



Vision of Wellness Program

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Section 1

Welcome to the Vision of Wellness Program!

We are excited to have you here! Your first day of programming is going to contain a lot of information, including **group rules and regulations, expectations of programming, and general group structure**. It is okay if you do not remember all of it-we included most of the information reviewed in the upcoming pages for you to review on your own time.

Vision was created to help assist clients diagnosed with Schizophrenia, Schizoaffective Disorder, and other psychotic disorders in realizing their own individual recovery vision. Vision uses evidence-based approaches that help develop personal strategies for coping with mental illness and moving forward with life, including Illness Management and Recovery (IMR), and Dialectical Behavioral Therapy (DBT). These methods help cover the following areas of recovery:

- Self-care
- Social skills
- Symptom awareness and management
- Relapse Prevention
- Goal-setting
- Relationships
- Establishing and maintaining strength and stability

We are excited to have you here in programming, and look forward to working with you as you establish your own Vision of recovery.

General Program Structure

Tuesday:

- 9:00am-9:45am: teaching hour
- 10:00am-10:45am/11:00am-11:45am: weekly goals
 - Each week, **4 weekly goals** are set. These goals can be based on a skill learned in session or a goal you need to complete in your personal life (see the next page for ideas on weekly goals). One of your goals will be identified as a marble goal. If you complete this goal within the next week, you will earn marble awards that go towards an overall group award.
 - During break-each client will write on the board:
 - Goals you worked towards
 - Completion of goal
 - Barriers or challenges to completing goals
 - Skills/strategies used to complete goals.
 - During the hour, each client will check in on their safety and if needed complete a safety commit; their weekly goals; and their treatment plan goals.
 - Group members will provide feedback, ask questions, and offer validation/support.
- End the day with a mindfulness activity

Thursday:

- 9:00am-9:45am: teaching hour
- 10:00am-10:45am: feelings, stressors, warning signs
 - During break-each client will write on the board:
 - Feelings
 - Stressors
 - Warning signs
 - During the hour, each client will check in on their safety and if needed complete a safety commit; their feelings, stressors, and warning signs; and their treatment plan goals.
 - Group members will provide feedback, ask questions, and offer validation/support.
- 11:00am-11:45am: weekly routine
 - During break-each client will write on the board:
 - Weekly routine
 - Positive events-past and future
 - During the hour, each client will discuss their weekly routine. They will identify any barriers or challenges that got in the way of completion of their routine. They will discuss positive events that happened and positive events they are looking forward to.
 - Group members will provide feedback, ask questions, and offer validation/support.
 - If client completed their diary card, they get **10 marbles** towards group reward.
- End the day with a mindfulness activity.

Thursday

Name: _____

Day	Meds	Diet/ Cooking	Sleep	Exercise	Hygiene	Obligations/ appointments	Finances	Chores
Fri	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Barriers/Skills:								
Positive Events:								
Sat	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Barriers/Skills:								
Positive Events:								
Sun	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Barriers/Skills:								
Positive Events:								
Mon	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Barriers/Skills:								
Positive Events:								
Tues	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Barriers/Skills:								
Positive Events:								
Wed	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Barriers/Skills:								
Positive Events:								
Thurs	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Barriers/Skills:								
Positive Events:								

Tuesday

Goal	Completion	Barriers	Skills/Strategies
1.			
2.			
3.			
4.			

Day	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Feelings							
Stressors							
Warning Signs							

Weekly Goal Ideas

- Any DBT goals
- Work goals
 - Getting to work on time
 - Getting along with co-workers
 - Achievements at work
 - Work towards getting a job
- Attending appointments
- Focusing on positives
- Relationship building
 - Looking for a new friend
 - Attending to a new relationship
 - Not engaging in conflict
- Going out into the community
- Health goals
 - Cooking a new meal
 - Eating healthy snacks
 - Drinking more water
 - Getting more sleep
 - Eating breakfast
- Working on leisure activities
 - Arts/crafts
 - Hobbies/developing new hobbies
- Hygiene goals
 - Showering, brushing teeth, etc.

Identify weekly goals you might want to work on while in Vision programming:

Safety Plan

I, _____, will follow this safety plan until the next time I receive services. This means I will not act on my urges to commit suicide. I will use the steps listed below to assist with my safety, call my team members/people in my support system/crisis numbers listed below as needed, or admit myself into the hospital if needed.

Events that might lead to safety concerns:

1)

2)

3)

4)

Specific steps I will take to maintain my safety:

1)

2)

3)

4)

5)

Team members/other people in my support system/crisis numbers I will call for help are:

- | | |
|----------------------------------|---------------|
| 1) | Phone number: |
| 2) | Phone number: |
| 3) | Phone number: |
| 4) Washington County Crisis Line | 651-275-7400 |
| 5) Ramsey County Crisis Line | 651-266-7900 |
| 5) Crisis Text Line | 741741 |
| 5) Emergency | 911 |

Client signature and date: _____

Therapist signature and date: _____

Section 2

Vision of Wellness Group Rules and Expectations

- Group members are expected to attend each scheduled session. Absences must be planned with the therapist and/or group in advance with the exception of illnesses, hospitalizations, or emergencies.
- Members must maintain confidentiality. Group issues cannot be discussed outside of group or during break. Breaking confidentiality may be grounds for discharge.
- Members are expected to participate in group through active listening, providing support and feedback to peers, being engaged in teaching, and presenting on their vision diary cards.
- Members' feedback and behavior is expected to be respectful at all times. Anyone engaged in disrespectful feedback will be given a verbal warning and then may be asked to take a break or leave. A pattern of disrespectful behaviors may result in a behavior contract, suspension, or discharge from group programming. Examples of disrespectful behavior include:
 - Intentionally interrupting or talking over others.
 - Using inappropriate verbal and/or non-verbal language, including swearing or any offensive language.
 - Sharing specific details of behaviors that are self-injurious.
 - Not respecting the boundaries of others.
- Members are expected to be clear and respectful of each other's boundaries. Members are not allowed to have romantic or other private relationships with others.
- Members are not allowed to purchase any items from each other or participate in any business transactions.
- Members are not allowed to use alcohol, drugs, or engage in unhealthy behaviors together. Participating in these behaviors may be grounds for discharge.
- Members are not allowed to engage in SI/SIB behaviors on the premise or come to group under the influence of alcohol or drugs. Such behaviors may be grounds for discharge.
- Members are required to participate in ongoing individual therapy and comply with prescribed medications.

Vision of Wellness Group Attendance Policy

Consistent attendance is necessary for Vision of Wellness to be effective for you and other program members. Attendance, timeliness, and consistency are also life skills.

It is expected that program members attend all programming sessions. If possible, please schedule all appointments around your group programming. The attendance policy does allow absences for illness, emergencies, and other causes.

If you miss more than 1 session in 6, you will be put on an **attendance contract**. A discussion regarding barriers to attendance will occur which could include members of your treatment team as needed. While on an attendance contract, you must attend 5 of the next 6 sessions to end the attendance contract. If you miss more than 1 of 6 sessions while on an attendance contract, you will be put on a **discharge contract** and barriers to attendance will be discussed with all who can help you succeed.

At the discretion of the program, allowances for circumstances beyond a person's control will be considered when looking at attendance. Please communicate with your group provider about any absences so the group provider can better advocate for exceptions. You are responsible for keeping your therapist and the program informed if you have to miss your program session. Always call before programming if you will be absent.

A **Leave of Absence (LOA)** may be granted at the discretion of the therapist/treatment team and must be planned with a clear time-limit. It is your responsibility to contact your therapist and team during a LOA. Documentation to support a LOA may be required.

Mental Health System's Safety Contracting, Transportation, and Safety Policy

- Clients are expected to accurately report all safety concerns to their group and/or individual therapist.
- At that time, the therapist will ask the client whether or not they can contract to remain safety from suicide and/or self-injury until the next time they see a therapist.
- If they are willing, the client will work to update their safety plan to assure safety. Included in that plan is a commitment that if conditions change where the client cannot remain safe with the plan they have, that they will go to the emergency room to be assessed for safety and potential admission.
- Safety planning will be goal driven with the safety plan as a goal. The safety plan will be time limited.
- If a client is unwilling to commit to safety, the offer to plan for safety will be given and followed through with. The goal being a commitment to safety at the end of the planning time.
- If a client is unwilling to commit to safety or unable to commit to safety, and will not engage in safety planning, or is unable to commit at the end of that planning, a transportation hold will be executed to safely transport the client to the hospital.
- Transportation to an emergency room is a process by which a mental health professional assesses the situation, completes a transportation hold form and police or paramedics are called to take the client safely and securely to the hospital.
- **Transportation by parties other than paramedics, police, or ambulance personnel is strictly prohibited by MHS policy.** This means family members, parents, friends, therapists, case managers are not allowed to transport you to the hospital. This is MHS policy to assure the safety of all concerned and **will not** be deviated from in any case.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Mental Health Systems' Commitment to Protecting the Privacy of Your Health Information

Concern for the privacy and security of health information is widespread across our nation. MHS has always gone to great lengths to protect your health information. New federal laws reinforce these protections and call for additional protections of health information. They also provide you with rights to access your health information and understand how it is being used. This form is being given to you to help summarize the posted document, *Access to Health Records: Practices and Rights*.

Summary of the Federal Privacy Regulations and Mental Health Systems' *Access to Health Records: Practices and Rights*. Effective April 14, 2003, all health care providers and health plans are required to follow standard federal privacy regulations. These privacy regulations are part of the Health Insurance Portability and Accountability Act - HIPAA for short. HIPAA will help protect the privacy of your health information in these ways:

1. Defines individual health information -HIPAA tells us what is considered to be health information. It includes an individual's health and billing information in any format - electronic, paper or oral.
2. Defines health care organizations - HIPAA tells us what kinds of organizations must follow these standard privacy regulations. HIPAA covers physicians, hospitals, health plans, claims clearinghouses and many other organizations that are involved in the health care delivery process.
3. Defines individual rights over your health information- HIPAA provides you with new rights to help you understand and control how your health information is being used. A document called Mental Health Systems' *Access to Health Records: Practices and Rights* will be provided to you. This document explains in detail how Mental Health Systems will use and release your health information. Included in this document are descriptions of your rights to:
 - Access to your health information
 - Request an amendment or correction to your health information
 - Authorize non-routine disclosures of your health information
 - Request a history of where your health information has been released outside of MHS
 - File a formal complaint if you feel your privacy rights have been violated

For more information about Mental Health Systems' privacy practices

HIPAA regulations are intended to protect the privacy of your health information, yet allow the appropriate flow of information necessary to care for you. MHS takes these regulations seriously and we will do our best to protect your privacy while providing you with the highest quality health care services available. Please review the *Access to Health Records: Practices and Rights* document for more information about how MHS protects your privacy. You may also contact MHS at 952-835-2002 for additional copies of the document, if you have questions about the privacy of your health information or if you have suggestions as to how we can better protect your privacy.

Acknowledgement of Receipt of the Access to Health Records: Practices and Rights document. Federal regulations require that MHS obtain proof that patients have received the Access to Health Records: Practices and Rights document. My signature below indicates only that I have received a copy, not that I have read it or agree with its contents.

CLIENT COPY _____

BILL OF RIGHTS FOR PERSONS SERVED

1. Mental Health Systems, PC (MHS, PC) does not discriminate on the basis of religion, race, sex, marital status, age, sexual preference, national origin, previous incarceration, disability or public assistance status.
2. Every client shall be fully informed, prior to or at the time of the intake session, of the services available at MHS, PC and of related financial charges that are the clients responsibility to pay beyond the coverage (if any) of health insurance.
3. Every client can expect complete and current information concerning her or his diagnosis and individual treatment plan in terms he or she can understand from her or his mental health professional or practitioner. This information shall include diagnosis, the nature and purpose of the proposed treatment, the risks and benefits of the proposed treatment, the possible negative outcomes of and possible alternatives to the proposed treatment, the probability that the proposed treatment will be successful, and the prognosis if the client chooses not to receive the treatment.
4. Every client shall have the opportunity to participate in the formulation of her or his individual treatment plan.
5. Every client shall have the right to know the name and the competencies of the licensed mental health professional responsible for coordination of her or his treatment.
6. *Every client who will be treated by an unlicensed mental health practitioner shall receive in writing a Statement of Credentials that will include the following information before treatment begins:*
 - a. *Name, title, business address and telephone number of the unlicensed practitioner;*
 - b. *Degree(s), training, experience, or other qualifications of the unlicensed practitioner;*
 - c. *Name, business address and telephone number of the unlicensed practitioner's licensed mental health professional supervisor;*
 - d. *Brief summary, in plain language, of the theoretical approach used by the unlicensed practitioner in treating clients.*
7. Every client shall have the right to respectfulness of privacy as it relates to her or his psychotherapy treatment program. Assessment, case discussion, consultation and treatment are kept private.
8. Every client shall have the freedom to voice grievances and recommend changes in policies and services to MHS, PC staff free from restraint, interference, coercion, discrimination, or reprisal.
9. In addition to the rights listed above, consumers of psychological services offered by psychologists licensed by the State of Minnesota have the right to:
 - (a) expect that a psychologist has met the minimal qualifications of and experience required by state law; (b) examine public records which contain the credentials of a psychologist; (c) to



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obtain a copy of the rules of conduct for psychologists. A consumer who wishes to obtain a copy should contact the Minnesota Board of Psychology, 2829 University Avenue S.E., Suite 320, Minneapolis, MN, 55414-3237, 612-617-2230.

10. Every client has the right to refuse to participate in any experimental research.
11. Every client has the right to reasonable notice of changes in services or financial charges.
12. Every client may expect courteous treatment and to be free from verbal, physical, or sexual abuse by MHS, PC staff.
- 1 3 Every client shall receive a copy of the MHS, PC fee schedule and information on billing before receiving treatment.
14. Every client may refuse mental health services or treatment.
15. Every client has a right to coordinated transfer when there will be a change of therapists.
16. Every client may assert the client's rights without retaliation.
17. Every client has the right to choose freely among available mental health professionals and practitioners in the community and to change therapists after mental health services have begun within the contractual limits of the client's health insurance, if any.
18. Other mental health services may be available in the community. For more information, telephone First Call for Help, 612-335-5000.

Procedures for Filing a Grievance (Complaint)

- I. If a client believes that her or his rights have been violated by a mental health practitioner, the client is encouraged to submit an oral or written complaint to the Clinical Director, Dr. Mark Carlson. If the client is not able to submit a complaint written by the client or by someone else of the client's choosing in behalf of the client, the client may choose to submit a taped complaint in the client's own voice identifying the specific rights violation(s) believed to have occurred. The Director shall investigate the complaint and attempt to rectify the problem within five working days. The client may request that this resolution be put in writing and given to the client.
2. If a client believes that her or his rights have been violated by a mental health professional, the client is strongly encouraged to submit a written complaint clearly stating the specific rights violation(s) and signed and dated by the client to the Director, Dr. Mark Carlson, Psy.D., Licensed Psychologist. The client may choose to file a complaint with the mental health professional's state licensing board, or with the Office of Mental Health Practice in the case of a mental health practitioner.
 - A nurse is licensed by the Minnesota Board of Nursing, 2829 University Avenue S.E., Suite 500, Minneapolis, MN, 55414, 612-617-2277.
 - A psychiatrist is licensed by the Minnesota State Board of Medical Practice, 2829 University Avenue S.E., Suite 400, Minneapolis, MN 55414, 612-617-2130.
 - A psychologist is licensed by the Minnesota Board of Psychology, 2829 University Avenue S.E., Suite 320, Minneapolis, MN. 55414, 612-617-2230.



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- A social worker is licensed by the Minnesota Board of Social Work. 2829 University Avenue S.E., Suite 340, Minneapolis, MN, 55414, 612-617-2100.
 - An unlicensed mental health practitioner is regulated by the Office of Mental Health Practice, Minnesota Department of Health. P.O. Box 64975, 121 East 7th Place, Suite 400, St.. Paul, MN 55164-0975. 651-282-5621.
4. In lieu of items 1-3 above, a client may file a complaint with the Division of Licensing, Minnesota Department of Human Services, 444 Lafayette Road. St. Paul, MN, 55155, 651-296-3971.

Data Privacy Notice for Clients Who Provide Information in Person

1. Minnesota Statute requires MHS, PC to give a “data privacy notice” or “Tennessee Warning” before asking anyone for private or confidential data. Often the first contact with a prospective client is over the telephone. In cases where persons are asked for private data such as name or service desired or some details about circumstances, they must be given the following data privacy information:
- “Before I can ask you to give me any information I am required by law to explain who can see it and how it will be used. The information you give will be used by the staff of this agency to help you determine the kind of treatment you need. No law requires that you give us information, but we cannot help you without some information. What you say will be kept private. but it could be reviewed by the staff who work in the program(s) you are treated within.
- If you are a minor you can ask that data about you be kept private from your parents.”
- Any prospective client given this information over the telephone should also be given a copy of the complete data privacy notice at the intake session.
2. Federal and state laws require MHS, PC to keep all information about you strictly private. Anyone at MHS, PC who may have access to information about you must keep that information private. Anyone who illegally shares information about you is subject to fines, dismissal or other legal action.
3. All information we request will be used for one or more of the purposes stated below:
- a. to evaluate your need for care;
 - b. to plan the types of care that will help you the most;
 - c. to assist MHS, PC in collecting payment for the service we provide you.
4. You are not required to provide any information to us. But if you choose not to give us information about you, that will make it more difficult for us to help you, and may interfere with or prevent achieving your counseling goal(s).
5. Information about the type, the amount, the dates, the cost, the outcome and the evaluation of the treatment given to you will be available to MHS, PC staff who need such information to keep records. This information may be sent to your insurance company for billing purposes, but only after you give your signed permission.



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No audio or video recording of a treatment session will be made without your written permission. No one except MHS, PC staff involved in your treatment will view or listen to a treatment session or recording of a session, or read a verbatim transcript of a session, unless you give your permission.

There are a few instances where MHS, PC may be unable to protect your privacy. MHS, PC staff are required by law to report suspected child or vulnerable adult maltreatment, even if the information was received in confidence. If you are involved in a court action, your record may be subpoenaed. During an emergency non-MHS, PC people or agencies may be contacted (for example, physician, hospital, telephone answering service) in order to help you resolve your emergency. If you do not pay your bill on time, it may be reviewed by our attorney, used in a lawsuit or turned over to a collection agency.

6. You may see all the data about you unless it is used to investigate an illegal action or if a licensed mental health professional believes that it will be harmful to you or others. You may have the information explained to you and have information corrected you think is wrong and MHS, PC finds to be wrong. If you consider incorrect any information which MHS, PC finds to be correct, you may still attach your own explanation to your client record.

Privacy

Most of the information we collect about you will be classified as private. That means that you and MHS, PC staff who need the information can see it while others cannot. For example, MHS, PC therapists may participate in periodic case conferences for case review in order to insure that you and other clients receive the most effective service possible. Your therapist will inform you if your case is discussed in a case conference.

Occasionally statistics and other anonymous data may be taken from the information we collect about you. This is public and open to anyone, but it will not identify you individually in any way.

Access By You

You can see all public and private records about yourself and your children. (See section on minors for an exception.) To see your file go to the office where it is kept--usually where you receive services--and ask to see your records. Access may take a few days, but ten working days is the longest you can be asked to wait. You may also authorize anyone else to see your records. Any access is without charge, but you will be charged for photocopies. Remember to bring identification with you when you request to see records.

Access By Others

Employees of MHS, PC will have access to information about you any time their work requires it. Any individual or agency you authorize by informed signed consent may have access to information about you for the purposes you identify. By law some other government and contractor agencies may also have access to certain information about you if they provide a service to you or if they provide a service to this agency that affects you and requires access to your records. In circumstances specified in statute, information about you may or must be released without your consent. For examples of these circumstances, please review the document, "Access to Health Records: Practices and Rights," given to



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you at the time of your intake interview.

Details about how the information we collect about you may be shared are available from the staff person(s) who work with you.

Purposes

The purposes of the information we collect from you, or that you authorize us to collect from others about you, are listed below. Because this list of purposes covers a variety of situations, some of the purposes will not apply to you. Details about the purposes of the information we collect from you are listed on any release of private data form(s) you will be asked to complete and are available from MHS, PC staff. Depending on the services you receive. The purposes of the data we collect from you are:

- to assess your need for treatment;
- to provide effective care and treatment of problems identified by you;
- to coordinate your treatment with other members of your interdisciplinary team;
- to prepare statistical reports and do evaluative studies (you will not be individually identified in the reports or studies);
- to enable us to collect federal, state or county funds for the services, care or assistance that you or your dependent(s) receive from this agency;
- to permit this agency to collect from you or the Minnesota Department of Human Services or a county human services agency the payment owed us for the service(s) you receive from MHS, PC;
- to evaluate and audit programs; and
- other purposes specifically authorized by you.

Other Rights

You have the right to challenge the accuracy of any of the information in your records. If you want to challenge any information, talk to your MHS, PC therapist or write to the MHS, PC Director. Your challenge must be answered in 30 days.

You have the right to insert your own written explanation of anything you object to in your records.

You have the right to appeal the decisions about your records. To file an appeal, you may write to the Commissioner of Administration, State of Minnesota. 50 Sherburne Avenue, St. Paul, Minnesota. 55155. Your notice to the Commissioner of Administration should contain the following information:

- your name, address, and phone number, if any;
- a statement that Mental Health Systems, PC is the agency involved in the dispute and that MHS, PC's Director of Clinical Services, is the responsible authority representing MHS, PC;
- a description of the nature of the dispute, including a description of the data; and
- the desired result of your appeal.

This notice must be filed within 60 days of the action being appealed.



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Minors

If you are a minor (i.e., less than 18 years old), you have the right to request that information about you be kept from your parent(s) or legal guardian(s). This request should be made in writing to your MHS, PC therapist and both explain the reasons for withholding data and show that you understand the consequences of doing so. In a few cases the law permits us to withhold data from your parent(s) or legal guardian(s) without a request from you, if that data concerns the treatment of drug abuse or venereal disease or if you are married. If you have any questions about this, ask the MHS, PC therapist who works with you.

Whom To Contact

If you have any questions regarding the Data Practices Act or any of the information above, ask your MHS, PC therapist or MHS, PC's Clinical Director. You may also direct inquiries to the Data Privacy Division, Department of Administration, 305A Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155, 651-296-6733 or 1-800-657-3721.

Funding

MHS, PC is a private, for-profit clinic whose sole source of revenue is based on fees for services provided. Major sources of reimbursement for services provided are the Minnesota Health Care Programs (MHCP), and private health insurance. A sliding fee schedule for individual and family therapy is available for persons not covered by health insurance. MHS, PC accepts MHCP (Medical Assistance, MinnesotaCare, or Medicare) reimbursement as payment in full for covered services provided to a recipient with the following exceptions: (1) in the case of a spend-down, (2) when the recipient has received an insurance payment designated for the service, in which case MHS, PC is allowed to bill the recipient directly to recover the insurance payment that the recipient has received, and (3) under MinnesotaCare, if a co-payment or dollar cap on the service exists.

Responsible Authority

Dr. Mark Carlson is the Clinical Supervisor of Mental Health Systems, PC and as such is the responsible authority regarding the interpretation and implementation of the Government Data Practices Act. His business address is listed on page 1 of this document. He is the person responsible in this Center for answering inquiries from the public concerning the provisions of the Data Practices Act.

Section 3

Section A: Mental Health Education- Increasing Our Knowledge

Introduction to Mental Health and Mental Illness

What is Mental Health?

Mental health is the term used to help identify and talk about the way a person feels, thinks and behaves. It's a very broad term, and encompasses a lot of different areas, including memory, concentration, attention, knowledge, emotions, impulses, behaviors, relating with others, taking care of ourselves on a day to day basis, and many other aspects of functioning.

Mental health is oftentimes a difficult concept to comprehend because, unlike physical health, it is harder to define. We are all different than one another, which means our struggles and accomplishments when working with our mental health look different too. This can make it hard for others to understand, and also make it harder for some people who struggle with mental health concerns to seek help.

Questions:

- *When you hear the term “Mental Health”, what do you think of?*
- *Can you think of times that it's hard to talk about mental health with others because their experience is so different?*
- *What helps you to discuss things related to mental health?*

What is a Mental Illness?

A Mental illness is a condition, diagnosed by a mental health professional, which disrupts a person's ability to think, feel, behave, relate to others, or otherwise function on a day to day basis. A mental illness usually centers on a type of experience or series of symptoms. These experiences or symptoms might be clustered around anxiety, depression, attention, disorganized thoughts, experiencing things that aren't there, or believing things to be true that are not true. In order to be diagnosed with a mental illness, a person has to experience these symptoms in a way that is different than the everyday person, and these symptoms have to make life harder for the person being diagnosed.

Mental illness affects a large percent of our population in the United States. In 2019, there was an estimated 51.5 million adults aged 18 or older diagnosed with a mental illness. That is approximately 20.6% of our population in the United States! To put that into a different perspective, that would include the entire population of Minnesota, Wisconsin, Iowa, Michigan, Illinois, North Dakota, South Dakota, and a few other states combined. Other research suggests that about 31% of all Americans will experience mental illness directly at some point in their lives.

Mental illness is something that people can be frightened to talk about, but it is very common. The most important thing to know about mental illness is that it is not your fault. People, when diagnosed with a mental illness, frequently think that they have done something wrong, or that they are somehow responsible. The hard truth is that mental illness happens to everyone, regardless of the good (or bad) things they have done in their life, the lifestyles they have, the people they surround themselves with, how much money they have, or how smart or educated they are.

Questions:

- *When did you first hear the term Mental Illness?*
- *What was your response when you found out you might have a mental illness?*
- *What is your reaction to knowing that many, many people struggle with mental illness?*

Communication and Mental Health

It is important to become comfortable talking about mental illness. Research clearly suggests that, without support and communication with providers and caregivers, mental illness gets worse. Talking about mental health can be difficult, especially considering that many people are uncomfortable or might otherwise struggle with hearing about mental health. This section is designed specifically with several goals that can be helpful when communicating about mental health. These goals include:

- Gaining understanding about mental health diagnoses.
- Learning how doctors and professionals talk about mental health so that you can communicate with them.
- Identifying symptoms that you are experiencing so that you can communicate your needs to others.
- Learning about stigma and the ways in which you can help others to be more accepting of mental illness.
- Learn about laws and rights that you have to protect you and ensure you are treated well.

Mental Health Diagnoses

It is important for us to have general knowledge of our mental health diagnosis. Having a basic understanding can make it easier for us to talk about our mental illness, and to help to create more awareness within ourselves and others in our lives.

Facts about Schizophrenia

What is Schizophrenia?

Schizophrenia is a mental disorder that affects a large number of people. Research shows that about 1.1% of the world's population develop schizophrenia at some point in their life. While this might seem like a lot, that means approximately 3.5 million people in the United States, and about 20 million people worldwide, are diagnosed or will be diagnosed with schizophrenia at any given time. Schizophrenia occurs everywhere in the world, regardless of racial, ethnic, or economic background.

Schizophrenia causes symptoms that interfere with many aspects of people's lives, especially their social life and their ability to remain organized and take care of themselves. Some symptoms make it difficult to know what is real and what is not real. Some people who experience schizophrenia describe it as being similar to living in a waking dream, or being in a constant 'mental fog'. Other symptoms cause problems with motivation, concentration, and experiencing enjoyment.

It is important to know that there are many reasons to be optimistic about the future when you are diagnosed with schizophrenia:

- There are effective medications and other treatments for schizophrenia, and these treatments and medications are being refined constantly.
- People with schizophrenia can learn to manage their illness.
- People with schizophrenia can, and often do, lead productive lives.

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

Questions:

- *What did you know about schizophrenia before you had personal experience with it? Where did you get your information about schizophrenia? (media, family, etc)*
- *If you are diagnosed with schizophrenia, what did you think when you were first diagnosed? Are there things you know now, that you wish you knew when you were first diagnosed?*

Symptoms of Schizophrenia

As with all mental illness, it is important to remember that the symptoms of schizophrenia can be found in other diagnoses. Schizophrenia is diagnosed based on a combination of different symptoms, how long they've been around, and their severity. Symptoms that occur only when a person has used drugs and alcohol are not included.

It is also important to note that in diagnosing mental illness there are two main types of symptoms: positive and negative. *Positive symptoms* are any symptoms that add to the experience of the individual, while *negative symptoms* are any symptoms that take away from the experience of the individual. No one has the exact same symptoms or are bothered by their symptoms to the same degree. You may, however, recognize having experienced some of the symptoms discussed below.

