervisor said, "No, your work is fine. I just found out that we have to learn a new electronic method for filing magazines and journals. I wanted to give all the employees some advance warning about this change and get their ideas for how to make it go as smoothly as possible."

If your thought causes you ongoing distress, consider using the skill of cognitive restructuring

- You can work with your clinician to learn (or review) the skill of cognitive restructuring in the Individualized IRT module "Dealing with Negative Feelings."
- Your clinician can help you use cognitive restructuring to weigh the evidence that supports your thought and that does not support your thought. Based on this, he or she can help you figure out an action plan.
- In cognitive restructuring, your clinician can also help you design some simple experiments to check out whether something is true or not.
- Here's an example: Alex thought that people could read his mind. Alex and his clinician worked out an experiment where he sat in the waiting room and purposely thought to himself "Oh no, the ceiling tiles are falling down on everyone" several times. If someone in the waiting room looked up at the ceiling to check it out, that would be evidence supporting his belief. During the experiment, Alex observed that everyone kept reading their magazines or looking out the window. They did not look up at the ceiling. Alex talked to his clinician afterwards and agreed that the result of his experiment did not support his belief. He said he was less convinced that people could read his mind, and less concerned about controlling what he was thinking.

Talk to your doctor

- Talk to your doctor about your experiences with worrisome thoughts. He or she can help you evaluate whether a change in medications might be helpful.

Check it Out

- ✓ Which of the skills do you already use to cope with thoughts that disturb you?
- ✓ How often do you use these strategies? How helpful are they?
- ✓ What are some new coping skills you would like to try? You can use the following worksheet to summarize your thoughts.

Strategies for Coping with Worrisome Thoughts

Instructions: Indicate on this worksheet which coping strategies you have tried, which strategies you have found helpful, and which ones you would like to try.			
Coping Strategy	I have tried this strategy	This strategy is helpful	I would like to try this strategy or use it more often
Shift your attention to something else			
Question whether your thought might be related to psychosis			
Avoid coming to conclusions quickly			
Brainstorm other possible explanations			
Talk to someone you trust			

Directly check out your thought			
Use the skill of cognitive restructuring			
Talk to your doctor			
Other: _____			

Check it Out

- ✓ Select one or two coping skills on the checklist that you would like to try and talk with your clinician about what would be involved in putting the strategy into practice. For example, you can practice with your clinician what it's like to brainstorm other explanations for a worrisome thought. You can use one of your own thoughts or you can select an example from the handout. With your clinician make a list of as many possible alternative explanations as you can.
- ✓ Practice with your clinician any strategies that involve talking to another person, such as talking to a family member or friend about your thoughts. Who would you talk to? What would you say to start the conversation? How would you follow up his or her answer?

Making a Plan to Try Coping Strategies on Your Own

Learning how to cope with worrisome thoughts is like learning any other skill, such as driving a car, playing a musical instrument, or playing a sport. It takes practice to get good at it. To improve the way you cope with worrisome thoughts, it helps to make a plan to practice coping strategies for this on a regular basis. It may be helpful to work on one strategy at a time, and then to add additional coping strategies as you become familiar with them. The core components of developing a plan for implementing coping strategies include:

- What coping strategy will you try?

- When can you try this skill next week (what days, when each day)?
- How can you remember to practice your coping strategy?
What might interfere with your plan and what can be done to prevent the interference?

Check it Out

- ✓ You can use the following sheet for making plans to implement strategies for coping with worrisome thoughts.

Plan for Implementing Strategies for Coping with Worrisome Thoughts

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

Home Practice Options

1. Follow through on your plan to practice at least one of the coping strategies that you selected today. The more times you practice the more natural it will become. Where would you practice the skill? When would you practice? For skills that involve another person, with whom would you practice?
2. Try evaluating how well the coping skill works, using the following evaluation sheet. If a skill is not effective, modify it and try it again. For example, you might choose to try the strategy of brainstorming other possible explanations for your thoughts. If you find that this is difficult on your own, try doing it with someone you trust. Keep trying until you get a routine that works for you.

Worrisome Thoughts Coping Strategy Evaluation Sheet

Directions: This week try at least one coping strategy for coping with worrisome thoughts and record the results below.

Day of Week	Coping Strategy that you tried	Before using the coping strategy, how worrisome were your thoughts? 1 = not at all worrisome 2 = a little worrisome 3 = moderately worrisome 4 = quite worrisome 5 = extremely worrisome	After using the coping strategy, how worrisome were your thoughts? 1 = not at all worrisome 2 = a little worrisome 3 = moderately worrisome 4 = quite worrisome 5 = extremely worrisome
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

Summary Points for Coping with Worrisome Thoughts

- *There are many effective strategies for coping with worrisome thoughts:*
 - *Shifting your attention to something else*
 - *Questioning whether your thought might be related to psychosis*
 - *Avoid coming to conclusions too quickly*
 - *Brainstorming other possible explanations*
 - *Talking to someone you trust*
 - *Directly checking out your thought*
 - *Using cognitive restructuring*
 - *Talking to your doctor*
- *It is important to keep using the coping strategies you find helpful. The more regularly you use them, the less you will be bothered by worrisome thoughts.*

Clinical Guidelines for Substance Use Module

OVERVIEW OF MODULE:

This module addresses the common problem of substance use/abuse in people with a first episode of psychosis. Approximately 25-35% of people with a first episode of psychosis have a substance use disorder, with the most commonly used substances including alcohol and marijuana.

Research shows that some people stop using substances (or stop using some types of substances, such as marijuana) after their psychotic episode, whereas others do not. However, people who stop using are vulnerable to resuming use again after the shock of experiencing a psychotic episode wears off. Therefore, based on the initial assessment and subsequent information gathered about the person's use of substances in the Assessment and Goal Setting Module or the Education about Psychosis Module, this module is recommended for people who:

- Currently have *substance abuse* (i.e., regular use that causes social, role functioning, or health problems, or use in dangerous situation such as driving) or *substance dependence* (i.e., *physical dependence*, most frequently characterized by increased tolerance to substance effects, but also withdrawal symptoms when use is ceased, or psychological dependence, including repeated efforts to cut down or quit, spending large amounts of time using or obtaining substances, giving up important activities in order to use).
- Currently use substances regularly, regardless of whether they meet criteria for a substance use disorder.
- Regularly used substances prior to the onset of their psychosis, but are no longer using.

Goals

1. Establish an open and accepting atmosphere early in module sessions in which the person feels comfortable to talk about past and current use of alcohol and drugs.
2. Provide a consistent message of hope and optimism for overcoming substance use problems.
3. Quantify and discuss any substance use that occurred between sessions using the Check-in at the beginning of each session.
4. Boost person's resiliency and strengths to overcome barriers to quitting.
5. Teach the person skills for dealing with situations in which substances are often used or triggers for substance use, including social situations, environmental cues, boredom or nothing to do, cravings, negative feeling, hallucinations, and sleep problems.
6. Increase person's social support for not using substances.
7. Develop a Plan for Staying on Track to support a person's choices about cutting down or stopping substance use.
8. Review progress and make plans for current and future needs.

Handouts

Introduction to the Substance Use Module

Topic Handouts:

1. Talking About Substance Use.
2. Taking the First Step: Creating a Healthy Habit
3. Identifying Areas of Change and Using Strengths and Resiliency.
4. Trying it Out: Having Fun and Socializing Without Using Substances
5. Trying it Out: Strategies to Combat Boredom
6. Trying it Out: Strategies to Deal with Negative Feelings, Symptoms, and Sleep Problems.
7. Coping with Cravings.
8. Tools to Help You Make a Change.
9. Developing a Plan to Stay on Track.
10. Wrapping up and Looking to the Future.

RECOMMENDATIONS TO ADDRESS SUBSTANCE USE IN IRT:

Information, assessments, and strategies for substance use problems have been included in several modules to provide IRT clinicians with more opportunities to discuss current and past substance use and consider how substance use problems could be a barrier to taking steps towards a personal goal. Below is a list of where substance use is included in modules outside of the Substance Use module.

- **Assessment and Goal Setting Module: Topic 3-Identifying Areas of Improvement-the CRAFFT** Assessment is included as a screening tool for substance use along with questions to elicit information about types of drugs the person has used, and frequency and severity of current substance use.
- **Education about Psychosis Module: Topic 2-Basic Facts about Alcohol and Drugs**-educational information is provided about the basic effects of substances and the common reasons that people use drugs and alcohol.
- **Education about Psychosis Module: Topic 3-Substance Use and Psychosis**-educational information is provided about the interaction between substance use and psychosis symptoms in the stress vulnerability model and a discussion of the negative effects of substance use. A brief CRAFFT screening assessment also is included to provide an opportunity to discuss a person's substance use problems and learn more about the Substance Use Module.
- **Healthy Lifestyles Module: Topic 4-Weighing the Pros and Cons of Quitting**-Uses a decisional balance approach to understand why a person is smoking and the barriers to quitting smoking, which is similar to the approach in the Substance Use Module.
- **Healthy Lifestyles Module: Topic 5-Strategies for Quitting Smoking**-provides strategies to help a person stop smoking cigarettes and there are helpful strategies that can be connected to other substance use problems.

- Developing a Wellness Plan Module: Topic 1-Developing a Wellness Plan-Using substances is included as one of the 3 common causes of symptoms returning and included on the Wellness Plan.
- Having Fun and Developing Relationships Module: Part B-Connecting with People-Topic 3-Making New Friends-discussion about opportunities to find new friends that don't use substances.

Recommendations for addressing substance use in IRT sessions:

1. When completing the Assessment and Goal Setting Module, each person in IRT should complete the CRAFFT screening assessment and the follow-up substance use questions as outlined in the scoring directions below.
2. There are 2 topics substance use education included in the Education about Psychosis Module: Topic #2-Basic Facts about Alcohol and Drugs and Topic #3-Substance Use and Psychosis. Every person who completes the Education about Psychosis Module should review these two topics regardless of current or past substance use.
3. If a person is currently using substances and has met the screening criteria outlined in the CRAFFT, the following strategies are recommended to address substance use:
 - a. Asking about recent substance use in every IRT session (i.e., there is an example of check-in on substance use at the beginning of every topic in the Substance Use Module.
 - b. During the check in on goals in IRT, looking for opportunities to identify and discuss possible barriers to a person moving forward with their goal that substance use could be causing
 - c. Suggesting a behavioral experiment where the person could try cutting down or stopping substance use in a specific situation to explore the possible benefits and challenges of cutting down or stopping substance use
 - d. Starting the Substance Use Module when the person expresses any curiosity about interest in cutting down or stopping substance use
4. The substance use module addresses the common reasons that people use alcohol and drugs. It can be helpful for people still considering whether or not to cut down or stop using substances to try a behavioral experiment approach. The module includes several topics to address the common reasons that people use substances and in each topic there are opportunities for the individual to try out or "experiment" with a strategy or two to see it is helpful in reducing substance use. Encourage individuals to try out a new strategy and ask about expectations for reductions in substance use. Be sure to follow-up to see how it went when the person tried the strategy.
5. People who are using substances often will cut down or try to stop using many different times. For people who may be trying to cut down or stop using and people who may be unsuccessful cutting down or stopping, it can be helpful to focus on a person's goals or what is important to them. IRT clinicians can always look for challenges or barriers that a person's substance use could interfere with a person's goals or taking a step towards a goal. For example, for a person whose goal is to get a job, how might their substance use interfere with being on time for work, getting the job that they want, or concentrating at work?
6. Sometimes, it is important to consider additional substance use treatment options. For people who are heavy substance users and people who have completed the Substance Use Module, it

can be helpful to consider additional treatment options such as inpatient treatment or residential treatment options. When exploring additional treatment options, talk to the substance use treatment programs to find out if they are willing to collaborate with the NAVIGATE program and support medication and psychosocial treatments for a person's psychosis.

Substance Use Screening

The CRAFFT is a screening assessment included in IRT. The full screening assessment is included in the Assessment and Goal Setting Module and the first 3 screening questions are included in the Education about Psychosis Module and the beginning of every session in the Substance Use Module. The CRAFFT screening assessment can be used for people ages 14 and older. The CRAFFT is intended to screen people who are at high risk for alcohol or drug use disorders.

The screening begins by the IRT clinician asking the following 3 questions:

In the last 12 months, did you (this time frame can be modified as needed) (record 0 if the person responds as none and record the number of days used for each item if greater than 0):

1. Drink more than a few sips of beer, wine, or any drink containing alcohol?
2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")?
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)?

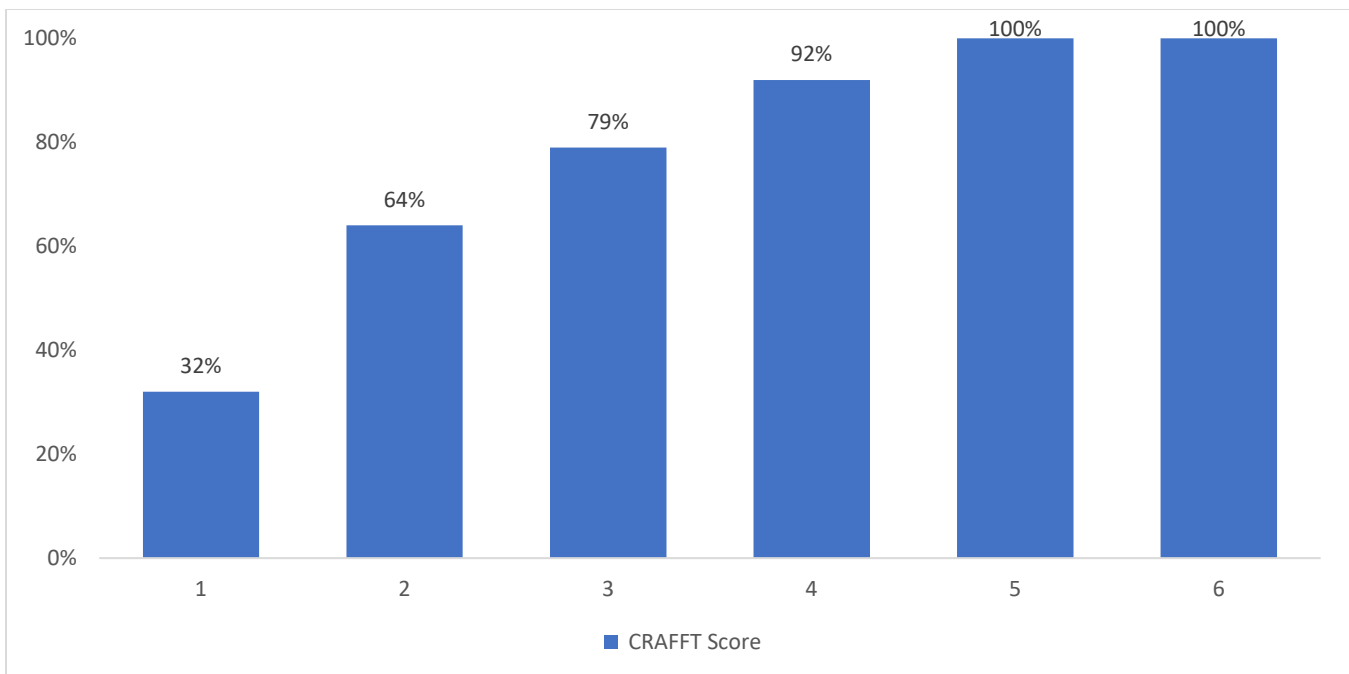
One additional screening question is included in the Assessment and Goal Setting Module to assess use of nicotine:

4. Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs, or smokeless tobacco)?

If the person answers no to all of the first screening questions then the IRT clinician only has to ask the first question below. If the person answers yes to any of the questions above then the IRT clinician should ask all 6 of the following questions. (CRAFFT is a mnemonic acronym of the first letter of a key word in each question. The key word is in ALL CAPS in each question below.)

1. (C) Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
2. (R) Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
3. (A) Do you ever use alcohol or drugs while you are by yourself or ALONE?
4. (F) Do you ever FORGET things you did while using alcohol or drugs?
5. (F) Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
6. (T) Have you ever gotten into trouble while you were using alcohol or drugs?

Each of the 6 items is scored with a 1 for answers of yes and 0 for answers of no. Two or more yes answers suggests a serious problem and need for further assessment. Here is the level of risk for a substance use disorder based on the CRAFFT score:



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

Estimating the Sessions Needed to Complete the Substance Use Module

The amount of time required to cover the topics in this module depends on a combination of factors, including the severity of the person's current substance use problems, the person's current motivation to cut down or not use substances, and the person's cognitive and clinical functioning. People who used substances regularly before their psychotic episode, but who no longer use despite the opportunity, may benefit especially from the information provided in Topic 1-Talking about Substance Use; Topic 2-Taking the First Step: Creating a Healthy Habit; and Topic 3-Identifying Areas of Change and Using Strengths and Resiliency, discussing the reasons they used to use. They may not need to learn how to cope with triggers or to develop a Staying on Track plan. For these people, 3-6 sessions may be sufficient to cover the necessary material in the module.

People who use substances regularly, but have not yet experienced consistent negative consequences of their use, may require 8-15 sessions to cover the module, depending on the extent to which motivation is instilled to reduce or stop using substances. People who have an active substance use disorder can be expected to require 10-20 sessions to complete the module.

All of these estimates of the range of sessions required to complete the module should be regarded as tentative. Motivation to work on reducing or not using substances can develop and grow over time, necessitating a return to previously covered material. Some people may require multiple sessions to learn strategies for to cope with the reasons for using substances and try out strategies to stop or cut down using substances. Finally, some people may demonstrate very limited motivation to change their substance use behaviors even after a number of sessions aimed at instilling motivation, necessitating moving onto other modules rather than addressing reasons to use; however, motivation to work on substance use may develop while these people are working on other modules, signaling the need to return to this module for more work.

Topic #1: Clinical Guidelines for “Talking About Substance Use”

OVERVIEW OF TOPIC:

This module is aimed at helping the person explore and discuss the reasons for using substances. This is accomplished by first engaging the person in two decisional balance exercises, the first evaluating the pros and cons of using substances, and the second evaluating the pros and cons of not using substances.

Goals

1. Engage person in evaluating the relative advantages and disadvantages of continuing to use substances vs. reducing or stopping use.
2. Explore person ambivalence about changing substance use behavior.
3. Introduce exploring ways to change substance use using behavioral experiments.

Handout

Talking About Substance Use.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Introduction. Weighing the pros and cons of using substances. Weighing the pros and cons of not using substances.	Session 1- Introduction. Weighing the pros and cons of using substances. Weighing the pros and cons of not using substances. Trying out change related to substance use.
Session 2- Trying out change related to substance use.	

TEACHING STRATEGIES:

- Strive to be non-judgmental when providing information about substance use and eliciting the person's experiences using substances. Motivational enhancement strategies are useful during the first two topics, including:
 - Expressing empathy
 - Asking open-ended (not yes/no) questions
 - Affirmations (e.g., "You have made some important steps in terms of keeping busy rather than using.")
 - Reflective listening (e.g., "You really enjoy the relaxation you get from smoking pot.")
 - Summarizing (e.g., "It sounds like you have come to decide that drinking on the weekends makes you feel hung over and unproductive, which leads you to feel more depressed.")
- Acknowledge that any decision to change one's substance use habits can be difficult as there are some good and some bad aspects of using.
- Prompt person to take responsibility for recording responses on the Pros and Cons worksheets.
- For the Pros of Using Substances part of the worksheet, prompt person to review the Reasons for Using Alcohol and Drugs worksheet completed for topic area #1 (Basic Facts about Alcohol and Drugs) and include on sheet relevant reasons.
- For the Cons of Using Substances part of the worksheet, prompt person to review the Negative Effects of Using Substances worksheet completed for topic area #2 (Substance Use and Psychosis) and include on sheet relevant reasons.
- When exploring Cons of Using Substances, prompt person to consider whether substance use has, or could in the future, interfere with achieving goals set in IRT.
- For the Pros of Not Using Substances part of the worksheet, prompt person to consider cons of using substances part of the worksheet and how not using would reverse those con's.

TIPS FOR COMMON PROBLEMS:

- The person may have already cut down or stopped using substances, and thus already have decided. With these people it's important to review their primary motivations for not using, but to spend less time overall on this topic area in order to move onto the next topic area that will support their decision.

EVALUATING GAINS:

- If the person sets long- and short-term goals for reducing or stopping substance use, you should consider this a gain.
- Increases in the importance to the person of changing substance use habits, or confidence in changing habits, should be considered gains.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR TALKING ABOUT SUBSTANCE USE:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Engage person in evaluating the relative advantages and disadvantages of continuing to use substances vs. reducing or stopping use.	• Prompt person to complete Pros and Cons of Using Substances and Pros and Cons of Not Using Substances worksheets. • Ask questions to help person consider other potential disadvantages of using and advantages of not using substances.
Explore person ambivalence about changing substance use behavior and bolster confidence that change is possible.	• Reflect back ambivalence to person through active listening, paraphrasing, and other “OARS” skills. • Use checklists (e.g., individual plan for coping with stress) to supplement their knowledge and skill-set.
Introduce exploring ways to change substance use using behavioral experiments.	• Introduce the idea of trying out different strategies for change. • Consider how changing other habits associated with the reasons for using substances could be helpful to change substance use habits. • Make sure attainment of person’s personal goal is considered when evaluating reasons for changing substance use habits.

Topic #2: Clinical Guidelines for “Taking the First Step: Creating a Healthy Habit”

OVERVIEW OF TOPIC:

This topic is designed to help people identify how a healthy habit of exercise can support their change in substance use. The topic begins with a rationale for how exercise has been associated with positive changes in stress, mood, and, social relationships. Individuals will identify areas of exercise that they want to try and complete a worksheet to integrate exercise into a regular routine.

Goals

1. Provide a rationale for how exercise could be helpful in supporting a change in substance use.
2. Identify areas of exercise that the person is interested in trying out.
3. Develop a plan to try out incorporating exercise as part of a new routine.

Handout

Talking About Substance Use.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Providing a rationale for exercise and reducing substance use.	Session 1- Providing a rationale for exercise and reducing substance use; Identifying areas of exercise to try; Developing a plan to incorporate exercise
Session 2- Identifying areas of exercise to try; Developing a plan to incorporate exercise	

TEACHING STRATEGIES:

- Discuss healthy habits the person may already be doing to stay well and identify how the person developed those healthy habits.
- Identify how participating in a healthy habit is related to using substances. Reflect how spending more time on healthy habits could support changes in substance use.
- Explore how the person exercised before experiencing symptoms and what they enjoyed about exercise.
- Problem solve possible barriers to trying out a new habit of exercise.
- Consider having the person rate their mood after completing the exercise plan over a week. It can be helpful for people to see that exercise can be associated with improvements in mood.

TIPS FOR COMMON PROBLEMS:

- The person may not be very active and express some concerns or doubts about getting active or exercising. Consider small ways that a person can get started with an activity such as starting out with a 15-minute walk around the neighborhood.
- People may not feel motivated or enjoy exercising alone. Exercise is often more fun with another person so it can be helpful to identify a person who is willing to try exercising with them. Practice using a role-play on how to approach an exercise partner.

EVALUATING GAINS:

- After completing this topic area it may be helpful to periodically review the benefits of exercise and areas of exercise that the person might be interested in trying. You can assess a person's awareness of strengths and self-empowerment by asking the following questions:
 1. What are some common benefits of exercise?
 2. What are some areas of exercise that you are interested in trying?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR CREATING A HEALTHY HABIT:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Provide a rationale for how exercise could be helpful in supporting a change in substance use.	• Discuss the benefits of exercise. • Review how a healthy habit could replace reasons for using substances.
Identify areas of exercise that the person is interested in trying out.	• Prompt person to identify areas of exercise that they have tried or enjoyed in the past. • Encourage people to try out small steps to trying out exercise
Develop a plan to try out incorporating exercise as part of a new routine.	• Break down into manageable steps how a person can get started with starting a new exercise routine • Problem solve common barriers to developing a new exercise routine.

Topic #3: Clinical Guidelines for “Identifying Change Areas and Using Resiliency and Strengths”

OVERVIEW OF TOPIC:

This topic is designed to help people identify possible areas to change associated with their common reasons for using substances. The topic identifies potential areas to change associated with strategies for strengths and self-empowerment.

Goals

1. Discuss the barriers to making a change in substance use.
2. Review and reinforce individual person strengths.
3. Describe personal empowerment strategies the person can use to take control over their life.

Handout

Talking About Substance Use.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Identifying change areas; Remembering your personal strengths;	Session 1- Identifying change areas; Remembering your personal strengths; Empowering yourself; Using strengths to support change
Session 2- Empowering yourself; Using strengths to support change	

TEACHING STRATEGIES:

- Keep an open minded perspective about the reasons or barriers that are associated with a hesitancy to make changes in a person’s substance use.
- Prompt the person to review their personal strengths, including both personal qualities and things they have access to that can help them cope better and achieve their goals.

- Ask the person whether there are additional strengths that should be added to their personal profile.
- Engage person in a discussion of self-empowerment, review self-empowerment suggestions in the handout, and explore which of these strategies they have used, and which ones they would like to use more.
- Involve person in considering how they can use their personal strengths and self-empowerment to deal with their most important barrier to quitting.

TIPS FOR COMMON PROBLEMS:

- The person may not be able to identify a specific reason that is a barrier to cut down or stop using substances. Normalize that it is common for people to not always be aware of the reasons that they use substances. It can be helpful to present an open minded perspective to encourage the person to be willing to try out making a change in their substance use. The behavioral experiments associated with cutting down or stopping substance use can be helpful tools to better understand the reasons and barriers that make changes in substance use difficult.
- The person may have difficult remembering their strengths. Having the person's strengths profile can help them remember them, and add any additional strengths noted in the session.
- The person may find it difficult to develop a plan for using their strengths and self-empowerment to deal with a barrier to quitting. You should feel free to jump in and use your creativity to help the person come up with some plan that capitalizes on their strengths. You should assure the person that you will be helping them develop additional strategies in the module for dealing with their barriers to quitting, but that a good place to start is always with one's strengths.

EVALUATING GAINS:

- After completing this topic area it may be helpful to periodically review and remind the person of their strengths and self-empowerment abilities, and to reinforce their use in achieving the person's substance use reduction or quitting goals. You can assess a person's awareness of strengths and self-empowerment by asking the following questions:
 1. What are your strengths?
 2. How can you empower yourself to achieve your substance use related goals?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR CHANGE AREAS AND RESILIENCY AND STRENGTHS:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Discuss the barriers to making a change in substance use.	• Discuss any reasons for using that were previously identified in the Talking about Substance Use Topic • Help the person identify some common barriers that they have experienced. • Prompt the person to consider what would be helpful to overcome the barriers rather than why using substances are helpful.
Review and reinforce individual person strengths.	• Prompt person to identify examples of personal strengths. • Review with person their Strengths Profile. • Add additional strengths identified in session to Strengths Profile.
Describe personal empowerment strategies the person can use to take control over their life.	• Ask person to identify examples of personal empowerment strategies for taking over their life. • Provide or elicit additional personal empowerment strategies.

Topic #4: Clinical Guidelines for “Trying it Out: Having Fun and Socializing without Using Substances”

OVERVIEW OF TOPIC:

Substance use often takes place in social situations, and therefore the ability to resist offers or pressure to use substances from others is an important skill for people who are attempting to reduce or stop their use of substances. This topic area focuses on helping people explore strategies to feel more comfortable in social situations, identify specific social situations in which they have used substances and are likely to encounter in the future, and developing skills for turning down offers to use substances in those situations. Those specific skills for saying “No” to offers to use need to be tailored to the specific social situation. You will review the different strategies with the person, then select one or more skills to try in the session. Skills training methods (e.g., modeling, role playing, etc.) are used to help people hone their interpersonal effectiveness and comfort in handling these challenging situations. Individuals will set up a behavioral experiment to try out one of the refusal skills in social situations. Follow-up on practice assignments, additional practice, and teaching additional skills for refusing substances in subsequent sessions may be necessary for the person to develop the skills necessary to turn down offers to use substances.

Goals

1. Discuss challenges the person experiences in social situations and how substance use is part of social situations and relationships in the person’s life.
2. Identify specific socially challenging situations involving substance use that person commonly encounters.
3. Review and practice interpersonal skills for effectively dealing with challenging social situations identified by the person.

Handout

Trying it Out: Dealing with Social Situations.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Having fun and developing relationships;	Session 1- Having fun and developing relationships; Social situations and substance use; Saying “No” to offers or pressure to use; Practice saying “No” in social situations
Session 2: Social situations and substance use; Saying “No” to offers or pressure to use; Practice saying “No” in social situations	

TEACHING STRATEGIES:

- For this topic, the focus is on the social support reasons that people use substances. Explore challenges that individuals encounter when in social situations and what they notice about when they use substances with other people
- In the beginning of the topic, explore ways to revisit fun activities and improve an individual’s confidence and skills in social situations.
- Suggest a behavioral experiment approach to trying out the strategies in this module.
- It can be helpful to emphasize is on both identifying challenging social situations involving substance use and actually practicing how to handle these situations.
- Review different social situations involving substance use to find out from the person which ones they have experienced.
- Discuss and practice different ways of turning down offers to use substances.
- Illustrate the strategies for refusing substance use offers by having you and the person take turns playing different roles in reading aloud the examples of dialogue for each skill provided in the handout. After discussing each skill and then reading aloud the dialogue example, get the person’s reaction about to how it went, and how convincing the person was who turned down the other person’s offer to use substances.
- Prompt the person to select one or two skills to practice based on the social situations they previously indicated they are most likely to encounter.
- Model (demonstrate) and engage person in role plays to practice one or more strategies for saying “No” to offers or pressure to use.

TIPS FOR COMMON PROBLEMS:

- People who endorse reducing substance use, but do not have abstinence as a long-term goal, may be reluctant to practice saying “No” because they plan on continuing to use substances. With these people it may be helpful to ask them whether they *always* want to use in social situations where people offer them substances, or whether there may be some situations in which they would prefer not to use. For example, there may be situations in which the person does not want to use substances because it could interfere with achieving a personal goal they are working towards. Practicing refusal skills may help these people turn down offers to use substances in situations in which they do not want to use.
- The person may be concerned that saying “No” will make others not like them. This can be addressed in two ways. First, after modeling the skill for the person, you can ask them whether their way of turning down the offer to use substances was offensive or likely to make the other person dislike them. In most cases, people indicate that when they role play with someone who says “No” to an offer to use substances that they do not feel offended or wouldn’t dislike the person for turning down their offer. Second, you can raise the question of whether a “friend” is really a “friend” if they don’t like you just because you won’t use substances with them.
- The person may report feeling awkward or having low confidence after practicing a skill in a role-play. Assure the person that over time the skills will feel more comfortable and natural. Engaging the person in several role-plays can increase their confidence and comfort, as well as increasing the chances that the person will use the skill in actual social situations involving offers to use substances.

EVALUATING GAINS:

Improvements in the ability to turn down offers to use substances can be gauged in two ways:

1. The person’s skill at turning down offers to use substances in role-plays conducted during the session.
2. Individual reports of successful use of skills in actual situations involving substance use outside of the session.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR HAVING FUN AND SOCIALIZING WITHOUT USING SUBSTANCES:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Discuss challenges the person experiences in social situations and how substance use is part of social situations and relationships in the person's life.	• Ask the person about their satisfaction with their social support and if they sometimes feel nervous around people. • Link socialization as a reason that people use substances. • Discuss a plan to try out a new activity for fun. • Engage the person in practicing how they might use the strategies to engage a new person in conversation.
Identify specific socially challenging situations involving substance use that person needs to manage in order to reduce or stop using substances.	• Ask the person about challenging social situations involving offers to use substances. • Explore with person which situations are easy to avoid and which are difficult. • Identify the most challenging situations to work on.
Review and practice interpersonal skills for effectively dealing with challenging social situations identified by the person.	• Discuss different skills for saying "No" in social situations involving offers to use substances. • Read dialogue of examples of the different ways of saying "No," with you taking one role and the person taking the other role; discuss how effective the person was at turning down offers to use substances. • Engage person in practicing at least one strategy for refusing offers to use substances; use skills training technique to facilitate teaching: - Model the skill, with you playing the role of the person turning down the offer to use and the person playing the role of offering the substance; tailor the situation to one likely to be experienced by the person. - Engage person in role play to practice skill in similar situation, with you playing the role of offering the person substances. - Provide positive feedback for specific skills done well. - Provide constructive feedback to improve performance. - Engage person in more than one role play to practice skill.

Topic #5: Clinical Guidelines for “Trying it Out: Strategies to Combat Boredom”

OVERVIEW OF TOPIC:

The experience of boredom or having nothing to do can be a trigger for using substances is explored in this topic with the person. As this is a very common motive for using substances, it is expected that most people will report using substances partly for this reason. Time is then spent with the person identifying alternative ways of having fun instead of using substances, and making a plan to engage in some of these activities. After completing this module, some people may benefit from additional attention on developing fun and rewarding activities by working on the Having Fun and Developing Good Relationships module.

Goals

1. Evaluate extent to which person uses substances to alleviate boredom or when they have nothing to do.
2. Identify reinforcing alternative activities to substance use the person can participate when feeling bored or having nothing to do, and make a plan to implement those activities.

Handout

Trying it Out: Dealing with Social Situations.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Boredom or having nothing to do; Alternative ways of having fun	Session 1- Boredom or having nothing to do; Alternative ways of having fun

TEACHING STRATEGIES:

- Explore possible rewarding activities that the person can do when feeling bored or having nothing to do, and prompt the them to complete Activities When You Feel Bored or Have Nothing to do checklist, which lists different activities and prompts the person to indicate for each one whether they currently engage in the activity, whether they would like to do more of the activity, or whether they would like to try the activity.

- Discuss how often a person uses substances when they are bored and if there are activities including healthy habits that could be helpful in these situations.
- Make a plan with the person to try at least one new activity over the next week.

TIPS FOR COMMON PROBLEMS:

- The person may complain that nothing is as fun as using substances. It is important to acknowledge the person experience of having fun when using substances. Not only does it often feel good for the person, but often there is a level of excitement associated with obtaining substances, especially drugs such as marijuana and cocaine. You can then point out (or elicit through Socratic questioning) that part of the person's enjoyment of using substances is their familiarity with the effects of a substance, and the excitement and positive anticipation associated with looking forward to using it. Explain that developing new fun activities takes time, and that enjoyment of an activity increases over time as the person engages more and more in the activity. Try to find some activity that the person does enjoy doing other than using substances as an example (e.g., following a particular sports team, event, listening to music, watching a TV show) and discuss how their familiarity with that activity has made it more enjoyable for them over time, and how they even look forward to engaging in the activity. Thus, developing new fun activities takes time, and the more often the person does the activity, the more fun it becomes. Further work on developing fun activities can be addressed in the Having Fun and Social Relationships module.

EVALUATING GAINS:

Gains in boredom or having nothing to do as triggers can be evaluated in subsequent sessions by:

1. Checking in regularly with the person about their recent engagement in alternative fun activities, the extent of enjoyment in those activities, and whether additional activities should be identified and incorporated into the person's life.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR TRYING IT OUT: STRATEGIES TO COMBAT BOREDOM:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Evaluate extent to which person uses substances to alleviate boredom or when they have nothing to do.	• Ask person whether they have used substances to reduce boredom or to have something to look forward to. • Prompt person to complete Boredom/Nothing to do checklist
Identify reinforcing alternative activities to substance use the person can participate in when feeling bored or having nothing to do, and make a plan to implement those activities.	• Review list of alternative activities to do when bored. • Prompt person to identify activities they would like to do more of or try over the next week, and make a plan with the person to engage in those activities. • Helping the person identify a friend to do the activities with can increase follow-through.

Topic #6: Clinical Guidelines for “Trying it Out: Strategies to Deal with Negative Feelings, Symptoms, and Sleep Problems”

OVERVIEW OF TOPIC:

This topic addresses three common reasons for using substances: negative feelings such as depression or anxiety, hallucinations, and sleep disturbances, such as difficulty falling asleep or staying asleep. For each of these different reasons for using substances, the clinician first describes the nature of the reason one at a time, and then helps the person evaluate whether they have experienced it. If the person has experienced the negative feeling or sleep problem, different coping strategies for dealing with it are reviewed, at least one is selected, and it is then practiced in the session. For people who do not experience negative feelings or sleep problems addressed in the topic area, the coping strategies for that reason are skipped and the clinician moves onto the next reason.

Goals

1. Evaluate whether the person experiences anxiety or depression as a reason for using substances.
2. Review possible strategies for coping with anxiety or depression, and teach one strategy in the session.
3. Evaluate whether the person experiences hallucinations as a reason for using substances.
4. Review possible strategies for coping with hallucinations as a reason for using substances, and teach one strategy in the session.
5. Evaluate whether sleep problems have been a reason for the person to use substances.
6. Review sleep hygiene habits as a strategy for dealing with sleep problems as a reason for using substances, and make a plan with the person to implement some of those strategies.

Handout

Trying It Out: Strategies to Deal with Negative Feelings, Symptoms, and Sleep Problems.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Depression and anxiety; Coping with depression and anxiety	Session 1- Depression and anxiety; Coping with depression and anxiety; Hallucinations; Coping with hallucinations; Sleep problems; Good sleep hygiene (Note, person may not have all of these symptoms, hence some may be skipped)
Session 2- Hallucinations; Coping with hallucinations	
Session 3- Sleep problems; Good sleep hygiene	

TEACHING STRATEGIES:

- Identify situations when a person has used substances when they are experiencing symptoms or sleep problems.
- Discuss different symptoms of depression and prompt the person to complete the Symptoms of Depression Checklist regarding symptoms experienced over the past month.
- When symptoms of depression are noted, explore with the person whether these symptoms have been a common reason for using substances.
- Discuss different symptoms of anxiety and prompt the person to complete the Symptoms of Anxiety Checklist regarding symptoms experienced over the last month.
- For any symptoms of anxiety that were noted, explore with the person whether these symptoms have been a reason for their use of substances in the past.
- If depression or anxiety were not identified as reasons for using substances, skip the coping strategy section and go on to the hallucinations section.
- If symptoms of depression or anxiety are identified by the person as reasons for using substances, review and discuss different strategies for coping with anxiety or depression, including any strategies the person has used in the past and their effectiveness.
- Prompt the person to complete the Coping with Anxiety or Depression Checklist, and select at least one strategy to practice in the session.
- When feasible, model the skill for the person and engage them in practicing it, providing positive and constructive feedback as necessary and making modifications in the strategy will make it more natural for the person to use.