Hallucinations:

Hallucinations are *false perceptions*. This means that people hear, see, feel or smell something that is not actually there. Hearing voices or seeing shadowy images are the most common types of hallucinations. Some voices might be pleasant, while others may be unpleasant, saying insulting things or calling people names. When people hear voices, it seems like the sound is coming in through the ears and the voices sound like human voices. It can sound extremely real. Approximately 70% of people with schizophrenia will experience hallucinations. The following statements are examples of Hallucinations:

- “It was like a voice kept calling my name and telling me I was doing things wrong, it really got me down.”
- “Sometimes I heard two voices talking about me, like they were having a conversation about what I was doing.”
- “The voices would tell me what to do and sometimes they would try and make me do things I didn’t want to.”
- “Sometimes I see weird reflections in the mirror or in the glass that seem really real. Sometimes they look like people, and sometimes they are just strange shapes.”
- “I thought I saw smoke coming under the doors, but nobody else saw it”.

Delusions:

Delusions are defined as *false beliefs*. This symptom is seen when people have really strong beliefs that are firmly held and unshakeable, *even when there is evidence that contradicts them*. In order for this to be considered as a symptom of schizophrenia, these delusions must be very individual, and not shared by others in their culture or religion. Delusions seem very real to the person experiencing them, but to others they seem strange, obviously untrue, and impossible.

One common delusion, called *paranoia*, is when people believe that others want to hurt them when they do not. This delusion is oftentimes accompanied by beliefs that the person is being watched, pursued, or tracked. Another common delusion that a person with schizophrenia might have is that they have special powers, talents, or wealth. Other delusions include the belief that a person is being controlled by another's thoughts, that their thoughts are being read, that they are ill when there is no diagnosable condition, or that the television or radio is communicating directly with them.

Disorganized Speech:

Disorganized speech includes difficulty speaking in a way that others understand. It oftentimes seems as if the words are coming out wrong, or that a person is having trouble keeping track of their thoughts and is easily derailed. Disorganized speech can sometimes seem to make sense, but oftentimes becomes vague or only loosely related to what originally being said. This speech might reflect disorganized qualities of thought and difficulty managing flow of information in general.

Grossly Disorganized or Catatonic Behavior:

These symptoms refer to two different extremes of behavior. Both are relatively rare. *Disorganized behavior* is behavior that appears random or purposeless to others and might include repetitive actions. An example might be seen in an individual who spends days moving things from one room to another, and then back again. *Catatonic behavior* refers to when a person stops almost all movement and is immobile for long periods of time. They often have no memory of this period of time, and require assistance in doing basic tasks such as drinking water.

Negative Symptoms:

Negative symptoms include lack of energy, motivation, pleasure, and expressiveness. Negative symptoms that occur with schizophrenia are very similar to those experienced with depression; however, they are often *not* accompanied by the thoughts and feelings of hopelessness, worthlessness, guilt or sadness that are commonly associated with depression. Negative symptoms lead to people having problems with initiating and following through with plans, showing emotions that they might otherwise be experiencing through facial expressions or tone of voice, showing interest in things they used to like, or otherwise struggle with basic motivation.

Take a moment to complete the following worksheet, and consider your own experiences with these symptoms.

Personal Experiences with Symptoms of Schizophrenia

Symptom	How I experience this symptom	Skills I can use to challenge this symptom
Hallucinations (perceiving things that are not there)		
Delusions (having a strong believe that is firmly held despite evidence)		
Disorganized Speech (speech that does not make sense or is easily derailed)		
Decrease in functioning since symptoms started showing up (self-care, work, school)		
Disorganized or Catatonic Behavior		
Negative Symptoms		

Schizophrenia Diagnosis

In order to be diagnosed with schizophrenia, an individual must also show *decreased level of functioning in one or more major areas such as work, relationships, or self-care that is markedly lower than the level achieved before the mental illness began*. This means that things that were easily done or had already been accomplished before become progressively more difficult. For example, an individual with schizophrenia might recognize that “it was once easy to get up at 8:00am and get dressed, but now I can’t do that by noon most days” or “I used to be able to do all of my homework for math in an hour, but now I can’t even do the simplest problems”. This symptom is one that need only have been a problem at one point during the course of schizophrenia, as it is often treatable.

Causes of Schizophrenia

Schizophrenia is nobody’s fault. This means that you did not cause the disorder, and neither did your family members or anyone else. There are lots of theories about what causes schizophrenia, and a good deal of uncertainty. Some research shows that there may be an imbalance or ineffective function in the chemicals that help the brain work. Chemicals called “neurotransmitters” send messages, and in individuals with schizophrenia they seem to be different than in other people, which causes the brain to send information out incorrectly.

Nobody knows what causes this, but there is some evidence that shows that whatever causes this imbalance happens before birth. This means that some people have a *biological vulnerability* that makes them more likely to develop schizophrenia at a later age. This vulnerability might be genetic as well, meaning that people in families that have schizophrenia are more likely to develop schizophrenia. In addition to a biological vulnerability, stress is also believed to play a role in the onset of schizophrenia. The theory of how vulnerability and stress interact will be discussed at length later on. Many questions about schizophrenia remain unanswered. There are many research projects underway to determine what causes schizophrenia and learn more about the disorder.

The Course of Schizophrenia

Most people develop schizophrenia as they become adults, with symptoms emerging by the age of 30. People vary in how often they have symptoms, the severity of symptoms, and how much the disorder interferes with their lives.

Schizophrenia affects people in many different ways. Some people have a milder form of the disorder, and only have the symptoms a few times in their lives. Others experience stronger and more frequent episodes of symptoms that could require hospitalization.

Some people experience symptoms almost constantly, but learned to reduce the severity so hospitalization is not needed.

Schizophrenia tends to be episodic, where an individual experiences less intense or symptom-free periods that alternate with the presence of symptoms. When symptoms reappear or get worse, this can be commonly referred to as a “symptom exacerbation,” or a “relapse” in symptoms. Some relapses can be managed at home, while others might require hospitalization to manage symptoms and maintain the safety of the individual experiencing the symptoms. It is important to remember that with effective treatment, most people with schizophrenia can reduce their symptoms and live rich, full lives.

Managing symptoms of Schizophrenia

Good news!-by reading this material, and participating in therapy, you are already taking a very important step in managing symptoms of schizophrenia. Learning about this disorder allows you to communicate and to understand your experience. The material in this book and participation in therapy will help you gain control and manage your symptoms more effectively. Below are a few techniques that can help with management of schizophrenia symptoms; these coping strategies will be discussed in depth later:

- Learn how to cope with stress
- Build social support networks
- Develop a relapse prevention plan
- Use medication effectively
- Learn how to cope with symptoms
- Communicate with your providers

These steps may feel overwhelming-and that is okay! The material in this manual will help you learned how to effectively engage in each of these strategies to better manage your mental health symptoms.

Facts about Mood Disorders

What are Mood Disorders?

Mood disorders are a category of mental health diagnoses that are identified based on symptoms that directly relate to someone's experience of sadness, depression, or mania. Mood disorders also involve the way that people think, how they act, and also some of the impulses that they might have. Mood disorders include some of the most common diagnosis such as:

- Major Depressive Disorder
- Persistent Depressive Disorder (Dysthymia)
- Bipolar Disorder

Mood disorders also include less common disorders that will be briefly discussed later. Understanding mood disorders, how they are diagnosed, and how they are talked about will better help you understand your own experience, and help you communicate effectively with your care providers.

Questions:

- *Are you familiar with the diagnoses listed above?*
- *If you have not experienced them yourself, do you know anyone who has?*
- *What have you seen or learned about the above diagnoses?*

Depression

Depression is one of the most common psychiatric disorders in the world. In 2019, it was found that one in five adults aged 18 and over in the United States experienced symptoms of depression. Globally, more than 264 million people of all ages suffered from depression at some point in their lives. Depression occurs everywhere throughout the world, to every kind of person, to every gender, and to every income level. To put it simply, depression does not discriminate and can impact anyone.

Depression causes people to have extremely low moods and to oftentimes feel very sad. For many people, depression will start with a feeling of fatigue or tiredness, and advance to feelings of guilt, hopelessness, and other symptoms. For many people, depression seriously interferes with work, social life, free time, and the ability to manage day to day responsibilities.

Depression Diagnosis

Depression is diagnosed by a mental health professional, by asking questions and looking at a person's history to see if they have certain symptoms or experiences of depression. While depression presents itself differently in each person, there are similarities in symptoms that help professionals identify whether or not someone might be depressed. Sometimes, it might be hard for an individual to identify symptoms of depression. It can

be helpful for someone close to you to help you identify the following symptoms of depression.

Symptoms of Depression

- *Sad mood*: feeling like there is nothing that is positive; things seem very negative and bleak. Sometimes sad mood can include excessive crying in a way that does not feel or seem ‘normal’
- *Changes in eating and weight*: individuals who are depressed will see significant changes in weight and appetite. For some, this will look like an increase in appetite and an increase in weight gain. For others, it means a loss of appetite and a significant loss of weight.
- *Changes in sleep*: a common symptom of depression is a major change in how much sleep an individual gets each night. For some, this may present as over sleeping, sometimes twelve to sixteen hours a day. Others might experience insomnia or sleeping too little. There also might be an increase in the amount of naps an individual takes. Sleep is very important, and therefore this symptom can be very disruptive.
- *Feeling tired and low energy*: feeling fatigue, unmotivated, and having little energy, even if sleep is unaffected. An individual might sleep an adequate amount and still feel tired, or need to take naps during the day to help feel like they can function.
- *Feeling helpless, hopeless, and worthless*: an individual with depression might feel as if there is no hope, or that things will never change. Someone with this symptom might also experience low self-esteem and self-confidence.
- *Suicidal thoughts or action*: depression can sometimes become so intense that a person may wish to die or even act on urges related to suicide. These can be passive (“I wish I was not here), or active (having a thought out plan). This can be a very serious symptom of depression, and it is important to talk to your support team about any SI thoughts you may have.
- *Trouble concentrating or making decisions*: oftentimes those with depression have a difficult time focusing on tasks they used to find easy. They also might have disrupted memory and difficulty making decisions. This disruption in thought pattern and recognition can feel very frustrating.
- *Finding little joy and happiness in activities*: depression can cause a person to feel little joy or excitement when thinking about potential positive activities. For example, if you used to love going to the beach, and always got excited before going, you might start to find yourself dreading the beach or having no excitement or feeling towards the beach at all. This is called *anhedonia*, and basically means that finding fun activities or engaging in hobbies is challenging.

Take a moment to complete the following worksheet, and consider your own experiences with these symptoms.

Personal Experiences with Symptoms of Depression

Symptom	How I experience this symptom	Skills I can use to challenge this symptom
Sad mood		
Changes in eating or weight		
Changes in sleep		
Feeling helpless, hopeless, or worthless		
Trouble concentrating or making decisions		
Finding little joy in activities or interest		

Questions:

- Which symptoms do you see above that you identify with?
- Which symptoms have you effectively coped with? What skills have you used?
- What has helped you overcome depression symptoms?

Depression and your brain

There is growing evidence that shows that depression impacts several areas of the brain, especially among those with persistent ongoing depression who experience serious symptoms. Depression can impact the following parts of your brain:

- *Hippocampus*: the part of the brain that is important for learning and memory. This part of your brain is very responsive to stress hormones, which makes it vulnerable to depression
- *Prefrontal cortex*: the part of the brain that helps with higher-level thinking and planning. This could be way depression makes it hard to make decisions and concentrate on tasks.

Good news!-studies are showing that structural impacts on our brain can be reverse with treatment and management of depression symptoms.

Bipolar Disorder

Bipolar disorder (previously known as manic depression, or mania) is a mental illness that affects many people. Approximately 2.8% of the United States population is currently diagnosed with bipolar disorder, with the average age of first manic episode occurring in the early 20s. Like most mental illness, bipolar disorder impacts all populations equally regardless of age, gender, income, or place of birth.

Bipolar is an especially challenging mental health concern because it can interfere with many aspects of an individual's life, and symptoms can present themselves in many different ways. Some symptoms cause severe mood swings, from extreme highs (called *mania*), to extreme lows (depression). Some symptoms can also change or alter a person's perception of the world around them, causing psychosis similar to schizophrenia.

Bipolar Diagnosis

Like other mental health conditions, there is no blood test or brain scan for bipolar disorder. Bipolar disorder is usually diagnosed after an extensive interview with a mental health professional that looks at a person's symptoms, their history, and their current level of functioning. This interview is important as scientist believe that genetics and stress are two of the most important factors that contribute to bipolar disorder.

- **Genetics**: the chance of developing bipolar disorder increases if an individual's parents or siblings have the disorder. However, the role of genetics is not absolute, with some individuals with family history never developing the disorder.
- **Stress**: a stressful event can often trigger a manic or depressive episode, such as a death in the family, a change in relationship, or an illness. How a person handles stress may play a part in the development of the disorder.

To be diagnosed with bipolar disorder, an individual has to have experienced at least one episode of mania or hypomania. Most individuals with bipolar disorder also experience the symptoms of depression previously discussed in this section.

Symptoms of Bipolar Disorder

Mania is defined by some or all of the following symptoms:

- *Feelings of extreme happiness or excitement:* this happiness or excitement is not due to things going on in the person's life, or is not proportionate to the things going on. The excitement is excessive, and oftentimes persistent. This excitement may seem weird to others; for example: celebrating or wanting to throw a party when you get a new set of socks.
- *Feeling irritable:* irritability, anger, or general disrupted emotions that contribute to an overall experience of frustration with other people. Sometimes this irritability can be due to feeling misunderstood or underappreciated.
- *Feeling unrealistically self-confident:* oftentimes a person experiencing mania will feel as if they are capable of things that are beyond human ability (i.e. flying), or that they are special in ways that are grandiose (i.e. better than others, others are inferior). This grandiosity may cause feelings of capability in areas where an individual is not actually capable.
- *Sleeping less:* during mania, a person may only sleep a few hours a night or not at all. They might not feel tired, and in fact might go several days without sleeping despite their body being tired.
- *Talking a lot:* sometimes mania causes someone to talk so fast that their words come out faster than they intended. This can make it hard for them to communicate, be heard, and to hear others.
- *Having racing thoughts:* unlike anxious rumination, mania can cause someone to think very, very quickly and about many different things at once. This can cause disorganization and a loss of focus.
- *Being easily distracted and extremely active:* individuals with bipolar disorder often struggle with focus and attentiveness, and can jump from tasks to task, moving quickly and taking little time to organize themselves or their space.
- *Being impulsive or making risky choices:* risky decision-making and questionable judgment can sometimes come up for people with mania, including overspending, gambling, unnecessary risk taking with vehicles or personal safety, engaging in dangerous sexual relationships, and overuse of alcohol or drugs.

In addition to these symptoms, individuals with bipolar disorder sometimes struggle with symptoms of psychosis that are similar to those experienced by individuals living with schizophrenia. These include grandiose delusions, hallucination, and confused thinking.

Take a moment to complete the following worksheet, and consider your own experiences with these symptoms.

Personal Experience with Symptoms of Bipolar Disorder

Symptom	How I experience this symptom	Skills I can use to challenge this symptom
Feelings of extreme happiness or excitement		
Increased irritability		
Feeling unrealistically confident		
Sleeping less/do not need sleep/cannot sleep		
Being impulsive or making risky choices		
Being easily distracted and extremely active.		

Questions:

- *What is your experience with bipolar disorder/symptoms identified above?*
- *What skills or strategies might help with these symptoms?*

The course of mood disorders:

Mood disorders can develop at any point in an individual's life. Most people experience cyclical or episodic symptoms, although the episodes can vary widely in terms of symptom presentation and time engaged in the episode.

For depression, episodic episodes might include periods of deep depression that are persistent for many months, followed by either periods of no depression symptoms, or periods of less intense depression symptoms (called *dysthymia*). Dysthymia might be persistent for long periods of time, even years, with intermittent, more intense depression episodes occurring throughout.

Bipolar disorder is similar to depression in its cyclical nature; however, how long the symptoms cycle varies widely from person to person. Some individuals will experience rapid mood shifts and cycling—this can be very frustrating as it often feels like things are moving back and forth very fast and there is not enough time to “catch your breath.” Others may only experience one or two manic episodes in their lifetime, and experience a greater number of depressive episodes (some of which may last a long time). Many people living with bipolar disorder find that they experience more depressive episodes than manic ones, and that the episodes are more gradual and predictable. It is important to keep track of symptom presentation, and learn the patterns that go with your bipolar disorder so that you can communicate to your doctor about it.

Managing mood disorder symptoms:

Mood disorders can be challenging, as they often take a long period of time to change and shape. Like other disorders, it is very important to communicate with care providers, to manage medications effectively, and to participate in therapy to directly confront and shift behavior. Below are a few techniques that can help with management of mood disorder symptoms; these coping strategies will be discussed in depth later:

- Developing a group of people that can support you, without overly relying on one person for help
- Taking medications as prescribed and communicating with your medication provider about any side effects or need for changes to medications
- Working to establish a *routine* that supports healthy recovery
- Focusing on physical health, including managing diet, exercise, and self-care
- Applying coping skills to reduce distress.
- Developing a safety plan to help address moments when symptoms increase
- Tracking symptoms and patterns to help reduce or shorten the length of relapses

Facts about Schizoaffective Disorder

What is Schizoaffective Disorder?

Schizoaffective disorder is a psychiatric diagnosis that includes symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania or depression. A person living with schizoaffective disorder may sometimes experience symptoms of schizophrenia and symptoms of mood disorder at the same time (for example-experiencing hallucinations while *also* having a depressed mood); and other times, they may experience symptoms separately.

Like other diagnoses, schizoaffective disorder severely affects an individual's ability to take care of themselves and attend to tasks of daily living. Schizoaffective disorder affects about 1 in every 200 individuals, and is found only slightly more in women than men. Schizoaffective disorder is found all over the world, and with all different types of people.

Schizoaffective diagnosis:

In order to have a diagnosis of schizoaffective disorder, an individual must have symptoms of schizophrenia and a mood disorder. There are two major types of schizoaffective disorder-*bipolar type* (symptoms of mania present) and *depressive type* (symptoms of depression present). Schizoaffective can be difficult to diagnose because of the presence of both schizophrenia and mood disorder symptoms. Many people living with schizoaffective disorder are often incorrectly diagnosed at first with either bipolar disorder or schizophrenia.

The course of schizoaffective disorder:

Most people are in their early 20's or 30's when they first notice signs and symptoms related to schizoaffective disorder. While it is uncommon to develop schizoaffective disorder later than that, it does happen. Like previously stated, schizoaffective disorder also might be *diagnosed* later due to previous misdiagnoses.

Schizoaffective is cyclical in nature-meaning there are periods of time where symptoms are worse and periods of time where symptoms are better. To make it even more complex, sometimes psychotic symptoms are present when the mood symptoms are not, and sometimes the symptoms are occurring at the same time. It becomes even more important to track symptom presentation and experience of symptoms when living with schizoaffective disorder, so the patterns can be recognized and understood.

Managing schizoaffective disorder:

Schizoaffective disorder includes symptoms from both mood disorders and schizophrenia; therefore, treatment for managing symptoms include strategies and skills

that help manage those conditions. Below are a few techniques that can help with management of schizoaffective symptoms; these coping strategies will be discussed in depth later:

- Gaining awareness and understanding of symptoms
- Developing safety, crisis, and relapse prevention plans
- Developing daily structure and routine
- Practicing coping skills
- Learning how to manage and reduce stress
- Building a social support network
- Using medication effectively
- Asking for help when needed and communicating needs with providers

Questions:

- *Before reading this section, what did you know about schizoaffective disorder?*
- *What do you think might be beneficial in better understanding schizoaffective disorder?*
- *What coping skills have you used to effectively manage your schizoaffective disorder? What skills would you like to learn and/or improve on?*

Facts about Anxiety Disorders

What are Anxiety Disorders?

The term “anxiety disorders” refers to a group of mental health disorders that, in some way, involve symptoms related to intense feelings of fear, apprehension, and nervousness. Individuals who have a diagnosed anxiety disorder report extreme difficulty in controlling their fear, worry, anxiety, and thoughts. All anxiety disorders are based around the primary emotion of fear, and this fear can significantly impacts a person’s mood, thinking, behavior, and their physical body.

To some degree, we all share some symptoms of anxiety. Anxiety can occur when we experience fear in a dangerous situation, when we are worried about a big test or an important appointment, or when we worry about a friend who is sick. These are all very normal experiences of anxiety; however, someone living with an anxiety disorder will experience symptoms more intensely, and the symptoms themselves will last longer than “normal” fear or anxiety responses.

Anxiety disorders are the most common mental health concern in the United States, with over 40 million adults in the U.S. (19.1%) having a diagnosed anxiety disorder. Most people who live with an anxiety disorder experience their symptoms developing before the age of 21.

Anxiety disorder diagnosis:

In order to receive a diagnosis of an anxiety disorder, the anxiety-related symptoms must cause the person significant distress. These symptoms also must occur frequently throughout their day, as well as impact that person’s ability to engage in daily functioning-such as being able to go out in public or accomplishing daily living activities. A mental health professional is able to identify the specific type of anxiety disorder causing symptoms using the Diagnostic and Statistical Manual of Mental Disorders (DSM-currently on 5th edition).

Physical symptoms of an anxiety disorder can be easily confused with other medical conditions, such as heart disease or hyperthyroidism. Therefore, it might be beneficial to rule out underlying physical illnesses.

Symptoms of anxiety disorders:

Anxiety disorders involve changes in the way someone behaves, in sensations in the body, and in the way that people think.

Behavioral:

- *Avoidance:* avoidance is a key symptom in most anxiety disorders-this symptom causes people to stay away from certain places, people, situations, and things that cause increase fear or worry. For example-someone with a *social anxiety disorder* often will avoid social situations in which the person is likely to be around people they do not know, or large groups of people.
- Restlessness or irritability
- Feeling tense and/or jumpy

Impact on body:

Anxiety can cause changes in the nervous system, which creates a variety of uncomfortable and distressing sensations in the body. These changes can also be linked to the brain and hormonal system. The most common types of changes that occur include:

- Increased heart rate
- Increased breathing or hyperventilation
- Sensation that the person is choking or cannot breathe
- Nausea
- Dizziness
- Hot flashes, chills, and/or tingling

Thought pattern:

Those living with an anxiety disorder may experience changes in their thought patterns, which can often make symptoms considerably worse over time. Some examples of these changes include:

- *Ruminations:* a thinking pattern that is cyclical in nature, which can be incredibly hard to stop. Ruminations often cause us to place more focus on our anxiety, and can sometimes make other anxiety symptoms last longer and become stronger.
- *Cognitive distortions:* cognitive distortions are thought patterns that cause people to view reality in inaccurate-and usually negative-ways. Anxiety tends to reinforce cognitive disorders, and cognitive distortions tend to make anxiety worse. A common cognitive distortion associated with anxiety is anticipating the worst and believing the worst will always happen.

Take a moment to complete the following worksheet, and consider your own experiences with these symptoms.

Personal Experiences with Symptoms of Anxiety

Symptom	How I experience this symptom	Skills I can use to challenge this symptom
Avoidance		
Restlessness/irritability		
Feeling tense and/or jumpy		
Physical symptoms (increased heart rate, breathing; nausea, fidgeting, etc).		
Ruminations		
Cognitive Distortions		

Specific anxiety disorders:

Specific Phobia: an individual with a specific phobia diagnosis has a marked fear or anxiety about a specific object (e.g. spiders, dogs, butterflies) or a situation (heights, being in the dark, confined spaces). The fear that comes from this object or situation is excessive, and is not justified given the relative safety of the situation. This fear is very intense and usually drives individuals with specific phobias to avoid situations where they might have causal contact with the thing they fear. This can cause disruption in routine and daily functioning.

Social Anxiety Disorder: this diagnosis is given when someone has a marked fear or intense anxiety as a result of being in a situation where they might be scrutinized or be observed by others. This might include going to the mall, eating at a restaurant, relaxing in the park, or going to a doctor's appointment. Social anxiety often leads to increased avoidance of places that cause anxiety, and can include thoughts that revolve around what other people are thinking in social situations.

Panic Disorder: *Panic attacks* are sudden episodes of intense fear or anxiety that can include physical and psychological symptoms. These episodes tend to be based on a perceived threat rather than imminent and immediate danger. Symptoms that occur during a panic attack include: an increase heart rate that feels like it is pounding, sweating, shaking, shortness of breath, chest pain, nausea, feeling dizzy, feeling as if the world is not real, and having an intense fear of losing control or dying. When panic attacks happen at least several times in a year, and include avoidance of place or recurrent ruminations about panic attacks, a person is likely to be diagnosed with panic disorder.

Generalized Anxiety Disorder: Generalized anxiety disorder (GAD) is a condition that is marked by excessive anxiety and worry that feels like it is hard to control. This worry or anxiety does not involve just one specific circumstance, object, or physical experience, but rather can involve several different anxieties throughout the day. People with generalized anxiety disorder will report the following symptoms: feeling restless, being easily fatigued, having increased irritability, experiencing muscle tension, and having sleep disturbances.

Other Disorders that Involve Anxiety

It is not uncommon to see symptoms of anxiety overlap with other disorders that are not considered anxiety disorders. The following disorders are no longer considered anxiety disorders, however, they are still important to know about as they relate directly to anxiety or fear:

Obsessive-Compulsive Disorder (OCD): a person living with OCD struggles with both obsessions and compulsions. *Obsessions* are repetitive, obsessive thoughts that might

include urges and images that are intrusive and unwanted. Attempts to ignore these thoughts are often difficult, and require practice and distraction. *Compulsions* are behaviors that serve no direct function and can disrupt day to day activities. These can include repetitive behaviors that an individual feels driven to perform in response to an obsession, or according to rules that must be applied rigidly. Examples of compulsions include: hand-washing, checking, praying, counting, or silently repeating words. In order for an action to be an obsession or compulsion, these activities must be time-consuming, or cause distress and impairment. Individuals living with OCD oftentimes believe that if they do not follow through with the obsession or compulsion then terrible things might happen.

Posttraumatic Stress Disorder (PTSD): Trauma affects everyone differently, and some individuals develop a strong response to trauma that they have experienced. To be diagnosed with PTSD, a person must have directly experienced or witnessed a traumatic event in which death, violence, or injury had occurred or might have occurred. The response to this trauma can include vivid unwanted memories, distressing dreams, flashbacks, disassociation (feeling as if one isn't in one's body), avoidance of places similar to the trauma, avoidance of reminders of the trauma, difficulty remembering details of trauma, and worry about the trauma re-occurring that is excessive. Other symptoms include things similar to depression like sleep disturbances, anhedonia, and feeling disconnected from others.

Managing Anxiety Disorder Symptoms:

Anxiety disorder symptoms respond most to skills and strategies that directly address the areas that the anxiety is affecting such as a behavior, thought, or our physical well-being. Below are a few techniques that can help with management of anxiety symptoms; these coping strategies will be discussed in depth later:

- *Deep Breathing* using your abdomen to slow heart rate and focus the mind on breathing and body processes.
- *Imagery* to redirect thoughts and focus on the positive.
- *Thought Stopping* to *directly* confront cyclical, repetitive thinking. Thought stopping is more effective when followed with *distraction* or another method to help reduce and redirect the cycle of thought.
- *Self-soothe* using our five senses to soothe and create a sense of calm and serenity.
- Avoiding stimulants such as caffeine.
- Regular exercise to help channel our energy and movement into a positive experience.

Questions:

- *Which of these techniques do you use now to decrease anxiety symptoms?*
- *What helps you the most in reducing your anxiety symptoms?*
- *Which skill do you need more practice with?*

Stigma

What is Stigma?

Stigma involves negative attitudes, inaccurate beliefs, harmful opinions, discrimination, and prejudices that people have developed based on a distinguishing characteristic, such as mental illness, health condition, or disability. Stigma is influenced by many different things, including our society (school, work, places in the community), family morals and values, lack of knowledge, past negative experiences, and the media. Many individuals living with mental illness experience stigma, and it can come in several forms, such as:

- Being treated differently by care provider
- Being dismissed by friends and/or family members
- Being looked at as being wrong.

Stigma can be a huge barrier for people with mental illness, as it can make it harder to get needs met in the health care system.

Questions:

- *In what ways have you seen stigma impact your life?*
- *How do you deal with stigma?*
- *Are there people in your life who do not engage in some of the stigma behaviors identified above? What is different about them?*

Self-Stigma

Stigma is not just something that other people do to us or with us, but is also something that individuals diagnosed with mental illnesses might do to themselves. *Self-Stigma* are the negative attitudes that form around ourselves due to the opinions expressed by others, things we have learned in the media, and/or the way we might feel about being diagnosed. It might affect your beliefs about what you can expect for yourself in the future, or might discourage you from seeking help from others.