- If the person selects “Planning and doing fun activities” or “Exercise,” work it out with the person as specifically as possible.
- If the person selects “Coping self-talk” or “Mindfulness,” use the same skills training procedures to help the person set up a realistic situation to practice the skill. Have the person (and then you) describe the thoughts and feelings of anxiety or depression that the other person is experiencing as a reason to use substances (e.g., “You are feeling really down, like you have nothing to live for, and you just want to escape that feeling—drink or find some cocaine, any escape will do,” “You feeling on edge, nervous about everything, and just imagine how calm you’ll feel after you’ve had a drink or two”); as in teaching coping with cravings.
- Make a plan with the person to practice the coping strategy on their own.
- If the person wants to consider a medication change to address depression or anxiety, work out a plan for the person to meet with the prescriber to talk about it; it may be helpful for the person to plan and rehearse what they will say to the doctor in a role play:
 - Model the skill for the person first, demonstrating: good eye contact, firm and clear voice tone, clear statement of problem, request for help, and thanks for the doctor’s efforts.
 - Engage the person in a role play to practice talking to the doctor.
 - Provide positive feedback, constructive suggestions for improvement, and suggest additional role plays if appropriate.
- Check on the person’s comfort level and confidence with using the skill.
- Describe the nature of hallucinations and the fact that people sometimes use substances to cope with them.
- Explore with the person whether they have experienced hallucinations, and if so whether they have used substances to cope with them, and what the consequences were.
- If the person has not recently experienced hallucinations, or reports that hallucinations are not a reason for using substances, skip the coping strategies section and go to the section on sleeping problems.
- If the person indicated that hallucinations have been a reason for using substances, review the different strategies for coping with hallucinations, including any strategies the person has used and their effectiveness.
- Prompt the person to complete the Coping with Hallucinations Checklist, and then select a strategy to practice in the session.
- Model the skill for the person in the session, and then engage them in practicing it, providing positive and constructive feedback as necessary and making modifications in the strategy to make it more natural for the person.
- Use skills training methods used to teach people how to cope with hallucinations:

- Select a situation in which the person has experienced hallucinations.
 - Get the person to provide you with as detailed a description of the hallucination as possible.
 - When the person is practicing the skill, start by describing the hallucinations in a soft voice to make it easier for the person to practice the coping skill.
 - Increase the loudness of your voice as the person becomes better at using the coping strategy.
- Make a plan with the person to practice the strategy for coping with hallucinations on their own.
 - Many people benefit from learning several coping strategies for dealing with hallucinations, which can be taught in subsequent sessions.
 - If the person wants to consider a medication change to address the hallucinations, work out a plan for the person to meet with the Psychiatrist to talk about it; it may be helpful for the person to plan and rehearse what they will say to the doctor in a role play (as described above in the techniques for teaching coping strategies for depression and anxiety).
 - Describe the nature of sleep problems and the fact that people sometimes use alcohol or drugs to cope with such problems as difficulty falling asleep or staying asleep.
 - Explore with the person whether they have used substances to cope with sleep problems, and if so what the effects were.
 - If sleep problems have not been a reason for the person to use substances, skip the section on sleep hygiene.
 - If sleep problems have been a reason for substance use, explain the concept of sleep hygiene habits and how it can help people get a good night sleep.
 - Prompt the person to complete the Good Sleep Hygiene Checklist to indicate which behaviors here they currently engage in. Then, facilitate a discussion with the person about which sleep hygiene behaviors they would like to work on changing, and make a plan with the person to follow through on implementing those changes.

TIPS FOR COMMON PROBLEMS:

- Some people may report that negative feelings, hallucinations, or sleep problems are not common reasons for using substances. This is not a problem, and the coping strategy parts of the handout can be skipped that the person does not experience. At a later point in time, new information may emerge indicating that one of these reasons is actually important. If this happens, you can return to the relevant coping strategies in this handout and teach them as needed.
- The person may feel that despite their attempts to use coping strategies to deal with depression, anxiety, or hallucinations, their symptoms are still a reason for using substances. You should

reassure the person that with continued work on developing and practicing coping skills they will eventually be able to find new strategies to help with the negative feelings.

- When the person does not report immediate success with using a coping skill to deal with depression, anxiety, or hallucinations, you should consider the following three rules of thumb for teaching effective coping strategies:
 - When following up on a person's home assignment to practice a coping strategy, if the person reported that it did not produce some relief, prompt them to demonstrate the coping strategy for you (if feasible), or explain in detail they did so that you can verify whether the coping strategy was used correctly. If it was not used correctly, provide additional instructions, modeling, and practice in the session to help the person learn how to better use the skill. If the person appears to have used the skill correctly, but experienced little or no relief, consider modifying the skill to make it better suited to the person.
 - The more the person practices the coping strategies on their own when feeling depressed or anxious, or when experiencing hallucinations, the more skillful and they will become. Such practice is especially important when the person experiences a symptom but does not have a strong urge to use substances as it provides an opportunity for the person improve their ability to use the skill without the looming threat of substance use.
 - Coping efficacy is highest when people have multiple coping strategies for dealing with distressing symptoms. Therefore, after the person has learned one coping strategy, at least one or two additional strategies should be taught to bolster their coping efficacy.
- People who have ongoing problems with anxiety or depression, despite learning coping strategies, should learn cognitive restructuring (from the Dealing with Negative Feelings IRT module) if they have not already learned it. If the person has learned cognitive restructuring, but continues to have problems with depression or anxiety as a reason for using substances, you should help the person apply their cognitive restructuring skills to addressing these feelings and the corresponding urges to use substances.
- Some people who report anxiety as a reason for using substances may have poor follow-through on home assignments to practice their coping strategies, or may experience little relief from using coping skills or cognitive restructuring, despite adequate practice. With these people, sometimes cravings to use substances can masquerade as anxiety, and attention needs to be turned to improving the person's ability to cope with cravings (as addressed in another topic area) rather than coping with anxiety.
- The person may report continued sleep problems despite making changes in their sleep hygiene. Sleep hygiene is most effective when:
 - All of the recommended sleep hygiene behaviors are implemented, not just some of the behaviors.
 - The person consistently implements the sleep hygiene changes, not just occasionally.
- The person may report sleep problems despite developing good sleep hygiene habits. These people may benefit from discussing this problem with their prescriber. Sometimes modifications can be made in the person's medication regimen to facilitate sleep, such as taking all of their

medication right before they go to sleep at night or switching medications to a one with more sedating effects.

- Despite in-session practice and making detailed plans to practice coping skills outside of sessions, the person may forget to practice the skills on their own. With these people it may be helpful to identify a supportive person to help the person practice the skill outside the session (e.g., friend, family member). It may also be important to invite the support person to attend part of an IRT session in order to understand the coping skills and to help the person practice those skills outside of the session.

EVALUATING GAINS:

Gains in the ability to cope with cope with the negative feelings covered in this topic area can be evaluated in subsequent sessions by:

1. Checking in with the person whether they have been able to use the coping skills for dealing with depression, anxiety, or hallucinations, and if so whether they brought the desired relief and were successful in staving off urges to use substances.
2. Asking the person to demonstrate in the session their strategies for coping with depression, anxiety, or hallucinations.
3. Reviewing the person's success in implementing good sleep hygiene habits.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR TRYING IT OUT: STRATEGIES TO DEAL WITH NEGATIVE FEELINGS, SYMPTOMS, AND SLEEP PROBLEMS:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Evaluate whether the person experiences anxiety or depression as a reason for using substances.	- Review the symptoms of depression, prompt person to complete the checklist, and check to see whether any symptoms of depression have been reasons to use substances. - Review the symptoms of anxiety, prompt person to complete the checklist, and check to see whether anxiety has been a reason to use substances. - If anxiety or depression are not reasons for the person, skip the next goal on developing coping strategies to manage them.
Review possible strategies for coping with anxiety or depression, and teach one strategy in the session.	- Review and discuss the list of coping strategies for dealing with depression or anxiety as a reason for using substances. - Prompt the person to complete the Coping with Anxiety or Depression Checklist and talk about what coping strategies the person has used in the past to deal with depression and anxiety, and how effective those strategies were. - Prompt person to select a new coping strategy to try based on the completed checklist. - Model the skill in a role play (if feasible), then engage the person in practicing it, and then developing a plan to practice it at home.
Evaluate whether the person experiences hallucinations as a reason for using substances.	- Review the nature of hallucinations, explore whether the person has recently experienced them, and if so whether they are a reason for using substances. - If hallucinations are not reasons for the person, skip the next goal on developing coping strategies to manage them.
Review possible strategies for coping with hallucinations as a reason for using substances, and teach one strategy in the session.	- Review and discuss the list of coping strategies for dealing with hallucinations as a reason for using substances. - Prompt the person to complete the Coping with Hallucinations Checklist and talk about what coping strategies the person has used in the past to deal with hallucinations, and how effective those strategies were. - Prompt person to select a new coping strategy to try based on the completed checklist.

Evaluate whether sleep problems have been a reason for the person to use substances.	• Describe the role sleep problems can have as reasons to use substances. • Ask the person questions to determine whether they have any sleep problems, and if so, whether they have used substances to cope with these problems and what the effects were. • If sleep problems are not a reason for the person to use substances, skip the next goal on developing coping strategies to manage them.
Review sleep hygiene habits as a strategy for dealing with sleep problems as a reason for using substances, and make a plan with the person to implement some of those strategies.	• Discuss the nature of sleep hygiene, and prompt the person to complete the Good Sleep Hygiene Behaviors Checklist. • Tally up the person's Sleep Hygiene score, and explore whether the person would like to develop some new sleep hygiene habits. • Select one or more sleep hygiene habits to focus on, and make a plan to implement them over the next week, considering specific questions such as: – What relaxing activity will the person do before bedtime? – When will the person go to bed and wake up? – How can the person avoid napping if they have a bad night sleep? – What kind of exercise can the person begin to engage in? • Consider helping the person develop a sleep hygiene checklist that can be completed daily to prompt him/her to follow the new routine and to review whether the intended plan is being implemented. • Additional sleep hygiene strategies may need to be taught gradually over subsequent sessions.

Topic #7: Clinical Guidelines for “Coping with Cravings”

OVERVIEW OF TOPIC:

This topic area addresses strategies for coping with intense cravings to use alcohol or drugs. The first part of the handout is devoted to describing the nature of cravings, and then evaluating whether the person has experienced cravings to use substances. For people who have experienced significant cravings, strategies for coping with them are then described, and the clinician and person together select at least one strategy to practice in the session, and then make a plan to practice as a home assignment. Follow-up on practice assignments, additional practice, and teaching additional coping strategies in subsequent sessions may be necessary in order for the person develop sufficient coping skills to resist cravings to use substances. Some people do not experience cravings to use substances, and with these people the review of coping strategies can be skipped, and the clinician can go onto the next topic area.

Goals

1. Describe the nature of cravings to use substances and evaluate whether the person experiences cravings.
2. Review possible coping strategies for cravings, and teach at least one strategy in the session.

Handout

Coping with Cravings.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Cravings; Strategies for dealing with cravings	Session 1- Cravings; Strategies for dealing with cravings

TEACHING STRATEGIES:

- Describe the intense but transient nature of cravings to use substances.
- Elicit the person’s experiences with cravings, how they have coped with them in the past, and the effectiveness of their coping efforts.
- Prompt the person to complete the Experiences with Cravings for Alcohol or Drugs checklist.

- If the person endorses some craving experiences, review and discuss different strategies for coping with cravings.
- Help the person choose at least one coping strategy by prompting them to complete the Coping with Cravings checklist.
- Model the selected strategy for the person, and then engage them in practicing the skill in a role play, providing positive and constructive feedback to improve the person's skill over several role plays.
- When arranging a craving situation to simulate in the session for the purposes of modeling and practicing the skill, find out from the person a typical situation, and get as much detail about it and the nature of the craving as possible (e.g., where does it take place? Is the craving associated with positive images of using or self-talk about how good using will feel or about how the person can't withstand the urge to use?).
- Work out with the person in as much detail as possible the nature of the coping strategy that will be demonstrated so that it feels right to the person (e.g., the specific self-talk or mindfulness statement, the negative image that will be conjured up).
- Set up the situation so that it resembles the person's real situation as much as possible.
- Before modeling the skill, inform the person that you will demonstrate the skill, playing their role; then, instruct the person to play the role of describing the cravings out loud that you (who will be modeling the person) will be experiencing internally (e.g., "you are thinking 'Getting high right now would feel soooo good!'" ; "you are imagining the taste of beer on your lips and thinking of how relaxed you'll feel when you get a few beers into you").
- When modeling the skill, as the person takes the role of the craving you should say out loud the coping strategy you are demonstrating so the person knows what is going through your head (e.g., the specific coping or mindfulness statements, the negative image you are thinking of, the prayer you are saying, what you are distracting yourself by doing).
- Switch roles with the person, and have them play him/herself, and you play the role of the craving; as with the demonstration, describe the craving experience to the person, who then practices the coping strategy by saying aloud what they are thinking, imagining, or doing to cope with the craving.
- Provide positive feedback to the person and discuss the role play, making whatever alterations are needed in the coping strategy to for it to feel more comfortable for them.
- Incorporate those modifications into another role play, using the same methods as the previous one, with you playing the role of the cravings and the person talking out loud when they are thinking; provide feedback, discuss, and make any necessary modifications as before, and if necessary practice again.
- When the person feels comfortable with the coping strategy, set up another role play, but this time instruct them not to say aloud what they are thinking or imagining, but instead to do it in their head. Run through the role play as before, with you playing the role of the cravings, and

the person practicing the skill covertly. When completed find out how it went, and make any further modifications necessary.

- Develop a plan in the session for the person to practice the coping strategy on their own outside of the session. Initially, plans to practice the coping strategy should focus first on practicing the skill when the person feels comfortable and relaxed, rather than in the midst of a craving. As the person becomes more familiar with the skill, using it during a craving becomes more feasible.

TIPS FOR COMMON PROBLEMS:

- Some people do not report experiencing cravings for alcohol or drugs. This is fine, and you can skip the coping strategies part of the handout and go to the next topic area. However, when reviewing the person's use of substances in the subsequent sessions, be alert to the possibility that the person may experience cravings to use. If such cravings become apparent, you can return to teaching coping strategies for dealing with cravings, as addressed in this handout.
- Practicing a coping strategy in the session may feel awkward or unnatural to the person. You should feel free to make whatever modifications to the coping strategy are necessary in order to make it seem more comfortable and natural to the person. In addition, explain to the person that the more they practice a coping strategy, the more natural it will feel.
- One coping strategy for dealing with cravings may be insufficient for the person to be successful in not giving into the cravings. Many people benefit from additional time spent in subsequent sessions on learning additional strategies for coping with cravings. The more coping skills a person has for dealing with cravings, the better their coping efficacy will be, and ability to resist the temptation to use substances.

EVALUATING GAINS:

Gains in the ability to cope with cravings can be evaluated in subsequent sessions by:

1. Reviewing the person's use of coping strategies to deal with cravings after conducting regular follow-up assessments of the person's substance use each session.
2. Asking the person to demonstrate in the session their strategies for coping with cravings to use substances.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR COPING WITH CRAVINGS:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Describe the nature of cravings to use substances and evaluate whether the person experiences cravings.	• Explain nature of cravings, including the fact that they tend to be transient and go away quickly if the person does not give into them. • Have person fill out Experiences with Dealing with Cravings Checklist. • Discuss what strategies the person has used to deal with cravings, and whether they have been successful. • If cravings are not reported, skip the following coping strategies section
Review possible coping strategies for cravings, and teach at least one strategy in the session.	• Discuss and describe different coping strategies for coping with cravings. • Prompt person to choose at least one strategy to practice in session. • Teach the selected coping strategy by: - Modeling the coping skill and then discussing it with the person. - Engaging person in role play to practice skill. - Providing positive feedback for parts that were done well. - Provide constructive feedback or tailoring the strategy to help the person do it better. - Engaging the person in another role play to get even better and more comfortable with it.

Topic #8: Clinical Guidelines for “Tools to Help You Make a Change”

OVERVIEW OF TOPIC:

People who overcome their substance use problems, whether or not they also have a psychiatric disorder, usually decrease the amount of time they spend with other people who use substances and increase the time they spend with people who do not use. This module focuses on increasing social support to cut down or stop using substances, and identifying common environmental triggers that lead to substance use. The handout helps individuals identify at least one person who would be supportive of their decision to cut down or stop using substances. The potential role of self-help groups for addiction (such as Alcoholics Anonymous) or dual disorders (such as Dual Recovery Anonymous) for providing support for reducing or stopping use of substances is also considered, and if the person is interested plans are made for exploring local groups. This topic area then focuses on dealing with common environmental triggers for using substances, such as having money in one's pocket or seeing drug paraphernalia, as well as the role of boredom or having nothing to do as a trigger for using substances. Environmental triggers of substance use are first explored with the person, followed by a review of strategies for addressing those triggers, and the formulation of a plan to implement those strategies.

Goals

1. Help person identify at least one person who can support them in decision to cut down or stop using substances.
2. Review or improve person's comfort and social skills at asking another person to support their decision to cut down or stop using.
3. Explore potential of self-help groups for addiction or dual disorders as source of social support.
4. Explore possible environmental triggers of substance use.
5. Identify strategies for removing or reducing environmental triggers to use substances, and make plans to implement selected strategies.

Handout

Tools to Help You Make a Change.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Getting support for your decision to cut down or stop using substances.	Session 1- Getting support for your decision to cut down or stop using substances. Self-help groups; Environmental triggers; Solutions for environmental triggers
Session 2- Self-help groups; Environmental triggers; Solutions for environmental triggers	

TEACHING STRATEGIES:

- Ask the person about people who are supportive of them.
- Prompt person to consider range of possible persons who could support them in decision to cut down or stop using substances.
- Model (demonstrate in a role play) and then engage person in several role plays to practice asking someone chosen by the person to support them in achieving goal or reducing or stopping use of substances. Provide positive feedback for good, specific social skills and then constructive feedback to improve performance following each role play.
- Discuss option of self-help groups as potential source of social support for reducing or stopping substance use.
- Offer to accompany person to a self-help group to see what it is like.
- Describe the nature of environmental triggers for using substances (e.g., strategies for dealing with having money in one's pocket or exposure to drug paraphernalia), and ask the person whether they have experienced any of those triggers.
- Explore with the person how they have dealt with any environmental triggers in the past.
- Prompt the person to complete the Environmental Triggers Checklist.
- For any environmental triggers identified by the person, review possible solutions for dealing with them, and prompt the person to complete the corresponding checklists of solutions that they would like to try.
- Make a plan with the person to try any selected strategies for dealing with environmental triggers over the following week.

TIPS FOR COMMON PROBLEMS:

- Person may not have established long-term goal of cutting down or not using substances, so finding a support person may feel awkward or uncomfortable. You can suggest the person identify someone who would be supportive of the person if they chose to change their substance use habits, and then talk with that person about their ambivalence about changing.
- The person may have had negative experiences with self-help groups for addiction in the past, and for this reason not be interested in pursuing them. Assure the person that each self-help group has its own unique atmosphere, qualities, and mixture of people who attend, and that it often takes “meeting shopping” for someone to find the right group for himself or herself. Offer to explore going to different meetings with the person, or help them find someone who could accompany the person to some meetings.
- The person may not be interested in exploring self-help groups for other reasons, such as feeling awkward about them or not thinking they have as serious a problem as other people with addiction. This is okay, and you should avoid pushing the person to check out such groups. There may be opportunities later in treatment to raise the potential role of self-help groups.
- Person may have difficulty identifying someone who can be supportive of their goal of cutting down or stopping use of substances. Help person consider possible support persons outside of their usual social network, such as a teacher, guidance counselor, member of clergy, or another treatment provider.
- Some people say they experience no environmental cues that trigger their substance use. This is fine, as not everyone has this experience, and therefore the part of the handout on solutions for addressing environmental triggers can be skipped. However, when reviewing the person’s substance use at the beginning of each session, you may discover with the person that some environmental cues are in fact triggering substance use. If this happens, you can return to the solutions for addressing environmental cues in this handout, and select appropriate strategies as needed.
- The person may be unable to remove some environmental cues for using due to their living situation (e.g., others drinking, using drugs). Two approaches to this problem can be helpful. First, you can strategize with the person how to spend less time in settings in which there are abundant cues to use substances, and more time engaged in activities such as school, work, or pursuing other interests. Second, consider the person’s exposure to environmental cues as leading to cravings, and then focus on helping the person develop effective strategies for coping with these cravings, which is addressed in the next topic area.

EVALUATING GAINS:

- There are four indicators of whether the person has learned the critical information and skills covered in this topic area:
 1. Did the person identify someone who would be a good person to support their decision to reduce or stop using substances?
 2. Did the person demonstrate good social skills in role plays practicing asking someone to support them?

3. Can the person describe the nature of self-help groups for addiction?
4. Following up with the person when reviewing their recent substance use whether plans to remove or deal with environmental triggers for using substances were implemented, and if so whether they were successful in preventing substance use.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES

FOR GETTING SUPPORT:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Establish importance of social support for reducing or not using substances.	• Describe role of social support in overcoming problems related to alcohol or drug use. • Ask person whether they know anyone who has overcome their substance use problems, and if they had someone who supported them in their decision to stop using.
Help person identify at least one person who can support them in decision to cut down or stop using substances.	• Review examples of potentially supportive persons. • Ask person who is supportive of them, and whether they drink or use drugs.
Review or improve person's comfort and social skills at asking another person to support their decision to cut down or stop using.	• Explore how comfortable person feels asking someone to support them in cutting down or stopping substance use. • Model (demonstrate) for the person how to ask someone in a role play to support them. • Engage the person in role plays to practice asking for someone's support, providing specific positive and constructive feedback to improve performance. In practice role plays, attend in particular to the person's: - eye contact, voice tone, and affect - explanation of decision to cut down or stop using substances - explanation of why they want to cut down - question of whether the person is willing to support them - description of how the person can support them
Explore potential of self-help groups for addiction or dual disorders as source of social support.	• Provide information about self-help groups. • Elicit person's personal experiences with self-help groups. • Explore whether person know other people who have benefited from self-help groups.

	- Identifying potential self-help groups and making plans to attend one. - Attending a self-help group with person or finding someone who could attend with person.
Explore possible environmental triggers of substance use.	- Ask the person to identify environmental triggers to using substances. - Have person complete Environmental Triggers for Using Alcohol and Drugs worksheet.
Identify strategies for removing or reducing environmental triggers to use substances, and make plans to implement selected strategies.	- If environmental triggers to using substances are identified, review strategies for removing or coping with triggers. - If money of a trigger for using substances, review with person strategies for managing money (prompt person to complete Managing Money in Your Pocket checklist) and select at least one strategy to implement, and make a plan to implement it; involvement of significant others may facilitate planning on how to implement a strategy for dealing with money as a trigger for using. - Review other environmental triggers and strategies for removing them or reducing exposure to them. - Make plans to implement strategies for dealing with other environment cues to use. - Explore whether smoking is a trigger for using substances, and if so, explore whether person is interested in learning more about smoking and the possibility of quitting (addressed in the Nutrition and Exercise module of IRT).

Topic #9: Clinical Guidelines For “Developing a Plan to Stay on Track”

OVERVIEW OF TOPIC:

People who have achieved abstinence from all substances, or who have succeeded in becoming abstinent from one substance despite continuing to use another (e.g., stopping cannabis use while continuing to use alcohol), can benefit from developing a Plan to Stay on Track to maintain their abstinence. This topic area begins with a discussion of the importance of having a Plan, and then walks the person through the steps of developing a written plan, including: 1) identifying the most important reasons for not using substances, 2) identifying a supportive person, 3) listing personal reasons and triggers of substance use, 4) describing strategies for how each reason will be dealt with, 5) describing the nature of a crisis situation in which the person is on the verge of using substances or has just used, 6) developing a plan for responding to the crises situation, 7) posting the plan where the person can see it regularly, and 8) making copies of the plan and giving it to people who are supportive of the person. After the Staying on Track Plan has been written, parts of it can be practiced in the session. At the end of the topic area the clinician also explains that the Plan is a “living document” that can be modified based on changes in the person’s circumstances or lessons learned from relapses that may have occurred despite the Plan.

Goals

1. Develop a specific, written Staying on Track Plan with the person.
2. Practice parts of the Staying on Track Plan with the person in the session.
3. Copy the written plan, share it with other involved people, and post it where the person can see it on a daily basis.
4. Help person understand Staying on Track Plan is a “living” document that can be modified as needed based on experience and changes in the person’s social supports.

Handout

Developing a Plan for Staying on Track.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Guidelines for making your own Plan; Steps 1-3 (Reason for not using substances, People who support decision not to use; Most important reasons and triggers)	Session 1- Guidelines for making your own Plan; Steps 1-4 (Reason for not using substances, People who support decision not to use; Most important reasons and triggers; Strategies for dealing with reasons and triggers)
Session 2- Plan for Staying on Track steps 4-6: (Strategies for dealing with reasons and triggers; Establishing a crisis action plan if you are about to use or have just used, Practice the plan)	Session 2- ; Plan for Staying on Track steps 5-8: (Establishing a crisis action plan if you are about to use or have just used, Practice the plan, Post a copy where you can see it every day, Give a written copy of the plan to supportive other people); The Plan as a living document
Session 3- Plan for Staying on Track steps 7-8 (Post a copy of plan where you can see it every day, Give a written copy of the plan to supportive other people); The Plan as a living document	

TEACHING STRATEGIES:

- Some people benefit from having a supportive person participate with them in the sessions devoted to developing a Plan for Staying on Track (e.g., family member, friend).
- Walk the person through the first five steps of developing a Plan for Staying on Track, and have the person record the plan on the record sheet: 1) Describe your most important reason for not using substances. 2) Name people who support your cutting down or stopping using. 3) Identify your most important reasons and triggers of substance use. 4) Identify your most effective strategies for dealing with these reasons and triggers. 5) Establish a crisis action plan in case you are about to use or have just used.
- Steps 1-4 have already been covered in previous topic areas of this module, so the person should have all of the relevant worksheets available to them in the session in order to summarize them for the relevant steps of the Staying on Track Plan.
- For step 5, prompt the person to identify at least one or two people they can call in the event that they feel overwhelmed by an urge to use substances or have just used substances again. Make a plan with the person to check out what the willingness of supportive persons to play this role in their Staying on Track Plan.
- In step 6 (Practice the plan) set up role-plays to practice parts of the Staying on Track Plan, with a particular focus on coping strategies and the crisis action plan
- For practicing coping strategies to deal with urges to use:
 - Create as specific and plausible a situation as possible based on the person's input.

- Discuss in advance with the person which coping strategy or strategies they will use.
- If the triggers involve offers to use substances from others, cravings, negative feelings, or hallucinations, offer to play the role of the other person, their cravings, their negative feelings, etc., as described in previous topic areas.
- After the practice, discuss how it went, provide positive feedback about effective aspects of the person's responses, and get the person to evaluate their performance.
- For practicing the crisis action plan:
 - Get the person's input to help you set up the situation.
 - After the practice, discuss how it went, provide positive feedback about effective aspects of the person's responses, and get the person to evaluate their performance.
- In step 7 (Post a copy of your plan where you can see it every day), prompt the person to identify a place where they could be reminded of their Staying on Track Plan every day.
- In step 8 (Give a written copy of the plan to supportive other people), identify with the person support of people who should be given a copy of the plan, and arrange who will give it to them. Also arrange to place a copy in the person's chart.
- Discuss with the person the concept of a Staying on Track Plan as they "living document" that can be modified in the future based on changes in the person's circumstances or the experience of slips or relapses.

TIPS FOR COMMON PROBLEMS:

- The person may have difficulty identifying someone who can support them when they are on the verge of using or just used. Two options are:
 - Identify one or more members of the person's treatment team.
 - Explore again the possibility of getting involved with a self-help group for addiction (such as Dual Recovery Anonymous) where a sponsor can be found who can provide the needed support.
- The person may forget to follow through on contacting other people involved in the Staying on Track Plan or giving them copies of the plan. Solutions to this problem should be discussed with the person, including you contacting the people directly or inviting them to participate in part of an IRT session.
- The person may have a relapse despite having followed all the steps of a Staying on Track Plan or despite following some of the steps. As described in the handout, when the relapse has been addressed in the person is stable and abstinent again, you should review the Staying on Track Plan with the person (and any available support persons), praise the person (and supporters) for any steps of the plan that were followed, and then make modifications to the plan to address those

areas which appear to have not worked. The modified plan should replace the old plan, with copies made and distributed to the appropriate people, and posted prominently somewhere the person can see it on a regular basis.

- The person may feel demoralized if they experience a relapse of substance abuse. The person may feel at all the work they have invested in working on their substance use problems has been for nothing, and now they have to start all over. You can help the person reframe a relapse as part of the process of recovering from a substance use problem that does not mean that they have to start all over again. Recovery can be conceptualized as a journey, road, path, or trip that has various obstacles and challenges along the way (including slips and relapses), but that despite encountering these challenges they are still progressing along the “road to recovery.” Some people may find it helpful to complete the exercise of Recovering Mountain after experiencing a relapse.

EVALUATING GAINS:

Gains in developing and implementing a Staying on Track plan can be evaluated by addressing the following questions:

- Was a written Staying on Track Plan created?
- Has the person posted the plan somewhere prominent?
- Have important people to implementing the plan been contacted and given copies of the plan?
- Does the person report seeing and being reminded of the plan on a regular basis?
- Have members of the treatment team received copies of the Staying on Track Plan?
- Is a copy of the Staying on Track Plan in the person's chart?
- Has the person reported successfully using the plan to cope with triggers to use substances or with a crisis in which the urge to use overwhelming or a slip occurred?
- Following up with the person when reviewing their recent substance use whether plans to remove or deal with environmental triggers for using substances were implemented, and if so whether they were successful in preventing substance use.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR DEVELOPING A PLAN TO STAY ON TRACK WITH MY CHOICES ABOUT SUBSTANCE USE:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Develop a specific, written Staying on Track Plan with the person.	• Prompt the person to take responsibility for recording the written 5 step Staying on Track Plan. • For <u>Step 1</u> (reasons for not using substances), prompt person to identify the most important reasons they don't want to use substances, and write them on the plan; if possible, include one of the long-term goals the person is working towards in IRT as one of those reasons.

	• For <u>Step 2</u>), the person identified in Topic Area 8 (Tools to Help You Make a Change) should be included on the written plan, unless there has been a change in supportive persons. • For <u>Step 3</u> (important reasons and triggers of substance use), use these reasons triggers were identified in Topic Areas 7-9 (Coping with Triggers to Use I-III), and there is a summary checklist (My Triggers for Using Substances) in this handout; up to three important triggers should be recorded on the Staying on Track Plan. • For <u>Step 4</u> (effective strategies for dealing with triggers), these strategies can be drawn from the handouts and work done in Topic Areas 3-7, and recorded on the plan. • For <u>Step 5</u> (crisis action plan in case person is about to use or has just used), discuss with the person the signs of a crisis of being on verge of using substances or just having used, and then: – Record those signs on the Staying on Track Plan. – Explore with the person could be contacted in the event of such a crisis, and record their names and contact information on the Plan.
Practice parts of the Staying on Track Plan with the person in the session.	• Two parts of the Staying on Track Plan can be practiced in session: coping with reasons and triggers and responding to a crisis. • To practice coping with reasons and triggers, set up with the person one or two practice situations focusing on their most important reasons, one at a time: • To practice responding to a crisis, set up a practice situation based on the person's input, and (if you don't know already) get the person to describe the person they will call in the situation so you can take that person's role.
Copy the written plan, share it with other involved people, and post it where the person can see it on a daily basis.	• Make a plan with the person to give copies of the Staying on Track Plan to involved persons, including people who support the person's abstinence and the treatment team. • Arrange to put a copy of the Plan in the person's chart. • Explore with the person where they can post the Plan where it will be seen every day.
Help person understand Staying on Track Plan is a "living" document that can be modified as needed based on experience and changes in the person's social supports.	• Explain that a Staying on Track Plan can be modified over time as circumstances in the person's life change, such as a change in social supports. • Note that if a slip or relapse occurs, the Staying on Track Plan can be reviewed and changed to make more effective.

Topic #9: Clinical Guidelines For “Wrapping Up and Looking to the Future”

OVERVIEW OF TOPIC:

In this topic area you will review the gains the person has made over the course of the Substance Use module, explore current and future needs the person may have related to their substance use, and help the person make a plan for addressing those issues. When reviewing the gains made over the course of the module, it may become apparent that the person would benefit from returning to some of the topic areas previously covered, and doing additional work. The identification of person needs may also lead to the selection of other IRT modules to work on next. For example, high levels of distress which trigger substance use could suggest the person might benefit from participating in either the Dealing with Negative Feelings module or the Coping with Symptoms module, whereas difficulties making friends with people who don't use substances or lack of alternative fun activities might suggest the person would benefit from working on the Having Fun and Developing Good Relationships module. The overall tone of this session should be positive and upbeat, noting the gains the person has made, however limited, and making plans for the future.

Goals

1. Review the person's progress over the module in increasing their understanding and insight about substance use, and their motivation to change, and decreasing their substance use behavior and the negative consequences of substance use.
2. Help person identify any current or future needs related to their substance use.
3. Make a plan with the person to address any needs identified.
4. Conclude the module in a positive, upbeat fashion that acknowledges the person's efforts and progress.

Handout

Wrapping Up and Looking to the Future.

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Reviewing your progress (Understanding and insight, Motivation, Behavior, Consequences)	Session 1- Reviewing your progress (Understanding and insight, Motivation, Behavior, Consequences); Current and future needs; Plan for addressing needs to cut down or stop using substances; Wrapping it all up
Session 2- Current and future needs; Plan for addressing needs to continue to cut down or stop using substances; Wrapping it all up	

TEACHING STRATEGIES:

- Throughout this topic area, strive to focus on the positive and gains the person has made, even if substance use continues to be a problem.
- Prompt the person to discuss the initial probe questions in the handout on:
 - How they have found working on the Substance Use module helpful?
 - How has their life changed as a result of working on the module?
 - What are they most proud of in their work on the module?
- Regarding changes in insight and knowledge about substance use problems, prompt the person to consider what they have learned about substance use, psychosis, themselves, and skills and other tools for dealing with urges to use or situations involving substance use.
- Prompt the person to complete the Importance Ruler and Confidence Ruler regarding their motivation and ability to cut down or stop using. Engage the person in a discussion of whether their importance or confidence has changed compared to earlier in the module, and if so, why.
- Regarding changes in behavior, engage the person in a discussion of what changes they made in their substance use, based on whether their goal was to reduce or stop using substances. Explore with the person their perceived reasons for change (or not changing), satisfaction with changes, and desire for more change in the future.
- Regarding changes in consequences of substance use, prompt the person to complete the Negative Consequences of Using Alcohol and Drugs worksheet, and then discuss any differences compared to when the worksheet was completed earlier in the module.
- Engage the person in a discussion of what current needs they have or may have in the future related to their substance use. Prompt person to complete the Checklist of Needs to Cut Down or Stop Using Substances, and discuss their answers.

- Develop a plan with the person to address needs identified on the Checklist. This plan may involve going back and doing additional work on some of the topic areas of the module previously covered, or working next on other IRT modules.
- Wrap up by praising the person for their work on the module and identifying some specific, genuine examples of the person's efforts, skills, or gains made during the module.

TIPS FOR COMMON PROBLEMS:

- People who have made little progress in reducing or stopping their substance use may feel discouraged or demoralized at the end of the module. Several strategies may be helpful with these people.
 - Emphasize any gains that have been made, however minor.
 - Reassure the person that you will continue working on this problem together as you move onto other IRT modules
 - Help the person reframe their experience as part of “being on the road to recovery” from substance use problems, and that their efforts in the module are part of their personal journey of taking control over their lives.
- People may report that they still experience difficulty with some of the topic areas covered in the module, such as dealing with social situations or coping with triggers to use. When people have gradually reduced their substance use, or stopped using later in the course of the module, their retention of skills taught earlier may be limited. These people may benefit from returning to and learning previously covered material when they are no longer using, and are more able to learn the critical skills.

EVALUATING GAINS:

After completing this module it is important to periodically review the person's use of substances at the beginning of sessions

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR WRAPPING UP AND LOOKING TO THE FUTURE:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Review the person's progress over the module in increasing their understanding and insight about substance use, and their motivation to change, and decreasing their substance use behavior and the negative consequences of substance use.	• Ask person general questions to find out how participation in the module was helpful, what has changed, and what they are proud of in their work on the module. • Ask person probe questions to explore changes in understanding and insight into substance use and psychosis, their own substance use, and what tools or skills they have learned. • Explore changes in the person's motivation to not use substances with the Importance Ruler and Confidence Ruler related to substance use reduction, and compare with ratings made in Topic #1 (Making Choices about Substance Use). • Find out what the most important factors have been for motivating the person to reduce or not use substances, including the interference of substance use with attaining their goals. • Review changes in the person's substance use based on regular assessments, and explore factors either contributing to reduction or abstinence, or interfering with reducing. • Prompt the person to complete the Negative Effects of Using Alcohol and Drugs for the past month, and compare it to the same worksheet completed in the Education about Psychosis Module-Topic #3 (Substance Use and Psychosis). • Explore reasons for change or lack of change.
Help person identify any current or future needs related to their substance use.	• Ask the person about any current or anticipated needs that are important to either cutting down substance use or maintaining abstinence. • Prompt the person to complete the Checklist of Needs to Cut Down or Stop Using Substances.
Make a plan with the person to address any needs identified.	• Review the Checklist of Needs and make a plan with the person how to address the needs. • Needs related to skills for refusing substances, social support for not using, better coping with cravings, and help dealing with money can be addressed by returning to the relevant topic areas of the Substance Use Module.