Self-stigma can manifest in several different ways, including negative self-talk, discouragement of self, not giving ourselves credit for progress made or being too hard on ourselves. Self-stigma can be seen in our cognitive distortions as well (which will be discussed later in the manual). Statements like “I have no right to feel this way,” or “I shouldn’t feel this way” are often considered self-stigma. Self-stigma is tricky, and dangerous, because the more we believe in it the more we are likely to struggle with asking for help, interacting with others, and/or working to get better. It also keeps us from challenging the stigma of others, and continues the cycle of stigma in our lives.

Questions:

- *How do you experience self-stigma?*
- *What has helped you challenge self-stigma in the past?*

How to Respond to Stigma

Before we respond to stigma it is important to consider if we have the time, the energy, or the ability to help someone shift away from prejudiced thinking or action. While it is important to challenge stigma in our lives, it is also important to make sure that we take care of ourselves first and foremost. Identifying the pros and cons and using observe and describe to notice how we feel can help us decide if we want to challenge stigma in the moment or not.

If you wish to respond to stigma, or challenge your own stigma, the first step is educating yourself. Knowledge and understanding are the main tools to use to reduce and respond to stigma, and in order to use these tools, it requires you to learn about stigma and its influence on mental health. You can do this a number of ways.

You can engage in independent research by studying on the web. This can be useful as you can study on your own time, and the internet can be accessed in a variety of ways (at home, at the library, etc). It is important to stick to reputable sources of information, in order to make sure information and knowledge you are learning are facts instead of opinions. The following sources are good places to start:

- National Alliance on Mental Illness (NAMI)
- The National Institute for Mental Health
- The World Health Organization

Other ways you can increase your knowledge include: attending support groups and education meetings, talking with your therapists, or attending therapy groups. All of these resources will help reduce both stigma, and self-stigma, as a better understanding of the disorder you are diagnosed with might lead to a better understanding, and acceptance, of yourself.

It is important for us to understand how information about mental illness is spread, and how the media and other sources can wrongfully frame mental illness in ways that sensationalize and exaggerate. It can be helpful to learn about common myths surrounding mental illness to help understand ways to counter them when they occur. It is also important to monitor your own media intake and identify how the media portrays mental health to help avoid getting ‘sucked in’ with exploitative or sensational stories that might wrongly change your perspective. Keep an eye on the websites you visit and the people you are friends with on social media sites like Facebook, and create and maintain boundaries as needed.

Once you have educated yourself there are a number of different ways you can challenge stigma in your lives. You can choose to confront and challenge misinformation or inaccurate beliefs without disclosing personal information. For example, a friend might

post something on Facebook, stating: “People with mental illness are so dangerous!” If you do not want to disclose any personal information, you could:

- Choose to challenge this post by posting data or reflecting on research that indicates that people with mental illness are actually more likely to be victims rather than aggressors.
- Choose to share how media sensationalizes or focuses too much on one case, and does not present a fair, balanced perspective on mental illness.

Remember that when challenging incorrect information, it’s really important to not engage in arguments or fighting, but to try and be gentle. People tend to be resistant to being told that they are outright wrong.

If you know the person well, or feel safe in doing so, you might want to consider *selective disclosure* as a way of challenging stigma. Disclosing information about your own experience with symptoms and mental health is a personal decision. It’s important to think about the pros and cons of sharing information and what risks might be involved. With these things considered, it’s also important to know that personal stories and selective disclosure can have a lot of weight to it and be more convincing to some. A way you could use selective disclosure with the example above is by simply stating, “I live with mental illness and I feel I am not dangerous.” This allows some disclosure (that we live with mental illness), but does not provide specific information.

Questions:

- *How have you challenged stigma?*
- *Which of these methods feel challenging to you? Which would you try?*
- *How would you know when to use selective disclosure to challenge stigma? Who have you done it with?*
- *In what other ways do you challenge stigma?*

Protecting Yourself from Stigma

Sometimes you won’t be able to stop someone from engaging in stigma against you. Like previously stated, sometimes you might not have the time, the energy, or the ability to help someone shift away from prejudiced thinking or action. This is why it’s important to know your rights, and know the laws that have been created to help combat stigma.

- **American’s with Disabilities Act (ADA):** the ADA was passed to make the quality of life easier for individuals who struggle with a wide variety of physical and mental conditions. It exists to prevent discrimination from others based on disability and ensure access to many different parts of life to those who have a disability or condition. It specifically prohibits discrimination at work, at school (including colleges and universities), while using transportation, seeking entertainment, and otherwise communicating with others. You can make use of

this law to help get accommodations at work or school so that you can continue working despite impairment caused by a condition. Most importantly, it makes it so that companies cannot simply fire someone because they have a mental health diagnosis.

- **Family Medical Leave Act (FMLA):** FMLA was passed so that individuals with medical conditions could seek treatment and know that they could maintain their jobs while getting treatment. While this particular law requires you to have worked at a job for a fixed period of time (usually a year), it allows for you to go to therapy, receive services and otherwise work on treating your mental illness without fear of losing your job.
- **Fair Housing Act (FHA):** FHA prohibits discrimination from landlords or other housing agencies based on a wide variety of different qualities, including mental health

If you believe that your rights have been violated, there are several different options that you might have to make things right. Oftentimes it can be helpful to address the person or people involved directly, with help or support from providers or advocates if needed. A conversation about the need for a reasonable accommodation, or the importance of treatment, can help the other person see their obligation and provide you with what you need. If this fails, you may need to talk to an expert to get advice, support, advocacy, or legal help. For example, if your employer refuses to give you a reasonable accommodation, you may need to contact the Office of the Attorney General in order to get some additional resources and support. There are also a number of organizations that help provide legal advice and representation to individuals in need at a reduced cost, or sometimes even for free.

Questions:

- *Have you ever used an advocate to help with problems described above?*
- *What would help you say something if you felt that your rights were being violated?*

Getting Your Needs Met in the Mental Health System

Getting your needs met by the various governmental and community mental health systems can be a significant challenge. There could be several barriers to overcome, including (but not limited to):

- Knowing who to talk to
- Knowing what kinds of services might be available
- Combating stigma that comes from others when trying to get needs met
- Having the ability and skills to communicate with a mental health provider
- Financial barriers
- Lack of resources in the area

Every person has different needs, which means a one-style-fits-all approach cannot be used for everyone. This section is meant to provide information about the available resources and services that could be available for you to access, and how to best communicate with those resources and other providers in your support team.

Questions:

- *What makes it hard or has made it hard for you to access mental health services?*
- *What services do you currently access? What helped you be successful in accessing these services?*

Getting Started with Accessing Mental Health Services

The first step in accessing mental health services is knowing who to call. Oftentimes this can be confusing, because the system is not always designed for someone to get themselves help without going through several different tasks. There are a variety of different access points, a few of which are suggested here.

One of the first things you can do to attain help is to access *mental health case management services*. Case management usually is offered through the county, and can be contracted by a number of different agencies. Contacting your county can be a challenge and so you might need assistance from a counselor, therapist, friend, or family member. Don't be afraid to ask for help in finding this resource.

You might also consider contacting a *community mental health center* for help with case management. Community mental health centers are a source of outpatient services and are either run by the county, by a nonprofit group, or by a private agency. They often provide a wide array of services. You can find these by using the internet, or contacting your insurance company through the number on your card. *Community Support Programs, or CSPs*, are another resource that can help you access case management.

They also provide other services such as activities in the community, education classes, and a place to go and socialize with other community members.

Questions:

- *How have you accessed services in the past?*
- *What has been helpful for you in getting access to community mental health services?*
- *What barriers have kept you from accessing resources in the past? What skills could we use to help navigate those barriers?*

Different Services Available

The following are different services that might be available for you to access in your area.

- **Assessment Services:** sometimes evaluations and testing can help determine what sorts of treatment and services are the most helpful. Assessment are conducted by mental health professionals, usually in a clinical setting. Sometimes you can pursue assessment independently, but more often a therapist or counselor might ask you to have an assessment done.
- **Medication Services and Psychiatry:** an important part of managing our mental health concerns is effective use of medication. A psychiatrist can help develop a personalized medication plan that will effectively manage symptoms, while also minimizing the impact of side effects. It is important for us to communicate with our medication providers if we feel any medication changes are necessary.
- **Individual Therapy:** another important part of managing our mental health is individual therapy. Individual therapy can help you learn about yourself, work towards goals and change of symptoms, develop new skills, and improve your quality of life. Individual therapy usually involves meeting with a therapist or counselor for an hour once a week. Individual therapy is also important when attending group therapy, as we can discuss things in individual therapy we might not be able to discuss in detail while attending group therapy.
- **Group Therapy:** group therapy is when a group of individuals meet to describe and discuss their problems, under the supervision of a licensed therapist. Group therapy can provide a supportive environment that can validate many of the difficulties you might have, while also providing encouragement, skill suggestions, and accountability towards goals you can set. There are many different types of group therapy; some focus on learning skills, others focus on processing events and talking about various difficulties of life, and some focus on goals and support. Some may do a combination of these things.
- **Peer Support Groups:** it can be helpful to be around people who have similar struggles and problems that we do, and peer support programs can provide an environment that recognizes common difficulties and provides problem solving, support, and a safe place to vent about the day to day struggles you might experience. Unlike group therapy, peer support groups are often not under the

guidance of licensed professionals. Often we can find different support groups online, or through the county we live in.

- **Social Skills training:** sometime it is hard to learn how to act and be around people, build new friendships, set limits, and build support when you are experiencing mental health symptoms. Social skills training can help you learn how to start conversations naturally, maintain relationships, meet new people, and interact with others.
- **Family Therapy:** families can be a wonderful source of support and help, but sometimes they require some help of their own. Family therapy focuses on working towards improving communication, problem solving, and functioning of a family. It requires the family to work together and to address difficulties that come up within family structure.
- **Day Treatment or Partial Hospitalization:** sometimes symptoms are so difficult that we need more than just a place to go for a couple hours a week, and day treatment can provide that. Day treatment combines group therapy with occupational and educational groups to help combat difficult conditions.
- **Occupational Therapy:** an occupational therapist helps people learn how to engage in tasks that improve their day to day functioning and potentially engage in work. Occupational therapy can include working on organization, activities of daily living, creative projects, and improving muscle and hand-eye coordination.
- **Emergency Services:** some facilities and all hospitals offer emergency services for physical or mental health needs when safety is in question, or when symptoms are beyond management with skills and medication.
- **Chemical Dependency Treatment:** people who suffer from mental health concerns also sometimes experience chemical dependency. Chemical dependency treatment focuses on reducing and eliminating use of substances that are addictive and harmful, and helps to provide support around sobriety and healthy decision making. Chemical dependency treatment comes in several different levels of support, from residential to outpatient. There are also therapist who do individual therapy that focuses on chemical dependency!
- **Employment Services:** finding a job can be very difficult, especially when combating mental health symptoms. Employment services can make this a more manageable task through coaching, networking, and supportive employment. Employment services can help with several different aspects of employment, including finding a job, the interview process, and helping advocate for your needs in the workplace.
- **Housing Services:** depending on the county that you live in, there are several different housing services available to those who experience mental health concerns or other forms of disability. This could include services that help pay for rent, specialized housing that accommodates to physical needs of an individual, and housing that helps with mental health support. There are also housing specialists that can be accessed through the county to help you navigate the housing services available.

- **Adult Rehabilitative Mental Health Services (ARMHS):** ARMHS workers provide in-home and in-community help with achieving goals and pursuing objectives that are often difficult because of our mental health symptoms. They will work with you to develop a plan and focus on working towards your goals in a way that is manageable and effective.
- **Independent Living Skills (ILS):** an ILS worker focuses on providing you with the skills, resources, and knowledge to work towards independence. This can include household organization, cooking, cleaning, grocery shopping, budgeting and a wide variety of different skills and education.
- **Financial Support:** a financial worker is assigned to individuals in need by the county to help them gain access to resources and manage funds effectively. Contacting the county will provide access to a financial worker who can help you determine if funds are available for you for housing, food, health care, and utilities.
- **Personal Care Assistance (PCA):** PCA's provide services to people who need help with day-to-day activities that allow them to be more independent in their own homes. A PCA is trained to help with basic daily routines, such as hygiene needs and maintaining our homes. A PCA may be able to help you if you have a physical, emotional, or mental disability, a chronic illness, or an injury.
- **Waiver Services:** waivers are programs that fund different services (such as ILS, PCA) to help individuals maintain independence. An assessment from the county can help you learn more about eligibility for a waiver program. Depending on the county you live in, there are several different waiver programs available:
 - *Elderly Waiver (EW):* the Elderly Waiver Program funds home and community based services for people age 65 or older who are eligible for medical assistance. These individuals must require the level of care provided in a nursing home, but choose to reside in the community.
 - *Brain Injury Waiver:* this waiver provides funding for home and community based services for children and adults who have an acquired or traumatic brain injury.
 - *Community Alternative Care Waiver (AC):* this waiver provides funding for children and adults who are chronically ill. It is designed to help service people with disabilities who might otherwise require the level of care provided in a hospital.
 - *Community Alternatives for Disabled Individuals (CADI) Waiver:* the CADI waiver provides funding for children and adults who otherwise might require the level of care provided in a nursing facility.
 - *Developmental Disabilities (DD) Waiver:* the DD waiver provides funding for home and community based services for children and adults with developmental disabilities or related conditions.

Questions:

- *What programs above do you currently use? Which ones did you find helpful?*
- *Who or what helped you access these programs?*
- *What are some of the barriers that have kept you from accessing these programs?*

Gaining Access to Financial and Medical Benefits

Benefit programs are established to help members of our community when they have financial difficulties. Sometimes people do not apply for these programs because they feel a sense of shame or embarrassment attached to it. It is important to remember that you are a part of a larger community and that you deserve to receive the support that is intended to help people manage their lives.

Understanding and applying for benefits can be a complicated task. Talking with a case manager or social worker is a good way to find out what benefits you might be entitled to and how to apply for them. A case manager or social worker will also know of any recent changes in programs. In some cases, there are also special programs or companies that help you apply for specific programs (such as social security.) The following are a few programs you might qualify for, depending on history and financial need:

- **Social Security Disability Income:** If you worked in the past and contributed to Social Security, or your disability started before you turned eighteen, and are currently unable to work due to mental illness, you may be eligible for SSDI. It is a federal program, and you apply for it with the Social Security Administration Office. Eligibility for SSDI may allow for eligibility in other programs including medical insurance and housing benefits.
- **Public or General Assistance:** Each state offers different financial benefits and has different eligibility requirements. State benefit programs are often called “public assistance” or “temporary assistance for needy families” or “welfare programs.” If you have a low income and have mental health problems that interfere with working full time, you may be eligible for public assistance. It is usually a modest to small amount of money.
- **Medical Assistance:** The Affordable Care Act has increased accessibility for health care. Depending on the state, you may be able to access health insurance directly from the state or through the ACA. This health insurance varies and may come at cost.
- **Supplemental Nutrition Assistance Program:** Commonly referred to as food stamps or EBT, SNAP is a federal service allocated by each state that provides for the purchase of food. It is usually a modest amount, and rarely sufficient to provide for all nutritional needs, but can be an important resource to those in need.

Question:

- *What other financial benefits do you know of or utilize?*

Communication and Advocacy in the Mental Health System

The mental health system is far from perfect--one of the most common difficulties that can be experienced is communication with providers. Communication barriers can occur when we feel unheard, ignored, have trouble sharing things with a professional, or we simply do not connect with our provider's personality. The following guidelines are meant to help navigate communication with providers, to assert your needs, and to feel heard:

- *Make a list before talking with a professional:* it is very common to feel flustered or have difficulty remembering what we want to talk about when we attend appointments. We might also feel rushed, or feel like we do not have enough time to talk about everything we have going on. Making a list before your appointment can help ensure that you stay on task and remember important details you want to communicate to your provider. Professionals also really appreciate lists, as it helps inform them what is important to you, and shows your investment in treatment,
- *Seek out the person on your team who has the most experience:* don't be afraid to ask for a specific type of help and find out who the best person to talk to is. Your therapist might not know much about financial matters, but if you ask them they might be able to point you towards a person that does, or access other resources to find information for you.
- *Talk about your concerns calmly and clearly:* sometimes when things are important to us we might get heated or frustrated with others, especially if it feels like we are not being heard or understood. It's important to try to talk clearly about what's going on and do your best to remain calm. Professionals are people too, and when they get yelled at they can respond defensively, which might end up with you not getting what you need or want. Practice saying what you need to say beforehand to gain confidence and remain calm. Use skills, such as DEARMAN, GIVE, and FAST to help guide your conversation.
- *If you are not satisfied-escalate:* sometimes we need to go higher up in an organization to get help. If you are not being heard, if you are being treated disrespectfully, or otherwise aren't getting the information you need, consider asking to talk to a supervisor. Getting others involved can ensure that you are being treated with respect.
- *Bring an advocate:* sometimes we need a friend, family member or other supportive person to help us be heard. Many times a provider will welcome bringing other supports in, as it allows for more help towards a common goal.
- *Let people know that you appreciate their efforts:* Saying 'thank you' can go a long way towards encouraging providers and caregivers to continue the work they do in support of you.
- *Be persistent:* Sometimes you might feel lost in the shuffle or ignored. Persistence is required at times to make sure that you are heard. If 'the squeaky wheel gets the grease', then don't be afraid to squeak!

Questions:

- *What strategies on this list have you used to help meet your needs?*
- *What additional strategies have you used to help meet your needs?*
- *When it comes to communicating/advocating with providers, what would you personally like to improve on?*

Section B: Mental Health Education- Increasing Our Awareness Through Mindfulness

Increasing Awareness

The first section of this manual focused on increasing our knowledge of different mental health diagnosis, of stigma and its impact on ourselves and our world, and on how to best communicate with providers. The following section will draw from Dialectical Behavioral Therapy, focusing on the Mindfulness module, to help improve our awareness of our emotions, our symptoms, and how they both can impact our daily functioning. In this section, we will discuss:

- The States of Mind: our emotion mind, reason mind, and the balance that creates wise mind.
- WHAT skills: Observe, Describe, and Participate.
- HOW skills: Nonjudgmentally, One Mindfully, and Effectively.
- Nonjudgmental Stance
- The Model of Emotions.
- Cognitive Distortions and how to challenge them.

Increasing our awareness of how we personally experience symptoms is an important step in our mental health journey. If we increase our understanding of how we experience our mental health symptoms, we can increase our ability to use skills, which helps us manage our symptoms when we have them.

Introduction to Mindfulness

Mindfulness is the ability to be fully present in the moment, by focusing on our awareness of where we are and what we are doing. It helps us balance our reactions so we do not become overwhelmed by what is going on around us or within us. Mindfulness also helps increase our understanding and awareness of our emotions, thoughts, bodily sensations, behaviors, relationships, and environment. This awareness allows us to make more informed and effective choices to build more satisfying lives.

When we are practicing mindfulness, we want to focus on both our internal and external environments. *Internal environment* could include our emotions, thoughts, and physical sensations (such as hunger or pain). *External environment* could include the people around us, the setting we are currently in, or distractions. Practicing mindfulness increases our ability to focus on both our internal and external environments at the same time.

Questions:

- *Why is it important for us to focus on both internal and external environments at the same time?*
- *What happens when we are focused too much on our internal environment?*
- *What happens when we are focused too much on our external environment?*

Myths of Mindfulness

There are several misconceptions about what mindfulness is and is not that are important to discuss. These misconceptions can sometimes prevent us from practicing mindfulness effectively.

Mindfulness takes a lot of time: mindfulness does not need to be practiced for long periods of time to be beneficial. In fact, we can benefit from taking just a few seconds or a few minutes to re-center ourselves in the moment. Practicing deep breathing, focusing on our senses, or using other grounding techniques can be helpful in small doses as well as large. Examples of mindfulness include taking some deep breaths before an important interview to help steady your nerves, or focusing on the sensation of petting an animal to help decrease feelings stress or anxiety.

People who practice mindfulness are ALWAYS mindful: false. As humans we are never going to be mindful 100% of the time, and if we think we have to be mindful all of the time we are essentially setting ourselves up for failure. There will always be many different internal and external distractions that could keep us from being mindful, and it is important not to judge ourselves if these distractions challenge our ability to be mindful.

Mindfulness can only be done during meditation or other mindfulness practices: mindfulness can be practiced in multiple different ways- as long as the intention is to be

in the moment, the ways we can practice mindfulness can be unlimited! We can practice mindfulness by skillfully engaging in a conversation with a loved one, by focusing while driving, or by listening and singing along to our favorite song. Just like we can move our bodies without engaging in exercise, we can practice mindfulness outside of meditation.

Mindfulness is only about pleasure, peace, and relaxation: while mindfulness can be used to promote peace and relaxation, it can also be about relating to experiences that can be uncomfortable and sometimes even painful. Mindfulness can help us accept and relate to what is painful, which helps decrease suffering that is often associated with our pain.

I am unable to do mindfulness: false! In fact, you probably practice mindfulness sometimes, with some things, in some places. Take a moment to think about this question-

***Where and with what do you find yourself
totally connected and living in the moment?***

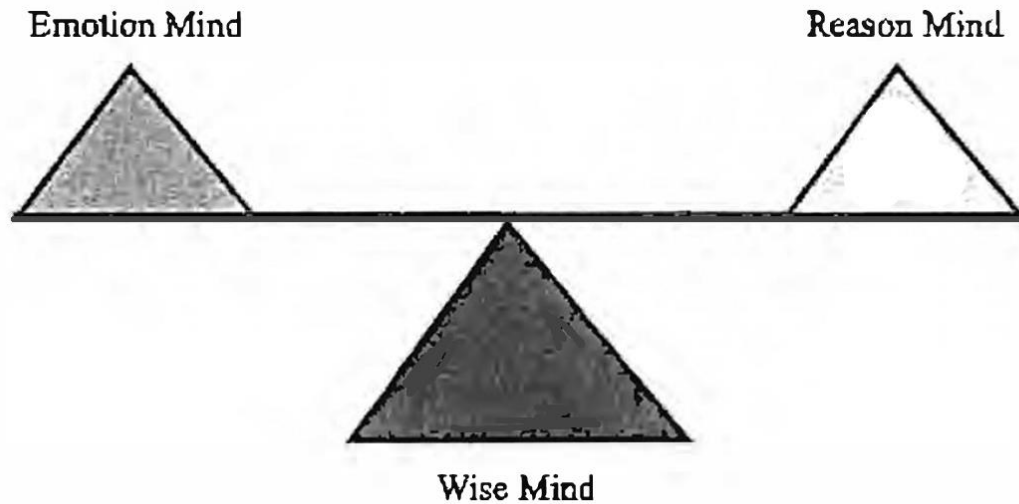
We can practice mindfulness by playing an instrument, playing a sport, engaging in a hobby (such as gardening or cooking,) or when we are connecting with our spiritual higher power. Fill out the table below with ways you currently practice mindfulness, and new ways you wish to try practicing mindfulness.

Current ways I practice Mindfulness	New ways I wish to practice Mindfulness

Questions:

- *When is it helpful to practice mindfulness?*
- *When have you been successful in practicing mindfulness?*
- *What makes it hard to practice mindfulness?*

States of Mind



States of Mind is a concept in DBT that helps explain the influences on our thoughts and behaviors in any given moment. These states of mind exist on a continuum, with wise mind being a balance of emotion mind and reason mind. Each state of mind is neither “good”, nor “bad.” In fact, there are some situations where each mind is helpful, and when each mind could cause barriers to us being effective.

Emotion Mind

Emotion mind is guided by our emotions, which means our emotions influence our thoughts and our behaviors. For example, if we are feeling sad we might isolate from our family and friends or cancel plans we were looking forward to. We also might lash out at someone when we feel angry, or make impulsive decisions. It is important to remember that being highly emotional *does not* mean we are in emotion mind. We can experience emotions without our emotion mind being in the driver’s seat—for example, we can be irritated at an important person in our lives, and not engage in an argument. We can also be frustrated at a fellow driver on the road without honking our horn.

When we are in emotion mind facts can sometimes become distorted, which can create cognitive distortions—these thinking behaviors will be discussed later in this section.

Use the chart below to write down your answers to the following questions—

Questions:

- *What are some examples of when you have been in emotion mind?*
- *When is our emotion mind helpful?*
- *When does our emotion mind create barriers to being effective?*

Examples of Emotion Mind	
Emotion Mind-Helpful	Emotion Mind-Barrier

Reason Mind:

Reason mind exists on the opposite side of the continuum from emotion mind. Reason mind is guided by our logic and facts, which can be observed, measured, and counted. Being reason mind focused can help with planning an event, or getting ready to complete our taxes. Any time we focus on the facts of a situation, we are using our reason mind.

Use the chart below to write down your answers to the following questions-

Questions:

- *What are some examples of when you have been in reason mind?*
- *When is our reason mind helpful?*
- *When does our reason mind create barriers to being effective?*

Examples of Reason Mind	
Reason Mind-Helpful	Reason Mind-Barrier

Wise Mind:

Wise mind exists when we engage our reason mind and emotion mind at the same time in a balanced way. We both validate our *emotional* experience while also adding our ability to use our *reason*. Like the old saying goes, we use our head and our hearts to help in the present moment. In wise mind, we try not to use judgment, we live in our values despite how we might feel, and we are in our experiences without our experiences consuming us. We all have a wise mind—and the more we practice getting into wise mind, the easier it becomes to be wise minded!

Questions:

- *When have you been successful with your wise mind?*
- *What barriers exist to getting into wise mind?*
- *Think about what ways you want to improve in using your wise mind. What other skills will help you accomplish your goals?*

The Path to Wise Mind-WHAT & HOW Skills

In order to help increase our ability to use wise mind, it is helpful to know WHAT we need to do in order to get to wise mind and HOW we can use these skills to get to wise mind. Although we will talk about each skills separately, it is important to remember that they all work together to help us engage mindfully in the moment and bring us to our wise mind.

WHAT skills:

Our WHAT skills include observe, describe, and participate.

Observe: notice your current experience without adding or subtracting from it. Let the experience pass by like clouds in the sky-do not push it away, or strengthen it. Observe both the internal and external experiences-use your five senses to gather information about what you can see, hear, smell, taste, and touch, and what you observe happening in your body and mind. Notice your emotions, thoughts, and behaviors, as well as other people, your situation, and the environment around you.

Remember to intentionally direct your attention, and decide mindfully what should enter thoughts and what should stay out.

Questions:

- *Why is it helpful to observe our surroundings?*
- *What is one thing you are observing internally?*
- *What is one thing you are observing externally?*
- *Think about what barriers could keep us from using this skill-how would you work through these barriers?*

Describe: our describe skill helps us put words to the experience we are observing. Words and language help us make better sense of our experiences, and help us clarify our experience for ourselves and others. Do not get stuck in analyzing thoughts or feelings; instead, remember that feelings are just feelings, and thoughts are just thoughts. You are not your mind, and these experiences are not commands.

Remember to stick to the facts-lean more into reason mind to focus on matching language to the experience.

Questions:

- *Why is it helpful to describe our experience?*
- *What are some describing words we can use?*
- *Think about what barriers could keep us from using this skill-how would you work through these barriers?*

Participate: We used observe and describe to bring awareness to our current experience. After we have clarified that experience for ourselves and others, we want to use this awareness to make choices and become one with the experience by fully participating in the moment. Use this awareness to identify if you are participating in symptoms or problems, and chose to participate in skills instead.

Questions:

- *Why is it helpful to participate in our experience?*
- *What are additional skills you could use to fully participate in the moment?*
- *What could be some barriers to fully participating in the moment?*

HOW skills:

Our HOW skills include one-mindfully, nonjudgmentally, and effectively. Combining our HOW skills with our WHAT skills helps us use our skills in a more effective way.

One-Mindfully: focus on one thing with your complete attention. Practice noticing internal and external distractions, and gently letting them go. If your attention is getting divided, stop and focus your attention on what you choose to experience. Be in the here and now with one mind. One-mindfully helps make observe more effective.

Questions:

- *Why is it helpful to focus on one thing vs. multiple things at one time?*
- *We live in a society that engages in multi-tasking. How do you feel about multi-tasking? Is there a time you tried multi-tasking but felt unsuccessful or successful?*
- *What could be some barriers to being one-mindful? What skills could you use to address these barriers?*

Nonjudgmentally: stick to the facts without coloring them with opinions or biases. Focus on the who, what, when, where, and how. Stick to respectful language to help describe yourself, others, and situations around you. Simply accept what is instead of using words that amplify or reduce the experience. We can use nonjudgmentally to make describe more effective by focusing on the facts. We also focus on being nonjudgmental when we use the skill, Non-Judgmental Stance (NJS), which will discussed in more detail soon.