	• Needs related to more fun things to do, coping with depression, anxiety, or hallucinations, or coping with sleep problems can be addressed either by returning to the relevant topic areas in the Substance Use Module, or by moving onto other IRT modules in which these problems areas are also addressed. • Help dealing with upsetting memories of past events may indicate the person has posttraumatic stress disorder, and would benefit from cognitive restructuring taught in the Dealing with Negative Feelings module.
Conclude the module in a positive, upbeat fashion that acknowledges the person's efforts and progress.	• Focus on gains the person has made. • Elicit from the person examples of personal strengths and resiliency skills they used to make gains. • Connote the work the person has done as part of being on the "road to recovery." • Praise the person for their efforts and give specific examples of accomplishments.

Introduction to Substance Use

Alcohol and drug use are common behaviors that many people engage in. It is important for everyone to be well-informed about the effects of substance use, including the fact that people who have had a recent psychosis are very sensitive to the effects of substances. Even small amounts of alcohol or drug use can trigger symptoms of psychosis or interfere with functioning.

In this module we will:

- ❖ Explore the reasons for using alcohol or drugs.
- ❖ Develop strategies to begin a healthy habit
- ❖ Explore how your strengths and resiliency can support healthy habits.
- ❖ Practice new strategies to have fun and be more comfortable in social situations.
- ❖ Practice new strategies to deal with boredom or having nothing to do.
- ❖ Explore new strategies to help with negative feelings such as anxiety, depression, hallucinations, sleep problems, and cravings.
- ❖ Explore ways of getting you support if you decide you want to cut down or stop using substances.
- ❖ Work together to make a personal staying on track plan if you decide to stop using.

A Message of Hope:

Many people with a psychosis and substance use problems have been able to reduce and stop using substances, taking control over their lives and their recovery.

Topic #1: Talking about Substance Use

Check-In:

How have you been doing since the last IRT session?

Since your last IRT session, how many days did you:

- 1) Drink more than a few sips of beer, wine, or any drink containing alcohol?
(Say 0 if none.)
- 2) Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or “synthetic marijuana” (like “K2,” “Spice”)?
(Say 0 if none.)
- 3) Use anything else to get high (like other illegal drugs, prescription or over-counter medications, and things that you sniff, huff, or vape)? (Say 0 if none.)

of days

Common Reasons for Using Substances

In a previous handout in the Education about Psychosis module, you discussed the common reasons people use substances. Remembering why you use substances can be helpful as you consider the best choices about your substance use for you and your treatment.

Reasons for Using Alcohol or Drugs Checklist

Instructions: For each of the three most substances you most often use now (or have used in the past), check off the reasons why you use it.

Reason for Using:	Substance #1:	Substance #2:	Substance #3:
Feeling less depressed			
Feeling "high"			
Feeling more alert			
Feeling of well-being			
Reducing anxiety			
Coping with hallucinations			
Altering my senses			
Sleeping better			
Distracting myself from problems			
Coping with symptoms			
Feeling sociable			
Something to do with friends			
Giving myself something to do every day			
Celebrating			
Avoiding boredom			
Peer pressure			
Chasing the "good old days"			
Other:			

Problems Related to Alcohol and Drug Use

People who use substances often experience problems when using drugs and alcohol. Complete the following checklist to review some challenges you have experienced related to using substances.

Negative Effects of Using Alcohol and Drugs Checklist

Instructions: Indicate in the checklist below which negative affects you have experienced from using the substances.

Negative effects:	Substance #1: _____	Substance #2: _____	Substance #3: _____
Worse symptoms or relapses			
Hospitalization			
Family conflict			
Conflicts with others			
Problems at school			
Problems working			
People complain about my use			
Feeling more irritated at others			
People can't count on me			
Losing friends			
Hanging out with a bad crowd			
People take advantage of me			
Not taking care of myself			
Spending too much money			
Using in unsafe situations			
Legal problems			
Health problems			
Doing unsafe things			
Spending too much time using			
Problems achieving goals			
Other:			

Weighing the Pros and Cons of Using and Not Using Substances

To best understand your own pros and cons for using substances, complete the worksheet below. You can use the information on **Reasons for Using Alcohol or Drugs** worksheet and **Negative Effects of Using Alcohol and Drugs** worksheet that you just completed to help you list the pros and cons on the worksheet.

Pros and Cons of Using Substances Worksheet

Instructions: Indicate below the advantages (pros) and disadvantages (cons) of using substances.

<u>“PROS” of using substances</u> List all the advantages of continuing to use drugs or alcohol. Consider advantages such as: hanging out with friends, feeling good, feeling “normal,” escaping, coping with symptoms, fighting boredom, having something to look forward to, and any other that important reason.	<u>“CONS” of using substances</u> List all the disadvantages you can think of related to using drugs or alcohol. Consider disadvantages such as: worse symptoms, return of symptoms, conflict with your family, difficulty at school or work, money problems, health problems, interference with achieving your goals, or any other possible problems.

Check-In:

- If someone else were to look at your list, would they think something was missing from either the “pros” or the “cons”? What?
- As you look over your list of pros and cons of using, what are your initial reactions? Does using substances tend to be a problem or are you not that concerned about it?

Considering the pros and cons of using substances is only half the story. It is also important to consider the pros and cons of not using substances. What are the advantages of cutting down on your substance use or stopping altogether? What might be hard, or what might be a disadvantage of not using?

Pros and Cons of NOT Using Substances Worksheet

Instructions: Indicate the pros (advantages) and cons (disadvantages) of NOT using substances.

<u>PRO'S of NOT Using Substances</u> List all the advantages of NOT using substances or cutting down. Consider how not using could help you achieve your personal goals. Review your list of CONS of using substances in order to identify some PROS of not using.	<u>CON'S of Not Using Substances</u> List what you think you might have to give up if you stop using substances. Consider what might be hard about cutting down or stopping your use. Review your list of PROS of using substances in order to identify some CONS of not using.

Trying it Out

Trying out changes in your life can lead to changes in your substance use habits and give you more control over your life. You may not know what kind of change works best for you so over the next few topics you can try out new strategies to see which ones are the most helpful. You can take the scientific approach to identifying the strategies that work best for you and support you in your goals and your treatment.

How are Your Goals Related to Your Substance Use?

Goals are an important part of wellness and helping you take positive steps in your life. People face many challenges that can interfere with taking steps towards wellness and achieving personal goals. Identifying obstacles that make achieving your goal difficult can help you take more positive steps in your life.

Questions:

- What is your personal goal?
- What step are you currently working on towards that goal?
- What are some challenges that you are facing towards achieving your goal?
- How has substance use affected your ability to take a step towards your goal?

There are two strategies that you can try to help you take positive steps towards your goal.

1. Finding out how stopping substance use affects your ability to take steps towards your goal.
2. Setting a goal to help you change your substance use habits.

Check it Out

- ✓ Think about how substance use may be interfering with your goal, such as causing you to forget things at work, increasing your irritability around friends or family members, or decreasing the amount of money you have available to buy the necessities. There is a way that you can actually evaluate how stopping substance use would affect your goals. Just like a scientist, you can set up an experiment using the following steps.

1. Write down the step you are working on towards your goal:

2. What are some ways that cutting down or stopping substance use could help you make progress towards your personal goal and the step you are working on? For example, if the step you are working on is getting to work on time, how could not using substances the night before work help you achieve this step? Another example could be if the step you are working on is to do an activity for fun with your family, how could it help to cut down or not use substances before you visit your family or friends?

Home Practice Options

1. Try cutting down or stopping substance use to help you take a step towards your goal. Write down what you noticed when you tried it and how it could be helpful.
2. Show a supportive person your list of Pros and Cons of using substances, and Pros and Cons of not using, and ask whether they think you left any pros or cons out.

Summary Points for Talking About Substance Use

- *Reviewing the reasons for using substances can help people identify areas of support to make changes in their substance use habits.*
- *Weighing the pros and cons of using substances versus cutting down or quitting is helpful for people looking at their substance use habits.*
- *Exploring how substance use could be a barrier to achieving your personal goals is helpful when thinking about making a change in substance use habits.*

Topic #2: Taking the First Step: Creating a Healthy Habit

Check-In:

How have you been doing since the last IRT session?

Since your last IRT session, how many days did you:

- 1) Drink more than a few sips of beer, wine, or any drink containing alcohol?
(Say 0 if none.)
- 2) Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")?
(Say 0 if none.)
- 3) Use anything else to get high (like other illegal drugs, prescription or over-counter medications, and things that you sniff, huff, or vape)?
(Say 0 if none.)

of days

Developing Healthy Habits to Support Change

Developing a healthy habit can be a helpful strategy when a person is learning about strategies to change their use of alcohol and drugs. In the Healthy Lifestyles module, you learned about the importance of a healthy lifestyle to help you maintain your wellness. In this module, you can try a new healthy habit around exercise.

Exercise has several health benefits, including improving your mood, providing a distraction to negative feelings, and helping you think more clearly. Exercise also has been shown to be a helpful coping strategy when people want to change their substance use. Exercise may help you reduce cravings, add structure to your day, provide opportunities to form positive connections, and decrease stress. We will explore how you can try out exercise as a healthy habit to support you and changes you decide to make with your substance use.

Exercise has been shown to help people add structure to their day, improve their mood, reduce stress, and develop positive personal connections.

Getting Started

Developing a healthy habit of exercise begins by identifying what activities and exercise you enjoy. Review the following list of activities and mark an X next to activities you have tried in the past:

1. Walking	14. Yoga
2. Jogging	15. Kick boxing
3. Lifting weights	16. Joining an intramural team
4. Basketball	17. Skiing/Snowboarding
5. Lacrosse	18. Water aerobics
6. Baseball	19. Surfing
7. Swimming	20. Riding horses
8. Hiking	21. Pilates
9. Racquetball	22. Football
10. Aerobics	23. Baseball
11. Riding a bike	24. Tennis
12. Roller blading, skateboarding or riding a scooter	25. Dancing
13. Martial arts	26. Other:
	27. Other:

Write down at least 3 activities that you would be interested in trying out:

Questions:

- When was the last time you tried some exercise or activity?
- How could trying out exercise help you explore changes in your substance use (for example, could exercising more lead to decreases in the amount of substance you use)?

Create a Routine

One of the keys to success in developing exercise as a healthy habit is to develop a routine to make exercise a regular part of your day. Here are some helpful tips to help you create an exercise routine:

1. Start small
2. Think about small steps that you can try every day such as walking around your block or trying an activity such as yoga for 30 minutes two to three times a week. It can be helpful to set small exercise goals that are achievable.
3. Make one change at a time
4. Don't try to do too many new activities when you are starting out. Writing down the first activity you want to try can be a powerful motivator and reminder of the importance of your health and wellness.
5. Make it automatic
6. Setting up a reminder or something that triggers you to exercise is one of the simplest and most helpful things you can do to create a healthy habit. Examples of reminders could be putting your sneakers next to your bed because you walk first thing in the morning, setting an alarm to go off after lunch to go to the gym, or putting your sports gear in the car so you can exercise right after class or after work.
7. Choose activities that make you feel happy and confident
8. Don't choose activities that you think you should do such as running or lifting weights if that is not something that you enjoy or makes you feel confident. Choose fun activities that you enjoy and fit with your lifestyle and interests.

What could you do to help you develop exercise into your regular routine?

Check it Out

- ✓ Make a plan to try out at least one new exercise. Use the "Personal Exercise Plan Worksheet" below to identify your strategy and make a plan to try it out in the next week.

Personal Exercise Plan Worksheet

Ideas I have for exercise activities are:

1. _____
2. _____

For each activity you are planning to try, it can be helpful to consider the following questions:

1. When can I try this activity? (such as, which day of the week or time of the day is best for me?)
2. Where can I try this new activity? (such as, do I need a location inside or outside or do I need space to move around?)
3. What do I need to try this activity? (such as locating sports equipment or running shoes)
4. Who could join me or support me when I try this activity? (such as going on a walk with my neighbor, hitting balls at the batting cages with my dad)

Target date (date I will try at least one of these activities): _____

Home Practice Options

1. Carry out the steps in your Personal Exercise Worksheet.
2. Spend a few moments at the end of each day recording what you did for activity that day in your smartphone, in a notebook, or on a calendar. Include how many minutes you exercised.

Summary Points for Taking the First Step: Creating a Healthy Habit

- *Developing a healthy habit such as routine exercise can help people interested in making changes in their substance use.*
- *Exercise has been shown to help people add structure to their day, improve their mood, reduce stress, and develop positive personal connections.*

Topic #3: Identifying Change Areas and Using Resiliency and Strengths

Check-In:

How have you been doing since the last IRT session?

Since your last IRT session, how many days did you:

- 1) Drink more than a few sips of beer, wine, or any drink containing alcohol?
(Say 0 if none.)
- 2) Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")?
(Say 0 if none.)
- 3) Use anything else to get high (like other illegal drugs, prescription or over-counter medications, and things that you sniff, huff, or vape)?
(Say 0 if none.)

of days

Using Your Strengths to Overcome the Common Reasons for Using Substances

In the Talking about Substance Use topic, you discussed some common reasons that people use substances such as boredom, feeling more comfortable in social situations, and dealing with negative feelings. When you consider cutting down or stopping substance use, it can be helpful to identify how your personal strengths and resiliency qualities could support your desire to change.

First, circle the common reasons for using substances that would be a barrier if you cut down or stop using substances:

Feeling comfortable in social situations

Coping with negative feelings such as depression or anxiety

Coping with symptoms such as hallucinations, worrisome thoughts, or disorganized thinking

Dealing with boredom

Dealing with sleep problems

Finding things to do for fun

Dealing with cravings

Distracting myself from current problems

Other reason: _____

Other reason: _____

Questions:

- What barrier do you think is will be most challenging to overcome?
- Which of these barriers have you dealt with successfully in the past?

Remembering Your Personal Strengths

Building on your personal resiliency can help you prepare for the challenges of changing your substance use habits and getting your life back under your own control. In IRT, you have already spent some time identifying your personal strengths and working on building additional resiliency skills. It can be helpful to review what your personal strengths are, and whether there are additional strengths you have developed since you began the program.

You may recall that strengths can include a wide range *personal qualities*. Just a few examples include:

- Determination
- Creativity
- Kindness to others
- Honesty
- Modesty
- Playfulness

- Humor
- Trustworthiness
- Hopefulness
- Spirituality/religious beliefs
- Expertise at something (such as a musical instrument or computers)

Remember when you identified your top 5 strengths in the Assessment and Goal Setting Module. Write down your top 5 strengths you identified when you set your goals in IRT:

1. _____
2. _____
3. _____
4. _____
5. _____

Strengths can also include *things or resources you have access to* that can help you cope better and achieve your goals, such as:

- Supportive family members
- Supportive friends
- A nice place to live
- An interesting job

Resiliency qualities help you achieve wellness and make you better prepared to face difficult times in the future. The following list provides some examples of resilient qualities:

1. Problem-solving skills
2. Flexibility
3. Sense of purpose
4. Sense of humor
5. Hopefulness
6. Tenacity and resolve
7. Ability to deal with stress
8. Balanced perspective
9. Caring
10. Independence
11. Initiative
12. Creativity

Questions:

- In addition, to your top 5 strengths, what are some of your personal strengths and resources?
- Which of your personal strengths or resources could help you deal with the barriers you identified?
- Which resiliency qualities or strategies could you use to overcome the barrier?
- Have you developed new strengths since beginning this program? Which ones?
- How could one or more of your strengths help you increase your healthy habit around exercise?

Empowering Yourself

You have the power and responsibility to change your life. Self-empowerment involves deciding how you want your life to be and using your strengths to make the changes you want. Here are some self-empowerment suggestions:

- Trust yourself
- Act confidently
- Have a plan
- Be honest with yourself
- Stay motivated
- Remember your long-term goal

Questions:

- Which of these empowerment strategies have you used?
- Which strategies would you like to use more?

Home Practice Options

1. Share your list of barriers to change your substance use with someone close to you and find out whether there are any other areas that should be included.
2. Show your list of personal strengths to someone close to you and ask for input about whether other strengths should be added.
3. Talk to someone you know who overcame problems with alcohol or drugs. Find out what strengths they relied on, and how they empowered themselves to overcome their substance use problems.

Summary Points for Identifying Change Areas and Using Resiliency and Strengths

- *Identifying areas of change associated with your reasons for using substances can help you prepare to overcome those barriers.*
- *Personal strengths, resources, and resiliency qualities can help you make changes and create healthy habits.*
- *Empowerment strategies can help you use your strengths to cope with barriers such as:*
 - *Trusting yourself*
 - *Being honest with yourself*
 - *Staying motivated*
 - *Having a plan*
 - *Remembering your goal*

Topic #4: Trying it Out: Having Fun and Socializing without Using Substances

Check-In:

How have you been doing since the last IRT session?

Since your last IRT session, how many days did you:

- 1) Drink more than a few sips of beer, wine, or any drink containing alcohol?
(Say 0 if none.)
- 2) Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")?
(Say 0 if none.)
- 3) Use anything else to get high (like other illegal drugs, prescription or over-counter medications, and things that you sniff, huff, or vape)?
(Say 0 if none.)

of days

Having Fun and Improving Relationships

There are many helpful strategies that you can try to learn new ways to have fun or meet new people. In IRT, the module Having Fun and Developing Relationships focuses on helping you try out new ways to have fun, meet new people, and feel comfortable around people.

One of the common times people use substances is when they are in social situations. Sometimes people think that using substances is the only way to have fun, meet people, or feel comfortable around people. Learning new ways to feel comfortable in social situations, having fun, and learning skills to meet people can be helpful when you are considering a change in your substance use.

Here are two strategies you can try to from the Having Fun and Developing Relationships module that you can try.

1. Finding New Fun Things to Do
2. Strategies for Making New Friends

1. Revisiting Fun Activities

Sometimes people notice that many of their fun activities include using substances. There are many activities that you can try that do not include using alcohol or drugs. Reviewing activities you used to engage in but no longer do can help you select some activities that you would like to start doing again.

Here is a list of some common examples of fun activities. Check off the activities that you enjoy or have enjoyed in the past (even if you aren't currently doing these activities).

- ☐ Playing a sport.
- ☐ Watching a sports team.
- ☐ Playing video games or board games.
- ☐ Knitting, needlepoint, or crocheting.
- ☐ Crafts, such as making pottery, photography, making jewelry.
- ☐ Artwork, such as drawing, painting, sculpting.
- ☐ Writing poetry or fiction.
- ☐ Exercise, such as jogging, swimming, bicycling, or weightlifting.
- ☐ Exercise classes.
- ☐ Dancing.
- ☐ Hobbies, such as collecting stamps, scrapbook making, or woodworking.
- ☐ Participating in theater /drama.
- ☐ Hiking or nature walks.
- ☐ Bird watching.
- ☐ Rock climbing.
- ☐ Yoga/meditation.
- ☐ Reading literature/book club.
- ☐ Gardening/horticulture.
- ☐ Playing a musical instrument.
- ☐ Listening/downloading music or podcasts.
- ☐ Going to concerts.
- ☐ Being involved in a civic organization.
- ☐ Being involved in local government.
- ☐ Volunteering.
- ☐ Using Twitter, Facebook, Instagram, TikTok, or YouTube.

Questions:

- What kinds of things do you like doing for fun?
- Are there things you used to enjoy doing, but no longer do? What? Would you be interested in trying some of these again?
- How often do you use substances while doing activities for fun?
- What would you need to try an activity for fun and not use substances?

Reviving fun activities you used to do is one way of having more fun in your life while not using substances.

Check it Out

- ✓ Now you can try a new activity as an experiment. Choose an activity you used to enjoy and no longer do, and make a plan to participate in it again next week.
- ✓ Are there obstacles to engaging in the activity or resources you need in order to do it?
 - If so, how can you address those obstacles or obtain those resources?
- ✓ How enjoyable do you think this activity will be?
- ✓ How can you do this activity without using substances?

2. Strategies for Making New Friends

Sometimes people get nervous or uncomfortable talking to people in social situations. Practicing new strategies for how to meet people can help overcome anxiety. The following worksheet offers some helpful strategies to consider when making new friends.

Worksheet for Making New Friends

1. List of places/activities where I can go to meet people with similar interests:

2. First place I would like to go to meet people:

3. When I will go there:

4. Topics I would like to use to start a conversation:

5. If the conversation goes well, possible things I can suggest to do together:

6. How much about myself I want to tell, and how I plan to respond to questions about my recent difficult experiences:

Questions:

- How could these steps help you feel more comfortable in social situations?
- How often do you use alcohol or drugs to feel comfortable in social situations?

Check it Out

- ✓ You may find it helpful to practice having conversations in advance. Then when the real situation arises, you'll feel more prepared and confident. Consider trying out with your clinician how you would start a conversation with a new

person. What would you say to start the conversation? How would you keep the conversation going?

- ✓ Try practicing with your IRT clinician how you would start a conversation with a new person.

Social Situations and Substance Use

Each person's experience using alcohol or drugs is unique, including the social situations in which they have used. Identifying common situations where people are using substances could help you try out strategies to cut down or not use substances. Below are some social situations where you may have used alcohol or drugs.

Social Situations Involving Alcohol and Drug Use

Instructions: Indicate which social situations you have drunk alcohol in or used drugs.

Social Situation:	I have used in this situation	This situation is easy to avoid	This situation is hard to avoid
Going to a party			
Hanging out with friends who use			
Sexual situations			
Being pressured to use			
Attending a celebration or holiday			
Going to bars, clubs, music venues, or concerts			
Attending a family get-together			
Having a meal with family or friends			
Running into a former drug connection			
Getting sexually intimate with another person			
Other situation: _____			

Learning strategies to help you feel more comfortable in social situations can help you make changes in your substance use.

Questions:

- Which of these situations have you experienced?
- Which of these situations do you think are easy for you to avoid and which ones are hard to avoid?
- How could revisiting a fun activity or learning strategies to meet new people help you with the social situations you identified?

Saying “No” to Offers or Pressure to Use

As you know, not all social situations involving substances can be avoided. Being prepared for situations in which you might be offered alcohol or drugs by others can bolster your confidence, and your skill, in finding alternative ways to have fun or refuse these offers.

There are many ways to say “No”—the best one depends on the nature of the situation, and your own personal preference and style. Let’s review some effective ways of saying “No” to offers to use substances.

Simple Refusal

Simple refusal is just saying “no” to an offer as many times as necessary. You don’t have to explain yourself to get the message across that you don’t want to use substances.

- Just tell the person “no thanks”
- Talk in a firm voice tone to let them know you mean it
- Keep saying “no” or “no thanks” if they pester you

Example:

John: Hey, you want to get high?
Jim: No thanks
John: Come on, it will be fun!

Jim: No thanks.
John: We'll get wasted!
Jim: No thanks.

Leveling

Leveling is explaining to someone who is offering you alcohol or drugs that you have decided not to use. Leveling requires more explanation than simple refusal. Some people prefer to use leveling with closer friends, and simple refusal with people they are not as close to.

- Tell the person “no thank you”
- Talk in a firm voice tone
- Explain that you have decided to stop drinking or using substances
- If asked why, provide a brief explanation
- Thank them for respecting your decision

Example:

Sandra: How about a drink?
Alice: No thanks. I've decided to stop drinking.
Sandra: Really? Why?
Alice: I've found drinking isn't good for me. That's why I've decided to stop.
Sandra: I see. Okay.
Alice: Thanks, Sandra.

Suggesting an Alternative

Another option when a friend offers you substances or suggests using substances is to suggest an alternative activity. This is most appropriate when you want to spend time with that person, but want to do something other than drinking or getting high.

- Tell the person “no thank you” or “I don't want to”
- Suggest something else you could do together
- Be open to other suggestions the person might have for things you could do together that don't involve using substances
- If the person persists on inviting you to use, ask them to stop in a firm, clear voice

Examples:

Carlos: Let's have a drink.
Tina: No thanks, I'd rather not. How about going to the movies?
Carlos: I don't feel like the movies. What about going to the park?
Tina: That would be nice.

OR

Carlos: Let's have a drink.

Tina: No thanks, I'd rather not. How about going to the movies?

Carlos: I don't feel like the movies. Come on, a little drink won't hurt you. Maybe it will help you unwind.

Tina: Carlos, I really don't want to drink. I would appreciate it if you would stop asking me or trying to get me to have a drink.

Carlos: Okay, I'm sorry.

Asking them to Stop

When someone repeatedly invites you to drink or use drugs, or pressures you despite clearly explaining that you don't want to use, directly asking them to stop is often the most effective strategy. If they don't stop, leaving the situation is usually the next best step.

- Tell the person "no thanks"
- Speak in a firm voice tone
- Keep telling the person you're not interested if they ask again
- Request the person to stop asking if they persist
- Leave the situation if they don't stop

Example:

Bill: Come on, let's get baked.

Sam: No thanks, I'm not interested.

Bill: I got some good stuff. It'll be fun.

Sam: I really don't want to. Please stop asking me.

Bill: What's the matter? A little buzz won't hurt you.

Sam: I'm just not interested in getting high, and it stresses me out when you keep asking me to. I'm going to take off now, and maybe we could get together at a different time to do something else.

Bill: Okay, man.

Common strategies for handling offers to use substances include:

- **Simple refusal**
- **Leveling**
- **Suggesting an alternative**
- **Asking them to stop**

Questions:

- Have you ever tried any of these ways of turning down offers to use substances? What happened? What worked and what didn't?
- What other ways have you tried to refuse offers to use alcohol or drugs? Did any of them work?

Check it Out

- ✓ You can try one of these strategies just like a scientist would to see if it works for you. Practicing how to deal with offers to use substances can make you more comfortable when the real situation comes up, and help you develop your own personal style. Try practicing Simple refusal, Leveling, Suggesting an alternative, or Asking them to stop in session with your IRT clinician.
- ✓ The different ways of saying "no" can be combined with one another. Choose two approaches and try combining them in a common situation that you have experienced.

Home Practice Options

1. Try a new activity for fun or take steps to meet new people over the next week. Share your progress with a family member or supporter.
2. During the week, write down the social situations where you encounter people who are using substances.
3. If someone offers you alcohol or drugs, try using one or more of the ways of turning down the offer reviewed in this handout. Keep track of when, where, and who (if anybody) offers you to use, and how you responded.

Summary Points for Trying it Out: Having Fun and Social Situations

- *Substance use often occurs in social situations.*
- *Revisiting fun activities and learning strategies to meet new people are helpful strategies you can try to have fun and develop rewarding social connections with people.*
- *Examples of useful skills for turning down substances include:*
 - *Simple refusal*
 - *Leveling*
 - *Suggesting an alternative*
 - *Asking the person to stop*
- *Role playing is a helpful strategy for practicing and learning skills for dealing with substance use social situations.*

Topic #5: Trying it Out: Strategies to Combat Boredom

Check-In:

How have you been doing since the last IRT session?

Since your last IRT session, how many days did you:

- 1) Drink more than a few sips of beer, wine, or any drink containing alcohol?
(Say 0 if none.)
- 2) Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")?
(Say 0 if none.)
- 3) Use anything else to get high (like other illegal drugs, prescription or over-counter medications, and things that you sniff, huff, or vape)?
(Say 0 if none.)

of days

Boredom or Having Nothing to Do

Everybody needs fun and interesting things to do in their lives, and some people end up using substances to give them something to do.

Instructions: Complete the checklist below to indicate whether boredom or having nothing to do is a common thing that happens to you.

	This often happens for me	This is <u>not</u> a problem for me
Feeling bored		
Looking forward to a drink or getting high		
Having lots of time with nothing to do		
Wanting to relax or unwind		
Wanting to have some fun		
Other situation: _____		

Questions:

- For the situations that you indicated above, what do you typically do when you experience one of those situations? Is what you are currently doing helpful?
- When you are feeling bored, how often do you use substances?

Some strategies for dealing with boredom or having nothing to do are to increase doing activities you enjoy doing and to try something new that may be fun or personally meaningful. Use the checklist below to identify activities that can give you some enjoyment and something to look forward to other than using substances.

Activities When You Feel Bored or Have Nothing to do

Instructions: Indicate below which activities you do when you feel bored or have nothing to do, which activities you would like to do more, and which activities you would like to try.

Activity:	I do this	I would like to do this more	I would like to try this
Reading a book or magazine			
Listening to music or watching TV, or watching funny videos on the internet			
Taking a walk or exercising			
Sketching, drawing, or painting			
Playing an instrument			
Playing computer games			
Doing crossword puzzles, sudoku			
Doing crafts such as knitting or building models			
Praying, reading the bible, or other spiritual readings			
Creative writing			
Meditation/yoga			
Calling a friend to do something together, like go a movie or watch TV			
Other solutions: _____			

Questions:

- Which of the activities you currently do would you like to do more often when you have nothing to do or feel bored? Is there anything you need to help you do these activities more often?
- Which new activities would you like to try? Do you need anything to help you to try the new activity?

Check it Out

- ✓ You can try one of these activities just like a scientist would to see if it works for you. Think about a common situation or time when you feel bored. Pick one of

the activities to combat boredom to try out when you may have chosen to use substances.

- ✓ Make a plan to try out a strategy for combatting boredom. What do you need to try it out: _____

When could you try it out in the next week: _____

Where could you try it out: _____

Who could you try it out with: _____

Home Practice Options

1. Choose at least one new activity you could do over the next week that is fun and could be an alternative to using substances when you are bored or have nothing to do.
2. Share the list of activities to combat boredom with a friend or supportive person and ask them to try one out with you.

Summary Points for Trying it Out: Strategies to Combat Boredom

- A common reason for using substances is boredom or having nothing to do.
- Some examples of activities to combat boredom or having nothing to do include:
 - Listening to music, watching TV, watching funny videos on the internet
 - Playing computer games
 - Taking a walk or exercising
 - Playing a game
 - Creative writing
 - Doing crafts

Topic #6: Trying it Out: Dealing with Negative Feelings, Symptoms, and Sleep Problems

Check-In:

How have you been doing since the last IRT session?

Since your last IRT session, how many days did you:

- 1) Drink more than a few sips of beer, wine, or any drink containing alcohol?
(Say 0 if none.)
- 2) Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or “synthetic marijuana” (like “K2,” “Spice”)?
(Say 0 if none.)
- 3) Use anything else to get high (like other illegal drugs, prescription or over-counter medications, and things that you sniff, huff, or vape)?
(Say 0 if none.)

of days

Sometimes people use substances as a way of reducing or escaping from bad feelings, hallucinations, or dealing with problems sleeping. Although alcohol or drug use in these situations can provide temporary relief, over the long run substance use tends to worsen things, leading to problems such as suicidal thinking, more distress related to increased hallucinations, and greater difficulty sleeping.

Depression and Anxiety

Recognizing your signs of depression and anxiety is the first step towards learning how to cope better with these symptoms.

Depression

Depression is a normal human emotion, typically related to a loss of some kind; everyone experiences some feelings of depression during their lives, such as when a loved one dies. However, when depression is severe or persists for a long time, it can rob life of its joy, interfere with functioning, and possibly even make people think that life is not worth living.

Symptoms of Depression Checklist

Instructions: Indicate below which of these symptoms of depression you have experienced over the past month.

Symptom:	I have Experienced this	I have <u>not</u> Experienced this
Sad mood		
Low energy		
Appetite problems		
Feeling hopeless		
Feeling worthless		
Feeling helpless		
Trouble concentrating		
Thoughts about death		
Thoughts of killing myself		
Other symptom: _____		

Questions:

- Have you tried using substances to cope with or escape from any of the symptoms of depression in the chart above?
- What happened in the short-run—did the symptom improve or not? What happened in the long-run? Did it get worse?

Anxiety

Like depression, anxiety is a normal human emotion that is a sign to the person that they are being threatened or are in danger. Depression and anxiety often occur together. Indicate on the chart below which anxiety symptoms you have experienced over the past month.

Symptoms of Anxiety Checklist

Instructions: Indicate below which symptoms of anxiety you have experienced.

Symptom:	I have Experienced this	I have <u>not</u> Experienced this
Fearful thoughts that something bad will happen		
Paranoid thoughts (like people looking at you, talking about you, giving you a hard time)		
Increased arousal (increased heart rate and breathing, perspiration)		
Avoidance of situations that make you anxious		
Constant worrying about minor things		
Trouble concentrating		
Feeling restless, shaky, or trembling		
Other situation: _____ _____		

Common situations in which some people feel very anxious include:

- *Social situations*, such as meeting new people, talking in public, eating with others.
- The fear of experiencing *panic attacks* when leaving home or somewhere else that is familiar and comfortable.
- *Obsessions and compulsions* about minor things, such as fear of contamination, and excessive hand-washing, checking and rechecking your locks, or hoarding (not being able to throw things away and allowing them to clutter up your living space).
- *Memories related to past traumatic experiences* (such as being assaulted, sexually abused, the death of a loved one, experiences of threatening or terrifying hallucinations or delusions, negative treatment experiences such as involuntary hospitalization, seclusion, or restraint) or being in places where traumatic experiences occurred in the past.

Questions:

- Have you experienced anxiety in any of these situations? Which ones? Which were worst?
- Have you ever used alcohol or drugs to try and cope with your anxiety in one or more of these situations? Did it work? Were there any long-term consequences?

People often use alcohol or drugs to dampen or escape feelings of depression and anxiety.

Substance use can provide temporary relief for these feelings, but in the long run it usually worsens depression and anxiety.

Coping with Depression and Anxiety

There are many different strategies for coping with and reducing depression and anxiety. The more strategies you use when you feel anxious or depressed, the more effective your coping will be, and the less tempted you will be to use substances when you are feeling bad. More strategies for coping with depression and anxiety are covered in the Coping with Symptoms module and Dealing with Negative Feelings module.

Planning and doing Fun Activities

When people are depressed or anxious, they often stop doing things that are enjoyable. This may be because they lack the motivation or feel too anxious. Doing fun activities regularly can make you feel good, and can take your mind off your troubles for a period.

Consult the “Activities When You Feel Bored or Have Nothing to do” worksheet you completed in the previous topic to identify fun activities you could engage in to cope better with your anxiety and depression.

Coping Self-Talk

Coping self-talk can be useful in combating feelings of depression or anxiety. Cheerleading yourself when you’re feeling down or anxious can lift your spirits, and

enable you to continue to pursue your goals despite these feelings. Effective self-talk includes reminding yourself of your personal strengths and resiliency. For example:

- “I’m strong and I have survived a lot. I’m not going to let these feelings get the best of me.”
- “I can handle these feelings, and still keep working towards my personal goals.”
- “I’m not alone; I can get support for dealing with these feelings.”
- “Just because I feel anxious or depressed, I know it doesn’t mean that I am actually being threatened or that there is no hope.”

Mindfulness

Mindfulness can be a strategy to help cope with depression or anxiety. Feelings of depression and anxiety may come and go in intensity. Although coping strategies may reduce or eliminate these feelings, you may still continue to have some of them. What is important is preventing those feelings from interfering with your pursuit of goals. Being aware, or mindful of those feelings, without paying too much attention to them or letting them rule your day, may enable you to tolerate them without resorting to alcohol or drugs. Here are some examples:

- “Just noticing” feelings of anxiety or depression without giving them undue attention.
- Being aware of your thoughts while also recognizing that they are not necessarily accurate (not “buying” the thought).
- Instead of trying to escape or avoid unpleasant feelings, it can be helpful to pay attention to and tolerate these feelings, while recognizing they will not last forever.
- Tune into what is happening in your head and in your environment when you feel anxious or down, and try to understand how it contributed to your feelings.

Cognitive Restructuring

Cognitive restructuring is the ability to identify the thoughts or beliefs underlying negative feelings, to evaluate whether they are accurate or not, and to change the thoughts and beliefs to more accurate ones when they are not supported by evidence.

For example, after doing poorly on a test in school, someone might think “I’m a loser, I’m going to fail this class” and then feel depressed. However, after examining all the

available evidence about this belief, including evidence against it (such as the fact that the person has done well on one previous test and has completed all homework assignments), the person might conclude that the evidence does not support the thought, and change it accordingly (such as “Although I did poorly on this test, until now I’ve been performing well in this class”).

More information on using cognitive restructuring to deal with depression and anxiety is provided in the module on Dealing with Negative Feelings.

Medications

Some prescription medications may be helpful in reducing anxiety or depression. Antidepressant medications in particular may be helpful in lowering these symptoms. If anxiety or depression are severe and trigger substance use, despite working on developing more effective coping strategies, you may want to talk with your doctor or other prescriber about medication for your depression or anxiety.

Questions:

- Have you tried any of these coping strategies for dealing with anxiety or depression? Which ones? Were they effective? Did they help you avoid using substances?

Coping with Anxiety or Depression Checklist

Instructions: Use the checklist below to indicate which coping strategies you’ve tried for coping with anxiety or depression, and which ones you’d like to try.

Strategy:	I have used this	I have not used this	I would like to try this
Coping self-talk			
Mindfulness			
Planning and doing fun activities			
Exercise			
Cognitive restructuring			
Medication			
Other solutions: _____ _____			

Hallucinations

Hallucinations, or the hearing, seeing, feeling, smelling, or tasting something that isn't there, are a common symptom of psychosis. The most common type of hallucination is hearing voices. Hallucinations can be upsetting, such as when voices tell you that you're no good or that you should hurt yourself. Hallucinations can also distract you from what you want to be doing, such as school or work or hanging out with your friends, and they can interfere with getting to sleep.

Sometimes people use alcohol or drugs to cope with hallucinations. For example, the person may drink excessively and pass out, thereby temporarily escaping their voices. Unfortunately, this does not work for two main reasons: 1) substances tend to make symptoms of psychosis worse, and 2) alcohol use can make antipsychotic medications less effective. Therefore, the strategy of using substances to cope with hallucinations usually backfires in the long run.

Questions:

- Do you experience hallucinations? How often? What are they like?
- Have you sometimes used alcohol or drugs as a way of coping with your hallucinations? What happened?

People sometimes use substances to reduce or escape their hallucinations.

Substance use can provide temporary relief for hallucinations, but they often get worse in the long-run.