Questions:

- *Why is it important to focus on the facts?*
- *What could be some barriers to describing things nonjudgmentally? What skills could you use to address these barriers?*

Effectively: for this skill we simply focus on what works in any given situation. A wise individual once said, “in order to meet our goal, we must fulfill our role.” Focus on what works best based on the demands of the situation as it is, and not what you wish it to be. Stay connected to your goals, priorities, and values to help guide you to act as skillfully as possible. Focusing on what works helps train ourselves to be more responsive to experiences, rather than reactive. We want to *effectively participate*, to help get into our wise mind.

Questions:

- *Are there specific skills you know are more effective for you in certain situations? For example, are there specific skills you use when feeling angry, feeling sad, etc?*
- *What could be some barriers that get in the way of us doing what works? What additional skills could you use to address these barriers?*

Nonjudgmental Stance

Nonjudgmental stance is an important skill that helps us understand judgments and when to let them go. Judgments are neither “good” or “bad”, or “right” or “wrong.” Rather, depending on the situation and the intention of the judgment, judgments can be both useful and ineffective.

Judgments can be useful when we need to label, categorize, and move on, or when we simply want to communicate in a quick way. For example, it is easier for us to say, “the weather is bad” instead of observing and describing every detail of the forecast to justify why we think the weather is bad. We also might say we had a “good day” to quickly let someone know problems are minimal or we handled situations effectively.

Judgments also might be useful in other ways too. Use the space below to identify when judgments might be helpful and effective:

There are also times when judgments are ineffective, and can be harmful. This often occurs when judgments become overgeneralized or rigid, and when we are unable to shift them based on new or different information or experiences. Use the space below to identify when judgments might be harmful or ineffective:

To see whether judgments might be more or less useful, try to see whether they are “Teflon” judgments or “sticky” judgments.

Teflon Judgments: these judgments are judgments we have no personal investment in or strong emotional reaction to. We can easily change our minds about these judgments as we take in more or different information. These judgments can be useful when we need to quickly make a decision and move on. For example, I might have a judgment that I

dislike pineapple on pizza. If this is a Teflon judgment, I might change my mind if I try pizza with pineapple and happen to find it taste good.

Sticky Judgements: like tinted or colored glasses, these judgments shade almost everything around us. We are committed to these judgments, and therefore we refuse to take those glasses off to see ourselves, others, and situations in a different light. These judgments weigh us down like a backpack full of rocks. Using our pizza example from before, if I had a sticky judgment about pineapple on pizza, I would refuse to try any pizza with pineapple, and would potentially even judge others for liking it.

Once we have identified a judgment we want to let go, we can use the following steps to change our judgment into a nonjudgmental stance:

1. *Stick to the Facts:* use your observe and describe skills to help you focus on the facts of a situation. For example, if I am judging that a person is “angry”, I could instead use observe and describe to replace that judgment with facts. I could say, “Amy has her arms crossed and her shoulders look tense,” or “Bob raised his voice and slammed the door when he left the room.” Replacing the judgment with descriptive words allows us to have more control over our emotions, by helping us lean more into reason mind.
2. *Don’t judge your judging:* it is important to remember that we cannot go through life without making some sort of judgment; when we observe we are making a judgment, it is important to not judge ourselves and instead focus on how we can catch and replace the judgment we are having.
3. *Stop, Assess, Respond:* it is natural for us to want to react in a situation instead of respond-this tendency increases when we place a judgment on a person, situation, or ourselves. By being nonjudgmental and using a nonjudgmental stance, we are forced to simply observe, which allows us time to regain our composure, feeling less need to react, and instead helps us focus on how we want to respond.

Questions:

- *What are some judgment words that we use to place a judgment on something? Use the space below to identify judgmental words:*

- *Use the space below to identify both sticky and Teflon judgments you have experienced in the past. How did you know each judgment was either sticky or Teflon?*

<i>Teflon Judgments</i>	<i>Sticky Judgments</i>

- *How would your life look different without sticky judgments?*
- *Practicing this skill can be hard! What barriers can get in the way of us effectively using this skill? Are there certain things that make using this skill harder?*

Use the worksheet on the next page to practice letting go of sticky judgments.

Describe one sticky judgment about yourself, others, or a situation:

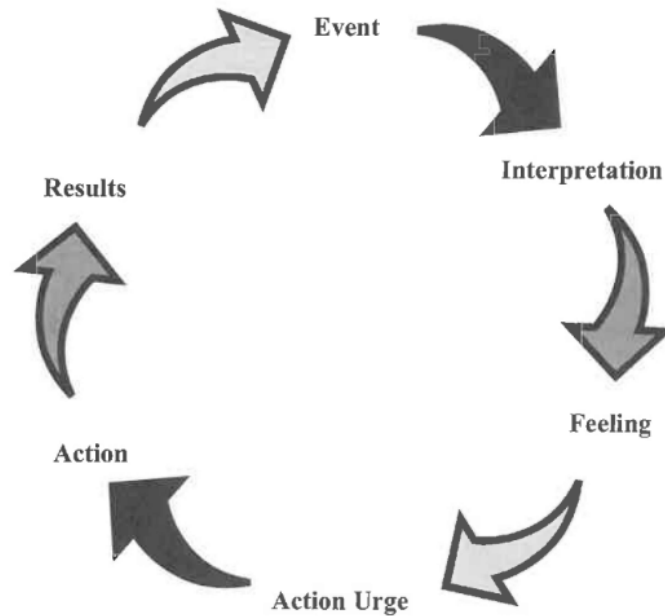
Describe how that sticky judgment upsets you, weighs you down, or holds you back:

Describe how your life will be different without that sticky judgment:

Commit yourself to slowly (or radically) getting unstuck from that judgment. How will you follow through with that commitment? Think about skills, ways you can encourage yourself, or resources you can use:

Model of Emotions/Feelings Model

Emotions are important. They can provide us with information, help us communicate and influence others, and help us motivate and prepare for action. It is important for us to know how feelings happen and what influences them. This knowledge can help us better understand our emotions and use skills in response to them. The feelings model, or model of emotions, helps us understand this cycle, and how we can use skills to get back into our wise mind.



Event: emotions begin with an event, and an event can be internal (within us) or external (in our environment). Use the space below to identify internal and external events. Use mindfulness skills to help connect an emotion to its source.

Internal Events:

External Events:

Interpretation: how we interpret events has a huge influence on what we feel. Use your mindfulness skills to check how you are interpreting the event. Ask yourself the following questions:

- Does my interpretation work in the situation I am experiencing?
- Are there other ways of looking at the situation?
- Is the interpretation from a wise mind?
- Do I need to use nonjudgmental stance?

Questions:

- *What influences how we interpret different events?*
- *What additional skills can you use to help use wise mind in this situation?*

Feeling: use observe and describe to notice the emotional experience. What is happening in your body (for example, are your muscle relaxed or tense? Is your heart beat racing or steady?) What is happening externally with your body (for example, how is your facial expressions, what does your posture look like?) Name the emotion you are identifying based on your observations. Remember to observe the experience nonjudgmentally!

It is also possible that there are additional feelings underneath the one you are observing and describing. For example, hurt or embarrassment might be underneath our anger, or guilt and shame might hide under our depression. Getting to our feelings underneath the surface helps increase our understanding of the situation and of ourselves, which increases our options for skill use.

Action Urge and Action: what is the current emotion urging you or pulling you towards? Is an action already happening? Seek clues from your urges and behaviors. Are your action urges and actions coming from your wise mind? Remember to use your mindfulness skills to participate with effectiveness, and respond rather than react.

Questions:

- *What clues might tell me I am in emotion mind? Reason mind? Wise mind?*
- *What are some additional skills I might use if I notice my action urge or action is not coming from a wise mind?*

Results: observe and describe the results from the emotion and actions (or inactions) you experienced. Evaluate what worked and what did not work. Learn from your experience to help make wise minded decisions moving forward, or to use mood momentum to continue the positive experience.

Use the worksheet on the next page to help apply the feelings model to a situation.

Feelings Model Application

Describe the **Event** (what happened; who, what, when, and where?):

Describe your **Interpretation** (what judgment, evaluation, self-talk, or belief was activated?):

Describe your **Feeling** (what is happening physically? What is the body language? Name the emotion you are feeling, using a feeling chart if needed. Identify underlying feelings if possible):

Describe your **Action Urge** (what is the emotional pull towards an action, inaction, or communication? Would it fit wise mind?):

Describe your **Action** (what action or inaction was made?):

Describe the **Results** (what consequences occurred? Include other emotions, thoughts, actions, and inactions, and their effect on relationships and situations. How did the results set up the next event- did a pattern continue or did the cycle change?)

Cognitive Distortions

Cognitive distortions are thought patterns that cause us to view reality in inaccurate (and usually negative) ways. When we experience a cognitive distortion, the way we interpret events is negatively biased. Most people experience cognitive distortions from time to time, but if they are reinforced often enough, they can increase anxiety, make depression worse, cause issues in our relationships, and lead to other complications in our lives!

Cognitive distortions were first researched by Dr. Aaron Beck in the 1960's. He developed a treatment method to help challenge cognitive distortions, known as cognitive behavioral therapy (CBT). According to Dr. Beck, there are at least 10 common distorted thinking patterns, which are listed below. For each distorted thinking pattern, identify examples you have experienced and skills you could use to challenge these thoughts:

1. **All or nothing, or black and white thinking:** this distortion happens when people think in extremes. If you're not perfect, you are a total failure; if you're having a bad moment, the entire day is ruined; people in your life are either angelic, or evil. This type of distortion is unrealistic as most of the time things exist somewhere between the two extremes.

Examples	Skills I Could Use

2. **Catastrophizing:** this distortion leads people to assume the worst or having feelings of dread when faced with the unknown. Catastrophizing often escalates ordinary worries. If I am expecting a check in the mail and it does not arrive, I might fear it will never arrive, and that as a consequences I will not be able to pay my rent, and my entire family will be evicted and hate me.

Examples	Skills I Could Use

3. **Mind reading:** when we assume that we know what other are thinking, we resort to mind reading. This is different than empathy, which is the ability to perceive and understand what others might be feeling. To help understand the difference, consider all the factual evidence, not just evidence that confirms suspicions or beliefs.

Examples	Skills I Could Use

4. **Overgeneralization:** when we overgeneralize we reach a conclusion about one event, and then incorrectly apply that conclusion across the board to other events. For example, if we have a negative relationship in one relationship, we might develop a belief that we are not good in any relationship at all. Overgeneralization has been associated with PTSD and other anxiety disorders.

Examples	Skills I Could Use

5. **Mental Filter:** when we ignore positives and focus entirely on the negatives, we are using a mental filter. This can not only be inaccurate, but it can also worsen anxiety and depression symptoms. When we have a meeting with our boss, and only focus on criticism and not the positive things they are saying, we are using a mental filter.

Examples	Skills I Could Use

6. **Discounting the Positive:** similar to mental filters, discounting the positive happens when we experience a negative bias in thinking. People who discount the positive explain positive situations as a “fluke” or “sheer luck.” Instead of acknowledging a positive outcome as a result of our skills, intelligence, choices, or determination, we assume that it must be an accident or just good luck.

Examples	Skills I Could Use

7. **Emotional Reasoning:** this distortion occurs when we believe our emotions to be truth and fact based. “I feel...” therefore it is. For example, we might say “I feel like she hates me, therefore she does,” or “I feel stupid, therefore I am stupid.” While it is important to listen and validate our emotions, it is equally as important to look at the facts.

Examples	Skills I Could Use

8. **“Should” Statements:** using statements that have “should” or “ought to” create a fixed idea of how you or other should behave. This creates an overestimation on how bad it will be if these expectations are not met. These types of thoughts often come from family or cultural expectations, and can diminish our self-esteem and raise our anxiety levels.

Examples	Skills I Could Use

9. **Labeling:** when we reduce ourselves or others to a single (usually negative) characteristic or descriptor, we are participating in a cognitive distortion called labeling. Labeling causes people to be mean to themselves, can cause misperception, and can cause issues within relationships. Labeling often uses extreme language to describe things-for example, “I spilled my milk, I am such a LOSER!”

Examples	Skills I Could Use

10. **Personalization:** one of the most common thinking errors, personalization is when we take things personally even when they are not connected to us or caused by us. This can happen when we blame ourselves for circumstances that are not our fault or beyond our control.

Examples	Skills I Could Use

Challenging Cognitive Distortions

Cognitive distortions can create a lot of anxiety and struggle in our lives. It is important to use our skills to challenge them, so we can untwist our thinking patterns. Before we challenge any cognitive distortion, it is important to *identify the distortion*; write down your negative thoughts and see which of the cognitive distortions are occurring. Next, use one of the techniques below to challenge the distortion you are experiencing:

- *Examine the evidence:* check the facts using your observe/describe skills. Examine actual evidence.
- *Best Friend Method:* instead of engaging in negative self-talk, talk to yourself in the same compassionate and understanding way you would talk to a friend with a similar problem.
- *Thinking in Grey Shades:* instead of thinking in an all-or-nothing view, try to evaluate the situation on a range of 0-10. Try to think about experiences in partial

successes instead of a complete success or a complete failure. Identify what you have learned from the situation.

- *The Survey Method*: ask people questions to find out if your thoughts/attitudes are realistic. This is another way we can examine the evidence or check the facts.
- *Define terms*: if you find yourself using label, ask yourself what the definition is of the label you are using. For example, if you label yourself a “loser”, ask yourself, “what is the definition of a loser?”
- *Bridging Statements or Semantic Method*: substitute extreme language for language that is less colorful or emotionally charged. For example, instead of saying, “I should not have made that mistake,” you could say “It would be better if I had not made that mistake.”
- *Re-Attribution*: identify other factors that may have contributed to a situation. Focus on solving the problem instead of using all your energy to blame yourself and feel guilty.
- *Cost-Benefit Analysis*: identify pros/cons of a feeling, a negative thought, or a behavior pattern.

Questions:

- *What types of things influence our cognitive distortions?*
- *What cognitive distortions tend to be the hardest for you?*
- *What are some go-to skills that help you with your cognitive distortions?*

Negative thought I am having	Type of cognitive distortion	Skills or strategies I can use to challenge distortion

Section C: Vision of Recovery-Life Management Skills

Vision of Recovery-Life Management Skills

In order to treat psychiatric disorders it is important to understand the factors that can influence the course of these disorders. The Stress-Vulnerability Model is used to help us understand both the biological influences and environmental influences on the course a psychiatric illness. Biological vulnerability and stress are two big contributors to mental health symptoms, and treatment for psychiatric symptoms need to address both of these factors. The goals of this unit are to:

- Understand the Stress-Vulnerability Model, and how stress and biological vulnerabilities contribute to mental health symptoms
- Learn skills to reduce vulnerability to stress
- Learn skills to cope with stress and distress effectively
- Learn how to reduce the reoccurrence of stress

Stress-Vulnerability Model

Scientists do not yet understand exactly why some people have symptoms of mental illness and others do not. They also cannot predict who will have several episodes of symptoms and who will have one or only a few. There are a number of different competing theories as to the cause of mental illness. One of these theories that has strong research support is the stress-vulnerability model. The stress-vulnerability model states that psychiatric illnesses have a biological basis. This basis, or vulnerability, can be made worse by stress, distress, and substance abuse. It can also be improved by using coping skills, consistently taking medication, and living a healthy lifestyle.

Biological Vulnerability:

The term “biological vulnerability” refers to people who are born with, or who acquire very early in life, a tendency to develop a problem in a specific medical area. For example, some people have a biological vulnerability to developing asthma, and other people have a biological vulnerability to developing high blood pressure or diabetes. Similarly, it is thought that people can have biological vulnerabilities to developing mental illnesses, such as schizophrenia, bipolar disorder, or depression.

In diabetes, the part of the body that is affected is the pancreas, which keeps the level of insulin in balance. In mental illness, the part of the body that is affected is the brain. Our brain is comprised of billions and billions of different cells that contain different chemicals (neurotransmitters). Scientists believe that mental illnesses are caused by changes and irregularities in the neurotransmitters in the brain.

As with other disorders (such as diabetes, hypertension, and heart disease,) genetic factors play a role in the vulnerability to mental illness. The chances of a person developing depression, bipolar disorder, or schizophrenia are higher if a close relative also has the disorder. Many scientific studies are researching genetic factors, and what they are finding is complex, as there is rarely just one gene or genetic marker that determines mental illness.

However, genetic factors are not the only explanation to help us understand why some people develop mental illness. For example, for many people with mental illness there is no history of anyone else in their family who have experienced psychiatric symptoms. On the other hand, an individual can have many relatives with mental illness and not experience any symptoms themselves. This creates a complicated picture, as biology alone cannot predict whether or not someone will develop a mental illness.

It is widely believed that non-genetic factors may also contribute to people developing mental illness. For example, early biological factors, such as exposure to certain viruses or toxins when the baby is in the womb, may be important. There is little scientific evidence that alcohol use or drug use causes people to develop a biological vulnerability to mental illness by itself; however, when someone is already vulnerable, alcohol and drug use may trigger symptoms or make them worse.

Questions:

- *Are you aware of any members of your family who struggle with mental health?*
- *Have you personally experienced your mental health symptoms getting worse due to stress or strain?*

Stress factors and mental health:

Scientists believe that stress also plays an important role in psychiatric symptoms. Stress is defined as “a state of mental or emotional strain or tension resulting from adverse or very demanding circumstances.” Stress can trigger the onset of symptoms or make them worse. For example, stress may play a particularly strong role in increasing the biological vulnerability to depression. If someone has lost a loved one, been the victim of a tragic event, witnessed trauma, or experienced other examples of extraordinary stressors, they may be more likely to become depressed.

Each individual experiences stress differently. In fact, what may be stressful to one person may not be stressful at all to someone else. It is important to practice nonjudgmental stance and validate each other’s experiences, even if we do not personally find a situation stressful.

The following are examples of situations that are commonly experienced as stressful:

- Having too much to do or being expected to complete many tasks in a short period of time.
- Having too little to do, such as sitting around all day with no meaningful activities.
- Difficulty in relationships-such as frequent arguing, expressing angry feelings, or criticizing each other.
- Major life changes, including:
 - Losing someone important
 - Moving to a new home (especially if it is to a new environment, to a new state, or new country)
 - Starting or losing a job
 - A change in relationship status, such as getting married or getting divorced
 - A change in familial status, such as having or adopting a child
- Financial or legal problems.
- Having a chronic illness, being sick, or being fatigued.
- Abusing alcohol or drugs.
- Poverty or poor living conditions.

Questions:

- *What are some common stressors for you? What else would you add to the list above?*
- *Is there any stressors on the list above that you have coped effectively with? What helped you accomplish this?*

It can also be hard to identify when we are stressed- sometimes our bodies are conditioned to view stress as a constant state of being. It is important to use our *observe and describe* skills to identify what stress looks like for us individually, both internally and externally. Use the chart below to help you identify your internal and external responses to stress.

Remember: *internal* responses could be thoughts, feelings, and emotions; *external* responses could be how our body shows stress, how we react to others, or how we react to our environment.

<i>Internal</i> Stress Responses	<i>External</i> Stress Responses

Reducing Vulnerability

There are several skills we can use to help reduce our vulnerability to stress. The following section identifies skills that can be used proactively (used before a future problem, need, or change is identified) or in the moment.

PLEASED:

We cannot eliminate biological vulnerabilities (like genetic factors) or things that have happened to us in the past. In order to reduce vulnerability, we must focus on the present moment, and how we can be proactive in decreasing our vulnerability. Part of the stress-vulnerability model is an acknowledgement of the mind-body connection. The mind-body connection suggests that how we treat our physical selves impacts our mental selves, and how we think and act affects our physical selves. The PLEASED skill allows us to focus on ways to reduce our vulnerability to intense emotions, and improve our overall tolerance of stressful events.

PLEASED stands for:

Physical Health

List Resources and Barriers

Eat Balanced Meals

Avoid Drugs and Alcohol

Sleep Between 7 and 10 Hours

Exercise Regularly

Daily

As you walk through each section of PLEASED, there will be places to *List resources and barriers*. Resources include the people who support us, the professionals that we work with, the skills and strategies that we use to take care of ourselves, and different ways that we can access knowledge in a safe and effective way. We also want to know what barriers might get in the way for us and ways we can solve those barriers. Making a list helps because when we are sick, vulnerable, or experiencing barriers it can be difficult to problem-solve or remember what to do.

Physical Health: we must attend to our physical health to feel well. That means staying current on physical health appointments through regular medical checkups, engaging in skills and behaviors that keep our bodies healthy, and treating illnesses when they arise. Attending to our physical health also means complying with medical advice, taking medications as prescribed, or consulting with your prescriber when medication changes

are needed. Always consider how your physical health may be impacting your mental health.

Questions:

- *In what ways does your physical impact your mental health?*
- *In what ways does your mental health impact your physical health?*

Use the table below to list your resources and potential barriers for Physical Health:

Resources for Physical Health	Potential Barriers to Physical Health

Eat Balanced Meals: mental health and diet are closely tied together. Eating balanced meals can help create a stable foundation each day so that you physically feel better, which can help improve our mental wellbeing. Try and eat three balanced meals plus a couple of healthy snacks mindfully throughout the day.

Current research suggests that eating fruits, vegetables, whole grains, and lean proteins are healthier than pre-processed foods that contain a great deal of sugar and saturated fats. Consider eating whole foods or minimally processed foods whenever you can. Drink 8-10 glasses of water a day. Consult with a doctor, nutritionist or dietician if you want to make changes in your lifestyle and manage your diet more effectively. Avoid eating too much in one sitting, or having only a few meals (or one meal) a day, as this actually can lead to weight gain and slower metabolism. Remember that the goal is balanced eating-it is okay to treat ourselves! And in fact, it is important to do so to help manage cravings.

Questions:

- *What is your relationship between food and mood?*
- *What happens to mental health symptoms when we eat too much? Too little?*
- *Have you noticed that certain food types have an effect on your mood?*

Use the table below to list your resources and potential barriers for Eating Balanced Meals:

Resources for Eating Balanced Meals	Potential Barriers to Eating Balanced Meals

Avoid Drugs and Alcohol: non-prescribed drugs, misuse of prescribed medication, and misuse of alcohol can make someone incredibly vulnerable to intense distress. The impact of drugs and alcohol increases even further when considering how it might interact with medications. Most psychiatric medications become ineffective or cause intense unwanted effects when combined with alcohol. In some cases, combining substance use with psychiatric medication can be very dangerous or even life threatening. Even some “safe” substances, such as caffeine and nicotine, have been proven to aggravate anxiety and other symptoms. Avoiding drugs and alcohol will help reduce vulnerability and improve overall health. If you find yourself struggling with reducing or quitting something, you may need further support.

Questions:

- *Have you noticed any changes in your mood when you use substances? (caffeine, nicotine, alcohol)*
- *Do you notice yourself more vulnerable to distress under the influence of substances?*

Use the table below to list your resources and potential barriers for Avoiding Drugs and Alcohol:

Resources for Avoiding Drugs/Alcohol	Potential Barriers to Avoiding Drugs/Alcohol

Sleep Between 7 to 10 Hours: Research suggests that sleep is an integral part of mental and physical health. Individuals with disrupted sleep schedules are more likely to suffer from a wide variety of difficulties ranging from heart disease and diabetes to anxiety and depression. While every person is different, the range of healthy sleep for most adults is between 7 and 10 hours. Too little sleep can lead to increased difficulty managing mood, irritability, confusion, and fatigue. Too much sleep is linked to lowered metabolism, depression, cognitive slowness, and increased vulnerability to physical illness. Getting good sleep means practicing sleep hygiene regularly. The following guidelines will greatly improve sleep for most people; however, for these guidelines to be effective they must be used nightly, and maintained over the long term.

- Create a sleep routine that begins at least 1 hour before going to bed. Like landing on an airplane, healthy sleep involves getting into a pattern and getting the landing gear down well ahead of time. A sleep routine should consist of relaxing activities that cue the mind and body for sleep. Deep breathing, muscle relaxation, and mindfulness work well in a sleep routine.
- Establish consistent sleep and wake times. Stick to these times, even on weekends. Avoid using the “snooze” button on your alarm clock.
- The bed should be for sleeping only. Wakeful activities in bed confuse the mind and body, and the bed no longer becomes a cue for sleep and rest.
- Create a relaxing environment. A clean and uncluttered environment with fresh bed linens and comfortable blankets and pillows will help to create the conditions for sleep. Block out direct sources of light, and keep the temperature at a comfortable level.
- Avoid alcohol, caffeine, and nicotine for 4 hours (or more) before bedtime.
- Avoid heavy meals and spicy foods before bedtime.

- Turn down lighting and power off electronics at least 1 hour before bedtime. If possible, use the night time setting on your phone or decrease your blue light.
- Avoid any stimulation before bedtime, including arguments, conflict, vigorous activity, or anything else that is likely to activate your mind or body.
- Exercise during the day time.
- Avoid daytime napping.
- Keep a notebook by your bed for ideas, concerns, or other thoughts you may want to remember tomorrow. Write them down and use skills to let them go.
- Practice peaceful imagery or deep breathing as you are falling asleep.
- If you are unable to sleep after 20 minutes, get up and do something boring and/or relaxing until you are sleepy and ready to return to bed.

Questions:

- *What happens to your mood and mental health when you get too little sleep? Too much sleep? Do your symptoms change?*
- *What can do you to start building better sleep hygiene?*

Use the table below to list your resources and potential barriers for Sleep Routine:

Resources for Sleep Routine	Potential Barriers to Sleep Routine

Exercise Regularly: Balanced exercise can positively impact almost any symptom of mental illness. Research shows that half an hour of gentle physical activity a day alleviates symptoms of nearly every psychiatric and medical disorder. Find natural ways of exercising, like taking the stairs, parking at the far end of a parking lot, playing with pets, or taking walks. In addition to scheduled exercise time, it is important to move around throughout the day. Every waking hour, try to get up and do some light stretching or movement for approximately 5 to 10 minutes. Humans are not designed to sit still, so movement is vital. Consult a physician with any concerns you might have before starting an exercise routine.

Questions:

- *What do you do to stay active?*
- *What helps you to be physically active?*
- *How does your mood change when you are active? How about when you are inactive?*

Use the table below to list your resources and potential barriers for Exercise Regularly:

Resources for Exercise Regularly	Potential Barriers to Exercise Regularly

Daily: Every part of PLEASED is something that, if done daily, will help you reduce your vulnerability to intense emotions over time. While occasional lapses are understood and expected, these different concepts and activities will be most effective when practiced every day.

Now that you've identified resources and barriers to addressing different factors in the PLEASE skill, use the worksheet on the next page to help identify specific providers and supporters you can use to be more effective with PLEASED skills, as well as barriers and potential strategies to overcome them.

Providers: different providers that help care for you, and their role. These would include doctors, nurses, home health aides, case workers, and therapists.

Name:

Role:

Phone Number:

Name:

Role:

Phone Number:

Name:

Role:

Phone Number:

Supporters: people in our life that help with managing stress and staying healthy and well. These would include family members, friends, and anyone who encourages you.

Name:

Role:

Phone Number:

Name:

Role:

Phone Number:

Name:

Role:

Phone Number:

Barriers and Strategies to overcome them: use the boxes below to identify common barriers that challenge your ability to attend to PLEASE, and talk about what helps you or could help you overcome them:

Barrier:	Strategy/Skill to Overcome

Radical Acceptance:

There are times in our lives where we experience pain and suffering. This could be related to trauma, difficult life circumstances, or losses. Suffering is a part of everyone's life at some point in time, and if we are unable to accept situations that cause us pain, the result is being stuck and trapped in our suffering. We can decrease our suffering by being willing to acknowledge or accept it rather than fight it. We may still have pain that we need to tolerate, but there will be a difference in our experience of it. Acceptance or acknowledgement of our pain decreases our resistance, and allows us to move forward in using our resources.