Coping with Hallucinations

A variety of different strategies can help people cope with hallucinations, and can reduce their desire to cope by using substances. The more coping strategies you are capable of using, the more effective your overall coping ability will be, and the more able you will be to pursue your goals without being distracted by hallucinations or temptations to use substances. More coping strategies for dealing with hallucinations can be found in the Coping with Symptoms module.

Distraction

Shifting the focus of your attention away from your hallucinations to something else can be helpful. Possible examples include:

- Listening to music or playing a musical instrument
- Humming to oneself
- Playing a game
- Listening to headphones
- Watching TV or something on the internet
- Playing a game
- Taking a walk
- Increasing structure in your day (such as time spent on school, work, chores, housework, volunteering, or involvement in clubs or organizations)

Coping Self-Talk

Reminding yourself of your strengths and your resiliency can help you cope with hallucinations, and not give into the temptation to use. Examples of coping self-talk include:

- “I’m not going to let those voices get to me.”
- “Don’t believe those voices; I know I’m a good person.”
- “Hang in there; these voices can’t control or hurt me.”

Mindfulness

A mindfulness-based approach to coping with hallucinations involves accepting the fact that hallucinations are not under your control, while also recognizing that they do not have to be the sole focus of your attention, or ruin your day. Thus, you can hear voices, make the choice to not use substances to cope with them, and continue your pursuit of goals.

Some specific mindfulness strategies for dealing with hallucinations include:

- “Just noticing” the hallucinations without giving them excess attention.
- Reminding yourself that hallucinations are a product of your brain, and don't really exist in the real world.
- Humorously “thanking your brain” for all the wonderful sensations it is creating for you, while choosing to follow your own path (for example, “Thank you Mr. Brain for those interesting voices. I think I'm going to go about my business now.”).

Relaxation Exercises

Hallucinations are sometimes made worse by stress. Some people find that relaxing can reduce the intensity of their hallucinations. Some helpful steps for relaxation can be found in the Education about Psychosis module, in Topic 5, Coping with Stress. Examples of relaxation exercises include:

- Relaxed breathing (sometimes call “breathing retraining”).
- Pleasant imagery (such as lying in a field of grass under the sun).
- Muscular tension and relaxation.
- A combination of the above techniques.

Prayer

Prayer is powerful medicine for people who have strong religious convictions. As with cravings, praying during a hallucination may give you the strength you need to tolerate it without giving into using substances.

Medications

If you have been taking your antipsychotic medication regularly for several weeks or months, but still have hallucinations, it may be helpful to talk to your doctor or other prescriber. They may be able to modify your prescription to make it more effective. One possibility is to increase the dosage of your medication. Another possibility is to prescribe another antipsychotic medication. If hallucinations are severe and trigger substance use, despite working on developing more effective coping strategies, you may want to talk with your doctor or other prescriber about a medication change for your hallucinations.

Questions:

- Have you tried any of these coping strategies for dealing with hallucinations? Which ones? Were they effective? Did they help you avoid using substances?

Coping with Hallucinations Checklist

Instructions: Use this checklist to indicate which strategies you've tried for coping with hallucinations, and which ones you'd like to try.

Strategy:	I have used this	I have not used this	I would like to try this
Coping self-talk			
Mindfulness			
Distraction			
Relaxation exercises			
Prayer			
Medication changes			
Other solutions: _____			

Check it Out

- ✓ Identify some of these coping that you would like to try. Practice one in session with your IRT clinician and then make a plan to practice it regularly next week on your own.

Sleep Problems

Difficulty getting to sleep, staying asleep, getting enough sleep, and sleeping at the wrong times (such as sleeping all day) are all common problems that can interfere with enjoyment of life, social relationships, and the ability to pursue goals such as work and school. When people experience sleep problems, they will often use substances in order to help them get to sleep. For example, many people drink alcohol before they go to bed at night, and find that its sedating effects make it easier for them to fall asleep. However, the downside of drinking to fall asleep is that alcohol disrupts the sleep cycle, and often leads to a less restful night of sleep, and waking up earlier than desired. Marijuana and prescription medications such as benzodiazepines (such as klonopin or ativan) are also frequently used by people to relax before they go to sleep, but can cause similar problems.

Questions:

- How is your sleep? About how many hours do you get each night? Do you get enough sleep to feel rested? Do you sleep during all or part of the day? Do you have any trouble falling asleep or staying asleep?
- Do you ever use alcohol or another substance to help you fall asleep? How often do you do that? Does it work? Have you noticed any disadvantages?

People sometimes use substances to get to sleep or stay asleep.

Substance use may hasten sleep, but often results in a worse night sleep overall.

Good Sleep Hygiene

Sleep hygiene refers to the habits people have around their sleeping, such as when they go to bed, what they do before they go to bed, and when they get up in the morning. Poor sleep hygiene can lead to difficulty getting enough sleep at the right time, and not feeling alert or energetic the next day. Poor sleep hygiene may also lead people to use substances to help them get the sleep they want. Good hygiene skills can enable people to get the sleep they need.

Complete the chart below to evaluate the quality of your sleep hygiene, and whether you might benefit from better sleep habits.

Good Sleep Hygiene Behaviors

Instructions: Indicate in the checklist below which good sleep hygiene behaviors you follow and which you do not.

Do you:	Yes	No
Go to bed at the same time every day, regardless of how much sleep you got the night before?		
Get up at the same time regardless of how much sleep you got?		
Do something relaxing for at least 30 minutes before bed (such as reading a book, taking a bath, or listening to music)?		
Avoid drinking anything with caffeine after 5 p.m.?		

Avoid smoking or other nicotine use for several hours before going to bed?		
Avoid watching anything on TV that might be upsetting before you go to bed?		
Avoid napping during the day, even if you didn't sleep well the previous night?		
Get up and go to another room to do something relaxing if you don't fall asleep within 30 minutes?		
Exercise during the day so that you will feel tired at night?		
Sleep Hygiene Score: Total number of "Yes" behaviors:	_____	

The higher your Sleep Hygiene Score, the better your sleep hygiene. A score of 9 means you have perfect sleep hygiene. The lower your score, the more you can improve your sleep hygiene by changing your habits.

Check it Out

- ✓ Identify some sleep hygiene behaviors that you would like to change. Make a plan in session for how to change it, and follow it up next week.

There are many coping strategies you can use other than alcohol or drugs for dealing with anxiety, depression, hallucinations, and sleep problems.

The more coping strategies you know and use, the more effective you will be at resisting these triggers to use substances.

Home Practice Options

1. Practice at least one strategy for coping with anxiety or depression as a trigger for substance use.
2. Practice at least one strategy for coping with hallucinations as a trigger for substance use.
3. Implement at least one new sleep hygiene behavior.

Summary Points for Trying It Out: Strategies to Deal with Negative Feelings, Symptoms, and Sleep Problems

- *People experiencing anxiety and depression sometimes use alcohol and drugs to deal with their negative feelings.*
- *Coping strategies for depression and anxiety include:*
 - *Planning and doing fun activities*
 - *Exercise*
 - *Coping self-talk*
 - *Mindfulness*
 - *Cognitive restructuring*
 - *Medications*
- *People experiencing hallucinations will sometimes use substances to escape and distract themselves from the experience.*
- *Coping strategies for hallucinations include:*
 - *Distraction*
 - *Coping self-talk*
 - *Mindfulness*
 - *Relaxation exercises*
 - *Prayer*
 - *Medication*
- *Problems related to sleep sometimes trigger substance use.*
- *Coping strategies for sleep problems include good sleep hygiene.*

Topic #7: Coping with Cravings

Check-In:

How have you been doing since the last IRT session?

Since your last IRT session, how many days did you:

- 1) Drink more than a few sips of beer, wine, or any drink containing alcohol?
(Say 0 if none.)
- 2) Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")?
(Say 0 if none.)
- 3) Use anything else to get high (like other illegal drugs, prescription or over-counter medications, and things that you sniff, huff, or vape)?
(Say 0 if none.)

of days

The Nature of Cravings

Cravings are the intense desire to use alcohol or drugs. Cravings can come out of nowhere, and suddenly dominate all of your thoughts and feelings. Cravings can also be triggered by specific cues related to substance use, such as hearing a certain song on the radio, seeing a bar or hearing the noise of a party, or running into someone you used to drink or use drugs with. The experience of cravings can be overwhelming, and can lead to strong temptation to use substances. However, with determination and practice, you can develop skills for coping with and not giving into cravings, and for continuing to meet your short-term and long-term goals.

When a person experiences cravings, all of their thoughts and images focus on the pleasures of using, the relief from stress, and the familiar high, relaxed, or energetic feeling associated with using in the past. All of the negative aspects of using substances, such as social problems, difficulties at work or school, money problems, worsening symptoms, and interference with your goals, are forgotten during the height of a craving.

Although cravings involve strong feelings and desires that may be difficult to resist, they often do go away on their own if you let them after a short period, anywhere

from 2-4 minutes to 10-15 minutes. If you begin to give into the craving and take steps towards using, the craving usually continues until you've used again.

Cravings are the sudden, intense desire to use substances.

Cravings can come out of nowhere or be triggered by something.

If you resist your cravings, they usually go away in a few minutes on their own.

Questions:

- Have you ever experienced cravings? What did they feel like? What happened? Did you give in or did you resist? What worked and what didn't work in resisting the temptation to use?

Experiences with Cravings for Alcohol or Drugs

Instructions: Use this checklist to indicate which craving experiences you have experienced over the past month.

Craving experience:	I have experienced this in the past month	I have <u>not</u> experienced this in the past month
Sudden, intense desire to use alcohol or drugs		
Positive images of using substances		
Hearing or seeing an advertisement for an alcohol product has triggered craving		
Not being able to think of anything else		
Thinking "this time I'll control myself"		
Thinking "just this one time won't hurt"		
Aching to use		
Minimizing or not even recalling past negative consequences of using		
Not caring about past consequences of using		
Other craving experiences: _____ _____		

Strategies for Dealing with Cravings

Although cravings may feel overwhelming at the time they are experienced, if you can resist giving into them they often go away in just a few minutes. There are a variety of strategies that may help you cope with cravings and resist giving into them. The more successful you are at resisting cravings, the less frequent and intense they become over time.

A variety of different coping strategies are described below. Review them and consider which ones you would like to try.

Coping Self-Talk

Positive self-talk can help you resist the temptation of cravings and remind yourself of your strengths and your goals. Positive self-talk can focus on your strengths and personal resiliency qualities. Examples include:

- “Hang in there, be strong, let this craving pass.”
- “Don’t give in. My goal of _____ is much too important to jeopardize by drinking or doing drugs.”
- “I’m a strong and determined person. I am in control, and I’m not giving into this craving.”
- “These feelings are the substances talking, not my real self. I’m the one who makes the decisions around here, not my substance use problems.”
- “I am resilient because I keep bouncing back. I can resist this temptation, just as I have resisted other temptations and overcome many other challenges.”

Mindfulness

Mindfulness is the ability to be fully conscious of one's thoughts, feelings, and surroundings in the present moment, as they are experienced, without judgment, evaluation, or reaction. Practicing mindfulness, and being mindful in everyday life, enables you to appreciate and to enjoy life to its fullest. Mindfulness also involves recognizing and accepting that you can't control all of your thoughts and feelings, and that's okay—what you can control is your behavior, and how you respond to your thoughts and feelings. This includes how you respond to cravings.

A mindfulness approach to cravings involves being aware of your craving to use, rather than trying to suppress it, but not allowing it to dominate you or your behavior. Instead, you remain in control of your behavior, and can continue to pursue your goals, despite experiencing cravings.

Some specific mindfulness strategies for responding to cravings include:

- “Just noticing” the craving thoughts, images, or feelings without giving them excess attention, and letting them pass on their own.
- Reminding yourself that cravings are just a product of your mind, and that you’re in charge of your behavior.
- Taking the lighter side of things by “thanking your brain” for all the wonderful ideas it is giving you, while choosing to follow your own path (for example, “Thank you so much Mr. Brain for that wonderful thought, but I’m going stick with my goal of not drinking!”).
- Accepting cravings as an inevitable part of recovery from substance use problems that you don’t have to resist or give into.

Distraction

Shifting the focus of your attention away from the craving to something else can give you relief. This can be helpful even if you can only partially shift your attention, as it can reduce the intensity of the craving. Examples of distraction strategies include:

- Starting a conversation with someone
- Smelling something strong and pungent, such as garlic or cloves
- Listening to music or watching TV or something on the internet
- Focusing on a word puzzle

Imagery

Cravings often involve vivid imagery of how good someone will feel if they drink or use drugs. The positive imagery that accompanies many cravings can be combated by using negative imagery. The most powerful negative imagery to use is that which is based on your own most negative experiences using substances. Some examples include:

- Getting into a fight
- Embarrassing yourself in front of other people
- Getting in trouble with the law
- Doing something impulsively that you later regret, such as having sex with someone you don't know well
- Disappointing someone you care about
- Having an increase in symptoms or relapse
- Being ill due to the after-effects (hangover) of the substance

Using imagery to cope with cravings requires some preparation. You first need to choose an upsetting negative consequence of your substance use, and then practice using imagery to remember the event in as much detail as possible. This practice should first take place when you feel calm and peaceful, and *not* in the midst of a craving. After you have some experience practicing the imagery, you will be better prepared to use it when you are actually having cravings.

Relaxation Exercises

Relaxation exercises can reduce the natural stress and tension that accompanies strong cravings to use alcohol or drugs. A variety of relaxation and stress-reduction exercises can be used to cope with cravings including the following:

- Relaxed breathing (sometimes called “breathing retraining”)
- Pleasant imagery (such as lying in a field of grass under the sun)
- Muscle tension and relaxation
- A combination of the above techniques

You can find details about the steps of using these relaxation techniques in the third IRT module, “Education about Psychosis,” under the topic “Coping with Stress.”

Getting Support

Contacting a friend, family member, or other person who supports your decision to not use substances can be helpful when experiencing a craving. Talking with someone can distract you from the intensity of the craving. A supportive person can also remind you that coping with cravings is part of recovery from substance use problems, and help you keep focused on your personal goals.

Prayer

Your personal beliefs in God or another higher power may be a way of gathering the extra strength you need to cope with cravings without giving into them. There are many special books with prayers that have been written to provide inspiration and hope for people who have had challenges with alcohol or drugs.

Medications

Some prescribed medications can reduce cravings for certain substances. For example, naltrexone can reduce cravings for alcohol and cocaine in people who want to quit.

Urge Surfing

Sometimes a craving is too strong, and typical strategies such as distraction aren't enough. One way to ease a craving is to allow yourself to experience and stay with it until it passes. This is called urge surfing. Here are some steps you can use to practice urge surfing:

1. Sit in a comfortable place with your feet on the floor. Draw your attention inward toward your body. Pay close attention to your breath and notice how your breath feels as it enters and leaves your body. Allow the environment around you to fade away as you focus on your body.
2. Gently allow your attention to shift to the areas of your body where you are experiencing craving. Some people feel tension in their abdomen during a craving. Some people feel dryness in their mouth. Still others feel restlessness in their hands. Notice the sensations in those exact locations. Describe the sensations to yourself and notice if they change as your attention is drawn to them. If they become intense, try sending your breath to

the parts of your body experiencing the sensations. Stay in the moment. Make sure not to rush this step and practice it for several minutes.

3. Now imagine your body sensations are like a wave. Imagine the wave rising, cresting, and disappearing back into the water. Imagine watching the waves rise and fall again and again as you notice the strength of your sensations rise and fall. You can then imagine yourself riding the waves on a surfboard. Imagine you are an experienced surfer and can ride the waves with ease as you continue to use your breath to maneuver the surfboard. You can practice this step until you notice the sensations in a different way.
4. Many people find that their cravings pass or decrease significantly during this practice. The point of this exercise is to experience your cravings differently, not to make them go away. Sometimes, however, the cravings do go away when you practice surfing the urge.

Questions:

- Have you ever tried any of these strategies for dealing with cravings? What worked and what didn't work?
- Which strategies seem most appealing to you?

Coping with Cravings Checklist

Instructions: Use the checklist below to indicate which strategies you've tried to cope with cravings, and which ones you'd like to try.

Strategy:	I have used this	I have not used this	I would like to try this
Coping self-talk			
Mindfulness			
Distraction			
Imagery			
Relaxation exercises			
Getting support			
Prayer			
Medication			
Urge Surfing			
Other strategies:			

Check it Out

- ✓ Choose one of the coping strategies you would like to try and practice it in session with your IRT clinician. It may take several tries before it feels comfortable and natural.

1. Make a plan to implement at home the coping strategy for cravings that you selected and practiced in the session.

Summary Points for Coping with Cravings

- *Cravings are an intense desire to use alcohol or drugs, often accompanied by vivid imagery.*
- *If the person doesn't give into the craving, it often goes away in a few minutes.*
- *There are many coping strategies to resist giving into cravings including:*
 - *Coping self-talk*
 - *Mindfulness*
 - *Distraction*
 - *Imagery*
 - *Relaxation*
 - *Getting support*
 - *Prayer*
 - *Medications*

Topic #8: Tools to Help You Make a Change

Check-In:

How have you been doing since the last IRT session?

Since your last IRT session, how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol?
(Say 0 if none.)
2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")?
(Say 0 if none.)
3. Use anything else to get high (like other illegal drugs, prescription or over-counter medications, and things that you sniff, huff, or vape)?
(Say 0 if none.)

of days

Exploring Choices

Deciding whether to stop using alcohol and drugs, or cut down, can be a difficult decision to make. There are some positive aspects to using substances, such as socializing or feeling good, but negative aspects as well, such as increasing symptoms or interfering with achieving your goals. You can try out making a change in your substance use. Earlier in this module, you got some experience with trying out making changes in other areas of your life, including starting a healthy habit of exercise, learning strategies to help you manage negative feelings, and practicing strategies to help you with cravings. These changes are beneficial in and of themselves. They can also be beneficial for individuals who want to try making a change in their substance use.

In addition to the strategies and skills you learned earlier in this module, the following tools can help you prepare to develop a plan to stay on track with cutting down or stopping substance use.

Getting Support for Your Decision to Cut Down or Stop Using Substances

Whenever you decide to make a personal change in your lifestyle, it helps to get the support of someone who cares about the change you want to make. Finding someone who can support you in overcoming your alcohol and drug use problems can help you succeed.

When thinking of someone who can support you, try to think of a person who does not have an alcohol or drug problem. When you spend more time with people who do not use substances, and less time with people who do use, you have fewer temptations to begin using again.

Here are some examples of people who might be able to support you:

- A family member, such as a brother, sister, parent, aunt, uncle, grandparent
- A friend
- Your spouse, partner, boyfriend, or girlfriend
- A member of your religious community
- A teacher with whom you have a good relationship
- A sponsor or another member of a self-help group for drug and alcohol problems, such as AA (Alcoholics Anonymous), NA (Narcotics Anonymous), or Dual Recovery Anonymous
- A peer at a local peer support agency

Questions:

- Who is a supportive person to you? Do they drink or use drugs?
- Who could you look to for support for your plan to cut down or stop using substances?

Having someone who supports your plan to cut down and stop using substances can help you achieve your goals.

Check it Out

- ✓ You may find it helpful to plan out in advance how to talk to someone from whom you want support for your plan to stop using substances.

Some helpful steps for asking for someone's support include:

- Explain your decision to quit or reduce using alcohol or drugs.
 - Describe what your personal short-term and long-term goals are, and how not using substances will help you achieve those goals.
 - Tell the person why you chose him or her to support you in this.
 - Ask whether the person is willing to support you.
 - Explain to the person how he or she can support you in achieving your short-term and long-term goals.
- ✓ Practice with your IRT clinician asking someone for their support in a situation before asking the person in real life. This can help you feel more comfortable when you actually ask the person for their support.
 - ✓ Write down how you would complete the following steps:
 1. Greet the person
 2. Share information about why you have decided to stop using substances. (For example, "I have decided to stop using pot because my job is really important to me.")
 3. Share information about the support that you want from them. Include details about helpful ways that the person can be supportive. (For example, "I really appreciate how I can always talk to you about anything. And you don't use drugs, so you are a good example for me. Could I call you if I am upset or worried about using drugs? You help me calm down by talking through a situation with me.")
 4. Thank the person for their support.
 - ✓ Practice with your IRT clinician how you would approach the person you identified and what you would say to them using the steps above.

Exploring Self-Help Groups

Self-help groups such as Alcoholics Anonymous, Narcotics Anonymous, or Dual Recovery Anonymous can be very helpful places to meet people who can support you in your substance use goal. Everyone in a self-help group has struggled with alcohol or drug problems, and like you, everyone has made a personal decision to overcome their substance use.

There are many different self-help groups available, and each group has its unique character. For example, there are some groups that are specially focused on young people who want to overcome their alcohol or drug problems. It might take some time to find the right group for you. It's perfectly fine to go "meeting shopping" to check out different self-help groups to find the right one. Finding someone to go with you can make it easier to visit groups and help you choose the right group for yourself.

Questions:

- Do you know anyone who has ever attended (or currently attends) a self-help group for addiction? What happened? Did it seem to help? Do they currently find it helpful?
- Have you ever attended a self-help group? What was it like?

Self-help groups can provide support to people who want to cut down and stop using substances.

Check it Out

- ✓ Exploring a self-help group may give you a better idea of what they are like.
- ✓ You can find a local self-help group by looking on line or by asking your IRT clinician.

Questions:

- What do you think about trying out a self-help group?
- Is it something you might like to explore?
- Who could you ask to go with you to try out a self-help group?

Environmental Triggers

In order to be successful in reducing and stopping substance use, it is helpful to make plans about how to deal with *triggers* for using substances. A trigger is anything that reminds you or leads you to want to use—this could be something in the environment (such as having money in your pocket), your feelings, or your symptoms.

Sometimes something around the person, in their environment, triggers an urge to use substances. It could be passing a bar or liquor store, seeing something related to substance use (like alcohol bottles or rolling papers), or watching something on TV that involves drugs or alcohol.

Questions:

- What kinds of things in your environment have triggered your substance use in the past?
- Of the triggers have you experienced, which ones are easy to handle and which ones are hard? Use the chart below to summarize your answers.

Environmental Triggers for Using Alcohol or Drugs

Instructions: Which environmental stimuli have triggered your alcohol or drug use in the past?

Environmental Trigger:	I have experienced this trigger	This trigger is easy to handle	This trigger is hard to handle
Having money in my pocket			
Seeing alcohol containers (like can of beer, bottle of wine)			
Seeing drug use paraphernalia (like rolling papers, pipe, bong)			
Other reminders at home, such as the smelling candles or seeing a poster			
Being near a place you used to drink or buy drugs			
Smoking cigarettes			
Passing a bar or liquor store			
Running into an old drug connection or someone you used to drink with			
Watching something on TV or on line that involves drugs and alcohol			
Other situation: _____			

Solutions for Environmental Triggers

There are a number of different solutions to environmental cues that trigger your substance use.

Money

Having money in your pocket, or recently receiving a check, can be an especially big trigger for some people. Because you usually know when you are going to get money in advance, you can take steps to prevent money from triggering you to use substances.

Managing Money in Your Pocket

Instructions: Review this checklist to indicate which strategies for managing money in your pocket you have tried and which ones you would like to try.

Solution:	I have used this	I have not used this	I would like to try this
Put money in a safe place (at home, in a bank) rather than carry it with me			
Keep my debit card in a safe place rather than carry it with me			
Carry only a little money each day (like enough for bus, food, etc.)			
Set up direct deposit into my account for paychecks or disability income			
Ask a guardian to co-sign cash withdrawals from my account			
Put money into a savings account that is hard to get to			
Other solutions:			

Questions:

- For strategies you have tried before, did they work? Are you currently using them?
- Which strategies would you be most interested in trying over the next week?

Other Environmental Cues

Some environmental cues for using substances are predictable. For example, cues such as alcohol bottles or cans, and paraphernalia related to drug use can be controlled by removing these reminders from your living environment. Being near a place you used to drink or buy drugs can also be predictable, and controlled by consciously avoiding such places.

Eliminating Environmental Cues to Use

Instructions: Review this checklist to indicate which strategies for removing environmental cues you have tried, and which you would like to try.

Solution:	I have used this	I have not used this	I would like to try this
Remove all alcohol from my room or house			
Remove all drug paraphernalia from my room or house (such as pipes, rolling papers, bongs, stash containers, snorting straws)			
Remove other reminders of substance use at home (such as candles or posters)			
Avoid going to or walking past places where I have bought drugs or alcohol			
Other solutions: _____			

Questions:

- For strategies you have tried before, did they work? Are you currently using them?
- Which strategies would you be most interested in trying over the next week?

Smoking Cigarettes

For some people, smoking cigarettes can trigger an urge to use something else, such as drinking or using. This may be because smoking and substance use have often occurred together. Or you may like the effect of using the two substances together, so that if you use one, you want the other. Smoking may be a cue for you to use that you are not fully aware of. Self-monitoring your smoking and urges to use may provide you with clues as to whether your smoking is a trigger to use substances.

Check it Out

- ✓ Use a self-monitoring chart to record when you smoke cigarettes each day, when you have had urges to use substances, and when you have used substances.
- ✓ Learn more about cigarette smoking and health. Information about smoking and strategies for quitting are available in the Healthy Lifestyles module of IRT.

Home Practice Options

1. Talk to someone you know who attends self-help meetings for substance use and find out what they are like.
2. Identify a local self-help group for substance use and attend one meeting. If you know someone who attends such self-help groups, ask whether you can go to a group with him or her.
3. Remove environmental triggers, such as bottles or cans of alcohol and drug paraphernalia from your room or home.

Summary Points for Tools to Help You Make a Change

- *Having people who support your substance changes can help you achieve your goals.*
- *Positive supportive people include:*
 - *Family member*
 - *Sober friend*
 - *Spouse, partner*
 - *Member of your religious community*

- Teacher
 - Members of self help groups
 - Peers at peer support agency
- Enlisting someone to support your recovery from substance abuse can help you achieve your goals.
- Exploring self-help groups for addiction can provide additional opportunities for support of your goals.
- Having someone go with you to attend some self-help groups can be helpful.
- Some common triggers for using substances include environmental cues (such as passing a liquor store) and boredom or having nothing to do.
- Coping Strategies can be effective for dealing with environmental cues such as:
 - Money in your pocket
 - Seeing reminders of alcohol or drug use
 - Being near a place where you used to use alcohol or drugs

Topic #9: Developing a Plan to Stay on Track

Check-In:

How have you been doing since the last IRT session?

Since your last IRT session, how many days did you:

- 1) Drink more than a few sips of beer, wine, or any drink containing alcohol?
(Say 0 if none.)
- 2) Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or “synthetic marijuana” (like “K2,” “Spice”)?
(Say 0 if none.)
- 3) Use anything else to get high (like other illegal drugs, prescription or over-counter medications, and things that you sniff, huff, or vape)?
(Say 0 if none.)

of days

Staying on Track Plan

Throughout the entire Substance Use module you have practiced strategies to address the common reasons that people use substances. You have tried cutting down and stopping substance use in the earlier topics in this module so you already have most of the information, skills, and supports you need to complete to cut down or stop using substances. Now is a chance for you to put together all of the information and skills that you have learned to try making a change in your substance use. You can put all of the information together into a single consolidated plan.

It is important to write down your plan for staying on track with your substance use choice, so that you can remember it, follow it, and share it with others. The steps of developing a staying on track plan including the following:

1. Describe your most important reason to stop or cut down your substance use.
2. Name people who support cutting down or stopping substance use.
3. Identify your most common reasons and triggers for using substances.

4. Identify your most effective strategies for dealing with these reasons for using substances.
5. Establish a crisis action plan in case you are about to use or have just used.
6. Practice the plan.
7. Post a copy of your plan where you can see it every day.
8. Give a written copy of the plan to supportive other people.

Here is an example of a Plan for Staying on Track for Choices about Substance Use.

Plan for Staying on Track with My Choices about Substances

CONGRATULATIONS! You've taken the first and most important step by choosing to make a change in your substance use. Complete this plan by following the steps outlined below. You can change or modify your plan based on how well it is working for you. Share your plan with people who are close to you so they can support you in achieving your goals.

My choice about substance use is: To stop using pot and alcohol

Step 1. Why I want to cut down or stop using alcohol or drugs:

- A. I don't want to miss work and lose my job.
- B. I want to save up my money to get my own apartment.
- C. I want to get into fewer arguments with my girlfriend and my family.

Step 2. People who support my decision to cut down or not to use substances:

Person	Phone Number
Girlfriend-Anna	(xxx) xxx-xxxx
Dr. Ramirez	(xxx) xxx-xxxx
Uncle Von	(xxx) xxx-xxxx

Step 3. My most common reasons and triggers for using substances:

- A. Makes me feel relaxed when playing my guitar with my friends and musicians and at the bar

- B. Nothing else to do but smoke weed when spending time with my friends Luis and Stan
- C. Celebrating with my family when they drink and smoke weed

Step 4. My strategies for avoiding or dealing with reasons and triggers to use substances:

Reason A: Makes me feel relaxed when playing my guitar with my friends and musicians and at the bar

Strategy #1: Talk to my friends about playing other places than at bars

Strategy #2: Attend a Recovery Support Group before I go to play

Strategy #3: Call my girlfriend after I finish playing the set

Strategy #4: Tell my friends I can't stay and drink after we finish playing the set

Reason B: Nothing else to do but smoke weed when spending time with my friends Luis and Stan

Strategy #1: Suggest an alternative activity to do other than use drugs

Strategy #2: Call my friend Ronin, who doesn't smoke weed, to hang out with instead and play guitar

Strategy #3: Call my sponsor

Strategy #4: Go for a run or workout at the gym

Environmental Trigger: Celebrating with my family when they drink and smoke weed

Strategy #1: Talk to my parents about my goals of not using and ask them to not use at the next celebration

Strategy #2: Suggest an alternative way of celebrating other than using drugs and alcohol

Strategy #3: Decline the invitation to attend the celebration

Strategy #4: Stop by the celebration briefly and then leave before people start using substances

Step 5. My crisis action plan in case I am about to use or have just used:

My signs of crisis: Starting to think that using won't hurt me; not playing guitar; smoking pot and going to my old neighborhood where I bought drugs

My crisis action plan (Who can I contact? Where can I go for help? What actions can I take?):

- A. Leave the situation if it reminds me of using and find the closest Recovery Group meeting
- B. Call my sponsor and someone from my treatment team (xxx) xxx-xxxx
- C. Call my girlfriend and talk to her about my goals and how I want to stay on track
- D. Clear my head by going for a run or going to the gym in a safe neighborhood

Give a copy of your Staying on Track Plan to people who support your decision not to use substances (such as friends, family members, treatment team, or self-help group members), and post a copy of the plan somewhere you will see it every day.

A blank worksheet is provided for you to make a written record of your staying on track plan. The following section provides step-by-step guidelines for developing your plan.

Guidelines for Making Your Own Staying on Track Plan

As you go through these guidelines, you can complete the Staying on Track Plan worksheet.

1) Describe the most important reasons for not using substances.

As discussed earlier in this module, there are many reasons to cut down or not to use substances. Choose between one and three reasons why it is important for you to not use substances. Reviewing the worksheet in the Talking about Substance Use Topic you previously completed on the "Pros" and "Cons" of not using substances may help you identify your most important reasons. For example, not using substances may be critical to achieving personal goals such as:

- Completing a degree
- Working an interesting job

- Having a close and meaningful relationship with someone
- Being a good parent or sibling or family member
- Maintaining your independence
- Managing your psychosis and staying out of the hospital
- Staying out of trouble with the law

Write down the most important reasons you want to continue not using substances on your Staying on Track Plan.

2) Name people who support your abstinence.

Having other people who support your decision not to use is critical to preventing relapses. Most people who stop using spend more time with people who don't use, and less time with people who do. Identify the people who you can count on to support you in not using, including any people you may know from self-help groups such as Alcoholics Anonymous. Write their names on your Staying on Track Plan.

3) Identify your most common reasons and triggers for using substances.

Part of making a plan is knowing when you are most vulnerable or tempted to use alcohol or drugs. In this module you have learned about your own personal reasons and triggers for using substances, including dealing with offers to use, environmental triggers (such as money in your pocket), boredom or having nothing to do, cravings, negative feelings, hallucinations, and sleep problems.

The worksheet on the following page includes the broad range of possible reasons for substance use. Indicate which reasons have led you to use substances in the past. Then indicate which three of those reasons have been the strongest. Write down these three reasons on your Staying on Track Plan.

4) Identify your most effective strategies for dealing with these reasons and triggers for using substances.

The key to a good staying on track plan is having effective strategies for dealing with the most important past triggers of your substance use. Some triggers may be avoided (such as a local bar or place you bought drugs), but others may not, especially internal reasons (such as cravings, feeling down). Much of this module has been spent on helping you develop skills and alternative outlets for dealing with your own personal reasons, such as refusing offers to use, developing alternative ways of having fun, and coping with cravings, negative feelings, and symptoms.

For each of the three strongest reasons and triggers of substance use that you identified in Step 3, identify the most effective strategies you have developed for either successfully avoiding them or coping with them without giving in. There is no limit to the number of strategies you can list—however, focus on those strategies you have tried and know are effective. Refer back to your previous worksheets from this module if necessary. Then write down the strategies for dealing with each one in your Staying on Track Plan.

5) Establish a crisis action plan in case you are about to use or you have just used.

Try as you might, it is still possible that despite your best intentions and despite efforts to cope effectively with your triggers to use, that you could still come precariously close to using, or actually begin to use again. This is a crisis situation, but one in which disaster can be avoided if you respond quickly and get the help you need. In order to do so, you first must define what a crisis would be for you, and then determine a course of action.

Examples of crises include:

- Feeling an overwhelming urge to drink or use drugs
- Suddenly, “unexpectedly” finding yourself in a neighborhood where you used to drink or buy drugs
- Calling or trying to contact former friends whom you used substances with, or a dealer
- Having a drink
- Smoking some pot
- Doing a line of cocaine or some crack

After you have defined your personal signs of a crisis, write them down on your Staying on Track Plan, and then make a plan for how to respond to each crisis that you have identified such as an early warning sign that you might use substances or using substances. During the moment of a crisis, when you are on the brink of a relapse, is when you most need the help of the people who support you.

Questions:

- Who can you call during a crisis? If they are not available, who could you call then? What would you ask them?

Write down who you can call during a crisis on your Staying on Track Plan, and how you might ask them to help you. When you've identified those important support people, it is also important for you to talk over with them the role you would like to play in the event of a crisis, and enlist their willingness to do so.

6) Practice the Plan.

Once you've written down your Plan, it can help to practice it in session. Pretending that you are confronting your triggers, practicing your coping strategies, and rehearsing how you would respond in a crisis situation can be helpful in finding potential problems in your Plan, and becoming more familiar with it. After you have practiced the different parts of your plan, modify your Plan based on what you learned from practicing it.

7) Post a copy of your plan where you can see it every day.

Part of having a successful Staying on Track Plan is keeping it in the forefront of your mind. The easiest way of accomplishing this is to post your plan somewhere prominent where you will see it every day (such as your refrigerator, bureau, closet door). Your plan is important not only because it summarizes the most effective coping strategies you can use when you are confronted with triggers to use, or feel on the brink of a relapse, but because it reminds you of why cutting down or quitting is so important to you.

8) Give a written copy of the plan to supportive other people.

The success of your Staying on Track Plan does not depend only on you, but also on the other people in your life whom you depend on to support your decision not to use. These are people to turn to for help and support during periods when your resolve may weaken. You may also want to spend more time with these people because you enjoy their company and friendship.

In order for your support people to help you stay on track with your plan to cut down or quit using substances and to support you in achieving your personal goals, it is useful for you to give them a copy of your Staying on Track Plan, to explain their role (if any) in the plan, and to explain why it is so important for you to continue to quit or cut down. Other possible supportive people who may be given a copy of your Staying on Track Plan include:

- A friend who doesn't use
- Your boy/girlfriend who doesn't use
- Family members

- Your treatment team
- A sponsor or friend from a self-help group
- A member of the clergy whom you trust and feel close to

The Staying on Track Plan as a “Living” Document

You should not look at your Staying on Track Plan as a fixed, unchangeable document. There may be reasons why you want to change your Plan in the future, and you should feel free to do so, in order to keep it as current and relevant to your life as possible. Some possible reasons you might need to revise your plan include:

- Adding a new person to your list of supportive people
- Taking off the name of a supportive person who moves away or becomes unavailable
- Adding new and even more effective strategies for coping with triggers to use
- Developing new important reasons for continuing to cut down or quit

Think of your Staying on Track Plan as a “living” document—one that can change over time to suit your needs.

It is also possible that despite having a Staying on Track Plan you might use substances anyway. Using substances doesn’t mean that you did all this work for nothing—for some people, having a relapse is part of being on the road to recovery from substance use. Having a relapse also doesn’t mean that your Staying on Track Plan didn’t work: some parts of the Plan may have worked, whereas other parts may need to be changed.

If you have a relapse, after you have stopped using it is important for you to closely examine your Staying on Track Plan to determine what changes need to be made to prevent another relapse. Since “two heads are better than one,” it may be useful to review and modify your Plan with the help of someone who knows you and supports you, such as a friend, family member, or clinician. When you modify your Staying on Track Plan, don’t forget to make copies of the new Plan and give it to the people who support you.

Home Practice Option

1. Give copies of your Staying on Track Plan to people who support you in not using substances. Explain their role (if any) in the event of a crisis in which you feel close to using again, or you have just used something. Get their feedback on the plan.

Your Staying on Track Plan can be changed over time in order to keep it as current and effective as possible.

Plan for Staying on Track with My Choices about Substances

CONGRATULATIONS! CONGRATULATIONS! You've taken the first and most important step by choosing to make a change in your substance use. Complete this plan by following the steps outlined below. You can change or modify your plan based on how well it is working for you. Share your plan with people who are close to you so they can support you in achieving your goals.