When we are experiencing pain, we have four basic choices:

1. *Change the situation that is causing you pain:* ask yourself-what would I be willing to do to decrease my suffering? Is it within my control to change my situation? In order to change the situation we are in, we need to be willing to look at it from a wise minded perspective, to analyze our options, and to identify and ground ourselves in our values. This change might look like ending a relationship that causes us pain, leaving a job that increases our symptoms and does not offer us support, seeking medical advice from professionals, or trying to solve another problem.
2. *Change how you see the situation or what you think about it:* are you able to find the silver lining or meaning in the pain you are experiencing? Remember that our minds are a powerful tool in overcoming obstacles, and if we can look at the situation from a different perspective we might be able to change the pain we are feeling. For example, if you are working a job that causes you stress, you might be able to find meaning or a silver lining in your relationship with your co-workers, in the customers you serve, or the income you earn.
3. *Radically accept/acknowledge the situation:* using radical acceptance means you are willing to experience a situation without trying to change it, protest it, or escape it. To put it into simple terms... it is what it is. When you accept or acknowledge the situation, you might still have to tolerate pain *but* you are no longer adding to it. Remember: we might have to use this skill several times in a situation. For example, we might radically accept every morning that we have to manage a chronic illness. Some days it might feel easier to radically accept a situation, other days we might have to use this skill over and over to decrease suffering.
4. *Stay stuck in suffering until you are ready to accept reality.*

Radical acceptance is **not** approval, liking it, or giving in. When we recognize, acknowledge, and accept a problem or reality, we are actually taking control of our lives and our emotional health. Acceptance becomes freedom, as it allows us to be effective with what is, rather than to stay stuck in denial. Before we make change, we must accept and acknowledge the situation we are currently in.

Use the space below to practice *radical acceptance* in a painful situation:

Practicing Radical Acceptance

Describe a situation that is currently causing you suffering:

Describe what you can realistically change through problem-solving and/or shifting your thoughts:

Describe what you may need to radically accept:

Describe other skills that could help assist in radically accepting the situation:

Describe how your life will be different when you have radically accepted this situation:

Everyday Acceptance:

Radical acceptance is used to help deal with painful and difficult to accept situations, but what about common inconveniences that cause us frustration, annoyance, anxiety, or stress? We can use everyday acceptance to help us accept or acknowledge the smaller inconveniences in life. Consider the following examples of when you could use everyday acceptance:

- Waiting in a long line
- A roommate or staff member is in a bad mood
- A delivery person is 30 minutes late
- A friend cancels plans at the last minute
- Your favorite sports team is losing
- You run out of paper towels or toilet paper
- The weather does not fit the plans you made
- A task or chore you dislike needs to be complete
- You step in gum
- Someone cuts you or your ride off in traffic.

Everyday acceptance is *not* giving in, being walked on, or remaining helpless. Many of these problems listed above have solutions or interventions that we could use (such as assertiveness, setting a boundary, going to the store, or using other DBT skills). The use of everyday acceptance allows us to have the emotional balance to solve our everyday problems more effectively, by helping us get into wise mind.

Questions:

- *How have you practiced this skill?*
- *How does it feel when we are able to use everyday acceptance?*
- *What makes it hard to use this skill?*

Bridge Burning:

Bridge burning is another proactive skill that can be used to help with our urges of ineffective behaviors, such as using substances, engaging in self-harm, over-eating, or over-spending. Bridge burning is when we intentionally remove the means of acting on the ineffective or addictive behaviors. Relapse into harmful behaviors tend to happen more easily when there is an immediate opportunity to act on impulses, so by removing the ability to engage in the impulse, we are increasing our ability to be effective, and allowing ourselves more opportunities to use our skills. The following are some ways we could bridge burn with common ineffective or addictive behaviors:

Bridge Burning with substance use:

- Removing all alcohol or drugs from the home
- Setting boundaries with friends who do engage in substance use; blocking numbers or erasing numbers from phones if they do not respect these boundaries.
- Staying away from locations that we associating with using; change routines or routines to actively avoid them.
- Be honest with your support system-express that we have given up substances, and discuss any urges to use.

Identify other ways we could use this skill to address substance use:

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Bridge Burning with self-injury and/or suicidal urges:

- Removing self-injury tools that have been used in the past. Giving these tools to trusted loved ones or staff members.
- Tell others when you are feeling unsafe and need help.
- Spend time with others and in locations in which you would not engage in harming self.
- Mix up and change rituals associated with self-injury.

Identify other ways we could use this skill to address self-injury and/or suicidal urges:

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Bridge Burning with spending:

- Cut up credit cards. If you need to keep one, freeze it in water so it will take longer to access it, or have someone trustworthy hold it for you, such as a loved one or staff member.
- Establish a “waiting period” that you must adhere to before making a purchasing decision.
- Stay away from stores, the mall, online shopping.
- Delete your credit card information from your phone and other electronics. Make sure you’re information is not saved on any websites.

Identify other ways we could use this skill to address spending:

Bridge Burning with unhealthy or unsupportive relationships:

- Erase or block the other person’s number from your phone.
- Route emails from the other person into your junk mail folder.
- Fill your free time with activities and healthy people in your life.
- Tell someone that you trust that you have moved on from that person/relationship; discuss how they can hold you accountable to that decision.
-

Identify other ways we could use this skill to address spending:

Bridge Burning with overeating:

- Keep binge and “comfort” foods out of our home.
- Prepare portions ahead of time and put away the remainder of the food away before eating.
- Avoid buffets and all-you-can eat restaurants.
- Eat multiple times a day, including healthy snacks

Identify other ways we could use this skill to address overeating:

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Coping with Stress and Tolerating Distress

Stress is a part of life that can never be avoided. Stress helps us to make changes, to adapt to new surroundings, and can even help us perform more effectively. Not all stress is bad; stress can come from desirable changes (such as moving to a new home, getting a new job, meeting new friends) or participating in events that might make us feel uncomfortable (such as community events, family functions, or public speaking). Learning how we individually cope with stress is very important, as stress and mental health symptoms are very closely related. This section will help you learn how to reduce stress and tolerate distress when it is present, so you can remain effective and work through difficult moments.

Two different types of skills will be discussed in this section-avoidance skills and approach skills. *Approach skills* are skills that help us solve the problem in the moment, or be proactive before the problem begins. Skills discussed in the last section, such as bridge burning and acceptance, could fall under this category. *Avoidance skills* are skills that we can use to avoid the problem in the moment. Avoidance skills we can use are discussed in this section. It is important to think about what skills we need to use in the moment-to help us decide, we can ask ourselves the following questions

- Am I able to solve the problem?
- Is it an okay time to solve the problem?
- Do I have the resources to solve the problem?
- Am I in wise mind enough to solve the problem?

If you answer YES to any of the above questions-it is important to work towards solving the problem (potentially by using approach skills). If you answer NO to any of the above questions-we can use avoidance skills until we are able to solve the problem in an effective way.

Questions:

- *When would you use avoidance skills?*
- *When would you use approach skills?*
- *What happens when we are able to solve the problem, but we continue to avoid it?*

Distractions

Sometimes we experience stressors that result in intense distress, increased emotions, or increased symptoms that make it difficult to problem solve in the moment. To make things even more challenging, we may have stress over things that we have little or no control over, such as the weather, troubled family members, financial difficulties, or arguments that we can't resolve because the other person is unwilling or not present. Sometimes in order to cope with these sorts of distress we need to distract ourselves. The goal of distractions as a skill is to briefly take our attention away from the source of distress, to decrease the stress itself, and then return to problem solving or working on the distress when we feel we can be more effective. An acronym used to help remember ways we can distract is ACCEPTS.

ACCEPTS:

Activities

Contributing

Comparisons

Emotions

Push Away

Thoughts

Sensations

Activities: activities are things you do that help keep your mind off of the stressor and that keep you active, ideally both physically and mentally. There can be a wide variety of different things that you can do that fall under the umbrella of “activities”, and these can include things like going for a walk, playing a game with a friend, doing a puzzle, playing with a pet, etc. It is also important for us to plan activities as part of our daily routine, and to follow through with that plan, as activities can help decrease symptoms of mental health, and increase positive emotions.

Questions:

- *What type of activities do you use to help distract yourself from stress?*
- *What are some barriers that could keep us from using this skill?*
- *What are some activities that you have built into your daily routine?*
- *What are additional skills that could help us engage in activities?*

Identify activities that help you distract yourself from stress:

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Contributing: this skill is used to help us find ways to help other people. This helps get our mind away from the distress we are feeling and into participating with others and in the world. We all need a break from ourselves sometimes, and contributing helps us feel connected, less alone, and create positive feelings. Contributing can be done in small, but impactful ways, as well as ways that are more long term.

Questions:

- *How does contributing to others make you feel?*

Identify how you can contribute in *small but impactful ways*:

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Identify how you can contribute in ways that are more *long-term*:

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Comparisons: this skill asks us to examine our troubles and stress in the context of others or our past self. Be careful not to engage in ineffective comparisons, which might make us feel jealous or guilty. Instead, look to effective comparisons that cause us to acknowledge that your troubles are not so bad, or that you have been through very difficult times in the past and gotten through them. Also, consider using comparisons to find a role model or someone that helps you to gain strength through comparing stories and seeing likeness and perseverance.

Questions:

- *What are some ways you have used comparisons in the past?*
- *What other skills are important to consider when using comparisons?*

Identify how you can use comparisons in ways that are effective:

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Emotions: emotions as a distraction can be powerful! Seek out activities that cause you to feel something different and positive. Emotions can be influenced by what you choose to do, or what you choose to think about. For example, when listening to music we can listen to loud and fast music when tired, calming music when anxious or upset, and uplifting music when feeling sad. Alternatively, sometimes we can use this skill to validate our feelings. For example, we could listen to melancholy music when sad. The important thing to remember is to not get stuck in the emotion; we want to self-validate, not wallow in the emotion we are feeling.

Questions:

- *What emotion do we want to create when we are sad? What activities can we do to help create that emotion?*
- *What emotion do we want to create when we are feeling angry? What activities can we do to help us create that emotion?*
- *What emotion do we want to create when we are feeling anxious? What activities can we do to help us create that emotion?*

Identify activities you can use below to help when feeling sad:

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Identify activities you can use below to help when feeling angry:

Identify activities you can use below to help when feeling anxious:

Push Away: Sometimes we just have to put tough situations behind us or put them on a shelf and agree to come back to them later. For example, if you're feeling stressed about a situation and you're about to attend to a relationship with someone important to you, you might have to push your stress away until you can work through it at a different time. Be careful, though; this skill can oftentimes become excessive if used to ignore stressors. Remember to take out your distress or problem at a safe time in the future and attend to it. This should only be used as a short-term strategy.

Questions:

- *Why might we push away a problem and come back to it later?*
- *What tells us that we are ready to attend to our problem or distress?*
- *What additional skills might we use with push away to feel more effective?*

Thoughts: thoughts can work to help us as well as cause us distress. When we distract with thoughts we are trying to fill our minds with a lot of information or a directive task so that there is no room to think about what is causing us stress. Doing puzzles, reading an interesting book, counting to certain number are all examples of using thoughts to distract.

Questions:

- *In what ways might you engage your thoughts to help with distress?*

Sensations: this is a distraction technique that allows us to reduce distress through focusing on our physical selves. The goal of this skill is to stimulate our senses, rather than relax. Using our five senses, we draw our attention away from distress by listening to loud music, running our hands under cold water, eating spicy foods, or handling things with interesting textures. It is important to not engage in any sensations that might cause potential harm to yourself.

Questions:

- *Why does this skill help distract from our distress?*
- *In what ways have you used sensations in the past?*

Identify ways you can use sensations:

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Urge Surfing:

Just like real surfing, urge surfing helps us learn to ride “emotional” waves that we can experience when feeling stressed, when our mental health symptoms increase, or when we are facing urges to engage in ineffective behaviors. Urge surfing uses our nonjudgmental acceptance of the urge or feeling we are facing, which allows us to simply notice and ride the ebbs and flows without reaction.

Urges and emotions are part of the human experience; however, just because our emotions are leading us to ineffective urges, does not mean we need to act on the urge itself. Often, instead of just watching our urges we intensify them, escape them, or act on them. For example, if we are feeling angry we might get into an argument with a loved one, or throw something that is breakable. Using urge surfing can help us fight the urge to engage in our emotions or urges.

The secret to urge surfing is to not panic and react, but rather float and ride the ebbs and flows that happen with emotions and urges. We want to practice urge surfing when our urges are lower, before graduating to a “bigger wave”. This allows us to understand when the waves are too intense to use surfing, and recognize when we need to use a different skill instead. Urge surfing can also be used with other skills, such as distraction or activities. Use observe and describe skills to notice which strategies or skills work best in the present moment.

Questions:

- *When have you been successful in using urge surfing?*
- *What other skills might make urge surfing feel more effective?*

IMPROVE the moment:

Like previously discussed, if we find that we are using distractions for too long, we may be practicing avoidance. Avoidance is a natural reaction to stress and anxiety where we avoid the things that we feel stressed about. Unfortunately, avoidance is rarely effective as a coping skill because it usually ends up with the situation getting worse. The stressors that we are avoiding get more intense and can blow up on us in unintended and/or difficult to control ways. That's why it's important to practice moderation when using distractions and make sure that we don't only use distractions. For this reason, we have other skills that can help us remain present during intense stress and difficult moments. These skills can be remembered through the acronym *IMPROVE*.

Imagery

Meaning

Prayer

Relaxation

One Thing at a Time

Vacation

Encouragement

Imagery: use of positive or pleasant imagery can help make tough moments more manageable. People use imagery in a wide variety of different ways, including empowering images of successful interactions, or using images of a relaxing or safe place to help make stressful or anxiety-provoking moments more stable. Taking five minutes to think of a calming place while on the bus can make it less stressful. Using positive imagery to think of success and happiness can help make work more manageable.

Questions:

- *What kinds of imagery do you use when you are feeling worn down or stressed out?*
- *What kinds of imagery do you use when feeling sad or depressed?*
- *What kinds of imagery do you use when feeling anxious or wound up?*
- *Do you have specific places you think of when using imagery?*

Identify below how you could use *Imagery*:

Meaning: this skill is about validating that the storm cloud is there *and* finding the silver lining. When you are struggling with distress or a difficult experience, finding meaning can help make what you're going through more approachable or manageable. When you are struggling with anxiety in the doctor's office, it can be helpful to find meaning by knowing that going to the doctor will help you get better. If you are having a difficult time liking your job, identifying what you *do* like about it can help tolerate the things you do not like. Meaning is not always easy to find, and it can be very personal. Some people find spiritual meaning in their struggles.

Questions:

- *What do you find meaning in?*
- *What helps you find a reason to carry on when things feel difficult?*

Identify below ways you have used *Meaning* in the past:

Prayer: spirituality and communicating with something greater than yourself can help to make difficult moments feel better. A higher power can be a wide variety of different things depending on your beliefs, and does not have to be tied to a specific religion or belief structure. Consider making use of prayers to gain strength or “give over” difficult moments, while avoiding “why me” prayers, or prayers that demoralize you or make you feel worse. An alternative to using prayer would be to “talk” to anyone important to you—a deceased relative you loved, a person you admire (whether you know them or not), or anyone who helps you feel connected outside of yourself.

Questions:

- *How can you see yourself making use of this skill?*

Identify below ways you can use *Prayer*:

Relaxation: this skill makes use of deep breathing techniques, progressive muscle relaxation, pressure points, guided imagery, or any other techniques that help you breathe more easily and relax your muscles. If you need help learning these techniques, ask a therapist, doctor, or do some independent research. Each person has to form their own relaxation techniques to stay present while relaxing. It is helpful to build a daily routine around relaxation techniques-try engaging in activities daily that help you use relaxation.

Questions:

- *What helps you to stay present and relax during tough moments?*
- *Are there any barriers or challenges you face to using this skill?*

Identify below ways you can use *Relaxation*:

One thing at a time: when a task seems difficult or overwhelming, reduce your stress by breaking it down into progressively smaller, more manageable tasks. If you have many different problems, pick the most important one to focus on or the one you have the most resources to solve. Go back to the most important priority again and again. Make sure to give yourself credit for each step along the way, and work to only focus on the next task or tasks at hand.

Questions:

- *How have you used this skill in the past? How might you use it in the future?*
- *What additional skills could help us focus on one thing at a time?*

Identify below ways you can use *one thing at a time*, including additional skills to increase effectiveness:

Vacation: sometimes the best way to remain present is to get away from the difficult moment for a few minutes. Take a break from responsibilities and get outside, get away from the source of stress, and give yourself a break. Sometimes a vacation lasts only 10 minutes, sometimes it might be part of a day. The important thing is to get out in an intentional way that ensures effectiveness. Just like a vacation to a tropical paradise, it is also important to plan our return trip! Make sure you engage in vacation for an effective period of time—we want to take a break from our problems but not let them continue to build.

Questions:

- *How could you take a “vacation” from something that feels stressful?*
- *How can you make sure to do this in a short period of time?*
- *What other skills could we use to help make vacation feel effective?*

Identify below ways you could use *Vacation*:

Encouragement: we all talk to ourselves, so we might as well say something positive! Validate your feelings and encourage yourself like you would a close friend. Give yourself positive messages, affirmations, inspirational phrases, and encouraging statements that push you to resist urges to give up. The best encouragements are the ones that challenge you when you are feeling down or struggling with managing your symptoms.

Questions:

- *What do you tell yourself to push through difficult moments?*
- *What inspirational words or phrases help you?*

Identify below different ways you could provide *encouragement* to yourself, including any phrases or affirmations you might use:

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Self-Soothe

Self-soothe involves the use of our five senses to create a sense of serenity and peacefulness. We can do this by focusing on each sense individually, or in a multisensory way. By focusing and attending to these different sensations, we can feel more relaxed, let go of stress, and help regulate our own emotions.

Vision: by using our sight we can use vision to notice what is around, focusing on the details. We can look at pictures or take our own photos. We can look at art, or create a fun drawings. We can be mindful of what is attractive or visually pleasing to our eyes-we can also find beauty in ordinary objects or everyday surroundings!

Identify below how you would use Vision to help self-soothe:

Hearing: by listening to sounds that comfort us, or noticing complete silence, we can turn our mind away from stress and find comfort. Concentrate on music-intentionally isolate and focus on each instrument or voice. Close your eyes and listen to the sounds of the world around you that are natural and peaceful. Find comfort in the rhythm of your surroundings.

Identify below how you would use Hearing to help self-soothe:

Scent: our sense of smell is one of the most powerful senses. It can be helpful to smell things associated with a favorite memory, like the smell of cologne/perfume, or the smell of fresh laundry. We can also use scent to self-soothe by using incense or essential oils for aromatherapy. You can always use nature to bring a sense of calm-such as smelling fresh air, fresh cut grass, or the smell that tends to linger after it rains.

Use the space on the next page to identify Scents that bring you comfort:

Taste: when used in moderation, taste can bring comfort through the use of eating pleasant foods attached to happy memories, or by providing contrast through eating things with sharp tastes. While using taste to self-soothe we want to make sure we are eating mindfully-eat one piece of candy or have a small treat with your full attention. We want to stay away from eating mindlessly, or excessively, as these approaches are not skillful.

Identify below Tastes that bring you comfort:

Touch: touch is a sense that is often used through soft and pleasant sensations of texture, or through the feeling of massage or pressure. We can use touch to self-soothe by petting our favorite animal, putting oils or lotion on our skin, or wearing comfortable clothing. We could also use a DEARMAN to ask for a hug or a massage from someone that we trust. Make sure to use touch mindfully, by intentionally noticing what your body is in connection with, and intentionally seeking out what makes it happy.

Identify below how you could use Touch to self-soothe:

Questions:

- *Of the five senses, which helps you feel the most soothed?*
- *What sorts of things do you carry with you that you could use to self-soothe on the go?*

Grounding Yourself:

Grounding exercises bring us back to the here and now, by assisting us as we drift from the present moment, or when we struggle with dissociation, feeling unreal, or PTSD symptoms. Leaving reality is a skill used when reality feels too painful to bear. However, at the same time, leaving reality is less effective when we are distressed, but not facing immediate danger. In these situations, it is helpful to develop more useful coping skills. By practicing grounding exercises proactively, we can decrease future symptoms of dissociation and derealization. Remember to focus on mindfulness!

The following are ways we can practice grounding ourselves:

- Open your eyes and *observe/describe* your surroundings in detail.
- Notice who or what is around you. The more detail, no matter how minor, the better.
- Work your 5 senses-name what you see, hear, smell, and touch in the here and now. Use as many details as possible.
- Use the *sensation* skill from ACCEPTS.
- Observe your body as it sits against the chair. Feel your back, behind, and back of your legs in connection with the chair. Feel your arms in connection with the armrests or your lap. Feel your feet firmly planted on the ground. Notice that your body is connected to the chair, which is connected to the floor, which is connected to the building it is in, which is connected to the earth.
- Breathe slowly and deeply, counting your breaths.
- Get up and stretch out, feeling your body moving around.
- Repeat a mantra, such as “this is now and not then.”

List other ways you practice *grounding yourself*:

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Willingness:

Have you ever heard the expression, “where there is a will, there is a way?” Many of us are told this growing up; in other words, we were taught that our shortcomings come from a lack of willpower.

This is the complete opposite of what DBT teaches! Sometimes we do need to exert our will, but often *willingness* is more effective. With willingness, our options to reach our goals and solve problems grow through our ability to be creative and flexible. In truth, it should be “where there is a *willingness*, there is a way!”

Willingness aligns us with the realities of our situation, instead of us fighting against them. Fighting against reality (often called willfulness) rarely creates an effective outcome. Meeting the situation and others where they are at, instead of where we wish they were, frees us to be effective. With time and practice, you will find willingness allows you to be more peaceful and effective in life.

Questions:

- *When have you fought against reality in the past (willfulness)?*
- *When have you used willingness in the past?*
- *What makes willingness hard?*
- *What additional skills could be helpful in practicing willingness?*

Reducing Stressful Events

As previously discussed, stress is a part of life, and it cannot be completely eliminated. The concepts, skills, and strategies in this section are aimed at helping you find more ways to feel more in control of your life, and make choices that either reduce unnecessary stress, or make stress less powerful.

Building Structure and Routine

When the terms “structure” and “routine” are introduced, a lot of people who struggle with mental health can feel resistant or frustrated. A common misconception is that a structured life means doing the same things every day and living a boring, uneventful existence. This is far from the truth. The purpose of routine is that it provides you with a system to build your life around so that you have things you can look forward to everyday that help you stay healthy and on top of responsibilities. We can use the acronym *ROUTINE* to help us remember the concepts that are important to incorporate into our daily and weekly routine:

- *Responsibilities*: we all have things that we are supposed to take care of on a daily basis. If we forget or neglect our responsibilities, they usually come back to cause a great deal of stress. Keeping track of day to day responsibilities such as doing dishes, taking out the trash, paying bills, and preparing meals can help us to reduce the occurrences of later stress. Break bigger responsibilities down into daily steps.
- *Ongoing structure/schedule*: having a schedule provides for a supportive framework to build your life around. It helps keep life predictable and reduce the stress of unknowns. The more you can make use of structure with things that need to happen each day, the more you will be able to engage in the things you want to do or enjoy doing without worry about the things that have to happen.
- *Use of skill*: remember that you need to learn and practice all of your skills as a part of your routine, just like someone in school or college does daily homework. Include reminders for the skills you specifically want to practice. Also remember that other skills might be needed to help follow your daily routine, like opposite to emotion.
- *Try new things*: structure can, and should, include a variety of different things throughout the day. Just because it is routine doesn't mean it needs to be boring. Remember to plan for things that you enjoy doing, as well as opportunities to get out of your normal environment. Going to a coffee shop, catching a movie, visiting with a friend, or taking a walk in a park can provide variety and an opportunity to experience different things throughout the day.
- *Interests included*: make sure to include events and activities that you find engaging or interesting. Routine and structure become boring when they don't provide for potentially enjoyable activities. Make sure that each day you have something planned that will include one of your interests or hobbies.

- *Novelty*: we want to make sure we find balance in our routine- try not to have too much structure, as we need space for flexibility and novelty. Make sure you leave space to be spontaneous. Consider scheduling a free morning, afternoon, evening, or day into your routine.
- *Envision a satisfying life*: routines, structure, and schedules take time to get established. Remember not to give up on building habits for routine. Stay mindful of how your routine will help you with your priorities, goals, and values. Do not give up!

Questions:

- *What responsibilities do you build into your daily routine?*
- *What are some new things you could try to build into your routine?*
- *What are your go-to skills to help manage your daily routine?*

Work on your ABC's- Accumulate Positives, Build Mastery, and Cope Ahead

The A-B-C's help us keep balanced in the present moment and immediate future by focusing on important elements for emotional regulation and health. When we focus on positives, take care of important tasks and responsibilities, and develop cope ahead plans for potential difficulties in the future, we do better emotionally. Use the acronym A-B-C to help remember these building blocks.

Accumulate Positives: also called *build positive experiences*. Positive experiences are consistently around us, if we open ourselves to them. However, we often hold onto negatives, and let them overshadow our other experiences. For example, we might focus on one person who treats us rudely, instead of focusing on the several people who treat us with kindness and respect.

The first part of building or accumulating positive experiences is noticing the positives that do go unnoticed. Use the space below to identify recent positives that have happened to you:

Next, engage in activities and build positive experiences that you can do *right now*. Choose an activity and do it, use the build positive experience skill to engage in what is happening around you, and be mindful and participate in the moment. You could also include other people with the *attend to relationship* skill.

It is important to also think about how you would like to build positive experiences in the long term. Identify your priorities, goals, and values, what is important to you and what you want to work towards.

Build Mastery: work on completing tasks and responsibilities that make you feel capable, confident, competent, and in-control. Take care of chores around your house, or work towards a task that had previously gone undone. When you have completed a chore or task, or when you have taken a step towards a larger goal, take time to give yourself credit, and celebrate the accomplishment.

Make sure to build mastery into your daily and weekly routine-for example, attend your medical appointments, water your plants, or put away your clothes. Building mastery into

our routine helps to find balance between our responsibilities and things we like to do for fun.

Identify below recent tasks and responsibilities you have worked towards that have made you feel competent, capable, confident, or in-control. Think about how you could build these tasks and responsibilities into a routine:

Cope Ahead: most of us have situations that cause stress or make us vulnerable to engaging in ineffective behaviors. These situations are identified as triggers. Using a cope ahead plan challenges us to think about these situations in a proactive way. We imagine ourselves in the situation, picturing effective responses and skill use. After you have imagined how to cope ahead, write down the details of the situation and how you could navigate it effectively.

Use the following questions to help guide your cope ahead plan:

1. What events in your life cause you stress? What triggers distress for you?

2. Describe the situation that is likely to create a negative emotion for you. Focus on the facts, using a nonjudgmental stance.

3. What coping skills or problem solving skills do you want to use in the situation?
Are there additional resources you could use to help you be effective, such as your staff members or support team?

4. Imagine being in the situation right now. Imagine different scenarios and outcomes of these scenarios. Rehearse in your mind coping effectively. What will you do? Or say? And how will you say it?

5. Practice what you are going to do in your mind or in front of a mirror. You can also review your cope ahead plan with your individual therapist or other support team members to get additional feedback and skills suggestions.
6. After you have rehearsed what you're going to say-relax! Go easy on yourself after your rehearsal. Engaging in this type of mental imaging of a hard situation is stressful on your mind and body. Stretch, do some deep breathing, or do whatever feels relaxing to you.

Building New Bridges

Earlier in this section we discussed the skill bridge burning. To review, bridge burning is when we proactively remove the means of acting on an urge or engaging in an ineffective or addictive behavior. For example, removing all alcohol and drugs from our home so we do not engage in substance use.

After we have burned a bridge, it is important for us to look into adding new behaviors to replace what has been lost—this is where *bridge building* comes. In order to build a good bridge, it is helpful to think about what feeling the behavior created for you—did it make you feel good in the short term? Did it help relax you? Was it originally fun, or have a social aspect to it? Once we have identified what the behavior did for us, we can work on finding a new behavior to replace it. Use the boxes below to identify new behaviors that could replace old behaviors, based on how they made you feel:

If the behavior made you feel good (in the short term), you could:

If the behavior made you feel relaxed, you could:

If the behavior had social aspects, or was originally fun, you could:

If the behavior had excitement or had a risk, you could:

--

If my behavior had _____, I could:

--

If my behavior had _____, I could:

--

Mood Momentum:

Our behaviors are directly influenced by the emotions we have. When we observe and describe an emotion that we want to continue, we can use *mood momentum*. Mood momentum challenges us to notice choose skills and behaviors that can keep our positive emotions going.

Emotions tend to unconsciously draw us to behaviors that match them. When we are sad, our tendency is to isolate, or when we are happy, we tend to gravitate towards people and activities that also bring happiness. Mood momentum is a mindful effort to *choose* behaviors that can keep these positive emotions going.