My choice about substance use is: _____

Step 1. Why I want to cut down or stop using alcohol or drugs:

A. _____

B. _____

C. _____

Step 2. People who support my decision to cut down or not to use substances:

Person

Phone Number

Step 3. My most common reasons and triggers for using substances:

A. _____

B. _____

C. _____

Step 4. My strategies for avoiding or dealing with reasons and triggers to use substances:

Reason A: _____

Strategy #1: _____

Strategy #2: _____

Strategy #3: _____

Strategy #4: _____

Reason B: _____

Strategy #1: _____

Strategy #2: _____

Strategy #3: _____

Strategy #4: _____

Environmental Trigger: _____

Strategy #1: _____

Strategy #2: _____

Strategy #3: _____

Strategy #4: _____

Step 5. My crisis action plan in case I am about to use or have just used:

My signs of crisis: _____

My crisis action plan (Who can I contact? Where can I go for help? What actions can I take?):

- A.** _____

- B.** _____

- C.** _____

- D.** _____

Give a copy of your Staying on Track Plan to people who support your decision not to use substances (such as friends, family members, treatment team, or self-help group members), and post a copy of the plan somewhere you will see it every day.

Summary Points for Developing a Plan to Stay on Track

- A *Staying on Track* plan can prevent falling back into previous substance use behavior.
- The steps for developing a staying on track plan include:
 1. Identify why making a change in substance use is important to you.
 2. Identify support people and what they can do to help you.
 3. Identify reasons and triggers for using substances.
 4. Develop coping strategies you can use if you experience a reason or trigger for using substances.
 5. Develop a crisis plan if you experience an early warning sign of substance use or use substances.
 6. Share your staying on track plan with your family and support people.

Topic #10: Wrapping Up and Looking to the Future

Check-In:

How have you been doing since the last IRT session?

Since your last IRT session, how many days did you:

- 1) Drink more than a few sips of beer, wine, or any drink containing alcohol?
(Say 0 if none.)
- 2) Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")?
(Say 0 if none.)
- 3) Use anything else to get high (like other illegal drugs, prescription or over-counter medications, and things that you sniff, huff, or vape)?
(Say 0 if none.)

of days

Reviewing Your Progress

Progress is a multidimensional concept. There are many different ways of measuring your progress in dealing with the effects of substance use in your life. What is most important is your own perspective on change.

Questions:

- In what ways have you found working on this module helpful?
- How have you and your life changed as a result of learning about alcohol, drugs, and psychosis?
- When you look back on the work you have invested in this module over the past several months, what are you most proud of?

It may be helpful to review the gains you have made in addressing substance use along different dimensions of progress. Four different dimensions of progress in addressing substance abuse are most important:

- *Understanding and insight*: how your knowledge and awareness of your own substance use has changed, including recognizing the effects substances have on you and being aware of the advantages of not using.
- *Motivation*: how your desire to reduce or stop using substances has changed.
- *Behavior*: how your actual use of substances has changed.
- *Consequences of substance use*: have you experienced less negative effects of using substances (for example, less contact with the police or more money in your pocket).

Each dimension of progress is discussed in more detail below.

Understanding and Insight

Most of the work you have done in this module has been devoted to learning about substance use and psychosis, gaining insight into your own motives for using and the consequences of your use, and learning tools and skills for changing your substance use habits.

Questions:

- What have you learned about substance use and psychosis in this module?
- How has your participation in this module changed your understanding of your own use of substances?
- What information, tools, or skills have you learned in this module that you think are most helpful?
- Are there things you would like to know more about or learn related to this topic?

Motivation

The process of change begins with developing the motivation to change. Change can be frightening because it involves a journey into the unknown. Without sufficient motivation to change, people stick to what they know and are familiar with--their old habits.

Consider your current motivation to cut down or stop using alcohol or drugs, and your confidence in your ability to not use:

How important is it for you to cut down or not use substances?

(Circle the number that best fits how important it is to you to make a change)

Importance Ruler

1 2 3 4 5 6 7 8 9 10

How confident are you that you can cut down or not use substances?

(Circle the number that best fits how confident you are in making a change)

Confidence Ruler

1 2 3 4 5 6 7 8 9 10

Questions:

- How has your motivation to reduce or not use substances changed since you experienced your psychotic episode?
- Has your motivation to reduce or not use changed since you began this module? If so, in what way?
- Has your confidence in your ability to reduce or stop using changed over the course of this module? If so, how? What increased your confidence?
- What have been the most important factors underlying changes in your motivation to reduce or not use substances?
- Has the importance of your personal goals played a role in your motivation to change your substance use habits?

Behavior

Wanting to change sets the stage for actual behavioral change itself. However, motivation alone is often not enough to enable people to change their substance use habits. They may also need some or all of the following, as you have learned in this module:

- Other people who support their decision to cut down or not use substances
- Skills for dealing with social situations involving substances
- Fun things to do other than using substances
- Skills for coping with cravings and other triggers to use

Let's review together your substance use over the past several months. It will be helpful to review the "check-in" section of each topic of this module, where you completed a chart of weekly totals of number of days where you used alcohol, marijuana, or other substances.

Questions:

- As you look back at your use of substances over the past several months, do you see any patterns or trends?
- (If no recent use of substances): You've been successful in not using alcohol or drugs in recent weeks. What do you think has helped you stop using? When you think of your personal strengths, which ones have been most important in helping you make these changes?
- (If some reduction in substance use, or no use of some substances but continued use of others): You've had some success in cutting down or not using, although you continue to use some substances. What has helped you make these changes? Are you happy with the changes you've made? Do you want to make further changes? If so, what?
- (If no change in substance use): Your use of substances hasn't changed much over the last few months. Are you satisfied with this or disappointed? If disappointed, how would you have liked your substance use to change? What seemed to get in the way of changing your behavior? Would you like to continue working together on changing your substance use? What would be the most

important thing for us to focus on in order to help you reduce or stop using substances?

Consequences of Using Substances

People who have had a psychotic episode are more sensitive to experiencing negative consequences due to using substances. One way of seeing whether the consequences of substance use have changed for you is to compare your current situation with that when you were using substances more often.

Negative Effects of Using Alcohol and Drugs

Instructions: Complete the following chart regarding your use of substances over the past month.

Negative effects:	Substance #1: _____	Substance #2: _____	Substance #3: _____
Worse symptoms or relapses			
Hospitalization			
Family conflict			
Conflicts with others			
Problems at school			
Problems working			
People complain about my use			
Feeling more irritated at others			
People can't count on me			
Losing friends			
Hanging out with a bad crowd			
People take advantage of me			
Not taking care of myself			
Spending too much money			
Using in unsafe situations			
Legal problems			
Health problems			
Doing unsafe things			
Spending too much time using			
Problems achieving goals			
Other: _____			

Questions:

- When you compare the recent consequences of using substances to consequences you experienced when you were using substances more frequently, what differences do you notice? What do you think accounts for any differences you see? (Keep in mind that changes that appear to be in a negative direction may actually reflect increased awareness on your part of the negative consequences of using.)
- Does reviewing the recent consequences of using substances lead you want to make any further changes? If so, which consequences would you most like to work on changing?

Current and Future Needs

In reviewing the progress you have made, you may be aware of current or future needs you have that may help you continue to cut down or stop using substances. These needs may be addressed in additional work with your IRT clinician in more sessions focusing just on your substance use or in combination with work on other IRT modules.

Questions:

- Are there particular needs you have related to helping you reduce or not use substances? What would be most helpful to you in getting better control over your substance use, or stopping your substance use?

You can use the checklist on the following page to summarize helpful things that you can do to continue to cut down or stop using substances.

Checklist of Needs to Cut Down or Stop Using Substances

Instructions: Indicate in the checklist below what things you need to help you continue to cut down or stop using substances.

Need:	I have this need
Better skills for refusing offers to use substances	
More social support for not using substances	
Friends who don't use substances	
More fun things to do other than using substances	
Better coping with cravings to use	
More help dealing with money	
Better coping skills for depression	
Better coping skills for psychosis	
Better coping skills for anxiety	
Better coping skills for sleep problems	
Help dealing with upsetting memories of past events	
Other need (specify): _____	
Other need (specify): _____	
Other need (specify): _____	

Plan for Addressing Needs Related to Reducing Use or Maintaining Abstinence

Instructions: Based on your responses to the **Checklist of Needs**, develop a plan for getting each of your needs addressed. Use the worksheet below to record your plan.

Need #1: _____

Plan: _____

Need #2: _____

Plan: _____

Need #3: _____

Plan: _____

Need #4: _____

Plan: _____

Home Practice Options

1. Share the worksheets from this topic with your support person. Ask for their feedback on what changes they have noticed since you began working on this module.
2. Take a step on your plan for getting your needs met for getting more support or developing more strategies or skills for reducing or stopping substance use.

Summary Points for Wrapping up and Looking to the Future

- *In this topic area you reviewed your progress towards achieving your substance use goal.*
- *Your progress was evaluated in terms of:*
 - *Understanding and insight into substance use*
 - *Motivation to reduce or stop using substances*
 - *Substance use behavior*
 - *Consequences of substance use*
- *Your current and future needs regarding substance use treatment were reviewed.*

Clinical Guidelines for “Having Fun and Developing Good Relationships” Module

OVERVIEW OF MODULE:

This module is designed to address problems that individuals commonly experience with having fun and developing good relationships. The structure of this module is slightly different from the other modules in IRT in that this module is divided into three main *sub-modules*:

1) Having Fun 2) Connecting with People, and 3) Improving Relationships -- you and the individuals can decide together which *sub-modules* to complete. Thus, this module is a bit larger than the others. It is not expected that all individuals will complete all three *sub-modules*; however, it is possible that many individuals will opt to do so, given the importance of social functioning in the lives of young adults, and the deficits and challenges that occur in this domain following an episode of psychosis. Many young adults find themselves with anhedonia (inability or reduction in ability to experience enjoyment or pleasure) which is often a symptom of psychosis and they therefore need some coaching in how to again find or enhance enjoyment in activities and people. In addition, due to the interruption in the normal developmental trajectory of a young adult that may be caused by psychosis (e.g., having to leave school, quit a job, move back home) many individuals find themselves socially isolated and unsure about how to re-connect with old friends or establish new relationships. Finally, because of anxiety or other social interaction problems, individuals who have had a psychotic episode often have difficulties communicating effectively with others and may also misinterpret social cues. They also can experience stress about who they can disclose information about their psychotic experience to and how to do it effectively and comfortably.

This module addresses all of these important areas. At the beginning of the module, individuals are given an overview (“Introduction to Having Fun and Developing Good Relationships”) and encouraged to select which *sub-module(s)* they would most like to address. Each *sub-module* is divided into topic areas, with corresponding handouts for each one (see handouts listed below). The emphasis in all the *sub-modules* is to review strategies and skills in sessions, and to set up role plays and practice opportunities to improve individuals’ confidence and performance. Individuals are encouraged to “get out there and give it a try,” and then come back to sessions and talk about what went well, and what did not go so well. This helps you and the individual you are working with to collaboratively determine areas of strengths and areas that could be improved by working on various *sub-modules* and the specific topics within the sub-modules.

Individuals will vary in the amount of difficulty they experience in these different social functioning areas. For example, in regards to Having Fun, Connecting with People and Improving Relationships, some individuals may have fun things to do, but no one with whom they can do them. In this case, you can encourage the individual to choose the “Connecting with People” *sub-module*. Some may be good at talking with people they interact with on a casual basis, but may find it difficult to re-connect with old friends. In this instance, both the “Connecting with People” and “Improving Relationships” *sub-modules* might be helpful. Some may be able to re-connect with old friends, but lack confidence in making new friends and find themselves struggling to find leisure activities post-hospitalization. Still others may know plenty of people, but don’t feel close to anyone. Thus, the choosing of the *sub-modules* will vary and should be personalized to the individuals’ particular struggles and goals.

The amount of time required to complete the module varies, depending on how many sub-modules that the individual chooses, and the pace at which the individual learns and practices the various skills within each sub-module. For instance, within the Improving Relationships sub-module, some individuals may require instruction and practice in many of the social skills included in this section, while other individuals may need to just troubleshoot one or two skills with which they are currently struggling. While it will vary across individuals, these guidelines suggest the following session ranges for each of the three *sub-modules*: Having Fun – 3 to 6 sessions; Connecting with People – 5 to 9 sessions; and Improving Relationships – 5 to 9 sessions.

Goals

Having Fun

1. Renew the individual's involvement in activities they used to enjoy but no longer participates in.
2. Facilitate identifying and engaging in new fun activities.
3. Enhance the pleasure person experiences from enjoyable activities through learning the Three Stages of Fun: anticipation, savoring the moment, and reminiscing.

Connecting with People

1. Help the individual get practice in connecting with people in general.
2. Help the individual re-connect with old friends.
3. Help the individual make new friends.

Improving Relationships

1. Assist individual in understanding other people better.
2. Improve individual's use of communication skills.
3. Help the individual manage disclosure.
4. Assist the individual in interpreting social cues.

Handouts

An Introduction to Having Fun and Developing Good Relationships:

Having Fun Sub-Module:

An Introduction to Having Fun

Topic Handouts:

1. Getting More Fun in Your Life: Reviving Previously Enjoyed Activities
2. Developing New Fun Activities
3. Getting the Most out of your Fun

Connecting with People Sub-Module:

An Introduction to Connecting with People

Topic Handouts:

1. Getting some practice talking with people
2. Re-Connecting with Old Friends
3. Making New Friends

Improving Relationships Sub-Module:

An Introduction to Improving Relationships

Topic Handouts:

1. Showing an Interest in Others
2. Improving Communication with Others
3. Managing Disclosure
4. Interpreting Social Cues

SUGGESTED AGENDA FOR MODULE:

The agenda for this module varies depending on which *sub-modules* are chosen (see above for description of *sub-modules* and approximate timelines). The first session of this module should be dedicated to reviewing the components of the module using the handout: “An Introduction to the Having Fun and Developing Good Relationships Module.” Once you and the individual decide which *sub-modules* to utilize, you should follow the suggested agendas in the clinical guidelines for those *sub-modules*.

GENERAL TEACHING STRATEGIES FOR THIS MODULE:

- Remember that individuals will vary in the amount of difficulty they experience in these different social functioning areas. This will mean that a detailed discussion of all of these areas will be crucial in determining which sub-modules to focus on.
- Open communication and shared decision-making between you and your individuals is important in deciding which areas to focus on. The first handout, “Having Fun and Developing Good Relationships: An Introduction to the Module,” helps the individual decide which topic areas they want to concentrate on. For individuals who are choosing more than one *sub-module*, it can be helpful to start with “Having Fun,” because it gets people out and doing something.

- Many of the materials in this module are skills-based, meaning that in-session skills practice and role play should occur frequently, and additional skills practice should be used for home practice assignments. You should be flexible in your approach to role playing, depending on the style of your individual. Avoid coming across “heavy-handed” in setting up role plays. Employ a light touch and use a sense of humor when possible.
- Use social skills training techniques to teach skills, modifying them as needed to suit the individual. For example, some individuals may appreciate you modeling a skill first, whereas others may prefer to practice the skill right away, using their own style.
- Some individuals may be initially reluctant to participate in role plays. You should present role plays in a positive, practical way and be clear about the benefits of role playing, especially in terms of increasing one’s confidence to use a strategy or skill when the situation actually comes up.
- Go at the individual’s pace. Because of social skill problems and possible cognitive difficulties, it may be especially helpful to present the information in small chunks.
- The Clinician’s Guide for each of the sub-modules provides a table of suggestions to break up the handouts into sessions based on a person who is working at either a slow or moderate pace.

An Introduction to Having Fun and Developing Good Relationships

Everyone likes to have fun things to do with people. This is an important part of what makes life rewarding and meaningful. It also helps people unwind and refresh themselves when they are coping with challenging situations.

Sometimes when people have experienced psychosis they may have some difficulties with getting back on track with their relationships and with having fun. For example, they may have strained relationships with family members or may have lost touch with their friends. They may have stopped doing things they used to do for fun, or can't find things that seem fun in the present, or can't find people to do activities with. If you are experiencing challenges in any of these areas, you are definitely not alone.

In this module you will find some helpful strategies for dealing with three major areas:

- ❖ Having Fun.
- ❖ Connecting with People.
- ❖ Improving relationships.

The first step in this module is to review this worksheet with your clinician. It describes the three sub-modules that are part of this module. Each of the three sub-modules contains topics that are important and you and your IRT clinician will decide which one(s) would be best to work on, given your current challenges and interests. Some people choose only one of the sub-modules to work on, while others find that there might be two sub-modules that they could use some help with. And often, people will opt to work with all three sub-modules. Each description below contains some questions to consider in order to help you figure out which sub-modules to focus on.

As you read through the following descriptions of the topics within the sub-modules, consider which ones might apply to you.

Having Fun

Doing fun things, like sports, hobbies, games, playing music, doing artwork, writing, watching movies or enjoying nature, feels good and gives you a break. Fun activities give you a chance to focus on something that is enjoyable without having to worry about your problems for a while. Doing fun activities also gives you a way to connect with other people, something to talk about and something to look forward to. The "Having Fun" sub-module will help you get re-involved in activities you used to enjoy, identify new fun activities and help you increase the pleasure you get from both old and new activities.

Questions:

- What types of things do you currently do for fun?
- What did you used to enjoy doing?
- What kinds of things would you like to be doing in your spare time?

How satisfied are you with the fun you have in your life currently? (Please circle your answer.)

1	2	3	4	5
not	a little	moderately	quite	very
satisfied	satisfied	satisfied	satisfied	satisfied

Connecting with People

Having people to talk to and do things with is vital to everyone. Social support helps people enjoy their lives more and cope more effectively with life challenges. Being able to talk to someone who understands them helps most people feel supported and relieves some of the pressure they are under. Getting suggestions from others also helps people come up with possible solutions to problems they are experiencing.

When people are trying to develop good relationships, they usually think of two major ways: re-connecting with old friends and making new friends. The "Connecting with People" sub-module will help you decide with whom you would like to re-connect and provides some strategies for how to do so, including how to start a conversation with someone you haven't seen for a while and how to deal with questions that involve disclosing personal information, such as your recent experience with psychosis. This

sub-module will also give you strategies for meeting new people who share a common interest, topics for conversations and how to deal with disclosing personal information to people you are just getting to know.

Questions:

- Who do you currently spend time with?
- How often do you see your family in a typical week?
- How often do you see your friends in a typical week?
- What kinds of relationships would like to have? With whom?

How satisfied are you with the relationships in your life? (Please circle your answer)

1	2	3	4	5
not satisfied	a little satisfied	moderately satisfied	quite satisfied	very satisfied

Improving your Relationships

When people have made connections with other people, they may become interested in improving their relationships and possibly growing closer. The "Improving Your Relationships" sub-module will provide some strategies for how to improve your relationships and grow closer, including expressing an interest in others, starting a meaningful conversation and keeping it going, finding common interests, asking people to do things together, and expressing feelings. This topic will also give strategies for how and when to share personal information; including disclosing about your experience with psychosis, and some tips on how to interpret some commonly misunderstood social cues.

Questions:

- Who do you currently feel close to?
- How often do you see them?
- What kinds of things do you do together and what subjects do you talk about?
- What kind of close relationships would you like to have?

How satisfied are you with the closeness of your relationships with other people?
(Please circle your answer.)

1
not
satisfied

2
a little
satisfied

3
moderately
satisfied

4
quite
satisfied

5
very
satisfied

Getting Started: How to Decide Which Areas to Focus On

- Many people like to start with the sub-module of “Having Fun” so they can start to get some enjoyment as soon as possible. Also, when they go out and do some things for fun, they discover both strengths and problem areas. This often leads people to discover skills they would like to develop in the topic areas of “Connecting with People” and “Improving Relationships.”
- Some people may already have plenty of fun things to do, but don’t have anyone to do them with. They might like to start with the sub-module “Connecting with People.”
- Other people may know a lot of people, but they want to be closer to them, in which case they might like to briefly review “Connecting with People” and then work more on “Improving Relationships.” As they take steps to get closer to people they may want to spend time on the sub-module “Having Fun” to figure out more activities they can do with them.

Check it Out

- ✓ Where would you like to start? Take a look at the sub-modules listed below and discuss with your clinician which one you would like to work on first, second and third, and then mark your preferences. Remember, you don’t have to choose all three areas, but you certainly can.
 - ___ Having fun
 - ___ Connecting with people
 - ___ Improving relationships

Home Practice Options

1. In the coming week, keep track of the fun activities you do each day. You can use the following worksheet:

Day of the week	Fun Activities	Comments
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

2. In the coming week, keep track of the people you spend time with each day. You can use the following worksheet:

Day of the week	People I spent Time With	Comments
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

3. Talk to a friend or family member and ask them what they like to do for fun. What common interests do you find?

Clinical Guidelines for the “Having Fun” *Sub-Module*

OVERVIEW OF SUB-MODULE:

This *sub-module* focuses on improving the fun and experience of pleasure individuals have in their daily lives. There are several reasons why it is important to increase the involvement in fun activities of people with a first episode of psychosis. First, the disruptive effects of having a psychotic episode, combined with the depression that often precedes and accompanies it, may result in the loss of engagement in fun activities the person previously enjoyed. Helping the person revive old fun activities and develop new ones can reduce depression and increase well-being. Second, regular involvement in fun activities can provide opportunities for meeting new people with similar interests, which often forms the basis of friendships and intimate relationships, and are common goals for individuals. Third, many individuals who use and abuse alcohol or drugs, do so in part because it is one of the only pleasures in their lives. Facilitating the involvement of these individuals in new activities that are alternatives to using substances is critical to helping them develop a rewarding lifestyle that is free from dependence on substances. Fourth, anhedonia (lack of pleasure) is a common symptom for people who have experienced a psychosis. Helping them increase their participation in fun activities, and teaching them skills for getting the most pleasure of these activities, can increase their enjoyment of life and improve the symptomatic and functional course of their disorder.

This *sub-module* is divided into four topic areas with corresponding handouts for each one, including “An Introduction to Having Fun” (an overview of the sub-module and importance of fun), “Getting More Fun in Your Life: Reviving Previously Enjoyed Activities,” “Developing New Fun Activities,” and “Getting the Most Out of Your Fun.”

An important theme that is emphasized throughout this topic area is that the enjoyment of fun activities increases over time, as people become more familiar with the activity. Thus, a person may not know very well how fun an activity may become after they have tried it only one time. The clinical implications for teaching this topic area are that helping an individual develop new fun things to do involves encouraging them to try new activities several times in order to build up familiarity with each activity to know just how fun it might be. Teaching skills designed to enhance the 3 Stages of Fun may accentuate the enjoyment individuals experience as they develop familiarity with new activities.

Goals

1. Renew the individual’s involvement in activities they used to enjoy but no longer participates in.
2. Facilitate identifying and engaging in new fun activities.
3. Enhance the pleasure the person experiences from enjoyable activities through learning the 3 Stages of Fun: anticipation, savoring the moment, and reminiscing.

Handouts

An Introduction to Having Fun

Topic Handouts:

1. Getting More Fun in Your Life: Reviving Previously Enjoyed Activities
2. Developing New Fun Activities
3. Getting the Most Out of Your Fun

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Having Fun	Session 1- Having Fun; Getting More Fun in Your Life: Reviving Previously Enjoyed Activities
Session 2- Getting More Fun in Your Life: Reviving Previously Enjoyed Activities	Session 2- Developing New Fun Activities
Session 3- Developing New Fun Activities	Session 3- Getting the Most Out of Your Fun
Session 4- Getting the Most Out of Your Fun (beginning of handout through Tips on Building Your Anticipation Skills)	
Session 5- Getting the Most Out of Your Fun (Tips on Building Your Savoring Skills)	
Session 6- Getting the Most Out of Your Fun (Tips on Building Your Reminiscing Skills)	

TEACHING STRATEGIES:

- Ask probe questions and facilitate a discussion about past fun activities that the individual used to engage in but no longer does. Explore with the individual why they stopped engaging in activities, and whether there are obstacles that would prevent them from engaging in them again. Note that it is natural for people to stop engaging in some fun activities as they mature and grow older; the purpose of this discussion is to explore possible fun things the individual stopped doing that might be enjoyable to start doing again.
- Individuals may need instruction on how to complete the Predicting Pleasure Worksheet. The purpose of this worksheet is to help individuals become aware that they do not always know how much they will enjoy an activity, and that they often underestimate how fun an activity will actually be. In order to make sure the individual understands how to complete the worksheet, choose one activity to rate as an example with the individual, and use the worksheet to help them make a prediction about how enjoyable it will be. Note that the Pleasure Predicting Worksheet can also be found in the “Coping with Symptoms” module. If the individual has already completed that module, they can be reminded of this exercise and can retrieve it if possible for discussion in session.

- Engage individual in a discussion of how people's interests naturally change as they grow older by asking probe questions related to their own experiences. The purpose of this discussion is to make the case for the individual developing new interests and fun activities as a part of their own personal growth, even if they have been successful in reviving some old pastimes.
- Convey the notion that discovering new fun things to do takes time and willingness to experiment. Ask the probe questions in the handout to elicit the individual's own experiences with fun in order to demonstrate the general principle that fun activities become more enjoyable over time as one becomes more familiar with them. This establishes the expectation that the individual will try a new activity at least a few times before deciding whether to continue doing it or now. It also establishes the groundwork necessary to enhance the individual's experience of pleasure through practicing skills based on the 3 Stages of Fun.
- When teaching the 3 Stages of Fun, provide a brief explanation of it, followed by asking the probe questions designed to elicit the individual's own experiences with that stage. The individual's appreciation and experience with each stage may be limited. For example, the individual may engage in limited anticipation of enjoyable activities, may be easily distracted when in the middle of doing something fun, and may rarely pause to reflect back on fun experiences. Normalize these experiences, and emphasize that you will be working with them to learn skills for getting the most enjoyment out of fun activities in their life.
- When teaching the tips on building anticipation skills, first briefly explain and talk about each strategy with the individual. Then, guide the individual through practicing some of the anticipation skills in session by choosing a fun activity that they have recently engaged in and is planning on doing again in the next few days. This could be an old activity that has recently been revived, or a new one that they have just started trying. Spend enough time talking about the activity so you have a good idea of what it was like for the individual. Then, have the individual get into a relaxed position, close their eyes, and describe in detail aloud what they expect will happen the next time, starting at the beginning. Ask questions to prompt the individual to attend to different sensory experiences as necessary, and to consider different ways the experience may turn out.
- If the individual has difficulty creating a fluid narrative of what the experience may be like, normalize it, and step in and assist them by providing detailed guided imagery of the activity for them to follow. The individual should be relaxed and able to follow the imagery you provide. Get feedback from the individual to verify that your description is accurate and plausible, and make changes as needed. When you finish, get the individual to describe how vivid the imagery was, and how it felt to imagine it. Then, encourage the individual to relax (as above), and describe aloud what the activity may be like in their words while imagining it.
- When teaching savoring skills, as with anticipation skills, begin with a brief explanation and discussion of each strategy. Explore what difficulties the individual experiences in savoring the moment (e.g., distracting or worrisome thoughts), as well as the strengths in savoring that they report. Note that there are more extensive Savoring Exercises within the "Developing Resiliency – Individualized Sessions" Module for the individual to try or review. If the individual has already done that module, remind them of the skills they have previously practiced and explain how the savoring exercises done in that module are related to enhancing one's experience of fun.
- The best way to practice savoring skills in session is to plan with the individual in advance by identifying something brief and enjoyable that they can do in the session. The activity could be

anything portable, such as a word game, a video game, a video/movie/TV show, music, or reading a book or comic. After discussing the different savoring skills, select one or two skills with the individual to focus on practicing.

- If the skill involves self-talk (such as steering one's thoughts back to the activity or setting worrying aside), plan out the specific wording with the individual in advance and have them briefly practice it. It may help for you to first say it aloud to the individual, and then have them say it aloud, and then to him/herself. When the wording feels comfortable, have the individual try it when engaging in the fun activity in the session. Have the individual indicate how good it felt, and practice again as needed.
 - If the skill involves focusing on one sensory experience at a time, choose the sensation to focus on first, briefly practice focusing on that during the activity. Talk over how it went, how it felt, and either try more practice or move onto another sensory experience.
- The same basic strategies used to teach anticipation skills can be used to teach reminiscing skills: identifying a recent fun experience, helping the individual use imagery to recall what it was like, asking questions to focus attention on specific aspects of the experience, providing guided imagery as needed, etc.

TIPS FOR COMMON PROBLEMS:

- Some individuals may have difficulty identifying recent age-appropriate activities they used to engage in but no longer do. The better you know the individual and their personal history, the more able you may be to identify some appropriate past fun activities that would be worth engaging in again. Getting input from family members may also help in identifying such activities. If all else fails, move onto developing new fun activities.
- The individual may want to focus on relatively sedentary and socially isolated fun activities, such as watching TV or playing videogames. For some individuals, engaging in such activities may be better than engaging in no fun activities, and can be a stepping stone to more active and socially engaging pursuits. Rather than discouraging involvement in such activities, whenever possible help the individual to identify another activity to pursue in addition, based on the rationale that everybody needs a variety of fun things to do in one's spare time. It can also help to explore how to build in a social component into such activities, such as watching a show with a relative or friend, playing games with a friend, etc.
- The individual may feel uncomfortable trying to practice the anticipation and reminiscing skills with imagery in the session. Helping the individual use stress management and relaxation skills previously taught in the program may be helpful.
- The individual's ability to conjure up vivid imagery when either anticipating an activity or reminiscing about one may be limited, even with your assistance and guided imagery. Normalize the fact that it takes time to develop these skills. Several strategies may help address this problem:
 - Focus initially on events that have very recently happened, such as yesterday or even the same day (or even right before the session), rather than events that occurred several days ago.

- Practice reminiscing and anticipation strategies immediately following doing something fun in the session, when the experience is still fresh and easy to remember. When the skill has been practiced following something fun in the session, the individual should then practice the skill using the same activity at home. This can be practiced repeatedly in sessions to gradually help the individual hone their skills. Office sessions or ones held in the community may be useful for engaging in fun activities and then facilitating the practice of anticipation and reminiscing skills.
- Involve a relative or other supportive person in helping the individual practice reminiscing skills right after a fun event, and then a day or two later, at home.

EVALUATING GAINS:

- An important measure of gains over the course of this sub-module is increased participation in fun activities, including both resumption of old fun things and new fun activities, as reported by the individual during regular sessions. This can include both number of activities and time spent engaging in fun activities.
- Increases in the amount of pleasure reported by the individual from participating in fun activities, as indicated on home assignment records, provides useful information about gains, as a goal of this topic is to increase the enjoyment individuals get from such activities during their lives.
- Since one of the benefits of improving involvement in fun activities is increased social opportunities, increased contacts with others, as well as friends and satisfaction with social relationships, may be another indicator of gain in treatment.
- For individuals who have had substance abuse problems, decreases in substance use may indicate that individuals are less reliant on using substances as their only way of having fun.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “HAVING FUN” SUB-MODULE:

<i>Therapeutic Goals</i>	<i>Techniques & Probes</i>
Renew the individual's involvement in activities they used to enjoy but no longer participates in.	• Encourage the individual to identify past fun activities. - <i>“In the past what were some activities or hobbies you enjoyed doing?”</i> • Prompt the individual to identify why they no longer enjoy the same activities. - <i>“You told me you used to enjoy hiking. What do you think has gotten in the way of you still enjoying this?”</i> • Use the Predicting fun worksheet to help the individual identify how much fun they actually experience. • Give positive feedback when the individual recognizes enjoyment of an activity.
Facilitate identifying and engaging in new fun activities.	• Prompt the individual to identify possible new fun activities. - <i>“Are there hobbies or activities you have always wanted to try, but have not?”</i> • Encourage the individual to select a new activity and to try it several times. • Help the individual complete the Pleasure Predicting Worksheet for this new activity.
Enhance the pleasure the person experiences from enjoyable activities through learning the 3 Stages of Fun: anticipation, savoring the moment, and reminiscing.	• Help the individual to identify the 3 stages of fun in an activity they currently enjoy. • Normalize the obstacles they encounter when engaging in each of the three stages. • Encourage the individual to develop the skills needed to practice all 3 stages of having fun. - <i>“With practice it becomes easier to enjoy the activity and worry less.”</i>

An Introduction to the Having Fun Sub-Module

Having fun things to do with your life is part of what makes life rewarding. Enjoyable activities such as sports, hobbies, games, and creative arts gives you a chance to unwind, and can provide you with opportunities to meet other people with similar interests. Sometimes it can be difficult to find ways to enjoy the things you used to enjoy or feel motivated to try new things that may be fun. This can be particularly true following an episode of psychosis. This sub-module focuses on helping you renew your involvement in some of the fun activities you used to do, developing new fun activities, and getting the most enjoyment out of these activities.

In this sub-module, we will:

- ❖ Review the importance of fun
- ❖ Help you identify struggles you may have with enjoying activities
- ❖ Help you revive interest in previously-enjoyed activities
- ❖ Develop some new fun activities to try out
- ❖ Learn strategies to enhance your experience of fun

The Importance of Fun

There are many reasons why it's important to build fun activities into your daily life. Consider the following questions.

Questions:

- Why do you think it's important to have fun things to do in your life?
- What types of things do you currently do for fun?

The following list contains some of the common reasons people say that they want to have fun in their life.

Feeling Good

Doing fun things feels good. Everyone needs a break in his or her life. Fun activities give people the chance to focus on something that is enjoyable and feels good, without having to worry about their other problems, challenges, or obligations.

Connecting with Other People

Engaging in fun activities can give you a chance to meet other people with similar interests. For example, if you like playing the guitar, bowling, nature walks, or, skateboarding, you could find places where you could pursue these activities and meet people with similar interests.

Providing Structure

Doing fun activities on a regular basis can help you structure your time in an enjoyable way. This can reduce boredom and empty time when you have nothing to do. Having regular activities can also reduce your symptoms because it gives you something different to focus on.

Having Something to look Forward to

Engaging in fun activities gives you something to look forward to as you go about your daily life. Work, school, or family obligations can all be important and meaningful parts of your life, but they can also be demanding. Having fun things to do on a regular basis can give you something to look forward to when you are meeting your responsibilities.

Questions:

- What are the most important things to you about having fun things to do in your life?
- What fun things do you currently do that meet these important needs?

Having fun is an important part of life.

Home Practice Options

1. In the coming week, make a list of the fun activities you currently do.
2. Talk to a friend or family member and ask them to help you make a list of fun things you currently do.

Topic #1: Getting More Fun in Your Life: Reviving Previously Enjoyed Activities

Sometimes when people have had a disruption in their lives, such as developing an illness, moving, or another stressful event, they stop engaging in fun activities they used to enjoy. Reviewing activities you used to engage in but no longer do can help you select some activities that you would like to start doing again.

Here is a list of some common examples of fun activities. Check off the activities that you enjoy or have enjoyed in the past (even if you aren't currently doing these activities).

- ☐ Playing a sport.
- ☐ Watching a sports team.
- ☐ Playing video games or board games.
- ☐ Knitting, needlepoint, or crocheting.
- ☐ Crafts, such as making pottery, photography, making jewelry.
- ☐ Artwork, such as drawing, painting, sculpting.
- ☐ Writing poetry or fiction.
- ☐ Exercise, such as jogging, swimming, bicycling, or weightlifting.
- ☐ Exercise classes.
- ☐ Dancing.
- ☐ Hobbies, such as collecting stamps, scrapbook making, or woodworking.
- ☐ Participating in theater /drama.
- ☐ Hiking or nature walks.
- ☐ Bird watching.
- ☐ Rock climbing.
- ☐ Yoga/meditation.
- ☐ Reading literature/book club.
- ☐ Gardening/horticulture.
- ☐ Playing a musical instrument.
- ☐ Listening/downloading music or podcasts.
- ☐ Going to concerts.
- ☐ Being involved in a civic organization.
- ☐ Being involved in local government.
- ☐ Volunteering.
- ☐ Using Twitter, Facebook, MySpace or YouTube.

Questions:

- What kinds of things did you most enjoy doing in the past but no longer do?
- Which activities did you do most frequently?
- Why did you stop doing these activities?
- Are there obstacles that would prevent you from enjoying these same activities again?

Reviving fun activities you used to do is one way of having more fun in your life.

Check it Out

- ✓ Choose an activity you used to enjoy and no longer do, and make a plan to participate in it again next week.
- ✓ Are there obstacles to engaging in the activity or resources you need in order to do it?
- If so, how can you address those obstacles or obtain those resources?
- ✓ How enjoyable do you think this activity will be?

Home Practice Options

1. In the coming week, try out the activity you planned above. If possible, try it out several times to see how your enjoyment of it changes over time.
2. When you try out an activity, complete the Pleasure Predicting Worksheet Below.

Pleasure Predicting Worksheet

Directions: Select one or more activities that you would like to try. Before doing an activity, predict how much you will enjoy it. After doing the activity, record how much you enjoyed it. Then compare your predictions with your actual experience. (Note that you may have already tried this exercise if you have previously completed the "Coping with Symptoms" Module. If so, you can retrieve your completed worksheet and review it again with your clinician here).

Activity	How much will you enjoy this activity? (0% to 100%)	How much did you enjoy it? (0% to 100%)	<u>Comments</u> What is the relationship between the kinds of thoughts you had and the enjoyment you experienced? (Hint: Positive thoughts increase enjoyment)
1.			
2.			
3.			
4.			
5.			

Summary Points for Getting More Fun in Your Life by Reviving Previously Enjoyed Activities

- *Everyone deserves to have fun in life.*
- *Returning to some of the activities you used to enjoy is a good way to get back into having fun.*
- *It helps to try out activities more than once before you decide if they are still fun.*

Topic #2: Developing New Fun Activities

As people grow older, their interests and circumstances naturally change. For example, consider the following questions:

Questions:

- What are some of the things you enjoyed doing as a child (such as between the ages of 8 and 12)?
- What things did you enjoy doing as a teenager (such as between the ages of 13 and 18)?
- How about as a young adult (such as over the age of 18)?
- What changes do you see in how you enjoy spending your free time across these age groups?

Sometimes people keep doing some fun activities throughout their lives, such as playing a musical instrument, and develop it more fully as they go along. However, for most people, developing new interests and fun things to do is a natural part of growing older.

Finding new fun things to do over the course of one's life is a natural part of the human growth experience.

Finding Fun Things to Do

Finding new fun things to do is a process that takes some time and willingness to experiment. Before you try something, you don't know if it will be fun. In addition, sometimes you have to try something a few times before it truly becomes enjoyable. For these reasons, it helps to be patient and to understand that it may take some time and practice to find those activities which are most rewarding to you.