Ways we could use mood momentum include the following (remember, we want to engage in these behaviors with intention!):

- Engage in using *build positive experiences* by doing something that brings us happiness.
- Use mindfulness to reflect on a positive emotion.
- Engage in using PLEASED, which focuses on our physical self and how we can take care of it.
- Balance active positive events with relaxing positive events. For example, we might go out to coffee with a friend (active) and also read our favorite book (relaxing).
- Work on a hobby or a project. Try a new activity you have always wanted to try.
- Engage in a healthy relationship by calling your best friend or a family member, or doing an activity with them.

It is important to pick from a variety of positive experiences, activities, and behaviors to keep it interested. Even our favorite event or hobby could eventually reach the point where it no longer creates a positive effect. Switch up your strategies, and keep it fresh. Use the space below to identify different ways to use mood momentum:

Opposite to Emotion:

Opposite to emotion (also known as opposite to action) helps us get unstuck from ineffective behaviors that come from certain emotional states. We tend to get stuck in these negative or ineffective emotional states when our behaviors match our moods-often without even thinking about it. For example, if we are feeling depressed, we might:

- Isolate by disconnecting from relationships, not answering our phones, missing social engagements or appointments.
- Become inactive by spending a lot of time on the couch, not participating in hobbies, or letting our chores pile up
- Engage in stuck thinking such as cognitive distortions or ruminations
- Neglect our self-care and hygiene.

Using opposite to emotion can help us change these automatic behaviors by intentionally looking for ways to act opposite to the behavior we are wanting to do or the emotion that we are feeling. When we are feeling depression, for example, we could use opposite to emotion to:

- Reach out to others for help and positive experiences.
- Get moving by engaging in activities, hobbies, or important tasks. Use our *ROUTINE* skill, *BPE*, or *BM*.
- Use our *PLEASED* skill.

How else would you use opposite to emotion for depression symptoms? Use the space below to identify different ways you can use this skill:

Opposite to Emotion with anxiety or fear: when we are experiencing anxiety or fear we tend practice avoidance. Avoidance tends to be reinforced because it protects us from distress. We could also ruminate on anxious thoughts or feel overwhelmed.

What skills or strategies would you use for opposite to emotion with anxiety or fear?:

Opposite to Emotion with anger: when we feel angry we often want to lash out with words or behaviors. We might replay the situation that is causing anger over and over in our minds. We could potentially turn the anger internally by getting mad at ourselves. We could have physical signs of anger, such as tense muscles, clenched fists or jaw, or getting red in the face.

What skills or strategies would you use for opposite to emotion with anger?:

Opposite to Emotion with guilt and shame: we feel guilt when we have done something to hurt ourselves or others, or when we make mistakes. Often we try to avoid or hide from others when we feel guilt, or we try to blame, or otherwise avoid accepting responsibilities for our actions. We feel shame when guilt is not addressed, when we have done something serious, or when something serious has happened to us. Shame involves experiencing judgments about being damaged, unlovable, or unforgiveable as a person. Shame frequently originates from others judgments and/or from being mistreated. Shame causes us to hide, and hiding keeps the shame around.

Remember: with guilt and shame we want to make sure we do not participate in guilt or consequences that are out of proportion with the situation, or feel guilty or shame in the absence of a wrongdoing. For example, setting a boundary (which we have the right to do), or participating in self-soothe skills (which we have the right to do), for having a good time, or for taking time for ourselves. In all of these examples, we *do not* need to feel guilt or shame.

What skills or strategies would you use for opposite to emotion with shame or guilt?:

In your use of opposite to emotion, consider one final thing: whether or not your emotion or the intensity of it is justified *depends on the situation, the facts, and other potential factors*. Opposite to emotion is not meant to invalidate the real emotions we experience.

Instead, it is intended to get us unstuck from prolonged and overly intense emotional states by recognizing our behaviors that do not work, and instead choosing behaviors that feel more effective. In other words- do less of what *does not* work, and more of what *does work* in order to change your emotions.

Section D: Vision of Recovery-Building and Maintaining Relationships

Vision of Recovery-Building and Maintaining Relationships

Life is hard without important and meaningful relationships with others. Relationships with others provide support, give us an opportunity to help others, and provide us with a sense of community. Having someone understand us, or at least validate our experience, helps us in the management of our mental health symptoms. The following section covers many different aspects of relationships, including:

- Building new relationships, and maintain the social support we already have
- Balancing our needs and the needs of others in our relationships
- How to assert ourselves, say no, or set boundaries.
- Conflict resolution skills to help us resolve conflict within our interpersonal relationships
- Attending to relationships to help maintain friendships and support
- The different types of boundaries, and how we use these boundaries differently depending on the type of relationships we have with others.

Building Social Support

Having people who care about you and that you can rely on for help and support is a very important aspect of recovery. Social support comes in a wide variety of different sorts of relationships, and at different levels of closeness. Social support can come from family, friends, people in your neighborhood, people you meet at a drop-in center, folks from church, or any other sort of relationship you might form that is meant to help.

Research shows that how long it takes a person to recover from mental illness concerns, and how long that recovery lasts, is directly tied to the amount (and variety) of kinds of people an individual has in their lives. Supportive relationships helps people to feel good about themselves, and can also help people reduce stress. This section will focus on teaching you ways to develop social support and build effective boundaries that maintain healthy relationships.

Questions:

- *What does social support mean to you?*
- *What sorts of supports do you currently have in your life?*
- *What sorts of supports might you like to build into your life?*

Increasing Social Support

The first step in increasing social support is to find places where people are that you would like to talk to and be with. In order to have more people who are supportive, you have to increase the number of people you have contact with, and build relationships with those people. This is challenging, as building new relationships can present a number of difficulties. Before we get to address this challenge, let's first look at finding places to meet people.

You can meet people in all kinds of places. It can be helpful to be aware of new possibilities to meet people and have conversations wherever you are. This being said, there are places where people naturally gather to have fun, pursue interests, or otherwise be together. Some places that are generally open to newcomers include:

- *Libraries:* there are often classes, book groups, or other activities you can do at your local library. On the plus side, these services are often free or can be offered at a reduced cost!
- *Community Centers:* community education classes can be taken at low cost or for free with the help of a scholarship at most community centers. These classes could be educational (like learning a new language) or for fun (like a photography class, or a class to learn a new hobby).
- *Drop in Centers:* sometimes called CSP (or community support programs,) these centers are usually located in larger cities, and can provide a wide variety of activities, volunteer opportunities, case management, and other services.

- *Support Groups:* peer-led support groups can help you connect with those in your community that are experiencing similar struggles. There are a wide variety of support groups out there, including but not limited to those that help with mental health, substance use, or other physical ailments.
- *Workplaces:* we can also meet people in the places we work. Getting to know our coworkers can help with employment support.
- *Spiritual Centers:* churches, mosques, temples, and synagogues (among others) can be a place to meet with like-minded individuals.
- *Health or exercise clubs:* gyms often have classes or activity groups in which we can join. Some insurance programs also offer discounted or free memberships to help with costs.
- *Parks:* there are several parks in the state of Minnesota that can be explored! Parks can include walking trails, hiking trails, or the ability to rent out equipment like kayaks or canoes. There are also parks specifically for dogs where you can bring your furry friend!
- *Museums:* many museums offer free days or discounted days, several times a month. Many also offer special activities for low or no cost.
- *Concerts:* while some concerts may be out of our budget range, there also tend to be free or low cost concerts in the parks during the summer. Check out your county or city website for help finding these activities!
- *Special interests groups:* meetup.com is a resource that can help you find people who might share similar interests, and plan activities for you to enjoy with new people. Facebook also tends to have groups for people with special interests. For example, if you like reading, you could join a book club or find a book club in your area.
- *Bookstores:* bookstores sometimes have free author signings or coffee shops where we could strike up a conversation and meet new people.
- *Coffee shops:* local coffee shops sometimes have live music or game nights. Otherwise if you are a coffee lover, a coffee shop is a great place to start when meeting new people.
- *Volunteer Programs:* we can volunteer in our local communities and meet other volunteers.
- *Hobby or game stores:* hobby stores sometimes have free or discounted classes to take (such as knitting classes at Michaels or bird-house building at Home Depot), and game stores sometimes have free board game nights.
- *Through mutual friends:* we could also reach out to our current friends to see if they have friends we might get along with.

Questions:

- *Where do you go that might allow for some social interaction?*
- *Where have you met the supportive people in your life?*
- *Which of the above locations interest you?*
- *What else would you add to this list?*

Starting a New Relationship

Starting a new relationship can be challenging, especially if you haven't been around people much or haven't started a new friendship in a while. In order to start a relationship, the first step is to start a conversation. Conversations are helpful because they allow you to get to know someone or allow that person to get to know you. Starting and maintaining conversations can be trickier than it seems, because it requires a combination of different skills. These skills involve choosing people who are receptive to conversations, knowing what to talk about, and showing interest in the other person. Below are some specific tips that can help you with the art of the conversation.

Choose someone who is not occupied: Choose someone who is not obviously occupied. If the person is in the middle of doing something, they may not want to stop what they are doing in order to talk. Pay attention to their body language, including their facial expressions and posture. Introduce yourself and ask if they want to chat. If they don't, respect their wishes and do not engage in conversation.

- *What are some clues that someone is willing to or able to talk?*

Find a group that is open to newcomers: In some settings, (like a drop-in center, book club, party, or other social location) it can be hard to find someone who isn't occupied, however, it might be easier to find groups of people who are talking to each other, and open to others joining in the conversation. Some clues that tell you whether or not they are open to others joining is if the group is arranged with open seats, or in a broader way where you observe people come and go, if the setting is one that encourages group discussions (like a drop-in, or class, or church fellowship), and if the people are inviting others in. Always make sure to ask to make sure your presence is okay in a light way. "Mind if I join you all?" or something similar can be a nice way of easing yourself into the conversation.

Choose interesting and safe topics: If there is not already a conversation going on, it's okay to start one, but make sure to do so in a way that maintains the conversation. Safe topics include things that generate common interest that are not going to cause argument or cause people to feel on edge. Safe topics can include music, movies, television, books, food, vacations, fun experiences, hobbies and crafts. Topics to avoid include politics, religion, and violence, things that you (or the other person/people) are strongly opinionated about, sex, trauma or anything else that is strongly emotional.

- *Why is it important for us to stick to interesting and safe topics when we first meet someone?*
- *What are some other safe topics you could use?*
- *What skills could we use if someone we are talking to brings up a topic we want to avoid?*

Show interest in what the other person is saying: There are several different ways we can show interest in other people. We can focus on maintaining eye contact, or at least looking at the other person. Eye contact can feel tricky to some people, so try to match what the other person is doing. If the person you are talking to holds minimal eye contact, try decreasing your eye contact to match them. You could also use other non-verbal communication. These include small things like smiling, nodding of the head, and using nonverbal sounds like “uh-huh” and “mmhmm”. Nonverbal communication can help a person feel heard. We can also repeat back what the person is saying, in small amounts. For example, if someone is talking to you about reasons they love football, you could say, “man, I can tell you really like football.”

- *What other ways do you use nonverbal communication?*
- *Sometimes it is hard to tell if our nonverbal communication feels welcoming. What types of nonverbal communication tells us that someone does **not** want to talk or that they are **not** listening?*

Ask questions: another way we can show interest in someone we are talking to is by asking questions. The best way to ask questions during a conversation is to make sure they are relevant to what is being talked about, and open ended to allow for multiple different answers. A relevant question takes something that someone else says and elaborates on it. So if someone is talking to you about a movie they liked, you might say “What did you like about it?” Or “Are there other movies like it that you enjoyed?” These questions are also good because they allow for more answers than “yes” or “no”. When asking questions about others, try and allow for lots of room for them to answer.

Avoid telling very personal things about yourself: When we first meet people it can be very tempting to want to share a lot about yourself. You might want to share personal things so that the other person understands you, or to see if they are okay with you. While this is a natural and understandable thing to want to do, it can be stressful or uncomfortable in newly-forming relationships. Disclosing personal information can also make you vulnerable to others. When starting a relationship it is best to keep things light and learn about the other person in positive ways that promote interest and understanding. Consider making a list of topics you feel comfortable talking about, and topics that should be shared at a different time, when the relationship grows and deepens. For example, we may feel comfortable telling other that we have pets, but not something that had occurred in our past. Use the space below to identify topics that are specific to you:

Topics I feel comfortable talking about:	Topics I want to wait to talk about:

Questions:

Think about the relationships that you have with people you are close to.

- *How did those relationships start?*
- *What helps keep them close?*
- *How do you maintain those relationships?*
- *What other things are important to know when forming new relationships?*

Strategies for Building Closer Relationships

Getting closer to people, including friendships and intimate relationships, is an important goal to many people. The most rewarding relationships are ones in which each person cares about the other person's perspective and well-being. In order to be close to others, it is important to be able to share personal things about yourself (when you are comfortable and ready to do so), and to be open to others sharing personal things about themselves to you. It is also important to be willing to do things to help the other person. There are a number of different strategies and skills you can use to work on building a relationship once it has started. A few of these strategies are listed below:

- *Attend to the relationship:* relationships require time and energy. Generally speaking, the newer the relationship the more attention that it needs. You can attend to a relationship by calling, texting or communicating with someone over Facebook or other social media (remember, though that talking on the phone or over the internet can be more complicated than talking face to face). You can also attend to relationships by scheduling regular times to meet with a person for lunch, coffee, a walk through the park, or spending time hanging out. Some relationships take more energy than others, and so make sure that you are aware of how much time and effort you are putting into a relationship. Later in this section, we will discuss attending to the relationship as a skill.
- *Practice gradual disclosure:* As we get to know people we may want to share more about ourselves. This might be information about our past, things we've experienced, troubles that we have had or are having, our mental health

diagnoses, and even past traumas. It's important to recognize that this is information that can be serious, emotional and important to us. If you tell new people about the deeper things in your life too quickly, or all at once, it might be overwhelming (to both ourselves and others). That's why it's important to practice gradual disclosure. The idea of gradual disclosure is that when we tell people about ourselves we start slowly and share things that are the least emotionally provocative, serious, or vulnerable. There's no rule of thumb as to how fast or slow you should share this information. The point is to share in a way that allows the other person to respond and absorb what you are sharing.

- *Include positive interactions:* Once you get to know someone you will probably feel more comfortable expressing frustrations and concerns, and talking about day to day struggles. It's natural and healthy to get support from relationships. While supportive relationships are good, it's important to make sure that we aren't just using people for support. Positive interactions are ones that allow for laughter, smiles and fun. If you find yourself using a friend or relationship for support quite a bit, remember to mix things up and have a good time with them!
 - *How do you feel when your relationship is used more for support vs. positive interactions? Why is it important to find the balance between the two?*
 - *What will tell us that we need to include more positive interactions in our relationships?*
 - *What are some fun things you can do with your relationship to help find the balance of positive and supportive?*
- *Communicate when things do not feel right:* It's natural that we might feel frustrated or confused in a relationship. Sometimes people bottle things up when they are building a relationship because they are afraid that they are going to be rejected or damage the friendship. The truth is that if you want to build a healthy relationship sometimes we have to talk about what isn't working. If a friend says or does something that you are uncomfortable with, see if there is a way to bring it up in a gentle, clear manner. If needed, refer to the section "Being Assertive and Resolving Conflict" to help communicate and try to resolve the frustration. Resist the urge to terminate a relationship just because of one instance of frustration or hurt feelings.

Questions:

- *What challenges are there to building relationships? What could you do to help navigate these challenges?*
- *What suggestions above seem difficult? What skills could you use to help with these suggestions?*
- *What else would you add to this list?*

Keeping Relationships Healthy:

Once you've built a relationship with someone and feel comfortable in it, there are some important things to remember that will help you keep the relationship healthy. These can include some of the things discussed above, such as attending to the relationship regularly, communicating when things are off, and making sure there are a balance of positive interactions and support in the relationship. There are other strategies that can help keep relationships healthy, and some of them are discussed below. Remember that no relationship is "perfect", and our relationships sometimes change, just as *we grow and change* as we move forward in our lives.

- *Develop other relationships and groups:* Building relationships is hard work, and it can be tempting to stop once you've found someone or a few people that you trust. A healthy relationship is one where no one person is overly reliant on another. While it takes work, try to build more than one relationship. Sometimes the people we would like to rely on won't be available, and so building multiple relationships helps us to have options. It's okay to have friends in the same group, but sometimes we also need to have ways to get support from other groups of people too.
- *Do not be afraid to set limits and to say no:* Healthy relationships are relationships where each person respects each other's boundaries and limits. A boundary is anything you do to separate yourself from another person by saying no, setting a limit, or otherwise making sure that someone doesn't violate a value or personal rule. It's important to be able to say no to people, even if you are afraid to. Saying no will help lead to a respectful relationship where each person knows that they can trust the other person to do what they ask and to keep people from becoming too close. Later in this section, we will discuss skills and strategies to set healthy limits, and how to identify and enforce our boundaries.
- *Keep things balanced:* A healthy relationship is one where both people give into it equally, and take things equally. This means compromising when there are disagreements, making sure to take turns when it's appropriate, to share, and to be willing to give as well as take. When a relationship gets out of balance it usually means that one person isn't giving as much as the other, or that one person is taking too much. This can come across as one person putting in "all the work" in the relationship. Sometimes this happens when a person in a relationship is experiencing a very hard time. For example, if a friend loses a family member, they might need more support from you to help grieve the loss they are experiencing. However, when things get out of balance for a long period of time, or without explanation, it is important to talk it out. If needed, use the skills discussed in the "Assertiveness and Conflict Resolution" section.

Questions:

- *What are some of the limits that you have in friendships or other serious relationships?*
- *What helps you feel safe and secure with a person?*
- *What do you do to make sure boundaries are followed?*
- *What skills could we use to help find balance in our relationships?*

Finding Balance in Relationships

Self-respect and healthy relationships start with you! Self-respect is the foundation to liking ourselves, and it creates a solid base for us to build and maintain relationships with others. We can find balance in our relationships by using FAST (which focuses on our priorities, goals, and values) and GIVE (which focuses on others to help build and maintain our relationships).

Fair

Apologizes not needed

Stick to values

Truth and accountability

Fair:

It is important for us to be fair with ourselves and others. We can do this by using a nonjudgmental stance, avoiding extreme language, and using our wise mind. We can also use respectful words and actions to approach people with respect. Treating others with respect helps build our self-esteem and self-worth. It also helps us respond instead of react in relationships.

It can be hard to be fair to ourselves! If this is something that feels difficult, try talking to yourself as if you were your best friend, or someone you love. What would you say to them in this situation? Would you be encouraging, or would you use judgmental language? Practice turning your judgments into nonjudgmental statements.

Questions:

- *Why can it be hard to be fair to ourselves?*
- *Why can it be hard to be fair to others?*
- *What are some encouraging statements you could use to be more fair towards ourselves and others in our relationships?*
- *What additional skills can help us be fair to ourselves?*

Apologizes not needed:

Sometimes we engage in apologies that are not needed (especially living in the Midwest!) When we do this over and over again, it can impact our self-respect and decrease the value in apologies that are genuinely needed. We want to avoid apologizing for things over which we do not have control, for having an opinion or different viewpoints, for disagreeing, or for being ourselves! It is important to remember that this skill does not apply to situations that require an apology-like when hurting someone.

There could be many different reasons why we apologize when it is not needed. If this skill feels hard, try starting out by replacing “I’m sorry” with “thank you.” For example, instead of saying “I’m sorry I am running late,” you could say “thank you for waiting for me, I appreciate it.” Use the space below to practice replacing “I’m sorry,” with “thank you.”

“I’m sorry...” statement	“thank you...” statement

Questions:

- *What does the words, “I’m sorry,” mean to you?*
- *When is an apology needed? When are apologies not needed?*
- *How does it feel when we apologize when it is not needed?*

Stick to values:

Our values are important! They help guide our actions, help identify our priorities, and help us set our goals. Some values are negotiable-we might be willing to compromise based on the situation. Other values could be non-negotiable depending on the situation. It is important to identify what is important to you, and to stick to it.

Sometimes our values conflict with others in our lives-could be a friend, a staff member, a family member, or a co-worker. When values conflict, work to resolve the conflict in a wise mind, using your conflict resolution skills.

Once we identify what our values are, we can identify specific behaviors that we can practice to live our values with intentions. Use *values worksheet A and B* location on the next couple of pages to identify values that are important to you, and ways you can live these values.

Values Worksheet A: Identifying Values

This is a partial list of values. You might have a value that is not on this list, or notice some overlap between values. Review the list and circle your top values. Use some of your selected values in Worksheet.

Acceptance	Commitment
Achievement	Compassion
Activity	Confidence
Adaptability	Connection
Adventurousness	Consistency
Affectionateness	Contentment
Ambition	Contribution
Assertiveness	Cooperation
Availability	Courage
Awareness	Courteousness
Balance	Creativity
Belongingness	Credibility
Bravery	Decisiveness
Calm	Dependability
Capability	Determination
Caring	Devotion
Challenge	Dignity
Charity	Discipline
Cleanliness	Diversity
Closeness	Drive
Comfort	Duty

Education	Gratitude
Effectiveness	Happiness
Empathy	Harmony
Encouragement	Health
Endurance	Honesty
Energy	Honor
Enjoyment	Hopefulness
Enthusiasm	Humility
Equality	Humor
Excellence	Hygiene
Exploration	Imagination
Expressiveness	Independence
Fairness	Integrity
Faith	Intelligence
Family	Intensity
Financial independence	Intimacy
Firmness	Joy
Fitness	Kindness
Freedom	Knowledge
Friendship	Leadership
Fun	Learning
Generosity	Love
Giving	Loyalty
Grace	Mindfulness

Modesty	Security
Motivation	Self-control
Neatness	Self-reliance
Openness	Sensitivity
Optimism	Service
Order	Sharing
Passion	Simplicity
Peace	Sincerity
Persistence	Spirituality
Playfulness	Spontaneity
Pleasantness	Stability
Pleasure	Strength
Popularity	Structure
Practicality	Success
Privacy	Support
Professionalism	Teamwork
Prosperity	Thankfulness
Relaxation	Thoughtfulness
Reliability	Trust
Religion	Truth
Resilience	Usefulness
Respect	Warmth
Restraint	Willingness
Sacrifice	Wisdom

Values Worksheet B: Identifying Behaviors

Once your values have been identified, you can describe specific behaviors that you can practice to live your values with intention. The following are examples of how you can complete this exercise:

I value: Truth

Describe three specific ways you can live this value:

1. Fill out my diary card more accurately
2. Tell important others when I make a mistake
3. Be honest about my emotions with others

I value: Friendship

Describe three specific ways you can live this value:

1. Return phone calls from my friends
2. Respect Tammy's boundaries
3. Practice GIVE skills in group

Now, it is your turn!

I value: _____

Three ways I can live this value:

1. _____
2. _____
3. _____

I value: _____

Three ways I can live this value:

1. _____
2. _____
3. _____

I value: _____

Three ways I can live this value:

1. _____

2. _____

3. _____

I value: _____

Three ways I can live this value:

1. _____

2. _____

3. _____

I value: _____

Three ways I can live this value:

1. _____

2. _____

3. _____

I value: _____

Three ways I can live this value:

1. _____

2. _____

3. _____

Truth and accountability:

Be honest with yourself and others, and practice holding yourself accountable. We can sometimes avoid the truth because we are afraid of the consequences, but trying to be untruthful can hurt our self-respect and sometimes lead to even greater problems. In most cases, being truthful and accountable is more effective than not.

Questions:

- *What makes it hard to be truthful?*
- *What are some ways we can hold ourselves accountable?*
- *Is there a time where you were not truthful and now regret it? How would you have acted differently?*
- *What additional skills could help us be truthful and/or hold ourselves accountable?*

Genuine/gentle

Interested

Validate

Easy Manner

GIVE:

GIVE skills help us focus on others. By balancing our own wants, needs, and desires with those of the people around us, we can build and maintain healthy relationships.

Genuine/gentle:

Be honest, sincere, and real with others in your life. Speak and act from your heart, with a caring and nonjudgmental stance. Use your mindfulness skills to be in the moment with the people around you. Let others know that you value them and treat them with respect—either through verbal or non-verbal communication.

Use the box below to describe how you can show genuineness verbally and non-verbally:

--

Questions:

- *What makes it hard to be genuine or gentle?*
- *What additional skills might we use to be genuine in our conversations and relationships?*

Interested:

Showing interest towards other people can help them feel heard, validated, and appreciated. Interest comes from *intention and effort* to connect with another person. Let others have the focus. Listen intently to others and pause to make space before responding. Ask questions, and listen to the answers. There is a difference between listening to *respond* and listening to *listen*, and by listening to listen we are showing the other person that we care what they are saying.

It is also important to be mindful of your nonverbal communication. We can show interest nonverbally by looking at the person, making appropriate eye contact, and keeping our body posture open and relaxed. Our nonverbal communication tells a story, whether we want it to or not; make sure that your nonverbal communication matches the message you wish to send to others.

Question:

- *What does it look like when someone is interested in what you are saying? What does it look like when someone is **not** interested?*
- *What are other ways we can communicate verbally to others that we are interested?*
- *What makes it hard to be interested in someone else? How can we use additional skills to find interest?*

Validate:

Validation is the nonjudgmental acknowledgement of others feelings, thoughts, beliefs, and experiences. Use acceptance towards others and their experiences, remembering that we can validate what someone is feeling or experiencing without agreeing with the situation. It is important to use our nonjudgmental stance to accept what others are feeling, thinking, and experiencing to help us understand how their behaviors make sense in a situation.

Another way to help us identify what validation is, is to understand interactions that are *not experienced as validation*. Although these interactions might come from a place of kindness and compassion, they are not validation and can sometimes be hurtful to other people. These interactions include:

- *Personalizing others experience:* when we start to tell our own story the focus leaves the other person. Make sure to focus on the other person; we can use some self-statements that communicate a similar experience, but the other person should be our primary focus.
- *Getting too absorbed:* validation is about the connection with other's experience, *not* getting absorbed into it. It is important for us to validate without taking on other's distress. We can show connection and concern without being responsible for the feelings of others.
- *"Fixing", offering a solution, or giving advice:* these strategies can be effective in some situations, especially if a person is asking for a solution or advice. However, most of us do not need our situation to be fixed, or we already know how to do it ourselves. Instead, we are looking for acknowledgement and understanding. Practice asking, "Would it be helpful to hear some solutions, or would it be more helpful for me to listen and support you?"
- *Cheerleading and encouragement:* sometimes too much cheerleading or encouragement can feel dismissive if a person has not been validated first. Try validating the feelings or emotions first before offering encouragement, for example, "I can tell this has caused you a lot of frustration, and I think you're doing a great job in a hard situation." It is also important to avoid "looking on the bright side," or stating the situation could have been worse-even if what the other person is saying does not seem like a big deal to you, remember that it may be a big deal to them!
- *Agreeing or giving in:* you can validate others' experience even if you disagree with their experience, are in conflict with what they are feeling or what they are saying, or want a change to happen. In fact, validation can be a starting point for change.

Questions:

- *In what ways do you validate other people?*
- *What makes it hard to validate others?*
- *How would you like to improve on your validation skills?*

Assertiveness and Conflict Resolution

Building social support is a challenging and rewarding process. It requires us to be patient with others, spend time with them, and manage difficulties and differences as they come up. It is helpful to learn skills to assist us in managing our relationships with others and to get needs met. These skills can also be used with people we do not know as well, or are not as comfortable with. One of these skills is assertiveness.

Assertiveness

Assertiveness can be hard to define. It generally refers to the ability to be self-assured and confident when asking for things or setting limits with others. It is different from *passivity*, which is a way of interacting with people in a minimal way, giving in to them and not asking for support. It is also different from *aggression*, which is a way of getting needs met through threats, intimidation, and/or making people feel uncomfortable, unhappy, or even hurting them. An assertive person is one who states the situation clearly, lets others know how they feel without blaming, sets a clear limit, or plainly asks for what they need.

When to be Assertive: Assertiveness is a skill that can be used anytime you need to ask for something, express a need, say no to someone, or set a clear limit or boundary. Assertiveness can be used with many different relationships in your life, including a family member, a friend, a caregiver, or a professional. Assertiveness really covers any situation in which you want something that involves other people, and you need to communicate with those people to get it.

Examples of assertiveness might include asking a psychiatrist to make a medication adjustment, asking a family member for a ride to the grocery store, saying no to a friend who wants to borrow money, or ask a neighbor to stop playing loud music late at night.

How to be Assertive: There is no one rule to follow on how to be assertive. However, there are some general ideas that sum up what it means to be assertive. A handy way to remember these skills is by using the DBT acronym DEARMAN. The first part, DEAR, helps us remember *what* to communicate assertively, while MAN helps us communicate more effectively. Using DEARMAN can help us set boundaries, to say no, and help us get our wants and needs met.