Questions:

- Can you think of a fun activity you got involved in over the past year or two?

- What got you interested in this activity?
- Did you enjoy it the first time you tried it?
- Did you find that you enjoyed the activity more and more over time, as you became more familiar with it?
- Did you look forward to the activity?
 - If yes, what was that like?
- Did you sometimes look back on the activity and remember enjoying it?
 - If yes, what was that like?

Enjoyment Grows with Familiarity

Why does the enjoyment of an activity often increase as you develop more experience with that activity? Here are several reasons:

- The more familiar you are with an activity, the easier it is to enjoy the nuances and finer points of it.
- It's easier to look forward to an activity you know well than one you've just started trying.
- It's easier to look back on an activity you've done many times before and have fond memories of than something you've done just once or twice.

The more you do a fun activity, the more enjoyable it becomes.

Consider the following list of activities, and focus on those that are new to you.

Past, Present, and Potentially New Fun Activities Checklist

	I have tried this in the past	I currently engage in this activity	I would like to try this activity
Knitting, quilting, crocheting, or other hand work			
Running, walking, swimming, bicycling			
Exercise classes (such as aerobics)			
Checking out Twitter, Facebook or YouTube			
Drawing, sketching, or painting			
Taking yoga/meditation classes			
Cooking			
Playing a musical instrument			
Making crafts (such as pottery or jewelry making)			
Getting involved in theater/drama			
Working out in the gym			
Hiking/nature walks			
Bird watching			
Martial arts class			
Writing/taking a class in fiction, poetry or journaling			
Hobbies like stamp or coin collecting			
Video games			
Chess, checkers, backgammon, or card games			
Dancing/taking dance lessons			
Crossword puzzles, word games, number games			
Playing sports such as baseball, volleyball, basketball, soccer			

Volunteering			
Skating/rollerblading			
Going to movies			
Going to concerts plays are other shows			
Reading/joining a book group			
Photography			
Fishing			
Camping			
Studying history, going to historical sites			
Other: _____			
Other: _____			
Other: _____			

Check it Out

Planning your New Activity

It can help to make a plan for engaging in a new activity in order to increase the chances that it will be fun and rewarding. There are a few questions to consider when making your plan:

- ✓ Will you need any resources to engage in the activity, such as money, equipment, information, instruction, or transportation?

– If yes, what do you need and how can you get it?

- ✓ Do you want to invite someone to do this activity with you?

If yes, who would you like to invite and when should you contact them?

- ✓ Where and when do you want to do the activity?

Plan on what day(s) and time of day you would like to try the activity.

Home Practice Options

1. In the coming week, try out the activity you planned above. If possible, try it out several times to see how your enjoyment of it changes over time.
2. When you try an activity, complete the Pleasure Predicting Worksheet below.

Pleasure Predicting Worksheet

Directions: Select one or more activities that you would like to try. Before doing an activity, predict how much you will enjoy it. After doing the activity, record how much you enjoyed it. Then compare your predictions with your actual experience. (Note that you may have already tried this exercise if you have previously completed the “Coping with Symptoms” Module. If so, you can retrieve your completed worksheet and review it again with your clinician here).

Activity	How much will you enjoy this activity? (0% to 100%)	How much did you enjoy it? (0% to 100%)	<u>Comments</u> What is the relationship between the kinds of thoughts you had and the enjoyment you experienced? (Hint: Positive thoughts increase enjoyment)
1.			
2.			
3.			
4.			
5.			

Summary Points for Developing New Fun Activities

- *Finding new fun things to do is natural as one goes through different stages of life.*
- *Inviting someone to join in a new activity can make it more fun.*
- *The more you try an activity, the more enjoyable it usually becomes.*

Topic #3: Getting the Most Out of Your Fun

Having fun is one of the pleasures of life. As you develop new interests and ways of having fun, and as you become more familiar with these activities, you may find that your enjoyment of them naturally grows on its own. You can further increase your pleasure by understanding the nature of fun, and learning how to get the most out of the activities you enjoy.

The 3 Stages of Fun

The pleasure you get from fun, enjoyable activities need not be limited to the moments you are engaged in the activity, but can extend to other parts of your daily life. You may even be able to increase the pleasure you experience while engaged in the activity. Understanding the 3 Stages of Fun is a key to getting the most enjoyment out of your life. Here they are:

1. **Anticipation**. Looking forward to and planning a fun activity can be enjoyable all on its own. The more familiar you are with the activity, the easier it is to imagine what it will be like, and to enjoy what is in your "mind's eye" (that is, your mental picture of what will happen).

Questions:

- Can you think of an activity that you currently do on a regular basis that you look forward to doing?
 - What is it like for you when you anticipate doing that activity?
2. **Savoring the Moment**. When you are in the middle of a fun activity you can increase your enjoyment of it by focusing your attention fully on it. This means freeing your mind from other thoughts and distractions, so that you can more completely be absorbed in, and enjoy, the experience. Note that you may have talked about Savoring with your clinician in the "Developing Resiliency Module – Individualized Sessions." You may also have done some Savoring exercises in that module that can be repeated or reviewed here.

Questions:

- When you are engaged in a fun activity are you able to focus all your attention on it, and get the most out of it?
- Do you sometimes find you get distracted by your thoughts or worries?

3. Reminiscing. Just because a fun activity is over, it doesn't mean you can't enjoy it anymore. Reminiscing involves drawing on your memory of the past activity with sufficient clarity and vividness so that you can enjoy it again, this time in reflection.

Questions:

- Can you think of an activity that you like to do on a regular basis that you also like to look back on doing?
- What's that like?

The enjoyment of a fun activity involves the pleasure of anticipation, savoring the moment, and reminiscing about the experience.

Enhancing Your Positive Feelings through the 3 Stages of Fun

The 3 Stages of Fun provide you with a roadmap for getting the most enjoyment out of your life. By focusing specifically on each stage, and strengthening your ability to anticipate, savor, and reminisce enjoyable activities, with practice you can increase the positive feelings you experience every day, and your appreciation of life overall.

Check it Out

✓ **Tips on Building Your Anticipation Skills**

- Set aside some time each week to imagine what it is going to be like to participate in a fun activity you are planning to do.
- Relax, close your eyes, conjure up a mental image of beginning the activity, and go through in your mind what it might be like.
- Imagine any sights, sounds, smells, colors, or other details of the activity that may highlight its vividness.

- Feel free to imagine several different ways the activity might unfold.
- Pay attention to your positive feelings as you imagine the activity.
- Talk with someone about the activity and what you think it will be like.

✓ **Tips on Building Your Savoring Skills**

- Open up all your senses to the full experience of the activity by paying attention to what you see, smell, hear, and feel.
- Experiment with focusing on one sensory experience at a time, such as what you see, the sounds you hear, etc.
- If your mind wanders, gently steer it back to what you are doing.
- If you start to worry, remind yourself that this is the time for fun, and set aside your worrying for now.

✓ **Tips on Building Your Reminiscing Skills**

- Set aside some time each week to remember in detail what the fun activity was like to engage in.
- Relax, close your eyes, conjure up a mental image of beginning the activity, and go through in your mind what it was like.
- Recall of any sounds, smells, colors, or other details of the activity that were especially memorable.
- Pay attention to your positive feelings as you remember what the activity was like.
- Talk with someone about what the activity was like.
- Get some things to help remind you of what the activity was like, such as pictures, receipts, pamphlets, notes, programs or any other kind of memento that will refresh your memory.

Home Practice Options

1. In the coming week, choose an activity you have begun doing, and practice your anticipation skills before the next time you do it (see Anticipation Skills Worksheet below). If possible, try your skills out several times to see if the pleasure you experience from anticipation increases over time.
2. In the coming week, choose an activity you like doing, and practice your savoring skills the next time you do it (see Savoring Skills Worksheet below). If possible, try your skills out several times to see if the pleasure you experience from savoring increases over time.
3. In the coming week, choose an activity you like doing, and practice your reminiscing skills after the next time you do it (see Reminiscing Skills Worksheet). If possible, try your skills out several times to see if the pleasure you experience from reminiscing increases over time.

Anticipation Skills Worksheet

Directions: Select a fun activity that you plan to do in the next few days. Before you do it, practice your anticipation skills. Then, complete the checklist and record how much you enjoyed anticipating the activity.

Activity: _____

Anticipation Skill

Relax, close eyes, conjure up a mental image of what the activity will be like

Imagine sights, sounds, smells, colors, or other details that may highlight vividness of activity

Imagine several different ways the activity might unfold

Pay attention to positive feelings as you imagine the activity

Talk with someone about what you think the activity will be like

I Used This Skill

Pleasure rating:

How much did you enjoy anticipating the activity? (1% to 100%): _____

Comments/observations: _____

Savoring Skills Worksheet

Directions: Select a fun activity that you will do in the next few days. When you do it, practice your savoring skills. Then, complete the checklist and record how much you enjoyed savoring the activity.

Activity: _____

Savoring Skill

Open up all senses to full experience by paying attention to what you see, smell, hear, and feel

I Used This Skill

Try focusing on one sensory experience at a time, such as what you see, hear, smell, etc.

If your mind wanders, gently steer it back to what you are doing

If you start to worry, tell yourself this is the time for fun, and set aside your worrying for now

Pleasure rating:

How much did you enjoy savoring the activity? (1% to 100%): _____

Comments/observations: _____

Reminiscing Skills Worksheet

Directions: Select a fun activity that you did over the last few days. Set aside some time to practice your reminiscing skills. Then, complete the checklist and record how much you enjoyed reminiscing about the activity.

Activity: _____

Reminiscing Skill

Relax, close eyes, conjure up an image of what engaging in the activity was like

I Used This Skill

Recall of any sounds, smells, colors, or other details that were especially memorable

Pay attention to positive feelings as you remember what the activity was like

Talk with someone about what the activity was like

Get things that remind you of the activity, such as pictures, receipts, pamphlets, or notes

Pleasure rating:

How much did you enjoy reminiscing about the activity? (1% to 100%): _____

Comments/observations: _____

Summary of the Main Points in Getting the Most out of Your Fun

- *The enjoyment of a fun activity usually involves three stages: the pleasure of anticipation, savoring the moment, and reminiscing about the experience.*
- *It's important to keep doing fun activities on a regular basis, and including others as much as possible.*

Clinical Guidelines for “Connecting with People” *Sub-Module*

OVERVIEW OF SUB-MODULE:

This *sub-module* focuses on strengthening individuals’ relationships with others. There are several reasons why people with a first episode of psychosis often benefit from assistance in this area. First, the disruptive effects of having a psychotic episode, combined with the depression that tends to precede and accompany it, often disrupts friendships. Helping the person revive old friendships and develop new ones can help reduce depression and increase well-being. Second, spending time and having fun with people are common goals for individuals. Third, many individuals who use and abuse alcohol or drugs do so in part because it is one of the only ways they know to socialize with people. Facilitating the involvement of these individuals in more positive relationships and encouraging participating in activities other than substance use is critical to helping them develop a rewarding lifestyle that is free from dependence on substances. Fourth, social skills impairment is a common problem for people who experience psychosis. They often feel awkward in social situations, unsure of what to say or do, and have difficulty reading social cues. Teaching individuals skills for starting and maintaining conversations and asking people to join them in an activity can increase their enjoyment of life and help them develop a stronger social network, which is often a critical ingredient in mitigating stress and reducing the risk of relapse.

This sub-module is divided into three topic areas with corresponding handouts for each one, including “Connecting with People,” “Re-Connecting with Old Friends,” and “Making New Friends.” In each topic area, individuals are encouraged to practice conversation skills with you during the session and with family members or other supporters in their home environment. Home practice options center on taking active steps towards building enjoyable relationships with others.

An important theme that is emphasized throughout this topic area is that it takes time and practice to build satisfying relationships. Friendships develop over time as people get to know each other and do things together.

Goals

1. Help the person get practice in connecting with people in general.
2. Help the person re-connect with old friends.
3. Help the person make new friends.

Handouts

An Introduction to the Connecting with People Sub-Module

Topic handouts:

Handout #1: Getting Some Practice Talking with People

Handout #2 Re-Connecting with Old Friends

Handout #3: Making New Friends

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1- Connecting with People, Getting Practice in Talking with People in General	Session 1- Connecting with People, Getting Practice in Talking with People in General
Session 2- Following up on talking with people in general; Re-connecting with old friends	Session 2- Following up on talking with people in general; Re-connecting with old friends
Session 3- Re-connecting with old friends	Session 3- Following up on efforts to re-connect with old friends
Session 4- Following up on efforts to re-connect with old friends	Session 4- Making new friends
Session 5- Following up on efforts to re-connect with old friends	Session 5- Following up on efforts to make new friends
Session 6- Making new friends	
Session 7- Making new friends	
Session 8- Following up on efforts to make new friends	
Session 9- Following up on efforts to make new friends	

TEACHING STRATEGIES:

- Use the handouts as a guide for discussion, referring to it occasionally and engaging in a dialogue with the individual about the topic. Or use the handout by taking turns reading sections aloud, pausing for discussion.
- In role plays, some individuals may just want to show you how they would talk to the person and get a little feedback, whereas others may appreciate it if you do a quick demonstration. For example, you could say something like, *"I don't mind showing you how I might call your best friend from high school when he comes home from college for spring break"* or *"I don't mind giving it a try to compose an e-mail to follow up your first e-mail with an old friend from chorus and suggesting going to a free concert together. Then you can tell me what you think and show me how you would do it."*
- Some individuals have significant difficulties with social skills and benefit from learning the steps using a more structured approach, as follows:
 1. Establish a rationale for the skill.
 2. Briefly discuss the steps of the skill.
 3. Model (demonstrate) the skill using a role play and vignette elicited from the individual.
 4. Get feedback from the individual.
 5. Engage the individual in a role play, using a vignette elicited from the individual.
 6. Provide positive feedback.
 7. Provide suggestions for improvement as needed.
 8. Engage the individual in another role play if warranted.
 9. Provide additional feedback.

10. Develop a home assignment with the individual to practice the skill in the “real world”.

- Look for opportunities to practice while reviewing the handouts. For example, pause at the end of each strategy for a short discussion to elicit the individual’s point of view and then take the opportunity to help the individual take a step towards implementing a strategy or practicing a strategy. For example, in discussing the strategy, “Identify places where there are activities with other people who have interests similar to you”, you can help the individual think about their interests and brainstorm some locations where they might find activities related to these interests. In discussing the skill of “starting a conversation” you could help the individual role play how they would have a short conversation with one person at a party, and if that person had to leave, how to start up a conversation with someone else.
- When helping the individual to practice certain social interactions, for example, how they would have a short pleasant interaction with one or more of the people they have identified, be creative and flexible in your approach. Ask the individual to describe a little about the people, and when and where the individual is most likely to encounter them. Then set up a role play to reflect this information.
- Ask probe questions in order to facilitate a discussion about friends individuals used to spend time with. Explore with the individual why they stopped getting together with these friends, and whether there are obstacles that would prevent them from being friendly with them again.
- In facilitating Home Practice, help the individual develop a specific assignment, such as contacting an old friend and review how to use the Home Practice Evaluation Sheet. Offer to role play any part of a home assignment that a individual wants to practice in advance.

TIPS FOR COMMON PROBLEMS:

- Individuals will vary in the amount of difficulty they experience in connecting with people. Some may be good at talking with people they interact with on a casual basis, but may find it difficult to re-connect with old friends. Some may be able to re-connect with old friends, but lack confidence in making new friends.
- Open communication and shared decision-making between you and the individual is important in deciding which areas to focus on.
- When it comes to basic social skills, some individuals may be quite skilled in some areas, such as starting conversations, but may struggle with other skills, such as following up a conversation by suggesting doing something together. You should be attuned to your individual’s skill strengths and areas that need attention, and should be flexible in terms of which skills to emphasize working on.
- Many of the materials in this topic area are skills-based, meaning that in-session skills practice and role play should occur frequently, and additional skills practice should be used for home practice assignments. You should be flexible in your approach to role playing, depending on the style of your individual.
- Some individuals may be initially reluctant to participate in role plays. You should present role plays in a positive, practical way and be clear about the benefits of role plays, especially the

benefit of increasing one's confidence to use a strategy or skill when the situation actually comes up. Here are some other tips:

- Work to understand the individual's concerns, such as self-consciousness, anxiety, believing they can do the skill without practice, thinking role plays are artificial or "stupid".
- Increase motivation by letting individuals know how practice increases confidence and ability to use the skill in the "real world" or "when it counts in the moment".
- Tie role plays to the individual's personal goals; e.g., *"re-connecting with your old friends will help you in your goal of working; they might be able to help you network and find out about possible jobs"*.
- Break down role plays into smaller chunks to make them more manageable.
- You should offer to be the individual in the role play first. This takes the pressure off of the individual and also provides modeling of the skill. This will further reduce individual anxiety and increase their confidence to try the role play.

EVALUATING GAINS:

- In completing this topic area, it may be helpful to assess how much knowledge the individual has retained about connecting with people and strategies for doing so. You can assess a individual's knowledge by using the following questions:
 1. What are some reasons why re-connecting with old friends could be rewarding?
 2. What are some reasons people often want to make new friends?
 3. What are the steps that you think are important in starting a conversation?
 4. What kinds of places can you meet new people?
 5. What are a few good topics to start a conversation with a new person?
- In the first handout of the module, "Having Fun and Developing Good Relationships: An Introduction to the Module," individuals were asked some basic questions. Some of these questions were especially related to the topic of connecting with people and can be reviewed at the end of this topic:
 - Who do you currently spend time with?
 - How often do you see your family in a typical week?
 - How often do you see your friends in a typical week?
 - What kinds of relationships would like to have? With whom?

How satisfied are you with the relationships in your life? (Please circle your answer)

1	2	3	4	5
not satisfied	a little satisfied	moderately satisfied	quite satisfied	very satisfied

- An important measure of gains in this topic is the amount and quality of the individual's social contacts. The following discussion questions can be used:

- How many times in the past week did you get together with friends?
- What did you do when you got together with friends?
- How much did you enjoy the time you spent time with friends?
- What kind of benefits do you see from having conversations with people and doing things together with them?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR CONNECTING WITH PEOPLE SUB-MODULE:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Help individuals get practice in connecting with people in general.	• Encourage individuals to identify people they currently have contact with and others would like to connect with in their daily lives. • Offer to role play conversations to help individuals practice and gain confidence starting conversations. • Help individuals develop home practice assignments to have short interactions several times during the week.
Help individuals re-connect with old friends.	• Ask individuals to identify old friends and discuss why they stopped spending time together. - <i>"Who are some people you were friends with in school/at work/in your neighborhood?"</i> - <i>"Have you stayed in touch?"</i> - <i>"If you stopped being in touch, what do you think are the reasons for that?"</i> • Encourage individuals to work through obstacles that prevent them from reconnecting with old friends. • Help individuals' role play relevant strategies for reconnecting with old friends from the handout. • Use the "Re-connecting with Old Friends" worksheet to develop a plan and practice the plan with individuals before they try to reconnect with an old friend.
Help individuals make new friends.	• Ask individuals about their experiences with making new friends and any obstacles they encountered. • Review and practice the relevant strategies for making new friends to encourage individuals to take steps towards practicing them in their daily lives. You can also relate these steps to goals that the individual has. For example, being able to make new friends may relate to the goal of reducing drug or alcohol use. • Help individuals to complete the "Worksheet for Making New Friends". • Encourage individuals to practice steps of their plan for making new friends with you in role plays and as a home assignment on their own.

An Introduction to the Connecting with People Sub-Module

Having people to talk to and do things with is vital to everyone. Social support helps people enjoy their lives more and cope more effectively with life challenges. For example, many activities are more fun when you do them with others. Also, just being able to hang out with someone who understands you helps you feel supported and can relieve some of the pressure you are under.

Sometimes when people have had a disruption in their lives such as an illness, moving, or another stressful event, they feel uncomfortable interacting with other people or spend less time with others. This sub-module will give you some strategies for connecting with people, including getting some practice with talking with people, re-contacting old friends, and making new friends.

In this Sub-Module, we will:

- ❖ Help you get some extra practice in talking with people in general
- ❖ Discuss and practice strategies for re-connecting with some old friends who you might like to have back in your life
- ❖ Discuss and practice strategies for finding new places to meet people
- ❖ Practice ways to make some new friends

Topic #1: Getting Some Practice with Talking with People

When people experience a stressful event, they may lose touch with their old friends. They may even get out of practice with talking with people other than their family members, and may go for long periods without speaking to friends. If this has happened to you, you are not the only one. You may find the following suggestions helpful for starting to get back in touch with people:

Start small

- Practice saying “Hello” on a daily basis to people in your home environment (and remember to smile, as smiles are infectious). Depending on where you live, this might mean saying “Hi” to family members or roommates.
- Try following up with a simple question about how they are, how their day is going, or what they have planned for the day.

Gradually build up the number of people with whom you talk

- Practice saying “Hello” to people you encounter as you go about your daily life. For example, you could practice saying “Hello” to a classmate or a co-worker.
- Try asking a simple follow-up question (like “How’s it going?”) or making a comment about school or work.

Look for small opportunities to practice pleasant interactions

- Practice saying “Hello” to people when you are buying something in a store, or placing an order at a restaurant, or doing business at a bank or post office.
- Try asking a follow-up question or making a comment related to what you are doing. For example, you could ask the person at the grocery store whether they are having more customers because of an upcoming holiday, or you could comment to the postal worker that you like the design on the stamps you are buying, or you could tell the librarian that you appreciate the library’s new longer hours.

- Remember to practice smiling more when doing these things and using a pleasant tone to your voice. Notice how this might impact others' reactions to you.
- Note that you may have already tried some of these exercises in the "Developing Resiliency – Individualized Sessions" Module of this program, when you learned about and tried out the "Practicing Acts of Kindness" exercise. In addition to making people feel good and developing your own personal resiliency, these types of exercises can also help you feel more comfortable around people and help you connect more easily with others.

Give yourself credit for the progress you are making

- Keep track of how your confidence is building.
- Notice that the more you talk to people, the smoother it goes.

Questions:

- Who do you live with? With whom would you like to practice saying "Hello" on a daily basis? If you are already saying "Hello," what kind of follow-up questions or comments would you like to make?
- What kinds of activities put you in regular contact with people? School? Work? Is there anyone in particular to whom you would like to practice saying "Hello"?
- What are your opportunities for short pleasant interactions with people you see occasionally? Shopping? Taking public transportation? Exercising at a gym? Coffee shop? Seeing people in the neighborhood? Going to religious services?

Check it Out

- ✓ Identify someone you would like to practice short pleasant interactions with. If it is someone you know, write his or her first name here: _____. If you don't know the person's name, write his or her role (e.g., cashier in local grocery store, church member, classmate) here: _____.
- ✓ Consider trying out with your clinician how you would have a short pleasant interaction with the person you identified above. Use your own style. You may find it helpful to practice having the conversation in advance. Then, when the real situation arises, you'll feel more prepared and confident.

Home Practice Options

1. Several times in the coming week, practice short pleasant interactions with people you encounter in your everyday life.
2. You can use the following worksheet to record your experience.

Short Interaction Worksheet

Day	Who did you talk to?	What did you say?	How did it go?
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			

Summary of the Main Points in Getting Some Practice with Talking with People

- *When people experience a stressful event or an illness they sometimes lose touch with other people and start spending time alone.*
- *Tips for increasing your confidence in talking with people include:*
 - *Start by greeting and making small talk with a few people.*
 - *Gradually build up the number of people you talk to.*
 - *Look for daily opportunities to have short pleasant conversations, such as when you are buying something in a store or taking a walk in the neighborhood or attending a religious service.*

Topic #2: Re-Connecting with Old Friends

For many people, getting back on track with their relationships involves connecting again with old friends. Here are some reasons why re-connecting with old friends may be rewarding:

- You already know each other, which decreases the effort of getting to know someone from scratch.
- If you were friends in the past, you probably did things together and know people in common. This gives you some things that the two of you can talk about.
- You usually know something about the interests you and your old friend have in common, which can make it easier to find things to do together.
- Old friends are often very understanding of each other. They are willing to cut you some slack if you have been going through a hard time.

Questions:

- Who did you used to spend time with? What did you used to do together?
- Have you kept up with some of your old friends? Which ones? What do you do with them now?
- When you think about your old friends, who would you most like to re-connect with? Why?

Strategies for re-connecting with old friends

1. Decide which old friend you would like to contact and how you could do so:

- Make a list of old friends.
- Identify two or three old friends with whom you would like to re-connect.
- Select the first friend you would like to try contacting.

- Find out the best way to get in touch with the friend, such as cell phone, text message, house phone, e-mail, FACEBOOK, MYSPACE, instant messaging, or letter.
- Be aware that your friend's phone number, address, or e-mail may have changed. Some strategies for finding out updated contact information include contacting the friend's parents, looking up their name in the phone book or on-line, using alumni directories, asking mutual acquaintances.
- Choose a good time and place to contact the friend. For example, avoid calling too early in the morning or too late at night.

2. Plan a few things you can talk about, such as the following:

- Briefly remember things you did together as friends, such as playing sports, taking a class, playing or listening to music, playing video games, watching DVDs or television shows, taking trips, doing artwork, participating in a volunteer program, spending time with each other's families, or spending time with mutual friends.
- Express an interest in what your friend is currently doing, including whether or not he or she still enjoys the kinds of things you used to do together.
- Tell your friend what you are currently doing. Decide how much information you are comfortable talking about concerning any current difficulties you may be having.
- Depending on how the conversation goes, suggest getting together.

3. Contact the friend:

- Identify yourself clearly to the friend and let him or her briefly know why you are calling (or emailing). For example, this is how Christy called up an old friend: *"Hi, Lauren, this is Christy. We haven't talked in a long time, and I just wanted to catch up a little."*
- Use the topics you identified in step #2.
- Depending on how the conversation or e-mail/FACEBOOK exchange goes, suggest talking again or getting together to do something, like watching a movie, playing a sport, taking a walk, playing a video game, or going out for coffee or a soda.

4. Be prepared that the friend may not be available to answer the phone or respond to the e-mail/FACEBOOK communication immediately:

- If you call, leave a brief message asking the friend to call back and provide your phone number or e-mail address.
- Allow at least a few days for the friend to reply to your message.
- If you don't hear back in a week or two, try contacting the person again.
- Keep first conversations brief and light.

5. Follow up the re-connection with your old friend:

- Follow up on phone calls or e-mails or activities that you agree on in the first call.
- Respond promptly if the old friend contacts you, but avoid sending a flurry of calls or e-mails.
- Sometimes people do not return calls or e-mails because they get very busy or take trips or get sick. Initiate contact if you don't hear from your old friend in a while.
- Suggest doing activities that you both will enjoy. Be ready with suggestions, but also be receptive to their ideas. Be willing to compromise.

6. Consider your options about how much personal information to disclose about yourself:

- A low level of disclosure involves telling things about yourself that are not highly personal, such as what classes you are taking, what your job responsibilities are, where you are living, what you like to do in your spare time.
- In a low level of disclosure, you can respond to questions about your experience with psychosis in an honest way, but without giving too many details. For example, Christy told her old friend Lauren, *"I went through kind of a rough period, but things are going much better now. My classes are going really well."* When Lauren asked further questions, Christy replied, *"I appreciate your interest, but it's a long story, and I don't feel like going into the details right now. The most important thing to me is what I'm doing these days."* She then changed the subject to discussing what movie they wanted to see together.

- A moderate or high level of disclosure involves telling more personal things about yourself, as Christy did after she re-connected with Lauren and spent some more time with her. She told Lauren, *"When I was going through that rough time, I was very confused about things and felt like I wasn't safe. I even did some things that don't make sense now, like staying in my room all the time to feel safer."*
- Keep in mind that most people gradually increase their level of disclosure as they spend more time with each other and are more confident that they understand and accept each other.

Check it Out

- ✓ Make a plan for how you can use the strategies listed above. You can use the following worksheet to record your thoughts.

Worksheet for Re-Connecting with Old Friends

1. List of my old friends:
2. Two or three friends I would most like to re-connect with:
3. Person I would like to contact first:
4. How I will contact the person (e.g., cell phone, e-mail, FACEBOOK):
5. When I will contact the person:
6. Topics we can talk about: a. Things we used to do together: b. People we used to spend time with: c. What we are each doing now: d. Possible things we could do together:

7. How much about myself I want to disclose, and how I plan to respond to questions about my recent difficult experiences:

- ✓ You may find it helpful to practice having conversations in advance. Then when the real situation arises, you'll feel more prepared and confident. Consider trying out with your clinician how you would contact the old friend you identified in the worksheet. What would you say in a phone call? What would you write in an e-mail or on FACEBOOK? How would you keep the conversation or e-mail exchange going?
- ✓ Try practicing with a family member or other supportive person how you would contact the old friend you identified in the worksheet.

Home Practice Options

1. In the coming week, follow through on your plan to re-connect with an old friend.
2. You can use the following evaluation sheet to record how it goes:

Home Practice Evaluation Sheet

- | |
|--|
| 1. Which old friend did I contact? |
| 2. What did we talk about? |
| 3. How did it go? |
| 4. What is my next step in re-connecting with this friend? |

Summary of the Main Points in Reconnecting with Old Friends

- *It's common to lose touch with people when you have experienced a disruption or illness in your life.*
- *Re-connecting with old friends is a good way to start getting your social life back on track.*
- *It is helpful to plan a few things you can talk about when you contact old friends.*
- *It's your decision how much personal information you want to disclose.*

Topic #3: Making New Friends

For most people, getting back on track with their relationships involves making some new friends. Here are some reasons that making new friends may be rewarding:

- When making a new friend, you can have a fresh start on a relationship. There are no memories, either good or bad.
- With new friends, you can continue to do things you used to enjoy or you can expand your interests and try new activities.
- Expanding your social network gives you more people to do things with.
- If one friend is busy, another friend might be available.
- One friend might enjoy doing one kind of activity with you (like playing Frisbee) and another might enjoy something else (like playing video games together).
- If you used to drink or do drugs with old friends, you can seek out new friends who don't use substances.

Questions:

- What do you think is an advantage of making new friends?
- What would you like to do with a new friend? An activity you already enjoy or a new activity?

Strategies for making new friends:

1. **Identify places where there are activities with other people who have interests similar to yours.** You will probably meet people there with whom you will have something in common. Doing activities together also gives you lots of things to talk about. Most towns have a local "arts and entertainment" newspaper or a "weekend guide" in the regular newspaper which provides a lot of information on activities that are going on around town. This can be a nice, relatively simple way to find activities to do where there is a high likelihood of meeting some new people.

Here are a few ideas about places to meet people:

- School or classes.
- Work place.
- Churches, synagogues, mosques, or other place where religious services take place.
- Special interest groups related to something important to you, such as the environment, politics, hobbies, sports, travel, community development, or nature.
- Volunteer programs related to causes you believe in, such as:
 - Providing meals for homeless people.
 - Doing activities with nursing home residents.
 - Preparing packages to send to soldiers.
 - Working in a food pantry.
 - Helping at an animal shelter or zoo.
 - Planting flowers in a community park.
 - Repairing homes after a natural disaster.
- Hobby or games clubs.
- Local gym or YMCA.
- Groups where people sing or play instruments together.
- Peer support programs or drop-in centers.
- www.meetup.com is an excellent website for finding people who have similar interests/hobbies in your area.

2. Plan a few topics you can talk about to new people.

- Talk about something related to what you are doing together. For example, if you are attending a painting class, you could talk about the subject someone is painting. If you are volunteering together at an animal shelter, you could talk about the animals you are helping or pets you have now or had in the past. If you are attending a meeting of an environmental club, you could talk to someone about how he or she got involved in the club or about past projects of the club.

- Make small talk. Here is a list of common topics:
 - Weather.
 - Sports.
 - Current events.
 - Television shows.
 - Movies.
 - Food.
 - Music.
 - Video games.
 - Restaurants.
 - Hobbies.
 - Nature.
 - Websites.
 - Upcoming holidays.
 - Vacation plans.
 - Favorite places you have visited.
 - Fun things to do in the city in which you live.
 - Pets.
- Give a compliment that's not too personal. For example, you could say something like *"You seem to know the routine here"*, or *"I like the color of your shirt"* or *"I liked your comment in the class"*, or *"You are really good at basketball"*.
- Offer assistance when someone needs it. For example, you could say something like *"Would you like some help setting up the chairs?"* or *"Your hands are full, I'd be happy to hold the door for you"* or *"Would you like some help setting out the refreshments?"*
- Ask questions that aren't too personal. For example, *"Have you ever taken a class in this subject before? Which teachers did you like?"*, *"Have you been following the Phillies this season?"*, *"What's the routine for serving lunch here?"*, or *"Can you show me where they post the schedule for volunteering?"*

3. Go to the places or attend the activities you identified.

- Plan to go several times, because it can take a while to get comfortable.
- The more often you go, the more likely you will see people you recognize, which will make you feel more confident in starting conversations.
- Some activities may require preparation, such as signing up for classes or volunteer activities.

4. Start a conversation with at least one or two people.

- Keep in mind the general steps for starting a conversation:
 - Look at the person and smile.
 - Greet the person or introduce yourself.
 - Bring up a topic or ask a question.
 - Keep the conversation going if the other person seems interested (Is he or she looking at you? Saying more about the topic? Nodding? Smiling?).
- Try the topics you identified in #2.
- Get as much practice as you can in starting conversations.
- Be prepared that some people may not respond to your starting a conversation. That's okay. Some people are shy or may be having a bad day or don't know what to say.

5. When the other person is interested and wants to talk, keep the conversation going.

- Keep in mind the general steps for keeping a conversation going by listening and asking questions.
 - Look at the person.
 - Show you are listening by nodding your head, smiling or saying something like "uh-huh" or "OK."
 - Ask questions to find out more information or to make sure you understand.
 - Repeat back the person's main points or make a comment about what he or she said.

6. If the conversation goes well and you seem to have a lot in common, consider suggesting doing something together.

- If you haven't had much time to talk or it's hard to tell how much you have in common, you can end the conversation by saying something such as *"Nice talking to you. Hearing about your experience with the teacher was very helpful. I hope to see you at the next class."*
- If you decide to suggest doing something together, keep in mind the following general steps:
 - Look at the person.
 - Suggest an activity to do together.

- Listen to the person's response and do one of the following:
 - If the person responds positively, choose a day, time and location to get together. Exchange contact information.
 - If the person seems unsure or says he or she is not interested, you can end the conversation by saying something like, *"No problem. Maybe another time."* Or *"It was nice talking to you. I'll see you later."*

7. Start off with a low level of disclosure about yourself.

- A low level of disclosure involves telling things about yourself that are not highly personal, such as what classes you are taking, what your job responsibilities are, where you are living, what you like to do in your spare time. This is usually the way people start a new friendship.
- In a low level of disclosure, you can respond to questions about your experience with psychosis in an honest way, but without giving too many details. For example, Justin told his new friend Isaac, *"I missed some school because I was going through kind of a rough period, but things are going much better now. Classes are going well now."* When Isaac asked further questions, Justin replied, *"I appreciate your interest, but it's a long story, and I don't feel like going into the details right now."* He then changed the subject to discussing a new video game that was coming out.
- Keep in mind that most people gradually increase their level of disclosure as they spend more time with each other and are more confident that they understand and accept each other.
- A moderate or high level of disclosure involves telling more personal things about yourself, as Justin did after spending more time with Isaac and getting to know him better. He told Isaac, *"There was a time I was concerned about a lot of things and couldn't concentrate or figure out what to do. I even did some things that don't make sense now, like staying home from school because I was worried I wouldn't understand the teacher. I'm not worried about that any more."*

8. Follow up your connection with the new person.

- Follow up on phone calls or e-mails or activities that you arrange to do.
- Respond promptly if the new friend contacts you, but avoid sending a flurry of calls or e-mails.

- Sometimes people do not return calls or e-mails because they get very busy or take trips or get sick. Initiate contact if you don't hear from the new person in a while.
- Suggest doing activities that you both will enjoy. Be ready with suggestions, but also receptive to the other person's ideas. Be willing to compromise.

Check it Out

- ✓ Make a plan for how you can use the strategies listed above. You can use the following worksheet to record your thoughts.

Worksheet for Making New Friends

1. List of places/activities where I can go to meet people with similar interests:
2. First place I would like to go to meet people:
3. When I will go there:
4. Topics I would like to use to start a conversation:
5. If the conversation goes well, possible things I can suggest to do together:
6. How much about myself I want to tell, and how I plan to respond to questions about my recent difficult experiences:

- ✓ You may find it helpful to practice having conversations in advance. Then when the real situation arises, you'll feel more prepared and confident. Consider trying out with your clinician how you would start a conversation with a new

person. What would you say to start the conversation? How would you keep the conversation going?

- ✓ Try practicing with a family member or other supportive person how you would start a conversation with a new person.

Home Practice Options

1. In the coming week, follow through on your plan to meet some new people.
2. You can use the following evaluation sheet to record how it goes:

Home Practice Evaluation Sheet

1. Where did I go to meet new people?
2. Who did I start a conversation with?
3. What did we talk about?
5. How did it go?
6. What is my next step?

Summary of the Main Points in Making New Friends

- *Making new friends can expand your social network.*
- *New friends can help you find new interests and activities.*
- *It usually helps to plan to attend activities or events where you will come into contact with people who share your interests.*
- *Planning ahead and practicing starting conversations with new people can increase your confidence.*

Clinical Guidelines for “Improving Relationships” Sub-Module

OVERVIEW OF SUB-MODULE:

This is the third sub-module in the Having Fun and Building Relationships Module and provides tips and guidelines to help individuals build skills to better show interest in others and interact more effectively, the goal of which is to develop closer, more satisfying relationships. This sub-module teaches specific “social skills” that the individual can practice in-session and then on their own to improve communication with others. Issues around dealing with disclosure to others of mental illness are addressed, with some additional role-play and skill building opportunities. Finally, as it is common for individuals who have experienced a first episode of psychosis to have increased interpersonal sensitivity, topic areas regarding misinterpretation of social cues from others are addressed. In this “Improving Relationships” sub-module, you initiate discussion around these common issues, then you and the individual together decide which skills to learn and work on. Role-plays and outside practice serve to help the individual move toward building closer, more comfortable relationships with others. The overall goal of this sub-module is to help individuals feel more confident and socially effective in their interactions with others, thereby improving the quality of their interpersonal connections. To cover the four main topic areas (Showing Interest in Others; Improving Communication with Others; Managing Disclosure; and Interpreting Social Cues), allow 5-9 sessions, depending of course on individual preference, and individual’s specific needs.