Describe

Express

Assert

Reward or Reinforce

Mindful Appear Confident Negotiate

Before we discuss the building blocks of DEARMAN, it is important to consider these important guidelines to increase your effectiveness when using this skill:

- *Others cannot read your mind:* even our closest friends and family cannot read our mind. Assume that others are oblivious to your thoughts, feelings, and your wants or needs. It can feel personal when others have no clue what we want or need, and it may feel frustrating. We need to proactively and clearly ask for our wants and needs, to say no when appropriate, and to maintain our own boundaries.
- *Effective communication of our wants and needs requires words:* our behaviors and nonverbal communication speaks volumes-just not very clearly. In order to be effective in our communication we need to use words and try to manage our nonverbal communication. Sighing, sulking, having an attitude, being destructive, or withdrawing can be barriers to our communication.
- *DEARMAN does not always work, even when done effectively:* using DEARMAN can help increase the probability that we will get our wants and needs met, but it does not guarantee it. We can put our best effort into our DEARMAN, but it might not be received well, or the person we are communicating with might not be willing to hear what we have to say.
- *Remember to balance your DEARMAN with GIVE and FAST:* when we attend to the other person we are communicating with (using GIVE), it makes them more willing to assist us with what we need, accept it when we say no, or respect our boundaries that we set. Make sure to think about your priorities, goals, and values (using FAST) in relationships. GIVE and FAST were discussed earlier in this section.
- *Before you begin, be mindful of your goal and what is needed:* decide what is important and what is negotiable before you use your DEARMAN. This will help guide how you want to approach the other person in asking for what you want, saying no, or setting a boundary. Think about what components of DEARMAN you want to use-while the building blocks of DEARMAN work together, some components can also be used independently. For example- you can *assert* without using any other DEARMAN building blocks by simply saying “No” or asking a simple question, like “can you turn on the light for me?” or “can you buy me a diet coke while you’re at the grocery store?”

Breaking down DEARMAN

Set a Goal: As previously stated, the first step in creating a DEARMAN is establishing what we want to express. Outline the situation in nonjudgmental language, using descriptions. Identify the facts that will support your request, your reason for saying no, or your need for a boundary. Make sure to stick to the facts when describing the situation.

Examples: I want to communicate to my roommate and ask them to start doing the dishes more often. I want to establish a cleaning routine with them.

Describe: When being assertive it is important to start with facts that are relevant to the situation. Start by clearly describing the situation in a nonjudgmental and descriptive way. Remember to stay brief with what you say, and stick to what is important. Avoid extreme words (should, always, never), and use “I” statements when possible.

Example: “I noticed that the dishes tend to sit in the sink overnight, which causes our kitchen to smell.”

Questions:

- *Why is it important to use “I” statements?*
- *What makes it hard to stick to the facts?*
- *What skills can help us describe what is going on?*

Express: Once you’ve taken the time to set the stage for the person you are talking to, let them know how you feel about it. Make sure to continue to use “I” statements, such as “I feel frustrated” or “I feel happy.” This makes sure we take credit for our feelings and experiences. You can also use this step to talk about your feelings, opinions, beliefs, or anything else that might be relevant and help the other person understand the situation. Sometimes you may also choose not to include this step.

Example: we might feel icky, disgusted, frustrated, angry, or irritated about the dishes in the sink or the smell in our kitchen. We could *express* this by saying: “I feel frustrated when there are dishes left in the sink” or “I feel irritated when I smell the smell coming from the sink.”

Questions:

- *When might we choose not to include this step in our DEARMAN?*
- *What additional skills might we use to express our feelings?*

Assert: Assert is the one step that is essential to any DEARMAN-without it, no one will know what we want or need! Ask clearly for what you want or need, set a boundary, or say no. Be short, direct, and to the point. The more confusing, long, or complicated you are, the more likely you will be to lose the other person.

Example: “Please don’t leave the dishes in the sink overnight.” Or “I was wondering if we could make up a cleaning schedule for the dishes.”

Questions:

- *Sometimes being assertive can be hard—have you experienced a time when assertiveness was hard for you? What about a time you felt successful in being assertive?*
- *What additional skills could we use to help us be assertive while doing a DEARMAN?*

Reward/Reinforce: Tell the other person what is in it for them—how will meeting your wants/needs, accepting your refusal, or respecting your boundaries benefit the relationship? The purpose of this step is not to bribe the other person, or threaten them. Rather, we want to focus on letting the other person know that they will be appreciated, or that you will repay the action. Remember, do not threaten or say anything that you are not willing to follow through on. Some examples of rewards could be a stronger relationship, more trust, or more respect. We could also focus on how the thing we need *reinforces* the relationship that we currently have.

Example: “Our kitchen will be neater and cleaner, and there will no longer be a smell.” “If we make a cleaning schedule, we could switch off on cleaning days” or “If we make a cleaning schedule, we can help each other out on days where we are busy.”

When we put our DEAR together, our assertion might sound something like this:

“I noticed that dishes have been sitting in the sink overnight, and this has caused our kitchen to smell. I feel frustrated because I like it when our kitchen is clean. I was wondering if we could make a cleaning schedule for the dishes and other chores around the apartment. That way, our living spaces will be cleaner, and if we create a schedule we could switch off on cleaning days and help each other out on days where we are busy. What do you think?”

Next, we will review factors to be consider to help us communicate more effectively. This is the MAN part of our DEARMAN.

Mindful: Stay focused on your DEARMAN goal. When asking for things or saying no it can be easy to be distracted by ourselves, the other person, or the environment around us. Others also might try to change the subject or throw in comments that are meant to derail us from the conversation. Do things to prepare for this by practicing what you are going to say, picking a calm and quiet environment when you are able to, and resisting the urge to be distracted if the other person tries to change the subject. Use gentle language to redirect the conversation back to what you are trying to assert. For example, you could say, “I hear you have a concern, and I want to address it. Can we finish this conversation before we talk about your concern?”

Questions:

- *What other things might distract us while we are using DEARMAN?*
- *What other skills might we use to help us be mindful?*

Appear Confident: Asking for things, saying no, or setting limits can be nerve-wrecking. Act as if you feel confident, even if you are secretly nervous. Pretend you have the confidence of someone you admire. Use an assertive tone of voice, make eye contact, and use confident body language. Try to keep your voice steady and your posture straight. Act as if you are confident, and the other person will see it. People tend to be more receptive to others who appear calm, collected, and confident. If it helps, write down and practice your DEARMAN with someone you trust before using it

Questions:

- *What does it look like to appear confident?*
- *What kind of body language and nonverbal communication do we have when we are having a hard time with confidence?*
- *What other skills can we use to help us feel more confident (either proactively or in the moment)?*

Negotiate: Sometimes we need to be willing to accept alternatives to what we are asking for. We might need to compromise or think of different ways to get our needs met. It is helpful to identify what we are asking for ahead of time, and what might be acceptable if we cannot get what we are asking for. Negotiation may also require you to give something up or help the other person out in order to get what you want. There are a couple of different techniques we can use to help negotiation. We could turn the issue over to the other person to solve it if we get stuck-for example, “what do you think will work?” We can also ask the other person what is important to them, and try to meet some place in the middle. Remember to keep your values and safety in mind when considering any sort of negotiation. In some cases, you might decide (using your *wise mind*) that negotiation is not an option.

Questions:

- *When have you successfully used DEARMAN before?*
- *How can you apply DEARMAN to be more assertive?*
- *What challenges could we face when using a DEARMAN?*

DEARMAN-Other factors to consider:

The effectiveness of a DEARMAN could rely on many different factors. Think about the different factors below when preparing to use this skill:

Capability: when asserting a need or a want, make sure to speak to someone who can actually respond to your use of DEARMAN. Start where you can, and be respectful at all times, then move on to a different person if your use of DEARMAN is not working. Think about the following questions when using a DEARMAN:

If I am asking for what I want/need: Is the person able to give me what I want? Is what I want appropriate to the current relationship?
If I am saying no: Do I have what the person wants? Is what the person asking for appropriate to our current relationship?

Timing: consider whether the timing seem to favor the use of the DEARMAN. Do not use timing to put off using DEARMAN, especially if the situation is time sensitive. Ask yourself the following questions in relation to timing:

If I am asking for what I want/need: Is this a good time to ask? Is the person in a good mood for listening and paying attention to me? Am I catching the person when he or she is likely to say yes to my request?
If I am saying no or setting a boundary: Is this a bad time to say no? Should I hold off answering for a while?

Homework: sometimes we need to do our homework before we assert our want or need. For example, if we were doing a DEARMAN to assert the need for a new cell phone, we might look into different cell phone brands, prices, and cell phone plans to best support our request. Questions to consider include:

If I am asking for what I want/need: have I done my homework? Do I know all the facts I need to know to support my request? Am I clear about what I want?
If I am saying no or setting a boundary: Do I understand the other person's request? Do I know what I am agreeing to?

Wise Mind: it is almost always essential for us to be in wise mind when using a DEARMAN. If you are not in wise mind, consider using additional skills before using DEARMAN. Sometimes using DEARMAN in emotional mind is needed—for example, when safety is an immediate issue.

Questions:

- *How do you know when you are in wise mind?*
- *What skills will you use proactively to get into wise mind?*
- *What skills could you use in the moment to get back into wise mind?*

DEARMAN-Bill of Rights

We have DEARMAN rights that we can exercise with responsibility. Review the bill of rights below. Remember that rights require responsibility, so use DEARMAN mindfully and effectively.

- I have the right to be treated with respect.
- I have the right to my own opinions.
- I have the right to express my feelings.
- I have the right to stand up for my values.
- I have the right to disagree with others.
- I have the right to understand a request before agreeing.
- I have the right to ask for information.
- I have the right to take time to think about a request.
- I have the right to say no without guilt.
- I have the right to ask for my wants and needs.
- I have the right to set healthy boundaries with others.
- I have the right to be in Wise Mind before I get into a discussion.
- I have the right to disengage from a conflict.
- I have other rights related to my needs and wants.

List other DEARMAN rights:

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Conflict Resolution

Learning to manage conflict is one of the most important skills an individual can learn in life. Conflict is nearly impossible to avoid if you interact with other people, and ineffective methods of conflict resolution can result in feelings of anger, frustration, resentment, and anxiety. It is important not to avoid conflicts—in fact, if we continue to avoid conflicts it becomes harder to use our skills, and the conflicts themselves tend to become scarier! The reality is, if you want to have control over your life, you need to learn how to engage in conflicts successfully and manage them without damaging relationships, or being exploited.

The following factors are important for resolving a conflict:

Setting the Stage: identify that there is a conflict going on, and set rules for the conversation. Setting rules for the conversation or discussion can reduce the intensity of the conflict before it gets out of hand. Examples of rules we can set include: no name calling, no interrupting, each person getting a chance to speak, allowing breaks if anger becomes hard to manage, and coming back to the conversation when we are ready.

When in conflict, take a step back and identify whether you and others are in *wise mind*. If you want to win, or be “right” more than you want to seek understanding and resolution, you are probably not in wise mind. If you or the other person are not in wise mind, disengage and discuss the issue later.

Question:

- *What other rules do you set when engaging in conflict or discussion? Identify additional rules you would use below.*

Get Perspective: allow each person to identify what they think and feel about the situation. Make sure to use “I” statements, such as “I feel... I think... in my opinion...” Each person gets to have the freedom to speak without interruption, without challenge, or without contradiction. Perspective gives us the ability to understand where the other person is coming from, and allow us to explain how we are feeling and thinking too. Use GIVE skills to help focus on listening to the other person, and FAST to make sure you are practicing your values.

Identify Common Ground: identify common interests among each individual. State what seems to be important, or what the dilemma is. Find out why both parties have an interest in what is being said. Use *nonjudgmental stance* and you might find that you both agree with at least some of what the other person has to say.

Propose Options: make the situation less about “you vs. me” and more about “you *and* me” by asking for options to resolving the problem. Identify different solutions.

Evaluate Options: try and determine which options are best for both individuals. Determine if there is a compromise, or a negotiation, that can be reached. Focus on using your skills to evaluate options in a wise minded way.

Questions:

- *What additional skills might help us evaluate options in a wise mind? Identify additional skills you could use below:*

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Come to an Agreement: after figuring out which options works best, make sure all people involved agree to it. If needed, get things in writing to help make sure everyone understands what they are agreeing to do. It can also be helpful to check in at another time to make sure that the conflict is resolved, and that everyone has followed through on the option chosen.

If no agreement can be found-used Radical Acceptance: use *radical acceptance* when conflicts are not resolved, or when others are upset and angry. Not all conflicts have an immediate resolution. Sometimes, we need to step away and let it be. When resolution seems unlikely, or when the conflict is escalating, gently disengage yourself and agree to revisit it later.

Questions:

- *What sorts of conflict have you had in your life recently?*
- *How did you handle them? What were the results?*
- *What sorts of things have you done in the past that have helped you resolve conflicts successfully?*

Attend to Relationships

Attend to relationships (A2R) is a skill that helps create positive emotions in our relationships, and keep our relationships healthy. There are many different things that can disrupt our relationships-including life events, problems, and mental health symptoms. Sometimes these disruptions make us neglect our relationships with friends and family, or simply cause us to lose track of those connections. These disruptions can also lead to us actively damaging our relationships, and burn others out with our struggles.

Attending to relationships is a way to build positive experiences, which tend to create positive emotions over time. We get out of relationships what we put into them. Try to actively invest in friends, family, co-workers, and other relationships.

We can attend to relationships in many different ways. Before we engage in A2R, think about your current energy level, and how you can match a positive experience to the energy you have. For example, if you have had a long day and feel tired (both emotionally and physically), it may be easier to attend to a relationship in a small way (such as by calling or texting a friend) instead of engaging in a big way (such as offering to babysit for them or making dinner for them).

*Use the space below to identify ways we can use A2R in **small/less time commitment** and **big/more time commitment** ways:*

<i>Small/Less Time Commitment</i>	<i>Big/More Time Commitment</i>

Questions:

- *What makes it hard to attend to relationships?*
- *What helps you remember to invest in your relationships?*
- *What additional skills could help us attend to our relationships?*

Boundaries

Boundaries exist to help us define who we are separate from others. They help us keep relationships healthy and safe. The goal of relationships is to be in healthy contact with others, without getting too enmeshed or being too disconnected. To meet that goal, it is important to balance our connection with other people, while maintaining our own emotional, psychological, and physical space.

Like types of fences, boundaries vary based on several different factors, including personalities, family, culture, community, situation, and setting. We can use our experiences, our mindfulness skills, our priorities, and our goals and values to help understand what type of boundary (or fence) we want to put up!

Below we will talk about the different types of boundaries. Use the spaces below to identify how you set your own boundaries.

Physical boundaries: these boundaries include your body and the space that surrounds it (your own personal bubble). Physical boundaries can be defined in terms of who is allowed to touch us, in what areas, and in what ways. These boundaries also include physical intimacy and sexual practices. Additionally, physical boundaries include what goes into us, such as food and drink, and anything else that affects our physical being.

My physical boundaries include:

Psychological boundaries: these boundaries include information about yourself, your thoughts and beliefs, and your values. It might include topics of conversation and anything that occupies your ‘mental’ space. Who knows about your inner, personal life, and how it is shared (if at all) are included in this boundary.

My psychological boundaries include:

Emotional boundaries: these boundaries include our feelings and emotions. It can include not taking on others distress or expecting them to take on yours. Think about who knows your feelings and how they are shared (if at all). This can also include the ability of our emotions to be leveraged, manipulated, or guilt tripped.

My emotional boundaries include:

Spiritual boundaries: these boundaries include your ability to choose your own religion, higher power, or spiritual life or lack thereof. Who knows about your spiritual life, and how it is shared (if at all).

My spiritual boundaries include:

Biographical boundaries: boundaries that have to do with your history and life story are included here. What to tell others about your life depends on several factors. Other boundaries that intersect with biographical boundaries include psychological boundaries and emotional boundaries.

My bibliographical boundaries include:

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General boundaries: anything else that defines and differentiates you as separate from others is a boundary. These could include where you live, where you work, who your friends and family members are, and other general information about you.

My general boundaries include;

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Healthy boundaries are the foundation of safe and respectful relationships with others-but where do we start in developing boundaries? Use the information below to help you get started.

Be aware of yourself: use observe and describe to notice what you are sharing and what you are doing. Does your behavior fit the situation and your relationship with the other person? Does your behavior feel comfortable? Notice if your boundaries match the situation or relationship, (too extreme, too closed, or too open).

Questions:

- *How could our internal and external behaviors tell us that we are **uncomfortable** with a boundary? If we are **comfortable** with a boundary?*
- *What does it look like if our boundaries are too extreme? Too closed? Or too open?*

Observe others and the situation: use observe and describe to notice the situation and what is happening with others. Notice the level of interest, the information shared, and the behaviors of others. Does the sharing and the behaviors of others seem healthy and respectful? Remember that observing others does not mean coping them-maintain your values and self-respect, and act accordingly.

Understand your limits and the limits off others: we all have important boundaries or limits, and it is up to us to be aware of our boundaries and to maintain them from a wise mind. It is also important to be aware of others boundaries and respect them.

Questions:

- *What might tell us that someone is crossing a boundary that we have? What skills could we use to communicate that?*
- *What might tell us that we are crossing someone else's boundary? What skills could we use to communicate our understanding and repair the relationship if needed?*

Negotiate sometimes: sometimes in important relationships we might need to negotiate our boundaries-it is important to note that these negotiations should happen from a wise mind and rarely ever involve extreme changes. Avoid negotiating boundaries in unimportant relationships, in new relationships, or to be liked. You could also negotiate your boundaries if there is a benefit in adjusting them. Make sure to also make that adjustment from a wise mind.

Questions:

- *What types of boundaries might be negotiable for you? Remember-everyone is different in how they define their boundaries, and what might be a negotiation for you might not be for another person.*

Differences exist: it is important to remember that differences exist in terms of boundaries! These differences happen due to personalities, personal histories, cultures, religion, situations, settings, and many other reasons. Sometimes it is not about negotiating your boundaries, but rather maintaining your own boundary while being respectful of other's boundaries. We can use skills to help us learn not to take those differences personally.

Questions:

- *What skills could help us embrace differences instead of challenging them?*

Always remember your values:

Use your values, goals, and priorities to help identify if you want to negotiate and adjust your boundaries, or maintain them. Use your values to help guide your boundaries, create new boundaries, or change the boundaries that you have

Questions:

- *What values do you have that help define your boundaries?*

Your safety comes FIRST: sometimes we compromise our boundaries to be liked or to fit in with others. Avoid situations that can harm you emotionally, psychologically, physically, or in other ways. If negotiating impacts your ability to be safe, then it should be avoided at all costs.

Questions:

- *What skills might you use to help set new boundaries?*
- *What skills could you use to help create new boundaries with friends and family you currently have?*
- *Boundaries can be hard-what do you think challenges your boundaries the most?*

Section E: Vision of Recovery-Recovery Strategies and Skills

Vision of Recovery-Recovery Strategies and Skills

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

People can sometimes experience stress as a result of their mental health symptoms. Depression, anxiety, sleep difficulties, hearing voices, and other symptoms can be hard to manage and therefore cause significant stress. Coping strategies can be effective at reducing symptoms or distress related to symptoms. Other strategies can be used to deal with day-to-day problems encountered in living.

This section will provide a step-by-step method for solving problems and working to achieve goals. It will also provide strategies that people commonly use when encountering specific persistent mental health symptoms, including:

- Thinking problems (such as concentration and attention)
- Mood problems (such as anxiety, depression, and anger)
- Negative symptoms (such as lack of interest and isolation)
- Psychotic symptoms (such as hallucinations and delusions)
- Alcohol and drug problems

This section will also review skills and strategies to prevent relapses in our mental health symptoms, and the importance of managing our medications in order to maintain our mental health symptoms.

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

When trying to solve a problem or achieve a goal, it is important to take an active, solution-focused approach. The following structured, step-by-step method is intended to provide you with an outline for solving problems. This method can be used for solving problems caused by symptoms and help you to achieve goals for yourself or with members of your support system, including your family, friends, peers or practitioners. These people can be especially helpful in contributing ideas for solutions and in carrying out specific steps of the solution you choose.

Step 1: Define the problem or the goal-

Define the problem or the goal that you would like to achieve. Use factual evidence to define the problem-try to be in your wise mind by looking both at the emotions you are feeling and also the facts that are present. Use the acronym SMART to focus on defining a goal in an effective way:

- *S-Specific*: your goal should be clear and specific, otherwise you will not be sure where to focus your efforts or have difficulty feeling motivated to achieve it. Try answering the five “W” Questions: What do I want to accomplish?
 - Why is this goal important?
 - Who is involved?
 - Where is it located?
 - Which resources or limits are involved?
- *M-Measurable*: it is important to make your goal measurable so you can track your progress and stay motivated. Continue to assess your progress to help you stay focused, meet your deadlines, and feel excitement as you get closer to achieving your goal. A measurable goal should help address questions such as: how much? How many? How will I know when it is accomplished?
- *A-Achievable*: your goal should challenge your abilities and still remain possible. When you set an unachievable goal, you might feel discouraged. Ask yourself- “how can I accomplish this goal?” and “how realistic is the goal, based on barrier such as financial factors?”
- *R-Relevant*: make sure that your goal matters to you, and that it aligns with other relevant goals. Is your goal meaningful to you? Does it seem worthwhile? Is it the right time to work towards this goal? Does it match other efforts and needs in our lives?
- *T-Time Bound*: every goal needs a target date or deadline to help us maintain focus and to give us something to work towards. When is your deadline to reach your goal? What do you want to accomplish a week from now? A month? Six months? Set multiple time-bound goals to help you stay on task.

Step 2: List possible solutions-

List some possible solutions to your goal or problem. This step is purely for brainstorming. Don't evaluate whether the solutions are good or bad yet. Just try to get some solutions out there.

Step 3: List one advantage and one disadvantage-

For each solution, list at least one advantage (pro) and one disadvantage (con). Be brief, but give each solution a chance. Think about these advantages and disadvantages from a wise mind perspective.

Step 4: Choose the best solution or combinations of solutions-

Which solution is most likely to solve the problem or achieve the goal? Which solution can be realistically carried out?

Step 5: Plan on how to carry out the solution

The following questions can be used to help formulate and carry out your plan:

- Who will be involved in carrying out the solution?
- What step will each person do?
- What is the time frame for each step? What are the variables you need to be aware of during each step (mood, setting, distractions, etc)?
- What do I need to complete the step?
- What obstacles might come up, and how could they be overcome?

Depending on the solution or the situation, you might add additional questions to your list. These questions are meant to be a starting point-try to think outside of the box and tailor your questions to your situation!

Step 6: Evaluate

Set a date for evaluating how the solution is working. First focus on the positive: What has been accomplished? What went well? Then decide if the solution was successful or if you need to revise it or choose another one. Make sure you also give yourself credit for what you have done so far!

Use the problem solving and goal achievement form on the next page go practice setting and accomplishing goals.

Step-by-Step Problem Solving and Goal Achievement

Step 1: Define the problem or goal as specifically as possible. Be simple with your definition:

Step 2: List 3 possible ways to solve the problem or achieve the goal:

1.

2.

3.

Step 3: For each possibility, list one advantage and one disadvantage:

First Solution:

Advantages:

Disadvantages:

Second Solution:

Advantages:

Disadvantages:

Third Solution:

Advantages:

Disadvantages:

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

Step 5: Plan the steps for carrying out the solution. If applicable, answer the following questions:

- a) Who will be involved? What step will each person do?
- b) What is the time frame?
- c) What resources are needed?
- d) What problems might come up and how will you address it?
- e) Other relevant information:

Step 6: Set a date and Evaluate: What has been accomplished or went well? What do you wish to revise and change? Give yourself credit for what you have done. Decide whether the problem has been solved, or whether or not the goal has been achieved. If not, decide whether to revise the plan or try something different.

Pros and Cons

We can use pros and cons any time we struggle with a decision. This skill allows us to weigh the different options in a decision, focusing both on the short and the long term. Pros and cons is mainly used as a proactive skill, as it helps us slow down and get into wise mind before we commit to any one decision.

To use pros and cons, start off by identifying your two basic choices. Examples could include: drinking/using drugs vs. staying sober, spending money on something new vs. saving money, or engaging in an old behavior vs. practicing a skill.

When you have identified the basic choices, use the chart below to help you determine both the short and long term pros and cons of each choice. Make sure you are using your *wise mind* to help make a decision. If you find that you are not currently in wise mind, put the decision aside and come back to it after using other skills.

My basic choices are:	
Pros of:	Cons of:
Pros of:	Cons of:
My decision:	

Coping with Persistent Symptoms and Common Problems

Mental health symptoms come with all sorts of common difficulties that may make life challenging. This section is focused on some of the problems that people commonly encounter, including problems related to persistent psychiatric symptoms. When these problems are not addressed, they can cause anguish, contribute to stress, and increase the risk of relapse.

Persistent Symptoms:

Persistent symptoms are symptoms that occur most of the time, although their strength may vary depending on multiple variables in our lives. For example, you may live with the anxiety symptom of ruminating thoughts; sometimes these ruminating thoughts might be manageable, and other times they might be difficult to deal with due to a stressor in your life. Common persistent thoughts include distressing anxiety, hearing voices, depression, and having suspicious thoughts about others. Persistent symptoms can be distressing and at times may get in the way of doing what you want to do or enjoying life. This section will teach strategies for dealing with and reacting to persistent symptoms so that you can pursue important goals and have a higher quality of life in spite of experiencing symptoms that might not go away.

While persistent symptoms usually do not signal an approaching crisis, it is important to know that occasionally a persistent symptom can change or worsen to become what we consider an *early warning sign of relapse*. Being able to tell the difference between a persistent symptom and an early warning sign of relapse is not always easy. *Warning signs* are symptoms that tend to come before a relapse such as disturbed sleep or eating patterns, increased isolation, intrusive behavior towards others, or a considerable worsening of usual symptoms. In contrast, persistent symptoms are more constant and usually have not led to past relapses. Working together with staff members and other important people in your life to help you recognize the difference between these two types of symptoms is an important skill.

In this section, several coping strategies are suggested for each common problem and persistent symptom. It is important to keep in mind that if any of the following problems described begin to worsen or interfere significantly with your life in a new or different way, then you may be seeing signs of an impending relapse. In such situations, it is suggested that you contact your doctor or practitioner to help you evaluate what steps to take.

Common problems and persistent symptoms are broken up into the following categories: thinking problems (difficulties in thought processes), mood problems (difficulty in regulating mood), negative symptoms (symptoms that take away from our experience), psychotic symptoms (symptoms that occur during a period of psychosis) and symptoms related to alcohol and drug addiction.

Thinking Problems

Concentration:

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

- Use *one mindfully* to help minimize distractions, so there is only one thing to concentrate on. For example, if you're trying to concentrate on a phone conversation, make sure the radio and TV are off; let any other people nearby know that you are trying to listen. Assert yourself if needed.
- Ask the person with whom you are conversing to slow down or repeat things that you might be uncertain of.
- Check to make sure you understand by summarizing what you have heard. For example, you can say something like "Let me see if I understand your main point; are you saying _____?"
- Use *one thing at a time* to help break down activities or tasks into smaller parts, and take frequent breaks. For example, if you are trying to clean your kitchen, break the task down into one task at a time, starting with the dishes, then the counters, then the floors. You could break it down even further, focusing on just each dish, or just one section of counter, and so on.
- Use *positive affirmations* and *encouragement* to help motivate you. Make sure to identify affirmation in a *nonjudgmental stance*. Ask yourself-"how would I encourage a friend in this situation?" and say the same encouragement towards yourself.

What are some additional strategies or skills you might add to this list that can help you with concentration? Identify them below:

Attention and Boredom:

At times it might feel as if nothing will be interesting or fun, and that it's hard to stick with any one activity for very long. We might find that we spend a lot of time thinking about what we could be doing without doing much of anything. If this is difficult for you, the following strategies might be helpful:

- Choose an activity that could be interesting and that requires attention, Start out by spending *a brief amount of time* on the activity and gradually increasing the time spent. Make sure to start out with an activity that used to bring joy to your life. For example, if you are having a hard time paying attention while reading, you could start by reading a few paragraphs of an article in a newspaper or magazine. When you feel comfortable with that you could try selecting a short article and reading it entirely. In this way, you could gradually build up to reading chapters in a book. The important thing is to progress at a pace that's comfortable for you
- Ask someone to join you in an activity that requires attention, such as a board game, card game, or jigsaw puzzle. Many people find that doing something together helps them focus better. All of these activities can be found at drop-in centers or community support programs.

What are some additional strategies or skills you might add to this list that can help you with attention/boredom? Identify them below:

Mood Problems

Anxiety:

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

- Talk with someone in your support system to let them know about your feelings.
- Use *relaxation* techniques, such as deep breathing or progressive muscle relaxation to stay calm.
- Identify situations that tend to make you anxious and make a cope ahead plan to do something about them. For example, if you are anxious about an upcoming paperwork deadline, make plans to start working on the first parts of the paperwork.
- Concentrate on *positive imagery*- imagine a place that has brought peace before, such as your favorite lake or favorite ice cream shop. Build a peaceful environment in your mind. Imagine a supportive person in your life and picture what they would say if they were to offer you encouragement.
- Use *observe and describe* to put a name to your emotion- for example, say out loud or in your head, “I am feeling anxious right now.” Identify how you are feeling that anxiety in your *internal and external* environments. Use *effectiveness* to pick a skill or strategy that could be the most helpful in that moment.

What are some additional strategies or skills you might add to this list that can help you with anxiety? Identify them below:

Depression:

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

If you get severely depressed, if you start thinking of hurting yourself, or if you have thoughts about ending your life, you should contact your practitioner immediately or seek emergency services (call 911). However, if you are not having severe symptoms of depression, you can try the following coping strategies to manage your mood.

- Set goals for daily activities, starting with one or two activities and gradually build up to a full schedule. Make sure to build in activities that *build mastery* and *build positive experiences*. Use *routine* to focus on doing these activities daily.
- Schedule something pleasant to do each day, even if it's a small thing. This will give you something to look forward to. Talk to someone in your support system to let him or her know how you're feeling. Sometimes they have good ideas you can try.
- Use *attend to relationship* and *DEARMAN* skills to ask people to join you in activities. You may be more likely to follow through with plans when someone else is involved.
- Identify things that you still enjoy, or might still enjoy, and build your strengths in those areas. For example, if you like knitting, try a knitting class or start a small project.
- Deal with loss of appetite by eating small portions of food that you like. Take your time and use your *observe* and *describe* skills to notice how you are enjoying the food you eat.
- Practice *relaxation* exercises on a daily basis.
- Remind yourself on the steps you have accomplished and avoid focusing on setbacks.

What are some additional strategies or skills you might add to this list that can help you with depression? Identify them below:

Anger:

Sometimes we find ourselves feeling angry or irritable. This feeling can come and go, or it can exist most of our day and cause outrage about situations that would ordinarily seem relatively minor. Because this is a common problem, there are programs for anger management, which many people have found helpful. Some of the techniques taught in anger management classes include:

- Use *observe* and *describe* skills to help recognize the early signs that you are starting to feel angry (for example, heart pounding, jaw clenching, perspiring). By identifying early signs of anger, you can use skills proactively to keep things from getting out of control.
- Identify situations that commonly make you feel angry and learn how to deal with these situations more effectively. This will oftentimes involve mastering the assertiveness skills discussed in this manual.
- Develop strategies for staying calm when you feel angry. This can include counting to ten before responding to someone or something, distracting yourself, temporarily leaving the situation, or politely changing the subject.
- Learn how to express angry feelings briefly and constructively. Speak firmly and calmly when expressing anger.
- If others are willing and open to discussion, suggest to others how anger-producing situations can be changed in the future.
- Use *self-soothe* to bring comfort to yourself and help ground yourself in the moment.

What are some additional strategies or skills you might add to this list that can help you with anger? Identify them below:

Sleeping Difficulties:

Sleeping too much or too little can be very disruptive. It's hard to accomplish things when sleep is out of balance. Try some of the following strategies to improve on sleeping difficulties:

- Go to sleep and get up at the same time every day.
- Avoid caffeine after 4 PM (or before).
- Exercise during the day so you'll feel tired at night.
- Do something relaxing before going to bed, including reading, taking a warm shower, drinking warm milk, or herbal tea, or listening to music.
- Make sure that your room is dark and that the temperature is comfortable. Avoid blue light that is created by technology, by avoiding your phone, computer, or t.v.
- Avoid watching violent or distressing programs on television or video before going to bed. Avoid having discussions about upsetting topics just before going to bed.
- Avoid naps during the day.
- If you spend more than 30 minutes lying awake in bed, get up. Try to get out of the bedroom and do something relaxing like listening to music or meditating.

What are some additional strategies or skills you might add to this list that can help you when you're having a hard time sleeping? Identify them below:

Negative Symptoms

Lack of Interest and/or Lack of Pleasure:

It can be difficult to stay active or pursue goals when things do not seem interesting, or things just are not fun anymore. The following strategies may be helpful to gradually increase your interest and enjoyment of activities, and help you pursue goals:

- Be patient with yourself. Changes will happen gradually.
- Start with an activity that you used to enjoy, and start small. Think of something that you could do that is brief and related to that activity. For example, if you used to enjoy jogging, you could try taking a brief walk (5-10 minutes) in the neighborhood. Be attentive to what you experience as you walk by using *observe* and *describe*: What do you see? What do you hear? What do you smell? How does your body feel as you are being active? Do you feel more relaxed afterwards?
- As you gain confidence in brief activities, gradually increase them and plan longer activities.
- Ask people in your support system to do things with you. It can be more enjoyable to have someone with whom to converse and share the experience. For example, when you take a walk with a friend or family member it becomes a social experience as well as a physical one.
- Regularly schedule enjoyable activities. For example, you could set up a schedule of walking every morning after breakfast. The more regularly you do an activity, the more likely you will start to feel enjoyment.
- Investigate new interests, or learn more about current interest. Use resources to gain access to these interests, such as your local library, community center, or community support programs.

What kinds of interests do you have now? List them below:

--

What new activity could you investigate if you are feeling a lack of pleasure or interest/what kinds of things might you want to learn more about?

--

Lack of Expressiveness:

If other people tell you that they cannot read your facial expression or that it is hard to tell what you are thinking or feeling by your expression or tone of voice, it might be that you are having a problem expressing your emotions. This can create misunderstandings and make it difficult for people to know when you need support. Oftentimes people might think that you are bored, or that you might not care about what is going on. The following strategies might help you avoid this kind of misunderstanding:

- Verbally express what you are feeling or thinking. Make frequent clear comments about your reactions to conversations or activities. If there is still confusion, try adding context and providing more information to the situation.
- Make “I” statements that clearly express your point of view or your feelings, such as the following:
 - “I’m enjoying talking to you today. You help me to feel better”
 - “I was a little nervous about playing cards today. I am glad I did, because it was fun.”
 - “I liked that movie because it was interesting”

What helps you understand your emotions? What are some barriers that might keep us from fully understanding our emotions? Use the space below to answer these questions:

Helps us understand:	<i>Barriers to understanding emotions:</i>

Social Withdrawal;

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

- Find and join a support group, such as NAMI.
- Explore jobs or volunteer work that involve contact with people.
- Schedule time to connect with someone every day, even if it is for a short period of time.
- If it's too stressful to have in-person contact, find a way to adapt, such as calling people on the phone and talk for at least a few minutes.
- If you find it stressful to be with people, practice relaxation techniques before and after your contact with them. Try using *progressive muscle relaxation*, *deep breathing*, or *imagery*.
- Arrange for errands that involve contact with people, such as going to the store or the library.
- Make a list of people in your support system (professionals or personal friends/family) with whom you feel comfortable. Call them when you are feeling like you are starting to withdraw. If possible, make a plan to meet with them.
- Sometimes it's more comfortable to spend time with people when doing an activity together. Try planning activities with someone such as going to a museum or a musical performance.

What are some additional ways you can decrease isolation? Use the space below to brainstorm:

Psychotic Symptoms

Delusions:

People sometimes develop beliefs that are firmly held in spite of contradictory evidence—these beliefs are called delusions. For some people, having delusions can be an early sign that they are starting to experience a relapse of their mental illness, and that they need to contact their practitioners to discuss an evaluation. For some people, however, these kinds of beliefs do not go away between episodes of their illness, and unless they get worse than usual, they are not necessarily a sign that an evaluation is needed. If this is your situation, such beliefs can be distressing or distracting, and you might try one or more of the following strategies:

- Distract yourself from the disturbing belief by doing something that takes your mental attention, such as doing a puzzle or adding up rows of numbers. Listen to music that you can sing along to, work on a word find, or a cross-word puzzle.
- Check out your beliefs by talking to someone that you trust. Ask them to help you evaluate the evidence for and against a belief. This is also called reality checking. Reality checking can also be done by yourself, however, it can sometimes feel more effective when you do it with someone you trust, such as your therapist, psychiatrist, best friend, or family member.
- Distract yourself with a physical activity such as exercise or a hot/cold shower.
- Use encouraging statements and self-affirmation. Be kind to yourself, and use a *nonjudgmental stance*.
- Use *opposite to emotion* by identifying your current emotion and engaging in activity that can help change your mindset.

If you try the strategies listed above, but still feel distressed or distracted by beliefs, it may be helpful to mention it to someone in your support system. Keep in mind that you should contact your practitioner if you become so convinced of your belief that you are thinking of acting on it. For example, if you become convinced that someone means you harm, you might start thinking of defending yourself, which could possibly lead you to harm someone else. If you can't reach your practitioner, seek out emergency services under these circumstances.

What are additional strategies and/or skills you could use to help with delusions? Identify them below:

Hallucinations:

Hallucinations occur when we hear, see, feel, taste, or smell something when nothing is there. These experiences are called “false perceptions” or “hallucinations.” For some people, when this happens it is a sign that they are starting to experience a relapse of their mental illness and should contact their practitioner to discuss an evaluation. For other people, these hallucinations do not go away between episodes, and unless they get worse than usual they may not need further evaluation. If this is the case in your situation, you may find these hallucinations as distressing and distracting, and you might want to try some of the following strategies:

- Distract yourself by doing something that takes your attention, such as having a conversation, listening to music, taking a walk, or reading. Some people who hear voices hum to themselves or use music as a way to drown them out.
- Check out your experiences with someone you trust, also called *check the facts* or *reality testing*. For example, one person who thought he heard voices outside his window asked his brother to listen and give an opinion.
- Use positive self-talk. Some people say things like “I’m not going to listen to these voices,” or “I’m not going to let these voices get to me.”
- Put hallucinations “in the background. Acknowledge what you are hearing or seeing, but don’t pay any further attention to it. For example, you might tell yourself “There’s that critical voice again. I’m just going to let it happen and go about my daily business”.
- Use *relaxation* techniques when hallucinations are present. *Self-soothe* with your five senses.

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

What are some additional skills or strategies you might use to help with hallucinations? Identify them below:

Drug or Alcohol Abuse Problems

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

Drugs and alcohol can make the symptoms of mental illness worse and can interfere with the benefits of prescribed medications. In certain cases they can create dangerous health effects when combined with some medication. To stay well, therefore, it is very important to address any problems you might have with drugs and alcohol.

The coping strategies described below can be very helpful, but it is important to keep in mind that most people need additional help to overcome drug and alcohol problems. Formal treatment programs that integrate treatment for mental illness while also treating substance misuse have the most positive results. Some programs such as AA (Alcoholics Anonymous), NA (Narcotics Anonymous), Dual Recovery, and SMART recovery are also extremely helpful.

Whether or not you are participating in an integrated treatment program, or a group like AA/NA, it is important to develop strategies you can use for dealing with drug or alcohol problems. Some strategies are discussed below:

- Educate yourself about the scientific facts about drugs and alcohol. For example, it is helpful to know that although alcohol can be relaxing, it can also cause depression and make it worse. People with mental illnesses are also more sensitive to the effects of drugs and alcohol, which can result in problems associated with using even small or moderate amounts of drugs or alcohol.
- Be realistic about how using drugs and alcohol has affected your life. For some people, the effects can be relatively minor, like having less spending money. For others the effects are more extensive, like losing friends, having legal problems, being unable to keep a job.
- Develop alternatives to using drugs or alcohol by using *opposite to action/emotion*. What are other ways of getting some of the effects that you look for when using drugs or alcohol? What are some other ways of getting your needs met? For example, if you use when you are bored, you could engage in a new activity or spend time with friends. If you use to help you feel less depressed, you could exercise or use your *PLEASE* skills to attend to your physical health.
- Practice how to respond to people who offer drugs or alcohol. Use *DEARMAN* to set boundaries with others, assert what you need, or to say no.
- Identify the advantages and disadvantages of using drugs or alcohol. What are the things that you like about using drugs or alcohol? What are the things you don’t like about it? Use the pros and cons skill to identify both short term and long

term benefits and disadvantages of using substances. Make a list and look at that list when you feel the urge to use a substances.

What additional skills or strategies would you use to help decrease use of substances and/or to maintain sobriety?

Plan for Coping with Problems and Persistent Symptoms

Take a few minutes to look back through this section and identify the symptoms, problems, and persistent concerns you struggle with. Then, identify what skills, strategies, and techniques you think might be useful:

Symptom, Problem, or Persistent Concern	Skills and Strategies I plan to use:

TIPP

TIPP is an acronym used to remember crisis survival skills. These skills can be used when our emotional arousal is very high. When we have high emotions, we tend to get stuck in those emotions. When this happens, we tend to get stuck in our emotion mind and act out in those emotions. We also have difficulty processing new information and can become emotionally overwhelmed.

Temperature: change the temperature of your face with cold water to help calm down fast. Hold your breath and put your face in a bowl of cold water. Keep the water in the bowl above 50 degrees. By putting your full face into cold water and holding your breath you are telling your brain that you are diving underwater, which puts your brain into the *dive response*.

This dive response (which may take 15-30 seconds to start) tells our heart rate to slow down, increases our blood flow to our essential organs (like our brain and heart), and can help decrease strong and distressing emotions.

You could also hold a cold pack or zip lock bag with ice on your eyes and cheeks, splash cold water on your face, or hold an ice pack or zip lock bags on sensitive parts of the body (such as your inner wrists or back of the neck).

CAUTION: ice water can decrease your heart rate rapidly. If you have a heart or medical condition, lowered base heart rate due to medication, take a beta blocker, or have an active eating disorder, consult with your health care provider before using this skill. You can use this skill in small ways (such as putting a cold pack on the back of your neck) until getting approval by your provider. Avoid ice water if allergic to the cold

Intense Exercise: engage in intense exercise to help calm down your body when it is in distress from your emotions. Exercise for short period of time (10-15 minutes). Expend the energy your body has by running, walking fast, jumping rope, playing basketball, lifting weights or dancing to music. *Do not over do it!* Listen to your body and exercise appropriately. Exercise helps release endorphins and neurotransmitters, which creates a more positive feeling in our brain.

Paced Breathing: slow your pace of breathing down. Breathe deeply from your abdomen, and make sure to *breathe out* more slowly than you breathe in. Do this for about 1-2 minutes to help decrease the arousal in your body caused by intense emotions.

Deep breathing helps decrease our anxiety by attending to our fight or flight response. When we go into our fight or flight response, our sympathetic nervous system is activated. This increases our heart rate, preps our muscles for running, releases adrenaline and cortisol, and stimulates glucose (which creates more energy). By using deep

breathing, we stimulate our vagus nerve, and activate our parasympathetic nervous system. This relaxes our muscles, slows down our heart rate, increases our endorphins (which provides more relaxation), and lowers our blood pressure.

Progressive Muscle Relaxation: tense and relax each muscle group, head to toe, one muscle group at a time. Tense for 15 seconds, then let go; relax each muscle all of the way. Use your *observe and describe* skills to notice the tension, and notice the difference once your muscle is relaxed.

When we are stressed our body responds with muscle tension, which can cause pain or discomfort. In turn, muscles then relay to the body it is stressed. That keeps the cycle of stress and muscle tension going. Progressive muscle tension helps break this cycle by reducing muscle tension and general mental anxiety. This can be used while in crisis mode, or in our daily lives (like to help us sleep!)

Reducing Relapses

The symptoms of mental illness tend to vary in intensity over time. Sometimes the symptoms may be absent, sometimes they may be mild or moderate, and sometimes they may be very strong. When psychiatric symptoms become severe, it is usually referred to as a “relapse” or an “acute episode of the illness.” Some relapses can be managed at home, but sometimes they require hospitalization to make sure everyone stays safe.

Mental illness affect people in very different ways. Some people have a milder form of their illness and only have an episode once or twice in their lives. Other people have stronger forms of their illness and have several episodes, some of which require hospitalization. Some people constantly have symptoms, but do not have episodes that require hospitalization.

This section discusses strategies for reducing symptoms during relapses or minimizing the severity of any relapses that do occur. In order to reduce relapses, it is helpful to identify stressful situations that have contributed to relapses in the past. It is also helpful to identify your own personal warning signs of an impending relapse. This information can be combined to develop a relapse prevention plan. This plan can be made even more effective by including support persons in the plan, such as friends, relatives, and providers.

Preventing and reducing relapses:

There are many things you can do to prevent or reduce relapses. You have already learned some important relapse reduction strategies in earlier sections. These include doing things like:

- Learning as much as possible about your illness.
- Improving awareness about your own symptoms.
- Increasing consciousness of when you are under stress and developing strategies to cope with stress better.
- Participate in treatments that help you recover.
- Build social supports.
- Use medication effectively

In order to reduce relapses, we will focus on some additional strategies for staying well. These include:

- Recognizing events or situations that contributed to relapses in the past.
- Recognizing the early warning signs that you might be starting to have a relapse.
- Develop your own relapse prevention plan to respond to warning signs.
- Use the help of other people such as family members, friends, professionals, and community supports to prevent early warning signs from becoming full-blown relapses.

Identifying Common Events or Situations that Trigger Relapses:

Some people can identify certain events or situations that appear to have led to relapses in the past. The events or situations that seemed to contribute to relapses can be thought of as “triggers” to relapses. The following chart lists some examples of common triggers. Please check off examples that reflect an experience you have had. In the blank spaces, identify additional triggers of relapse you have experienced in the past:

Personal Description of Triggers	I experienced something like this:
Staying up late and not getting enough sleep	
Increased stress at work	
Increased responsibilities at work	
Using substances, or increasing use of substances	
Changes (such as moving), big or little, negative or positive	
Arguments with others	
Stop taking medication	
Greif and loss	
Loss of routine or structure	
Physical touch from others	
Weather	
People or places that remind us of the past	

Once you have identified a situation that appeared to trigger a relapse in the past, it is helpful to think about how you might handle the situation differently if it were to occur again. For example, if you noticed that drinking beers with your friends tend to trigger an episode, you could plan some activities with them that do not involve drinking. If you noticed that being under stress tends to trigger an episode, you could plan to use a specific relaxation technique such as deep breathing, the next time you encounter another stressful situation.

Early Warning Signs

Even when people do their best to avoid it, symptoms may start to come back, may increase, and may lead to a relapse. Some relapses may occur over short periods of time, such as a few days, with very little or no warning. However, most relapses develop gradually over longer periods of time, such as over several weeks.

There are often changes in the person's inner experience and changes in their behavior (or external experiences) when a relapse is starting. For some people, the changes may be so subtle at first that they might not seem worth noticing. For others, the changes are more pronounced and distressing. When people look back after a relapse, they often realize these early changes, even the subtle ones, were signs that they were starting to have a relapse. These changes are called "early warning signs".

Some warning signs are quite common. Others are more unusual. The following page has a chart that lists some different warning signs. Check off the examples that reflect an experience you have had. Use the blank spaces to identify warning signs that might not be on the list.

Early Warning Signs	I've experienced this sign:
Mood shifting back and forth	
Increased or decreased energy	
Losing interest in things	
Losing interest in appearance	
Feeling discouraged about the future	
Trouble concentrating or thinking	
Fast thoughts that are hard to keep up with	
Feeling puzzled or confused about what is going on around you	
Isolating from family or friends, feeling distant	
Feeling like you do not fit in	
Religion becomes more meaningful than it had before	
Being afraid that something terrible is going to happen	
Feeling others have difficulty understanding what you're saying	
Feeling lonely	
Being bothered by thoughts you cannot get rid of	
Feeling overwhelmed by demands, feeling like too much is being asked of you	
Feeling bored	
Change in sleep-trouble sleeping or sleeping too much	
Feeling tense or nervous	
Getting angry about little things	
Trouble sitting still	
Feeling depressed or worthless	
Trouble remembering things	
Appetite change-eating more or less	
Hearing voices or seeing things that others didn't see or hear	
Thinking that people are staring at you or talking about you	
Feeling more irritable	
Feeling overconfident about your abilities	
Increased impulsive behaviors such as shopping, spending, gambling, sexual activity, or other risky behaviors	

Getting Help Recognizing Early Warning Signs:

People are not always aware when their behavior has changed and they are experiencing an early warning sign of a relapse. For example, someone might not recognize that they are unusually irritable. Instead, it may seem to them that other people are being especially annoying.

Friends, family members, co-workers, therapists, psychiatrists, and health care workers often notice when something seems different or someone is acting out of character. They can be helpful allies in recognizing early warning signs. If you ask them, your family members, friends and mental health practitioners can be your “extra eyes and ears” for noticing early warning signs. You can tell them some possible early warning signs for them to look for, and let them know that you would like them to inform you, and how to inform you, when they notice these signs. You can also include them in your relapse prevention plan to help take action to keep early warning signs from becoming relapses.

Use the space below to identify people who can help you recognize early warning sign:

Friends:

--

Family Members:

--

Support Group Members:

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Practitioners (therapist, ARMHS workers, staff members, etc):

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Co-workers:

--

Significant other:

--

Other people in my life:

--

Building a Relapse Prevention Plan:

It is not possible to predict how many episodes or relapses a person may experience in the course of their mental illness. Therefore, it is important to make a relapse prevention plan to help avoid relapses and minimize severity of relapses when they do occur.

In developing a relapse prevention plan, you may find it helpful to consult with the supportive people in your life. Peers, practitioners, family members, and others can help you remember the details about what helped you in the past and can make suggestions about possible steps to take if early warning signs appear.

Support persons can also have a part in the plan itself, if you want them to. For example, you might ask family members to let you know if they notice early warning signs or to help you reduce stress by having peaceful, relaxing activities with them. Of course, you make the final decision about what you want in your plan and whom to get involved.

Plans for preventing relapses are most effective if they have the following:

- Reminders of past triggers.
- Reminders of past warning signs.
- What helps when you're having an early warning sign including skill use and strategies.
- Who you would like to assist you during a relapse.
- Who you would like contacted in case of an emergency.

On the next page is a Relapse Prevention Plan worksheet. Take some time to complete it. Be as detailed as possible!

Relapse Prevention Plan

Events or situations that have triggered relapses in the past:	
Early warning signs that I have experienced in the past or that others have noticed in the past:	
Skills and Strategies I can use if I am experiencing an early warning sign:	
Who I would like to assist me, and what I would like them to do to help me:	
Who should be contacted in case of an emergency:	

Using Medications Effectively

Medications are some of the most powerful tools available for reducing symptoms and decreasing the risk of relapses. When people take medications regularly as part of their treatment, and communicate with their doctors consistently, they are less affected by symptoms and more likely to have longer periods of recovery. Medications also help to reduce biological vulnerabilities by helping to correct chemical imbalances in the brain or otherwise help overcome physical problems that might be contributing to mental health conditions.

Benefits of medications for mental health:

Medications have been found to be helpful in two important ways. First, medications reduce symptoms during and after an acute episode of the illness, which is when symptoms of mental illness are the most severe and troublesome. Sometimes the medicine helps people quite rapidly, and they are able to relax, think more clearly, or feel less depressed in a few days. Other times it may take a few weeks before the symptoms are reduced significantly.

The second benefit of medications is that they reduce the likelihood of relapses. Taking medication on a regular basis helps people prevent relapses of severe symptoms. While taking a medication is not a cure for mental illness, and there is no guarantee that you will not have an acute episode again, taking medication on regular basis can help significantly reduce the risk of relapse and hospitalization.

Medications and their benefits:

Different kinds of medications help different types of symptoms. There are several different kinds of symptoms, and more than one medication is often required to treat all of them. There are four major categories of medications for mental health. The type of medication and their benefits are summarized below:

- *Antidepressants*: Can reduce the symptoms of depression, including low mood, poor appetite, sleep problems, low energy, and concentration difficulties. They can also be effective in treating anxiety disorders.
- *Mood Stabilizers*: Can help reduce extremes of moods, including mania and depression.
- *Antipsychotics*: Can reduce the symptoms of psychosis, including hallucinations, delusions, and disorganized speech or behavior.
- *Antianxiety or sedatives*: Can reduce anxiety, feelings of overstimulation, and help with difficulty sleeping.

It can be useful to track the types of medications you have tried and have found useful. Use the chart to identify which medications you have used in each category identified above, and the benefits you have experienced.

Benefits I have experienced from Medications

Category of Medication	Name of Medication	Benefits Experienced
Antidepressants		
Mood Stabilizers		
Antipsychotics		
Antianxiety Medication or Sedatives		
Others		

Side Effects:

Medications for mental illness, like drugs for treating other illnesses, can cause undesired side effects. Side effects can be distressing and frustrating. It is important to track the side effects you have experienced, and to be aware of potential side effects when taking a new medication you are prescribed.

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

In most cases the side effects are temporary, and improve over time as your body adjusts to the medication. Some types of side effects, which are much less common, can be long lasting and even permanent. The newer medications tend to have fewer and less severe side effects. The more serious side effects are associated with the older antipsychotic medications, such as Haldol or Thorazine. If you recognize that you are having side effects, it is important for you to contact your doctor as fast as possible. Your doctor needs to help you evaluate how serious the side effects are and what can be done about them. It is up to you to decide what side effects you can tolerate and what risks you are willing to accept.

Use the chart on the next page to track which side effects you have. By keeping track you can communicate to current and new providers the medications you wish to avoid taking from past experiences.

Side Effects from Medications I have Used:

Category of Medication	Name of Medication	Side Effects Experienced
Antidepressants		
Mood Stabilizers		
Antipsychotics		
Antianxiety Medication or Sedatives		
Others		

Making Decisions about Medications:

You need to make informed decisions about all treatment options, including medication. In making your decision about medications, it is important to learn as much as you can and to weigh the possible benefits and possible drawbacks of taking specific types of medication. Your doctor is vital to your decision-making process. They are an expert about medication and have experience helping others find effective medications.

However, it is also important for you to be very active in making decisions about medications. After all, *you are the expert about your own experiences of mental illness and what makes you feel better or worse*. Therefore, the best method for making a decision involves a working relationship between you and your doctor, using both of your expertise together. It helps to have some questions in mind when you are deciding about taking a medication or switching medications. Here are some questions you can ask your doctor to better understand your experience:

- How will this medication benefit me? What will it help me with?
- How long does it take before the medication works? How long before I feel some of the benefits?
- What side effects might I get from the medicine? How long do side effects typically last? Are there any side effects from long-term use? If I experience side effects, can I stop taking the medication right away or do I need to decrease slowly?
- Will I need blood tests to make sure that I have the right level of medication in my bloodstream?
- What if the medication does not work for me? What would be our next steps?
- Who should I contact if I need to get a hold of you? Is there a voicemail I can call, or do I connect with your nurse first?

Once you have the full picture of what the medications do, complete a pros and cons on taking medication. Use the form provided below, if needed:

Pros of <i>Taking New/Increased Medication</i>	Cons of <i>Taking New/Increased Medication</i>
Pros of <i>Not Taking New/Increased Medication</i>	Cons of <i>Not Taking New/Increased Medication</i>

Getting the Best Results from Taking Medication;

Many people find it can be difficult to remember to take medications regularly. Use the following strategies to help build taking medications into your regular routine. Since everyone has a different routine, it is important to tailor these strategies to meet your own needs:

- *Simplify your medication schedule as much as possible:* When you take several medications several times each day, it becomes difficult to keep track of all the doses. Talk to your doctor about making your medication schedule as simple as possible without losing any of the benefits. The fewer the medications you have to take, and the fewer the number of times per day, the easier it is to keep track. Some medications are available in long-acting injectable forms that can be administered every two weeks.
- *Take medications at the same time every day:* Taking the medication at the same time (or times) every day makes it easier to remember. It also keeps the level of medication at a steady amount in your bloodstream, which gives you the maximum benefit throughout the day.
- *Build medication into your daily routine:* It is often easier to remember to take medication if it is done in conjunction with another daily activity. Examples of daily activities include brushing your teeth, showering, eating breakfast, and getting ready to go to work.
- *Use cues to remind yourself:* Many people have developed their own cues to help remind them to take their medications regularly. Some examples of cues include: using a pill container that is organized into daily doses, using a calendar, making notes to yourself, keeping the pill bottle next to an item that is used daily, asking someone you trust for help reminding you, or using your phone or computer to set up reminders.