Goals

1. Elicit information about the individual’s experiences with building closer relationships with others and perceived obstacles.
2. Provide psychoeducation, rationale, and skills practice around components of demonstrating interest in others and building closer relationships.
3. Provide psychoeducation, rationale, and role-play practice around relevant communication skills, including conversational topics, starting and maintaining conversations, inviting others to do activities, expressing positive feelings, etc.
4. Elicit individual’s concerns and initiate discussion about disclosure of mental illness and role-play potential scenarios to practice disclosure skills.
5. Elicit individual’s concerns and initiate discussion and psychoeducation about potential misinterpretation of social cues and word/actions from others.
6. Teach and practice via role-play “Checking it out” strategies to reduce interpersonal sensitivity and misinterpretation of social cues.
7. Encourage and plan behavioral social goals of improving relationships and social skills practice via home practice assignments and review.

Handouts

An Introduction to Improving Relationships

Topic handouts:

- # 1. Showing Interest in Others
- # 2. Improving Communication with Others – Skills to Use
- # 3. Managing Disclosure
- # 4. Interpreting Social Cues

SUGGESTED AGENDA:

Slow-Paced	Medium-Paced
Session 1-Overview; Showing Interest in Others	Session 1-Overview; Showing Interest in Others; Improving Communication with Others – Skills to Use
Session 2- Showing Interest in Others; Improving Communication with Others – Skills to Use	Session 2-Improving Communication with Others – Skills to Use
Sessions 3-5-Improving Communication with Others – Skills to Use (Continue reviewing and practicing as many communication skills as needed)	Session 3-Improving Communication with Others – Skills to Use; Managing Disclosure
Session 6-Managing Disclosure	Session 4-Managing Disclosure
Session 7-Managing Disclosure; Understanding and Improving Social Cues	Session 5-Understanding and Improving Social Cues
Session 8-Understanding and Improving Social Cues	
Session 9-Understanding and Improving Social Cues	

TEACHING STRATEGIES:

- Because first-episode individuals often struggle with feeling disconnected from others and report great difficulty in getting closer to other people and connecting on a deeper level, it is important to be aware of and sensitive to the level of impairment that particular individuals may have in this area.
- Discuss the importance of working on these issues and building these skills as providing the following potential benefits: increased social support, decreased stress, protection against relapse, improved quality of life.
- Be prepared to help motivate individuals to improve their connections and instill hope that this can be accomplished through knowledge, skill building, and skill practice.

- Recognize the individual's knowledge about and experience with their own personal relationships. Praise the individual for sharing this information with you and work together to figure out where additional skills and practice are needed.
- Not every individual will have difficulty with expressing interest in others or in basic social skills (i.e., finding common interests, giving compliments), and in some cases, individuals may not need specific communication skills practice, but may need more attention in other areas (i.e., misinterpreting social cues), or vice versa. Open communication and shared decision-making between you and the individual is important in deciding which areas to focus on.
- Within the basic social skills section, some individuals will be quite proficient in some areas (e.g., starting conversations) but may struggle with other skills (e.g., expressing positive feelings; inviting someone to do an activity, etc.). You should be attuned to individuals' skill strengths and areas that need attention, and should be flexible in which skills they emphasize and work on.
- In role plays, some individuals may just want to show you how they would talk to the person and get a little feedback, whereas others may appreciate it if you do a quick demonstration. For example, you could say something like, *"I don't mind showing you how I might call your best friend from high school when he comes home from college for spring break"* or *"I don't mind giving it a try to compose an e-mail to follow up your first e-mail with an old friend from chorus and suggesting going to a free concert together. Then you can tell me what you think and show me how you would do it."*
- Some individuals have significant difficulties with social skills and benefit from learning the steps using a more structured approach, as follows:
 1. Establish a rationale for the skill.
 2. Briefly discuss the steps of the skill.
 3. Model (demonstrate) the skill using a role play and vignette elicited from the individual.
 4. Get feedback from the individual.
 5. Engage the individual in a role play, using a vignette elicited from the individual.
 6. Provide positive feedback.
 7. Provide suggestions for improvement as needed.
 8. Engage the individual in another role play if warranted.
 9. Provide additional feedback.
 10. Develop a home assignment with the individual to practice the skill in the "real world".
- Much of the material in this topic area is skills-based, meaning that in-session skills practice and role-play (i.e., practice of conversation skills, disclosure skills, checking out misinterpretations with others, etc) should occur frequently, and additional skills practice should be used for home practice assignments.
- Because much of the material is skills-based, you should use shaping and reinforcement strategies to increase individuals' motivation to practice the skills, reduce individuals' anxiety, and increase skill mastery and confidence. This will also increase the likelihood that individuals will be willing to try out these skills on their own for home practice.

TIPS FOR COMMON PROBLEMS:

- Be prepared for individuals to initially be reluctant (or even refuse) to participate in in-session skills practice via role-play. Individuals are often reluctant to role-play for the following reasons: self-consciousness or anxiety; believing they can do the skill without practice; thinking role-plays are artificial or “stupid”. You should handle this situation by trying the following strategies.
 - Work to understand individual’s specific concerns about skills practice/role-play and normalize/empathize with concerns.
 - Increase motivation to practice by providing additional psychoeducation about the importance of practice to increase skill generalization and increase individual’s confidence to do the skill “when it counts - in the moment” (i.e., practicing in a safe environment with the therapist will help individuals feel less anxious when they are actually on the phone trying to start a conversation about their hospitalization with a friend).
 - Tie in-session role-play practice to individual’s personal goals (i.e., “getting smoother with talking to friends about your concerns regarding their intentions toward you will likely help you down the line with your goal of having a solid relationship with a girlfriend”).
 - Break the role-play down into smaller chunks to make it more manageable for the individual to initiate.
 - You should offer to be the individual in the role play first. This takes the pressure off of the individual and also provides modeling of the skill which further should reduce individual anxiety and increase confidence to practice.

EVALUATING GAINS:

- While completing this topic area, it may be helpful to periodically assess how much knowledge the individual has retained about the importance of improving social relationships and strategies to do so. You can assess an individual’s knowledge using the following questions:
 1. What are some reasons why connecting with others and building closer relationships are important?
 2. What are some ways that you can show interest in other people in order to deepen relationships?
 3. What are the steps to the _____ skill? (Have individuals review steps to skills that were addressed and practiced in session)
 4. What are some strategies to handle situations where you feel like you may have been I slighted?
- It will be important for you and the individual to assess together how the individual has progressed in the area of improving relationships. The following discussion questions can be initiated at the end of this module to evaluate gains:

- How many times in the past few weeks have you practiced the _____ skill(s)? How did it go?
 - How anxious have you felt when you have tried these skills out in the past few weeks? Has anything changed in terms of how you have felt interacting with others? (Note changes in anxiety, self-confidence, interpersonal sensitivity, etc).
 - Have you had the opportunity to disclose information about your mental health issues to anyone in the past few weeks? If so, how did it go?
 - What kinds of benefits (if any) have you noticed in your day to day life as a result of working on your relationships?
- Note: If continued distress around potentially inaccurate interpretation of social cues from others and/or high levels of interpersonal sensitivity persist despite use of the “Checking it out” skill, you should encourage individuals to participate in the “Dealing with Negative Feelings” Module to learn and practice the 5 Steps of CR in order to develop additional strategies to reduce this distress. If individuals have already completed this module, then you should initiate an extra session reviewing the 5 Steps skill with individuals and helping individuals apply it to their social concerns.

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR IMPROVING RELATIONSHIPS SUB-MODULE:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Elicit individuals' experiences and target difficulties with close interpersonal relationships.	• Provide psychoeducation around benefits of close relationships. • Motivate individual to work on improving relationships; instill hope that meaningful improvements are possible through skill building and practice.
Discuss and provide psychoeducation around demonstrating interest in others as a way to build closer relationships.	• Discuss rationale for expressing interest in others as strategy for deepening relationships. • Review specific strategies to increase demonstrated interest in others such as voice tone, asking questions, compromising, taking others' point of view, etc.
Teach and help individual practice specific social skills related to improving relationships.	• Collaborate with individual to identify which specific skills are most relevant to them. • Encourage role-play practice of chosen skills and troubleshoot obstacles. • Praise all efforts and use shaping to increase competence and confidence. • Model specific skills as needed for the individual. • Create plan for home practice of social skills.
Discuss the issue of disclosure of mental illness and help individual make decisions about disclosure to particular people in their life and practice skills for effective and comfortable disclosure.	• Review individuals' experiences with disclosure, praise their willingness to approach this topic and normalize any uneasiness. • Provide rationale for and potential benefits of appropriate disclosure. • Discuss important components of appropriate disclosure – cost-benefit analysis (to whom, when, where, how, pros and cons, etc). • Encourage role-play practice of disclosure in personalized situations. • Model skills as needed for the individual via role play.
Discuss misinterpretation of social cues and others' words/actions.	• Review individual's experiences with misinterpretation of social cues and consequences. • Normalize individuals' experiences and provide rationale for work on this. • Teach "Checking it Out" strategies and role-play skills for personalized situations. • Refer individual to "Dealing with Negative Feelings" module as needed for practice to cope with attenuated interpersonal sensitivity.

An Introduction to the Improving Relationships Sub-Module

You may have improved upon some skills for increasing enjoyment in activities, re-connecting with old friends or making new friends. At this point it can be helpful to spend some time working on improving the relationships that you have been building. Some people describe working on relationships with others like gardening—you have to attend to your garden a lot (even daily sometimes), by pulling weeds, adding water, etc., in order for it to grow well. Improving relationships is a *process*, such that it takes time and attention, like a garden. But the benefits of improving communications with others and bettering relationships are vast. Feeling close to others and having satisfying relationships can make life feel a lot more fun and manageable, and it even can reduce the impact of stress.

Sometimes, however, people experience challenges in keeping up with relationships and feeling close to others. These challenges can come as a result of a disruption in their lives like an episode of psychosis or other stressful event. Feeling worried about others' intentions can also make feeling close to others difficult. This sub-module will help you with some strategies to feel better about the time you spend with others.

In this Sub-Module, we will:

- ❖ Help you with strategies to increase your ability to show interest in others.
- ❖ Discuss and practice specific communication skills to make you more comfortable and effective in social interactions.
- ❖ Discuss situations where disclosure of mental health issues may come up, and help you make decisions about how to best handle those situations.
- ❖ Practice specific communication skills around disclosing aspects of your mental health history (if you would like).
- ❖ Evaluate and practice how to deal with situations where you feel “slighted” by others, in order to reduce your distress.
- ❖ Increase skills related to correctly interpreting social cues from others.

Topic #1: Showing Interest in Others

Many people have the goal of improving their relationships, but it can be difficult to know where to start. A good jumping off point is to consider some ways to increase the likelihood that you understand the people in your life and that you are expressing an interest in their lives. Both of these factors can make a big difference in terms of building better relationships.

Understanding other people & expressing an interest in their lives are two important factors in your relationships.

Understanding Others

Here are some ways to increase understanding about others:

Questions:

- Have you found yourself struggling to understand others and their point-of-view? What's been challenging about that?
- Which strategies have you tried to increase your understanding of others? Discuss with your clinician and list them here:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
- Which of these above strategies were helpful? Not helpful?

Tips for Improving Your Understanding of Others:

- Note other people's voice tone and facial expressions.
 - Are they talking quickly or slowly? What might that mean?
 - Are they frowning, smiling, and wrinkling their brow? What might that tell you about how they are feeling?
 - Try to "mirror" their facial expression or posture. How do you feel when you hold those expressions? Imitating others' facial expressions will help you feel what they are feeling.
- Note the kinds of daily activities they engage in and the things they spend time on, such as work, school, leisure, and relationships with others.
- Try to understand the person's point-of-view or feelings about something.
 - Ask yourself, "If I were in this person's shoes, what would I be thinking or feeling?"
 - Remember to check in with the other person (e.g., *"it sounds as though you're worried about this"* or *"you seem really upset about that, am I right?"*)

Questions:

- Have you noticed other people using the strategies above to try to understand you better? If so, which ones?
- If so, how did you feel as a result of other people saying or doing these kinds of things to try to understand you better?

Showing Interest in Others

Questions:

- Have you found yourself struggling to show interest in others? What's been challenging about that?
- In which ways have you noticed other people showing an interest in your life?
- Which strategies have you tried to show interest in others? Discuss with your clinician and list them here:

1. _____
2. _____
3. _____
4. _____
5. _____

Tips for Showing Interest in Others:

- Which of these above strategies were helpful? Not helpful?
- Find out what kinds of things they are interested in.
- Show others that you care about them:
 - Express positive feelings and give compliments.
 - Ask the person questions about himself or herself.
 - Find out what makes the person happy.
- Do things with other people.
- Be willing to compromise.
- “Be there” for others and help them out when needed.
- Gradually disclose personal information about yourself.

Note: You may have already practiced this strategy in the “Developing Resiliency – Individualized Sessions” Module when you tried the “Practicing Acts of Kindness” exercise. If so, you can review that exercise with your clinician here and recall what your experience was like and how it may be tied to showing interest in others and improving your relationships.

Questions:

- Have you noticed other people using the strategies above to try to show interest in your life? If so, which ones?
- If so, how did you feel as a result of other people doing these kinds of things to express interest in your life?

Home Practice Options

1. Notice and jot down each time that you find yourself naturally already using a strategy to understand someone better. Note how you felt afterwards and what the person's reaction was. The outcome of this exercise can be discussed with your clinician in your next appointment. You can use the grid below to track your observations:

Worksheet for Practicing Understanding Others

Strategy Used and with whom? (Briefly describe)	How did it go? Rate: 0-10 (0= not well to 10=great!)	How did you feel afterward? Note a specific feeling if possible	How did the person react afterwards?	Other notes

2. Choose two NEW strategies from today's discussion to understand someone better. These should be strategies that you don't currently use, but would like to try out. Try these out during the week and jot down how it went. Note how you felt afterwards and what the person's reaction was. The outcome of this exercise can be discussed with your clinician in your next appointment. You can use the grid below to track your observations:

Worksheet for Practicing Understanding Others

Strategy Used and with whom? (Briefly describe)	How did it go? Rate: 0-10 (0= not well to 10=great!)	How did you feel afterward? Note a specific feeling if possible	How did the person react afterwards?	Other notes

3. Notice and jot down each time that you find yourself naturally already using a strategy to show interest in someone. Note how you felt afterwards and what the person's reaction was. The outcome of this exercise can be discussed with your clinician in your next appointment. You can use the grid below to track your observations:

Worksheet for Practicing Showing an Interest in Someone:

Strategy Used and with whom? (Briefly describe)	How did it go? Rate: 0-10 (0= not well to 10=great!)	How did you feel afterward? Note a specific feeling if possible	How did the person react afterwards?	Other notes

4. Choose two NEW strategies from today's discussion to show interest in others. These should be strategies that you don't currently use, but would like to try out. Try these out during the week and jot down how it went. Note how you felt afterwards and what the person's reaction was. The outcome of this exercise can be discussed with your clinician in your next appointment. You can use the grid below to track your observations:

Worksheet for Practicing Showing Interest in Someone

Strategy Used and with whom? (Briefly describe)	How did it go? Rate: 0-10 (0= not well to 10=great!)	How did you feel afterward? Note a specific feeling if possible	How did the person react afterwards?	Other notes

Summary Points for Showing Interest in Others

- *One of the best ways to improve your relationships with others is to show an interest in them.*
- *Some tips for showing an interest include:*
 - *Finding out what kinds of things people are interested in.*
 - *Asking questions and starting conversations about topics they care about.*
 - *Trying to understand their point of view.*
 - *Helping out when they need assistance.*
 - *Being willing to compromise when deciding on activities to do together.*

Topic #2: Improving Communication with Others: Skills to Use

Although we may really want to build relationships or get closer to others, sometimes it is challenging to figure out exactly what to say when we're with other people. There are many different situations that involve interacting with others, and it is often helpful to look at some tips to make the best out of a social experience.

First, it's helpful to consider different topics of conversation to bring up with people in your life. Of course your topics of choice will differ with specific situations and be different for different people. For example, you may not choose to talk to your grandmother about the same things as you would a friend your age. But, here are some ideas for a variety of good conversation topics. Remember, it's best not to start out with something overly personal or emotionally-charged, as this can feel confusing or off-putting to the other person and to you. Take a look at these ideas and identify which ones you already use as conversation topics and which ones you would like to try out in the future:

Topic	I have used this topic before	I would like to try this out in the future
The weather		
Professional sports teams		
Recreational sports		
Music and concerts		
Movies		
Television shows		
Computer or video games		
Websites		
Things happening in the community		
Travel		
Current events		

Art		
Hobbies		
Books, magazines or comic books		
Other? _____		
Other? _____		
Other? _____		

Second, it's helpful to think about *how* to say things to people in your life. It can be useful to break down different types of conversations into smaller steps to make it feel easier to do, and also to increase the likelihood that you include all the important elements that you want to convey to the person.

Take a look at the following categories of communication skills. Discuss with your clinician which of these you may have struggled with recently, or simply would like to practice more extensively. Then together choose a few, review the steps of the particular skills and their accompanying examples, and try them out in session with your clinician. It's best to use a "real-life" example--a situation where you would actually want to use the specific skill. That way when you are in the actual moment, you will feel more comfortable and confident because you will have already practiced it.

Basic Conversation Skills

Although we all have experience talking to people, sometimes it can feel difficult or awkward to know what to say, or especially how to say it. Here are two basic skills to remind you how to go about having smoother conversations. Discuss these skills with your clinician then try them out in your session. It usually works well to first use one of the topics listed below the steps of the skill, then to try practicing with a topic that might come up in a real-life situation that you might find yourself in.

Starting a Conversation:

There may be situations when you want to start a conversation with someone (either someone you don't know well or someone you have never met but would like to get to know). Sometimes people feel shy about starting a conversation. Things can go more smoothly when you keep specific steps in mind.

Steps of the Skill:

1. Choose the right time and place.
2. If you do not know the person, introduce yourself. If you know the person, say "Hi".
3. Choose a topic that you would like to talk about (see topics above) OR ask a question.
4. Judge if the other person is listening and wants to talk.

Keeping a Conversation Going by Asking Questions or Giving Information:

Sometimes you may want to go further than a brief conversation; you may want to talk longer with someone because you like the person or are interested in what is being said. Often, people don't know how to keep a conversation going, or they feel uncomfortable. One way to keep a conversation going is by asking questions or offering information or sharing some information about a particular topic. This allows people to learn more about each other and the kinds of things they may have in common.

Steps of the Skill:

1. Use the skill above to start a conversation with someone.
2. Ask a question about something you would like to know about, or share some information about a topic you would like to discuss.
3. Judge if the person is listening and is interested in pursuing the conversation.

You and your clinician should practice this skill. Here are a couple of ideas of possible scenes to use as topics in your role-play practice. You can choose one of these or come up with a scenario of your own to practice:

- You are at a family gathering.
- You are at a party with people you don't know very well.
- You are at your favorite coffee shop and want to strike up a conversation with one of the other "regulars".
- You are watching a TV program with someone who also seems to enjoy the program.
- You run into your neighbor on the street or in your apartment building.
- Situation identified by you or your clinician that is not on this list.

Questions:

- What are some situations in your day to day life where these basic conversation skills might be helpful?

Skills for Making Requests of Others

Building closer relationships not only involves basic conversations but also the logical next step, which is inviting people to share in an activity with you. Sometimes people feel nervous about asking someone to do something, whether it's an already-existing friend with whom they want to spend more time, a new acquaintance or a possible romantic interest. In addition, improving relationships sometimes involves making compromises--whether it's related to doing an activity or working out a problem, this can be stressful for people. It's helpful to plan ahead a bit about what to say and how to say it in these situations to reduce anxiety and increase the likelihood that the conversation will go more smoothly. Here are two skills (1) Asking Someone To Do Something or Go Out on a Date and (2) Compromise and Negotiation - to remind you how to go about having an easier time of making requests of others. Discuss these skills with your clinician, then try them out in your session, first using the practice topics below the steps of the skill, then with a real-life situation that you might find yourself in.

1. Asking Someone to Do Something or Asking Someone Out on a Date:

Once you have decided that you would like to become closer to someone (someone you have just met or perhaps someone you already know), the next step is usually inviting them to do an activity with you. This may be for friendship, or there may be times when you find yourself attracted to another person and you may want to pursue dating that person. It can be a little easier to ask someone to do an activity or go out on a date if you follow the steps listed below.

Steps of the Skill:

1. Choose an appropriate person to ask.
2. Suggest an activity to do together.
3. Listen to the person's response and do one of the following:
 - a. If the person responds positively to your suggestion choose a day and time to get together. Be willing to compromise.
 - b. If the person indicates that he or she is not interested in going out, thank the person for being honest with you.

You and your clinician should practice this skill. Here are a couple of ideas of possible

scenes to use as topics in your role-play practice. Choose one of these, or you come up with a scenario of your own to practice:

- You discover that you have a lot in common with a person at work and decide to ask him or her to do an activity on the weekend.
- You are at a party at a friend's house, and you meet someone whom you would like to ask out.
- You decide to ask your new neighbor if he/she would like to go to a local event.
- You see someone in your class who you would like to get to know better.
- There is a new person at the mental health clinic that you would like to get to know.

Questions:

- What are some situations in your day to day life where asking someone to do an activity/out on a date might be helpful?

2. Compromise and Negotiation:

Sometimes people find that they disagree with each other, even when they want to do something together. At these times, it is helpful to work out a compromise. In a compromise, each person usually gets some of what he or she wants, but usually has to give up something. The goal is to reach a solution that is acceptable to all involved.

Steps of the Skill:

1. Explain your viewpoint briefly.
2. Listen to the other person's viewpoint.
3. Repeat the other person's viewpoint.
4. Suggest a compromise.

You and your clinician should practice this skill. Here are a couple of ideas of possible scenes to use as topics in your role-play practice. Choose one of these or come up with a scenario of your own to practice:

- You want to go to lunch with your friend at the pizza place. The person you have just asked out does not want to go there.
- You and your friend want to go see a movie. You want to see an action movie, and your friend wants to see a comedy.
- Your sibling enjoys going to a particular coffee shop. You have plans to spend time together but you don't want to go to that coffee shop.
- The volunteer coordinator at the place you volunteer is asking for everyone to put in a few extra hours on Thursday afternoon, but you have a doctor's appointment on Thursday afternoon.

Questions:

- What are some situations in your day to day life where this compromise and negotiation skill might be helpful?

Skills for Getting Closer to Others

As you and your clinician have likely discussed earlier, there are certain effective ways to get closer to other people, including working on increasing your understanding about the other person, expressing interest in the lives of others, and showing you care. Sometimes even though we feel warmly toward another person and feel interested in them, it can be hard to know exactly how to show it. The skills outlined below are helpful to use when you would like to deepen your relationship by expressing interest in others and positive feelings toward them.

1. Finding Common Interests:

One of the best ways to develop friendships is to learn something about others. At the same time, sharing something about yourself also encourages the development of new relationships. Talking to another person about common interests that you may have is an easy and enjoyable way to learn more about each other.

Steps of the Skill:

1. Greet the person you want to talk with.
2. Ask the person about what activities or hobbies he or she enjoys doing.
3. Tell the person about what activities or hobbies you enjoy doing.
4. Try to find a common interest.

You and your clinician should practice this skill. Here are a couple of ideas of possible scenes to use as topics in your role-play practice. Choose one of these or come up with a scenario of your own to practice:

- You want to get to know the new person in your support group.
- You and your neighbor want to do some activity together, but you are not sure what he or she would be interested in doing.
- You are interested in getting reacquainted with a family member who has just moved back into the area.
- You are having lunch with a person you just met on your new job or your volunteer position.
- You are at a party and meet someone you would like to get to know better.

- Other recent situations that involve finding a common interest.

Questions:

- What are some situations in your day to day life where this finding common interests skill might be helpful?

2. Expressing Positive Feelings:

When people have encountered a series of difficulties, they tend to focus on the problems around them and forget to notice the positive things that other people do. Noticing positive things helps to increase a person's sense of belonging and help them feel closer to you. Also, a person who knows he or she is doing something well is more likely to repeat what he or she has done to please others.

Note: You may have already practiced this skill in the “Developing Resiliency-Individualized Sessions” Module when you tried the “Practicing Acts of Kindness” exercise, the “Gratitude Visit” or the “Active/Constructive Communication” exercise. If so, you can review those exercises with your clinician here and recall what your experience was like and how those types of strategies may be tied to the expressing positive feelings skill and to improving your relationships.

Steps of the Skill:

1. Look at the person.
2. Tell the person exactly what it was that pleased you.
3. Tell them how it made you feel.

You and your clinician should practice this skill. Here are a couple of ideas of possible scenes to use as topics in your role-play practice. Choose one of these, or you can come up with a scenario of your own to practice:

- A family member gave you a ride to an appointment.
- A friend helped you out with a problem.
- Your neighbor took in your mail while you were out of town.
- An old friend or family friend expressed concern about your recent struggles.

3. Giving Compliments:

Giving specific compliments is a good way to express positive feelings. Compliments are usually given about something that can be seen, such as an article of clothing, a haircut, or a pair of shoes. Giving and receiving compliments make people feel good about each other and make people feel like an interest is being taken in them.

Steps of the Skill:

1. Look at the person.
2. Use a positive, sincere tone.
3. Be specific about what it is that you like.

4. Accepting Compliments:

In addition to being able to give compliments, it is also important to be able to receive or accept compliments from others. If you accept a compliment well, people are more likely to compliment you again in the future. Plus it makes people feel appreciated. It is important not to minimize or undo a compliment.

Steps of the Skill:

1. Look at the person.
2. Thank the person.
3. Acknowledge the compliment by:
 - a. Saying how it made you feel or
 - b. Stating your feeling about the item that was complimented.

You and your clinician should practice these skills (Giving Compliments and Accepting Compliments). Here are a couple of ideas of possible scenes to use as topics in your role-play practice. You can choose one of these or come up with a scenario of your own to practice. You can use these ideas to practice both skills (giving and accepting compliments).

- Liking someone's shoes, shirt, or haircut.
- Noticing someone's iPod or cell phone.
- Liking someone's car or bike.
- Noticing someone's skill in playing a computer game or sport.

Questions:

- What are some situations in your day to day life where this finding these expressing positive feelings and giving (and accepting) compliments skills might be helpful?

Home Practice Options

The best home practice assignment that you can do is to actually practice the skills above on your own in your day to day life. Decide with your clinician which specific skills you would like to practice this week and try them out. You can record your experience in the table below:

Possible Skills To Try	I Will Try This Skill This Week (check the box)	I Tried This Skill (check the box)	With Whom and When?	How did it go? Rate: 0-10 (0= not well to 10=great!)
Starting a Conversation				
Keeping a Conversation Going				
Asking Someone to Do an Activity or Go on a Date				
Compromise and Negotiation				
Finding Common Interests				
Expressing Positive Feelings				
Giving a Compliment				
Accepting a Compliment				

Summary Points for Improving Communication with Others

- *Knowing what to say and how to say it can improve your relationship with others.*
- *Some helpful communication skills include:*
 - *Finding out what kinds of things people are interested in*
 - *Starting and maintaining conversations*
 - *Making positive requests of others*
 - *Compromising*
 - *Finding common interests*

- *Expressing positive feelings*
- *Giving and accepting compliments*
- *The more you practice communication skills, the more relaxed and confident you will be in conversations with people you care about.*

Topic #3: Managing Disclosure

After experiencing an episode of psychosis, people naturally often feel confused about what happened and how to “explain” to others what they have gone through and what they continue to struggle with. This is a normal reaction and can create stress. There are likely situations in which you might want to explain a bit about your experience with psychosis, or “disclose” this information to others. In deciding whether or not to do this, and to whom, and how much to say, it can be helpful to think through all the different components of “disclosure”. This handout will help you feel more confident about making these sorts of decisions. Review the handout with your clinician and you can decide together which ideas to practice and use in your daily life.

Note that you may have already reviewed some information and skills related to disclosure about your experience with psychosis in the previous sub-module, “Connecting with Others.” In Handout #5 (“Reconnecting with Old Friends”) and Handout #6 (“Making New Friends”), helpful strategies are discussed for how to talk about your experience with psychosis if old friends or new friends ask. You may want to review these handouts with your clinician as well.

Your Experience with Disclosure

Questions:

- Have you discussed your experience with psychosis with anyone in your life? Why or why not?
- If yes, who did you discuss this with? How did it go?
- If no, are there specific people you would like to discuss this with? What might be holding you back?
- Can you anticipate any situations in the future where you might want to disclose aspects of your experience? Which ones?
- What are some of your concerns about disclosing your experience to others?

Possible Benefits of Disclosing Your Experience

Here are some possible benefits of disclosing some details of your experience with psychosis. Review and discuss these with your clinician.

- Having a friend, family member or neighbor understand you better.
- Being able to receive extra help at school or work as needed.
- Reducing the possible stigma by not “keeping it a secret”.
- Increasing the amount of support you can get from family and friends.

What are some other possible benefits that come to mind?

1. _____
2. _____
3. _____

Weighing the Pros and Cons of Talking about Your Experience Checklist:

Sometimes, even if there may be benefits to disclosing their experience with psychosis, people often have concerns about doing so. It can be helpful to write out the potential advantages and disadvantages to disclosing, so that you can make an educated decision that will help you feel more confident and less stressed. Work with your clinician to generate a list of “pros and cons” to disclosure, and then discuss the different pros and cons together.

<u>Pros of Disclosing</u>	<u>Cons of Disclosing</u>

The “Who, What, When, and Where” of Talking about Your Experience:

If you are considering talking about your experience with someone, the next step is forming a plan around how to do this in a way that makes you feel the most comfortable, and maximizes the likelihood that it will go well and you will have a positive experience. In doing so, it's important and helpful to figure out the following pieces of the plan:

- Who will I discuss this with?
- When would be a good time? When would *not* be a good time?
- Where would be a good place? Where would *not* be a good place?
- What would I specifically like to disclose? What would I like to leave out?

In thinking about *what* you would like to disclose, it can be helpful to consider two levels of disclosure: *Low Level* versus *Moderate/High Level*. These are described below (and are also detailed within the “Connecting with Others” Sub-Module:

Low Level:

You can discuss your experience with psychosis in an honest way, but without giving away too many details. For instance, Maria told her old friend from junior high, Claudia, *“I had to return home from college last year because I was having a hard time with some things, but now I am less stressed and things are better. I’m starting to take some classes again as a result.”* When Claudia asked further questions, Maria replied, *“I really appreciate your concern, but it’s kind of complicated, and I don’t really want to go into the details right now if that’s ok with you.”* Marie then changed the subject to figuring out when they could go out again for coffee.

Moderate/High Level:

This involves telling more personal details about your experience. For example, after spending more time with Claudia and getting more comfortable, Maria told Claudia, *“When I was away at school, I actually became incredibly stressed out and I thought a*

lot of strange things were happening to me, which made me really upset and made it hard to keep up in school or with friends there. I'm not having those kinds of experiences as much any more. I was diagnosed with having had psychosis."

Keep in mind that often people gradually increase their level of disclosure (to specific people) as they spend more time with each other and are more confident that they understand and accept each other, as was the case with Maria and Claudia.

Now that you and your clinician have discussed some of these important points, use the following grid to create a plan about disclosure. You and your clinician can together work out these details:

WHO?

Who would I like to disclose to?	Who would I NOT like to disclose to?

WHEN?

When would be a good time?	Who would NOT be a good time?

WHERE?

Where would be a good place?	Where would NOT be a good place?

WHAT?

What would I like to disclose?	What would I like to NOT disclose?

The “How” of Talking about Your Experience

Once you have developed a plan of who you might want to discuss your experience with, what you might want to disclose, and when and where would be a good time and place, the next step is figuring out *how* to talk about it. Deciding exactly how to convey what you want to say in this situation can feel challenging. The best way to feel comfortable and reduce your anxiety is to practice beforehand. These meetings with your clinician are excellent opportunities to practice how you might talk about this topic with specific people in your life to whom you have decided to disclose aspects of your experience.

Skills for Disclosing Information about Your Experience with Psychosis:

Just like in the previous section (Improving Communications with Others), it can be helpful to look at disclosure as a “skill” and to consider following a set of “steps” to guide you through this conversation. Note that the skill below is best for when you want to initiate a conversation about your experience with someone. See below for the steps of this skill, and then practice this skill with your clinician:

Steps of the Skill:

1. Determine the Who, What, When, and Where before starting the conversation.
2. Look at the person, have good eye contact.
3. Tell the person you would like to share something personal with him or her.
4. Tell the person specifically *why* you would like to share this with him or her.
5. Briefly state the information you would like to convey. Keep it short at first.
6. Ask the person if he or she has any questions.
7. Answer the questions you feel comfortable answering.
8. *Optional:* tell the person specific ways he or she can support you.
9. Thank the person for listening and for his or her support.

Examples of How to Start the Conversation:

- *"There is something I would like to share with you about what I've experienced this past year....."*
- *"I want to tell you something personal about me if that's okay with you....."*
- *"I've been through some difficult times lately and would like to talk to you about this...."*
- *"Can I share something with you about my health?"*
- *"I know you may have wondered about some parts of my life, and I would like to talk to you about this...."*

What are some other ways you can think of to start the conversation? Discuss with your clinician and write them down here:

- _____

- _____

- _____

Note that it is often the case that you won't be the one initiating the conversation about your experience. Sometimes someone else might be the one to bring it up. Then you have a choice to make about how to address their comments or questions. See the descriptions above regarding Low versus Moderate/High Levels of Disclosure to help guide you through these types of situations. Also see the "Connecting with Others" sub-module for more details on this topic. You and your clinician can practice how to navigate these kinds of questions in session together.

Home Practice Options

The best home practice assignment that you can do is to actually work on these exercises and practice the skills above on your own in your day to day life. Decide with your clinician which of the exercises you are willing to practice this week and try them out. Here are some suggestions for home practice:

1. Make a list of additional possible benefits of talking about your experience with others.
2. Talk to a supportive person to whom you have already disclosed this information and listen to any suggestions he or she may have for you about talking to others about this in the future.
3. Complete the "Who, What, Where, and When" Exercise during the week and then discuss with your clinician in your next session.
4. Practice the skill of disclosing about your experience with a supportive family member or friend (with whom you have previously talked about your experience).
5. If you and your clinician have made a plan for you to start to discuss your experience with one or more specific people, try it out this week.

You can use this grid to help you chart how it goes:

People I want to talk to about my experience (List Below):	When, Where and What did I disclose?	How did I feel beforehand?	How did it go? Rate: 0-10 (0 = not well to 10 = great!)	How did I feel afterwards?

Summary Points for Managing Disclosure

- *After experiencing an episode of psychosis, people naturally often feel confused about what happened and how to explain it to others.*
- *There are pro's and con's to disclosing information about your experience.*
- *It is up to you to decide the “who, what, when and where” of talking about your experience.*
- *Avoid responding to pressure to disclose more than you feel comfortable with.*

Topic #4: Interpreting Social Cues

We all have had times where we might feel “slighted” by what another person says or does. That is, we may feel angry, sad, anxious or suspicious following a situation where we perceive that someone intentionally hurt our feelings or wronged us in some way. And we all have times where we may *misinterpret* what another person says or does (aka: “misinterpreting social cues”)--this is very common. However, sometimes it can get in the way of feeling comfortable around others and having solid relationships. Therefore, it is really important to think through and check out these kinds of situations when they happen. This worksheet will help you figure out how to handle situations where you feel slighted by others, and guide you step by step through how to best cope with these types of situations. Review these questions and exercises with your clinician and practice the skills below, in order to help you feel more comfortable around others.

Questions:

- Have you had situations where you felt “slighted” by someone? What happened? How did you feel and how did you handle it?
- Have you been in situations where you misinterpreted what another person said or did to upset you? What happened? How did you feel and how did you handle it?
- Have you had situations where someone said that you misunderstood them or misinterpreted what they said or did? What happened? How did you feel and how did you handle it?
- In your life, are there particular situations where you find this happens most frequently? Why do you think that might be?
- What might be some consequences in your life of misinterpreting social cues?

Common Situations Where We May Misinterpret Social Cues:

Common Situation:	Yes, I Have Had This Experience (Check Box Below)
At work: something a boss or coworker says or does	
At school: something a classmate or teacher says or does	
With family: something a relative says or does	
With friends: something an acquaintance or friend says or does	
At a party: something someone says or does	
At church or temple: something the clergy or other member says or does	
On public transportation: something that the driver or other passenger says or does	
When you are out in public: something that a stranger says or does	
Other situations?? List here:	

Common Things We May Worry About In Situations Involving Interpreting Social Cues:

Common Worries:	Yes, I Have Had This Worry (check box below)
They don't like me.	
They think I am doing a bad job.	
They think I am stupid or incompetent.	
They don't want me around.	
They are rejecting me.	
They disapprove of me.	
They know I have had problems with mental illness or psychosis.	
They mean me harm.	
Other worries?? List here:	

How to Improve Interpreting Social Cues

When you find yourself feeling upset by what you perceive another person did or said, there are a few good strategies you can use to “check it out”. These will help you handle the situation in a way that will increase the likelihood that you will feel better. You can try one of these, or better yet, it can be most useful to try all of them for a given situation:

1. **Think it Through:** Ask yourself the following questions about the situation:

- *“Is it possible I am misinterpreting this person’s behavior?”*
- *“What might be other ways of interpreting the situation?”*
- *“What real evidence do I have that this was the person’s intention?”*
- *“Do I know anything about this person that goes against my negative perception of this situation?”*
- *“Am I making sure that I focus on actual ‘facts’ about the situation, and not trying to ‘read between the lines’ too much?”*

****Note: if you have completed the Dealing with Negative Feelings Module, you can “think it through” even more by using the 5 Steps of Cognitive Restructuring. If you haven’t done the Dealing with Negative Feelings module and are interested in learning more, talk to your clinician about the possible benefits of doing this module in the future.**

2. **Get a “Second Opinion”:** Talk to someone who wasn’t involved in the situation and doesn’t know the person, but whose opinion you value:

- It can be helpful to get an “objective” opinion of someone not involved.
- Explain the situation, answer the person’s questions about it, and listen to his or her opinion.

- The person may be able to help you see things differently, or come up with another plan to deal effectively with the situation.

3. Get a Closer Second Opinion: Talk to someone who *does* know the person involved, and whose opinion you value:

- It can also be helpful to get an opinion from someone who might be familiar with the person involved or the situation; he or she may have an informed perspective.
- Explain the situation, answer the person's questions about it, and listen to his or her opinion.
- The person may be able to help you see things differently, or come up with another plan to deal effectively with the situation.

4. Check it Out Directly: Go back and talk to the person involved (if you know that person), checking out your interpretation of the situation, and asking for feedback from him or her:

- This can be an effective way to get good, accurate information about the situation.
- Hearing the person's point of view can be helpful.
- Make sure that you pick an appropriate time and place to discuss this with the person.
- Practice this skill with your clinician during your session.
- Follow the steps of this skill below.

Checking Out Your Beliefs Directly:

As described above, this can be a very useful strategy in working on more accurately interpreting social cues from others (especially with people that you know). In order to do this well, it is helpful to practice this skill beforehand, so that when the time comes, it feels comfortable to try it out. Below are the steps of this skill. Review them with your clinician, and then practice in a role-play how you might use this strategy with someone who you may perceive has slighted you in some way. Start by reviewing the Steps of the skill below. Then, you can use the suggested statements listed below the Steps of the Skill for practice in session, or come up with your own scenario and conversation-starter for role-play practice.

Steps of the Skill:

1. Ask the person if you can check something out with them about a recent situation.
2. If the person says yes, briefly tell the person what your belief/feeling is about the situation that took place.
3. Ask the person to comment on his or her perception of the situation.
4. Repeat back what the person has said.
5. Ask any follow-up questions that you have to clarify what the person has said.
6. Thank the person for discussing this with you.

Ideas for How to Use the Skill, What to Say:

- *"I was concerned yesterday when you said ____ and _____. Can you tell me what you meant by that?"*
- *"Last week when we talked, you said _____. I thought you meant _____. I just wanted to check that out with you."*
- *"I was thinking more about what we talked about on the phone about _____. Can you explain a little more about what you meant by _____."*

What are some other ideas of what to say in these situations? Write down your ideas below. Then practice how you would check out your belief directly with someone by doing a role play with your clinician:

- _____

- _____

- _____

Home Practice Options

Here are some suggestions for home practice:

1. During the week, note the different situations where you feel slighted by someone and how you felt, and how you coped with it. Discuss these with your clinician.
2. Try out one of the first 3 "Checking it out" strategies: Think it Through, Get a Second Opinion, Get a Closer Second Opinion. How did it go?
3. Practice the skill of checking out your beliefs directly with a supportive family member or friend.
4. If you and your clinician have practiced in session, "Checking Out Your Beliefs Directly," then try it out for practice on your own.

You can use this grid to help you chart your progress on your use of the strategies for "Checking it out" when a situation or someone's behavior upset you:

The situation or person's behavior that upset me (describe briefly):	Which Checking it Out Strategies did I use (write all used):	How did I feel beforehand?	How did it go? Rate: 0-10 (0 = not well to 10 = great)	How did I feel afterwards?

Summary Points for Interpreting Social Cues

- Everyone has times when they may feel slighted by what another person says or does.
- Everyone has times when they may misinterpret the social cues in the situation.
- When situations happen where you feel slighted, it can be helpful to check out your thoughts and perceptions.
- Some possible strategies for checking out your perceptions include:
 - Think it through by asking yourself questions such as "what evidence do I have of the other person's intentions?"
 - Get a second opinion from someone who wasn't involved in the situation.

- *Get a closer second opinion from someone who knows the person involved and whose opinion you value.*
- *Check it out directly by talking to the person involved, checking out your interpretation, and asking for feedback from him or her.*

Clinical Guidelines for Developing Resiliency Module

OVERVIEW OF MODULE:

The Developing Resiliency Module is broken down into two sections-standard sessions and individualized sessions. The first 3 topics (How can I develop resiliency? Using Your Strengths, and Finding the Good Things Each Day) will be completed as Module #6 at the end of the Standard Modules. During Module #7 Building a Bridge to Your Goals, clinicians work collaboratively with each individual to decide which of the Individualized Modules will be completed as part of ongoing treatment. The second section of the Developing Resiliency Module-Individualized Sessions (Module #14) is included as a section individuals can choose to complete after the standard modules. Individuals can complete Module #14 either as a stand alone Individualized Module or with single exercises integrated into the first session or two of each of the Individualized Modules. Before beginning each Individualized Module, each individual should complete one Resiliency exercise from Module #14. If the individual chooses not to complete any of the Individualized Modules, they have the option of completing any of the exercises in Module #14.

Each exercise (except How Can I Develop Resiliency) is broken down into two parts. Part I provides the rationale for the exercise, gives the individual a chance to practice the skill and helps the individual make a plan to use the skill before the next session. Part II is designed to follow-up with the individual to determine the success of using the skill and the impact the skill had on their mood, social relationships, level of stress, etc.

Goals

1. Provide information on and help individual identify with the resiliency process.
2. Help the individual build resiliency through using strengths and paying attention to the good things that happen.

Handouts

Developing Resiliency-Standard Sessions

1. Exploring Your Resilience
2. Finding the Good Things in Each Day Parts I and II
3. Savoring Parts I and II
4. Mindfulness Parts I and II

Developing Resiliency-Individualized Sessions

5. Gratitude Visit Parts I and II
6. Counting Your Blessings Parts I and II
7. Active/Constructive Responding Parts I and II
8. Life Summary Parts I and II
9. Practicing Acts of Kindness Parts I and II

ADDITIONAL RESOURCES:

- Because “resilience” may be a new topic for some clinicians, we have provided below additional resources on resilience-related topics:

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

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

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

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

Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist*, 61(8), 774-788.

Topics #5-6: Clinical Guidelines for “Gratitude Visit and Counting Your Blessings”

OVERVIEW OF TOPICS:

The Gratitude Visit can be completed as part of the Developing Resiliency-Individualized Sessions (Module #14) or integrated with one of the Individualized Modules. If it is integrated with an Individualized Module, it should be done before starting the individualized module. Part I and Part II of the Gratitude Visit will help the individual experience gratitude by writing and delivering a letter thanking someone who has helped them in their life. The Counting Your Blessings exercise is focused on learning strategies to incorporate gratitude into the individual’s daily life. In Part I, individuals identify a strategy to practice between sessions and in Part II (follow-up session), individuals connect expressing gratitude with positive emotions and their social relationships. These handouts could be integrated with an Individualized Module such as Coping with Symptoms to enhance the individual’s experience of positive emotions and motivation to learn coping skills to move forward in recovery.

Goals

1. Define the purpose of gratitude and how it is connected to positive emotions.
2. Practice using gratitude by writing and delivering a gratitude letter.
3. Learn strategies to incorporate gratitude into daily life.

Handouts

Gratitude Visit Parts I and II
Counting Your Blessings Worksheet
Home practice worksheet-Gratitude Letter Worksheet

SUGGESTED AGENDA:

Slow-and Medium-Paced

Session 1-Defining purpose of gratitude and make a plan to write a gratitude letter.

Session 2-Follow-up-Discuss response to gratitude letter. Identify emotions associated with delivering letter.

Session 3-Identify simple strategies to express gratitude such as counting your blessings.

Session 4-Follow-up-Discuss challenges to practicing gratitude. Identify ways to continue to practice gratitude.

TEACHING STRATEGIES:

- Writing and delivering a gratitude letter may seem like a big step for some individuals. Break down writing a gratitude letter into small steps (see the Gratitude Letter Worksheet in the handouts).
- Help the individual make a plan to deliver the gratitude letter. Break down the steps to deliver the letter and have the individual practice. Model first how you would deliver a gratitude letter.
- Recognize that the individual may be nervous about delivering the letter. Help the individual see the benefits of delivering the letter with the improvements they will experience in mood and completing the task.
- Help individual identify positive emotions they felt when writing or delivering the gratitude letter or expressing gratitude. Ask the individual how those emotions correspond to current levels of anxiety, depression, or stress. Discuss the incompatibility of experiencing positive and negative emotions at the same time.
- Discuss how to continue practicing gratitude with the individual at the home practice follow-up. Help the individual plan to integrate ideas for practicing gratitude into their normal routine.
- Discuss how practicing gratitude could be connected to individual's recovery and taking a step towards their goal. Be prepared to share how practicing gratitude leads to feelings of hope and makes other people feel appreciated.

TIPS FOR COMMON PROBLEMS:

- Be prepared for individual to have difficulty delivering their gratitude letter.
 - Use the steps above to help the individual make a plan.
 - Help the individual practice what to say when delivering the letter.
 - If individual is really uneasy about delivering letter in person, it may be more appropriate to have individual agree to send the letter instead (over email or regular mail, or reading it over the phone). Discuss the pros and cons of this with the individual and reach a decision that feels right for the individual.
 - If individual does not deliver the letter, discuss how the individual felt when writing the letter and how they think the person would respond. Perhaps make an agreement with the individual to later discuss (or revisit) possibly delivering the letter at some point in the future.

EVALUATING GAINS:

- After completing this handout it may be helpful to periodically assess how much knowledge the individual has retained about gratitude. You can assess an individual's knowledge using the following questions:
 1. What are some benefits of practicing gratitude?
 2. What are some different ways to practice gratitude?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “GRATITUDE VISIT AND COUNTING YOUR BLESSINGS”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
<u>Gratitude Visit</u> : Define the purpose of gratitude and how it is connected to positive emotions.	• Review the benefits of practicing gratitude. • Discuss how gratitude could be connected to recovery.
Practice using gratitude by writing and delivering a gratitude letter.	• Introduce the gratitude letter as one strategy for practicing gratitude: – <i>“The Gratitude Visit is designed to help you take the time to acknowledge something that another person has done for you.”</i> • Help the individual make a plan to write and deliver a gratitude letter
Follow-up-Identify the benefits of practicing gratitude.	• Discuss how the individual felt to write and deliver the gratitude letter. • Identify emotions associated with expressing gratitude.
<u>Counting Your Blessings</u> : Learn strategies to incorporate gratitude into daily life.	• Identify simple strategies to practice gratitude such as counting your blessings. • Help the individual make a plan to practice another gratitude strategy.
Follow-up-Identify how to continue practicing gratitude.	• Problem-solve challenges to practicing gratitude. • Identify ways to continue to practice gratitude.

Topic #7: Clinical Guidelines for “Active/Constructive Responding”

OVERVIEW OF TOPIC:

Active and Constructive Responding can be completed as part of the Developing Resiliency-Individualized Sessions (Module #14) or integrated with one of the Individualized Modules. If it is integrated with an Individualized Module, it should be done as the initial session. In Part I of the handouts, individuals learn about Active and Constructive Responding as a skill that can help engage people and be used as a topic for conversation. The individual practices these skills in session with the clinician and is encouraged to practice at home with family and friends. In Part II (follow-up), the individual discusses how others responded to them when using the skill and if they noticed changes in mood. These handouts could be integrated with an Individualized Module such as Having Fun and Developing Good Relationships.

Goals

1. Define the purpose and benefits of active/constructive responding.
2. Learn the steps to respond actively and constructively.

Handout

- Active/Constructive Responding.
Home assignment worksheet-Active/Constructive Responding Worksheet.

SUGGESTED AGENDA:

Slow-and Medium-Paced

Session 1-Defining purpose and benefits of active/constructive responding and learn steps to practice active/constructive responding.

Session 2-Follow-up-Discuss benefits and challenges to practice active/constructive responding. Identify emotions associated with active/constructive responding.

TEACHING STRATEGIES:

- Use examples to demonstrate the different ways of responding to good news.
- Ask individual about examples from their life for how different people have responded to their good news. Discuss how the different responses made them feel and the thoughts the individual had about the other people.

- Break down the steps to respond more actively and constructively.
- Practice active/constructive responding in session. Model active/constructive responding first and ask the individual to report how they felt. Make sure to point out if the individual is trying to disprove the good news. For example, a friend got accepted into the honors program and the other friend points out all of the extra work the friend will have to do in that program.
- Discuss how practicing active/constructive responding could be connected to individual's recovery and taking a step towards their goals. Be prepared to share how practicing active/constructive responding leads to improving relationships and building resources.

TIPS FOR COMMON PROBLEMS:

- Be prepared for individual to not encounter anyone or hear any good news.
 - Practice again in session to help the individual see benefits (practice both hypothetical situations and one the individual has encountered in the past).
 - Brainstorm different ways for individual to ask people if they have any good news.
- Individual does not feel genuine in their excitement.
 - Practice responding actively and constructively in session. Ask individual how they felt when they responded.
 - Focus on being genuine in their response and not try to exaggerate the response.
 - Encourage individual to try out active/constructive responding using one of their strengths and monitor any changes in their mood.

EVALUATING GAINS:

- After completing this handout it may be helpful to periodically assess how much knowledge the individual has retained about the benefits of using active/constructive communication. You can assess an individual's knowledge using the following questions:
 1. What are some benefits of practicing active/constructive responding?
 2. What are the steps to respond actively and constructively to someone's good news?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “ACTIVE/CONSTRUCTIVE RESPONDING”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Define the purpose and benefits of active/constructive responding.	• Review the benefits of practicing active/constructive responding. • Discuss how active/constructive responding could be connected to recovery.
Learn steps to practice active/constructive responding.	• Practice active/constructive responding in session. • Identify steps to respond actively and constructively.
Follow-up-Discuss benefits and challenges to practice active/constructive responding.	• Discuss how the individual felt to practice active/constructive responding. • Identify emotions associated with active/constructive responding. • Identify strategies to approach people and ask about good news.

Topic #8: Clinical Guidelines for “Life Summary”

OVERVIEW OF TOPIC:

The Life Summary can be completed as part of the Developing Resiliency-Individualized Sessions (Module #14) or integrated with one of the Individualized Modules. If it is integrated with an Individualized Module, it should be done as the initial session. In Part I of the Life Summary, the individual focuses on the important and meaningful activities that they would like to pursue. In Part II (follow-up), the clinician helps the individual identify activities and make a plan to spend more time pursuing meaningful activities. These handouts could be integrated with an Individualized Module such as Substance Use as a strategy to review motivation to change behavior.

Goals

1. Define the purpose of a life summary.
2. Identify activities that are the most meaningful and strategies to spend more time doing those activities.
3. Identify benefits of doing meaningful activities.

Handouts

- Life Summary Parts I and II
Home assignment worksheet-Life Summary Worksheet

SUGGESTED AGENDA:

Slow-and Medium-Paced

Session 1-Defining purpose of life summary. Help individual generate ideas to include in life summary

Session 2-Follow-up-Discuss benefits and challenges to doing meaningful activities. Identify emotions associated with doing meaningful activities.

TEACHING STRATEGIES:

- Do not spend much time talking about what to write in life summary so as not to influence the outcome. Answer any questions individual might have about completing the worksheet but try not to offer suggestions for what individual should or should not put in their summary.
- If individual is having difficulty, help them generate a few ideas to include in life summary.

- At follow-up, review benefits of writing life summary and how it could be connected to recovery. Be prepared to share how practicing writing a life summary could help define recovery and inform goal setting.
- Identify common features in individual's definition of recovery and individual's life summary.
- Generate a list of current activities and goals and contrast that list with the individual's life summary.
- Identify strategies for individual activities to more accurately reflect life summary.

TIPS FOR COMMON PROBLEMS:

- Individual may feel hopeless that their life could never turn out that way.
 - Share the benefits of looking toward the future such as setting a goal and letting others know who could help.
 - Normalize how people achieve their goals, such that the goal does not always turn out how they first envisioned but the sense of accomplishment and achieving the goal provides purpose and meaning in life.

EVALUATING GAINS:

- After completing this handout it may be helpful to periodically assess what the individual has learned after writing a life summary. You can assess an individual's knowledge using the following questions:
 1. What are some benefits of writing a life summary?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “ACTIVE/CONSTRUCTIVE RESPONDING”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Define purpose of life summary.	• Explain the life summary. • Help individual generate ideas to include in life summary, if assistance is needed.
Follow-up-Discuss benefits and challenges to doing meaningful activities.	• Discuss how the individual felt when writing the life summary. • Identify emotions associated with doing meaningful activities. • Identify ways to do more meaningful activities.

Topic #9: Clinical Guidelines for “Practicing Acts of Kindness”

OVERVIEW OF TOPIC:

Practicing Acts of Kindness can be completed as part of the Developing Resiliency-Individualized Sessions (Module #14) or integrated with one of the Individualized Modules. If it is integrated with an Individualized Module, it should be done as the initial session. In Part I of the handout, the individual learns about the benefits of practicing acts of kindness and makes a plan to try out some acts of kindness at home. Many of the acts of kindness will involve social interaction so this exercise can serve as a practice for the individual to practice social skills. Acts of kindness can also provide a creative and helpful strategy for individuals who may want to re-connect with friends. In Part II (follow-up), the individual reviews how practicing an act of kindness made them feel and how they could incorporate this strategy into their daily life. These handouts could be integrated with an Individualized Module such as Having Fun and Developing Good Relationships as an opportunity to reach out to new people or strengthen current relationships.

Goals

1. Define the benefits of performing an act of kindness.
2. Learn strategies to help practice acts of kindness.

Handouts

Practicing Acts of Kindness Parts I and II

SUGGESTED AGENDA:

Slow-and Medium-Paced

Session 1-Define purpose of performing acts of kindness and the chain of kindness.

Session 2-Follow-up-Discuss response to performing acts of kindness. Identify emotions associated with performing acts of kindness.

TEACHING STRATEGIES:

- Encourage individual to perform simple acts of kindness.
- Connect the benefits of kindness to positive feelings between the individual and the person on the receiving end. If necessary, review the Positive Emotions Poster in the handouts.

- Use examples to help the individual identify positive emotions associated with performing an act of kindness and how it makes the other person feel.
- Recognize that the individual may be nervous about performing an act of kindness. Help the individual see the benefits of performing an act of kindness with the improvements they will experience in mood and building a relationship with the other person.
- Discuss how performing an act of kindness could help the individual build social connections.
- Discuss how performing acts of kindness could be connected to individual's recovery and taking a step towards their goals. Be prepared to share how performing an act of kindness leads to feelings of hope and building relationships.

TIPS FOR COMMON PROBLEMS:

- Be prepared for individual to have difficulty performing the act of kindness.
 - Help the individual make a plan.
 - Focus on the simple ways to perform an act of kindness.
 - Help the individual think of several options.
 - Discuss any anxious feelings the individual reports. Help the individual practice what to say in the situation.

EVALUATING GAINS:

- After completing this handout it may be helpful to periodically assess how much knowledge the individual has retained the benefits of performing acts of kindness. You can assess an individual's knowledge using the following questions:
 1. What are some benefits of performing an act of kindness?
 2. What are some different ways you can perform an act of kindness?

THERAPEUTIC GOALS, SPECIFIC TECHNIQUES, AND PROBES FOR “PRACTICING ACTS OF KINDNESS”:

<i>Therapeutic Goal</i>	<i>Techniques & Probes</i>
Defining purpose of performing acts of kindness and the chain of kindness.	• Review the benefits of performing an act of kindness. • Discuss how performing an act of kindness could be connected to recovery. • Explain the chain of kindness.
Follow-up-Discuss response performing acts of kindness.	• Identify emotions associated with performing acts of kindness. • Problem-solve the challenges to performing acts of kindness.

Developing Resiliency-Individualized Sessions

Introduction and Module Overview

The following handouts (Gratitude Visit, Counting Your Blessings, Active/Constructive Communication, Life Summary, and Practicing Acts of Kindness) are included as an individualized sessions to the Developing Resiliency Module. You have 2 options if you decide to complete these exercises:

- 1) You can complete 1 exercise at the beginning of each of the Individualized Modules that you decide to complete.
or
- 2) You can choose which exercises you think would be most helpful to you and complete them individually (i.e., not part of a specific module).

When you completed Module #7: Building a bridge to your goals, you decided whether or not to complete any additional individualized modules. You should complete one resiliency topic before each individualized module. If you decided not to complete any of the individualized modules or would like to complete more resiliency topics than the number of individualized modules you chose, you can complete all of the exercises as an individualized module.

Each exercise in this module will be about 2-3 sessions long. When you review the handouts with your IRT clinician, you will review a resiliency topic and make a plan to see if it is a helpful strategy in your life. Each handout is broken up into 2 sections (Part I and Part II). Part I provides a brief rationale of how the skill could be helpful followed by an exercise that will help you practice the skill. Part II asks questions about your experience using the exercise and gives some suggestions for strategies to continue using the skill.

In this module you have an opportunity to:

- Learn how to express gratitude to someone you have never properly thanked.
- Discuss how gratitude can help improve your mood and social relationships.
- Learn ways to incorporate gratitude into your daily life.

- Use active and constructive communication to improve your social relationships.
- Write a life summary to help you gain perspective on the important experiences, activities, and accomplishments in your life and in your future.
- Learn how practicing an act of kindness can help improve your mood and help you make connections with other people.

Topic #5: Gratitude Visit-Part I

(adapted from Group Positive Psychotherapy, Parks and Seligman, 2007)

Gratitude is a feeling of appreciation for something that is meaningful to you. Expressing gratitude is one of the most powerful tools to increase happiness and promote resiliency. By sharing your heartfelt sentiment with another person you feel encouraged to do something good in return. In fact, expressing gratitude has been associated with decreases in depression, anxiety, and stress. One way to experience gratitude is to write a Gratitude Letter that thanks someone in your life and read it aloud to the person.

- The Gratitude Visit helps you take the time to acknowledge something that another person has done for you. Many people have reported that doing a gratitude visit results in a moving, sometimes life-changing experience!
- When thinking about writing a Gratitude Letter, it may be helpful to consider what the person did for you and how it affected your life. Try to include specific examples of the following:
 - Let the person know what you are doing now, and mention how often you remember their efforts.
 - Remind the person what he or she did for you.
 - Tell them how it made you feel.
 - Let the person know what it meant for you.

Home Practice Options

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

Think of the people – parents, friends, teachers, coaches, teammates, employers, and so on – who have been especially kind to you but whom you have never properly thanked. Choose someone with whom you could arrange to have a face to face meeting in the next week. The task is to write a gratitude letter to this individual and deliver it in person by reading it aloud.

Check it Out

- ✓ The following steps will help you complete the Gratitude Letter worksheet think about people who have done something good for you and ideas to put in your letter.
 1. Think of people who have helped you and you have never gotten an opportunity to thank properly.
 2. Of the people listed, select a person who you would like to thank and would feel most comfortable delivering a gratitude letter to.
 3. Make a list of the ways the person helped you.
 4. Identify how you felt about the person helping you, how what the person did made an impact in your life, and how often you remember how the person helped you.
- ✓ Think about how you might deliver your gratitude letter. It could be helpful to think of how you want to present your letter to the person. The following suggestions could help you practice how to deliver your letter:
 - Provide some background information about why you wrote this letter such as:
"Recently, I have been learning about gratitude. I would like to share with you some thoughts I have written about how grateful I am for you."
 - Practice reading the letter aloud before you deliver it.
 - Thank the person for taking the time to listen to your letter.
- ✓ Directly following the gratitude visit, use the questions on your worksheet to reflect on the experience.

Gratitude Letter Worksheet

1. People who have done something good for me: _____

2. Describe what the person did, how much it meant to you, and how it affected your life. Examples of things the person has done and what it meant to you: _____

3. When could you schedule a time to meet with the person and read the letter aloud to them: _____

4. Answer the following questions after writing and reading the letter:

How did it feel to write the letter? _____

How did it feel reading the letter aloud to the person? _____

[illegible]

Topic #5: Gratitude Visit-Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- Describe the process of writing your letter and delivering it if you were able?
 - Who did you write your letter to and what did you thank them for?
 - What was it like for you as you wrote the letter?
- How did you feel reading the letter aloud? How did the other person react?
- Expressing gratitude has been shown to improve self-esteem, help people cope with stress, build and strengthen social relationships, counteract negative emotions, and continually find new ways to appreciate the good things in your life. How did expressing gratitude make you feel (if needed, review the Positive Emotions Poster)? How could this help you in the future?

Summary Points for the Gratitude Visit

- *Gratitude is a feeling of appreciation for something that is meaningful to you.*
- *One way to express gratitude is to write a letter to someone you have never properly thanked and read it aloud to them.*
- *Expressing gratitude can help you cope better with stress, improve your social relationships, counteract negative emotions, and appreciate the good things in your life.*

Topic #6: Counting Your Blessings - Part I

- Gratitude is something that can make you feel good and is often very simple to do. However, it is not very practical to do a Gratitude Visit every day or even every month. You would run out of people. There are some very simple ways to incorporate gratitude into your daily routine.
- The following suggestions are recommended ways for you to practice gratitude in your daily life.
 - Counting your blessings once a week.
 - Sending thank-you notes to someone who has done something for you.
 - Telling other people about a nice thing a person did for you.
 - Finding a gratitude partner who prompts and encourages you to count your blessings.
 - Showing off something in your life that you are proud of (e.g., a special collection, hobby, sport, etc.).
- Think about how you could use one of the ideas above or brainstorm other ideas to practice gratitude daily.

Check it Out

- ✓ Think about how you directly express gratitude to another person. It could be helpful to think of how you want to tell that person you are grateful. The following suggestions could help you practice expressing gratitude:
- After your initial greeting, tell the person you would like to thank them for something that they have done:
"I wanted to take a moment to tell you thank you for always being available when I need to talk."
- Include how that made you feel.
"I always feel relieved after I talk to you and I am ready to try again."
- Thank the person for taking the time to listen to you read your letter.
"I really appreciate you taking the time to listen to what I have to say."
- ✓ Think about how you could incorporate gratitude into your daily life. Select one of the gratitude strategies above or develop a new strategy to practice this week.

Home Practice Options

1. Over the next week, keep a daily journal where you record your blessings or things that you are grateful for at the end of each day. Be sure to write a few sentences about why you are grateful and how experiencing those things made you feel. Try to pay attention during the day to the small blessings just as you did with finding good things in your day.
2. Try to express your gratitude to someone each day. This could be for the simple things such as someone who always says hello to you or for someone that has been a good friend to you. Be sure to be specific about what you are grateful for and how that made you feel. It is best to do this in person, although you can also do this via email, phone, or text message.

Topic #6: Counting Your Blessings- Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- How have you incorporated gratitude into your daily routine?
- If you have shared your gratitude with another person, how did that person respond? How did that make you feel?
- How could you continue to express gratitude on a regular basis?

Summary Points for Counting Your Blessings

- *There are many strategies you can use to incorporate gratitude in your daily life such as keeping a blessings journal, writing thank you notes, or showing off things to other people of which you are proud.*
- *Expressing gratitude can help you re-connect with people and let them know how much you appreciate them.*

Topic #7: What is Active/Constructive Communication?-Part I

(adapted from Group Positive Psychotherapy, Parks and Seligman, 2007)

Shelly Gable, a researcher at UCLA, has found that being satisfied within a relationship can heavily depend on how one person reacts when something good happens to the other. People who respond to other's good news in an active and constructive manner feel more positive about their social relationships. When someone approaches you with good news, you have several choices on how to respond.

1. You could be happy for them, but not make a big deal about it (*"That's good."*).
 2. You could be skeptical, and point out why the good news isn't so good at all (*"Are you sure that this is what you really want?"*).
 3. You could be indifferent (*"Oh."*).
 4. But according to the research, the only way of reacting to good news that leads to higher relationship satisfaction is to be genuinely excited about it, and to make sure that the other person knows that you are happy for them. (*"That's fantastic! I know that you had been waiting to find out for a long time".*)
- Below are some examples of active and constructive responses.
 - Your friend gets a good grade on a paper. You smile and say *"Way to go!"* Then, you insist on going out to eat to celebrate.
 - Your brother gets a job offer that he really wants. You tell him *"Congratulations! I knew that they would have to offer you that job. All of your hard work in school really paid off."* Then you remind him that he has to call your parents and suggest making him dinner to celebrate.

Check it Out

Remember the last time you shared good news with someone.

- Have you ever had anyone react to news from you active-constructively?
- What was that like for you?
- Did it change how you felt about telling that person when something happens to you?

The Steps in Active/Constructive Responding are:

The following steps outline how to respond to someone's good news using active and constructive communication skills:

1. Feeling genuine excitement
2. Outwardly displaying your excitement
3. Capitalizing on the good news (i.e., prolonging discussion of the good news, elaborate on the good news, telling people about it, encouraging your friend to tell other people, suggesting celebratory activities)

Tips for Active/Constructive Responding:

- Use some of the savoring skills to help you respond actively and constructively, particularly sharing with the other person how much the good news is valued and asking about the details to get a mental picture.
- You could also use your experience with savoring to help the person relish in the good news by using leading questions to prolong the experience.
- Pay attention and try not to disprove of the good news. Certain questions could distract the person from the good news.
- A common concern among people who have never done anything like this is that it will feel and appear artificial. Although it is normal to feel uncomfortable trying something new, you don't need to be "bubbly" or like a "cheerleader" if doing so does not feel genuine. Many people who are initially uncomfortable with the exercise are able to find a way to feel more natural by using one of their strengths.
- For example, someone high in curiosity can display interest and excitement by asking a lot of questions. Someone high in leadership can organize a get together to celebrate.

Home Practice Option

1. Over the next week, listen carefully when people you care about report good events to you. Stop and go out of your way to respond actively and constructively. Every night, make a record of the opportunities you had to respond to good news from someone else that day, your response to the news (noting whether it was an active and constructive response), and the other person's response to you.
 - After the other person responds to you, remember how pleasant that made you feel from '1' not all pleasant to '4' the most pleasant and put that rating on the worksheet.

Check it Out

- ✓ It may be helpful to practice how it feels to respond to someone's good news using active/constructive responding. Below are some tips to help you.

Steps to start a conversation to ask for good news:

- Make eye contact.
- Ask a check-in question.
How are you doing? How have things been going for you?
- Find out if they have heard any good news.
What has been happening in your life recently? Have you heard any good news?
- Use active listening and validation-pay attention, ask lots of questions, and relive the experience with them.
- Use active constructive responding skills.
 - genuine excitement (smiles, eye contact, voice inflection)
 - prolonging discussion (asking for details, praising them, asking them about what comes next)
 - asking why the person is excited if possible/appropriate
 - offer suggestions to celebrate the good news and tell other people about it

Who might you have contact with this week that may have some good news about which you could ask them? _____

What questions could you ask someone to find out about good news? (e.g., How have things been going for you lately? Have you heard any good news lately?) _____

Active/Constructive Responding Worksheet

Over the next week, listen carefully when people you care about report good news. Stop and go out of your way to respond actively and constructively. Every night, make a record of the opportunities you had to respond to good news from someone else that day, your response to the news (noting whether it was an active and constructive response), and the other person's response to you. If you did not respond actively and constructively, list an alternative response that could have been more active and constructive. Rate your mood from '1' not at all pleasant to '4' very pleasant after hearing their response.

Situation/Person/Good News	Your Response	Their Response	Mood Rating

Topic #7: What is Active/Constructive Communication?-Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- Who was it that told you about their good news?
- Did you respond actively and constructively? If so, was it easy or hard for you to do so?
- How did the person react when you responded actively and constructively?
- How did it feel for you when you were doing it?
- Were there times that you had an opportunity to respond actively and constructively and either didn't, or tried to and didn't do it successfully?
- What could you do to help you remember to use Active/Constructive communication?

Summary Points for Active/Constructive Communication

- *Responding to people using active and constructive communication can help you feel more positive about your social relationships.*
- *Active and constructive communication involves being excited about a friend's good news and finding ways to help the person capitalize on that good news.*

Topic #8: Life Summary-Part I

(adapted from Group Positive Psychotherapy, Parks and Seligman, 2007)

The goal of the following exercise is to help you gain perspective on what is most important to you. This exercise will give you an opportunity to think about what you want to achieve most in your life. Think about what you want your life to be and the experiences that you want to have. This should reflect your personal vision of the experiences that you want to have, the people that you want to be a part of your life, and the accomplishments that you want to achieve.

Home Practice Options

1. Imagine that one day, after you retire, someone writes a book about your fruitful and satisfying life. What would you want the book to say about you?
2. Write a one page summary of your life. Be sure to include a description of your values and your personal characteristics, and to discuss how you would contribute to a positive human future. Think about the goals you would like to accomplish and how you want to use your strengths in the future.
3. What traits and accomplishments would you like to define you?
4. What would you want other people to know about you?

Life Summary

[illegible]

Topic #8: Life Summary-Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- What was it like for you as you wrote the summary? What were you thinking about? Feeling?
- Reread what you wrote in your life summary, what is most important in your life?
- From what do you derive the greatest sense of meaning?
- Did you learn anything new about yourself as you were writing your summary?
- Make a list of the activities you currently spend a lot of your time on in your life.
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
- Of the activities you listed above, which ones do you currently spend a lot of time on that is not listed in your life summary? If so, why?
- List some changes that you could make in your current life to more accurately reflect your life summary. For example:
 - Which activities could you spend more time doing or which activities could you begin?
 - Think about the people that you mentioned in your life summary; could you be spending more time with them?
 - What resources do you need to accomplish the activities in your life summary? How could you go about acquiring those resources?

Exploring what is important and meaningful in life is connected to how you define recovery and discover resilient qualities. Review your definition of recovery. Look for commonalities and differences between your life summary and definition of recovery. How will you use what you have learned to help you as you move forward in your recovery?

- What changes might you make in your life so that this life summary might one day be an accurate reflection of your life and personal priorities? Or more accurately reflect your vision of recovery?

Summary Points for the Life Summary

- *Thinking about and writing your life summary can help you identify activities, people, and accomplishments that are important to you.*
- *Writing a life summary can help you identify how you define recovery, discover resilient qualities, and identify activities in your life that are a personal priority.*

Topic #9: Practicing Acts of Kindness- Part I

(adapted from The How of Happiness, Lyubomirsky, 2007)

There is a saying about kindness that states “*practice random acts of kindness and senseless acts of beauty.*” The truth in that saying is that acts of kindness have been linked to increases in happiness, gratitude, and decreases in distress. By practicing acts of kindness, you begin to see yourself as a more giving and compassionate person. This improved self-perception leads to feelings of hope and optimism. As a result, people will be more inclined to enjoy being around you, value the time that they spend with you, ask for your help when in need, offer you gratitude, and offer to help you if you are ever in need.

Acts of kindness, however, do not need to be random. The key to unlock the benefits of kindness is to commit to doing something that works best for you. Below are some suggestions for acts of kindness.

	Have Tried	Would Like to Try
1) Take out the garbage for your family or a neighbor.	☐	☐
2) Give a compliment to a family member or friend.	☐	☐
3) Walk the dog for a friend or neighbor.	☐	☐
4) Compliment a co-worker on a job well done.	☐	☐
5) Send a thank-you note to someone who has helped you.	☐	☐
6) Tell your family members how much you appreciate them.	☐	☐
7) Treat a friend or family member to lunch for no reason.	☐	☐
8) Make a craft and give it to a friend or family member.	☐	☐
9) Give a friend the gift of generosity-offer yard work, cleaning house, or a meal.	☐	☐
10) Stop by and visit an elderly neighbor.	☐	☐
11) Do some community service such as picking up trash at a park.	☐	☐

12) Clean out your closet; donate your used goods to a shelter.	☐	☐
13) Give your family member a hug for no reason.	☐	☐
14) Listen to someone who is going through a tough time.	☐	☐
15) Send flowers to a family member.	☐	☐
16) Volunteer at a senior center, library, or hospital.	☐	☐
17) Write a poem for someone you care about.	☐	☐

These ideas are just the tip of the iceberg. You will get the most benefit from acts of kindness when you try different things. If you are taking out the garbage and walking the dog one week, the next week you might try visiting a neighbor or telling family members how much you appreciate them the next week. Brainstorm some ideas for acts of kindness that you could do. Make a list below.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

- Performing acts of kindness can lead to the chain of kindness. This refers to the “pay it forward” effect. The person on the receiving end of your act of kindness may feel so comforted and surprised that he or she is more likely to return the favor to someone else. The act of kindness that began with simply shoveling snow for a neighbor has the potential to be carried forward to many people beyond you.

Questions:

- How could practicing acts of kindness help you re-connect with old friends or make new friends?
- Think about ways to incorporate your strengths into performing acts of kindness.

- What is one way you could use your strengths in an act of kindness?
- Tips to remember when practicing acts of kindness:
 1. Make a commitment to practice acts of kindness either several over a week or to get the greatest benefit -- several in one day.
 2. Plan to vary the acts of kinds each week.
 3. Don't over-commit yourself to do something that will make you feel overwhelmed. If needed, start small and work up to something with a larger time commitment.
 4. Try doing an act of kindness in which you expect nothing in return.

Home Practice Option

1. Make a goal to do one at least one act of kindness per day. Plan ahead to help you figure out what acts of kindness you could perform, whether the acts of kindness will need any resources, and the people that you would approach in an act of kindness. Think about the feelings that are associated with your act of kindness.

Topic #9: Practicing Acts of Kindness- Part II

Home Practice Follow-up:

(The following questions provide an opportunity to discuss the home practice and should be done at the beginning of the session after the practice.)

- What acts of kindness did you perform over the last week?
- How did you feel during the act of kindness?
- Which acts of kindness were the most rewarding? Why?
- How did the other person respond to your act of kindness?
- How could you incorporate acts of kindness into your regular routine?

Summary Points for Practicing Acts of Kindness

- *Practicing acts of kindness can help increase positive emotions, improve social relationships, and decrease distress.*
- *Planning an act of kindness can help you be successful in incorporating acts of kindness into your life.*