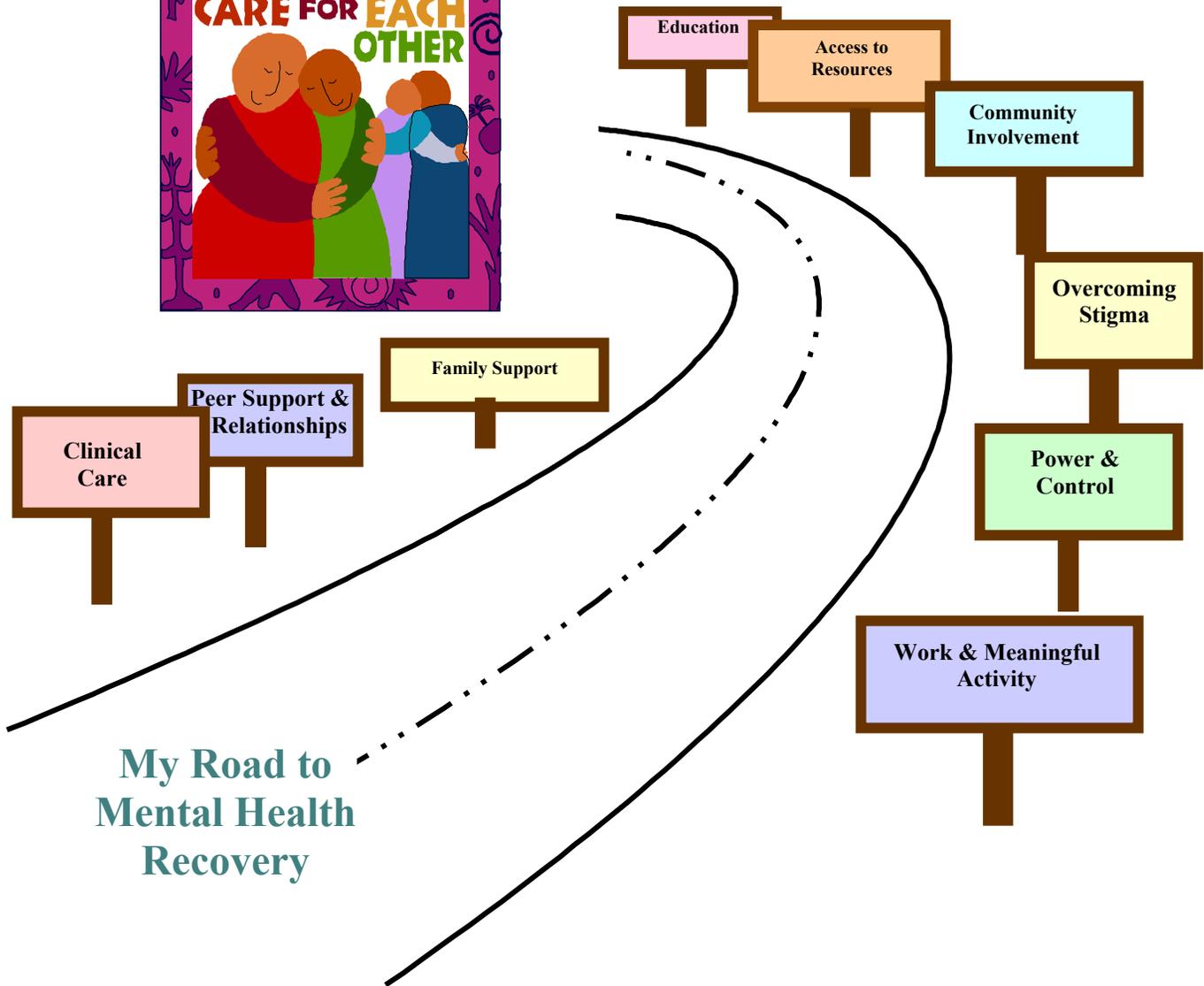
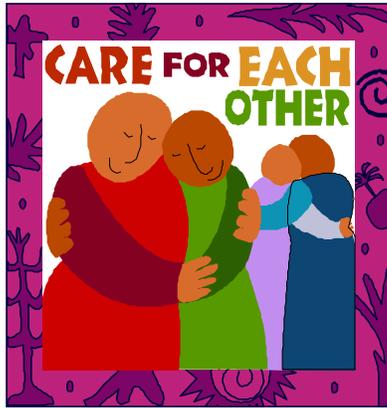


Getting On With Life: My Recovery Management Journal



My Road to
Mental Health
Recovery

TWIN VALLEY BEHAVIORAL HEALTHCARE
2007

(Name)

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Introduction

This book was made to help you learn all that you can about your medical condition. Before people are told they are ill, they don't spend much time thinking about illness. Since you have been diagnosed with a mental illness, it would help you to know as much as you can about your particular illness and what would be most helpful in your recovery.

Mental Health Recovery is the process of hope as you overcome the negative impact of problems in your life. How this is done is different for each person. This book has information, ideas, and exercises based on the best knowledge we currently have about what helps people with their recovery. Here are some facts for you to use:

FACT #1 You are a worthy individual.

Mental illness interferes with your ability to function effectively and relate to others successfully. You may not have been able to finish school, work successfully at a job, or maintain a relationship due to the symptoms of your mental illness. You are not lazy, crazy or stupid. Mental illness is not something you choose to develop; it is a physical illness of the brain and is treatable. Learning may be difficult for you because you may be distracted by your thoughts, or you may not be able to say what you mean to others due to the illness.

FACT #2 Mental illness is nobody's fault.

Mental illness is not a punishment or something that was caused by poor parenting or weak character. Genetic factors may create a predisposition in some people, and life stresses may trigger the onset of symptoms.

FACT #3 Mental illness is treatable.

Even though we have made great advances in understanding how our brain functions, not enough is known for prevention at this time. Treatment is available to reduce and control the symptoms of mental illness. A combination of medication, support, education, and coping skills can make life satisfying and meaningful again.

FACT #4 Having a mental illness makes a person more at risk for substance abuse.

In the general population the risk of developing a substance use disorder in your life is 10% - 14%. Individuals who have a mental illness are at increased risk (40%-50%) of developing a substance use problem depending on the illness with which they are diagnosed.

Schizophrenia	48%	Anxiety Disorders	35%
Bipolar Disorder	56%	Antisocial Personality Disorder	80%
Major Depression	40%		

Awareness: A Starting Point For Recovery

Some people may feel a little relieved to finally know why their life has felt so unmanageable and out of control.

You should congratulate yourself if you seek and accept help for your illness. The time has come for you to make some progress on your recovery. It will not be easy, but you have the opportunity to join many people who are successfully coping with mental illness.

It is important for you to recognize that you are the most important person in your own recovery. This Journal is a supportive guide to help you along the way. Your willingness to stay open to the suggestions offered by the professional staff will help you to make positive lifestyle changes.

They say I have a mental illness called _____.

This is how my mental illness feels.....

The drawing, doodling or writing in this space represents the feelings I have. They may only make sense to me, but they are my feelings.

Mark the box next to the statement that best describes your belief.

- I'm fine. I don't want or need any mental health care.
- I have an illness and need help to know what to do about it.
- I know that I have an illness and I have definite ideas about what I need.
- I am working with others and choosing to seek out further resources for recovery.

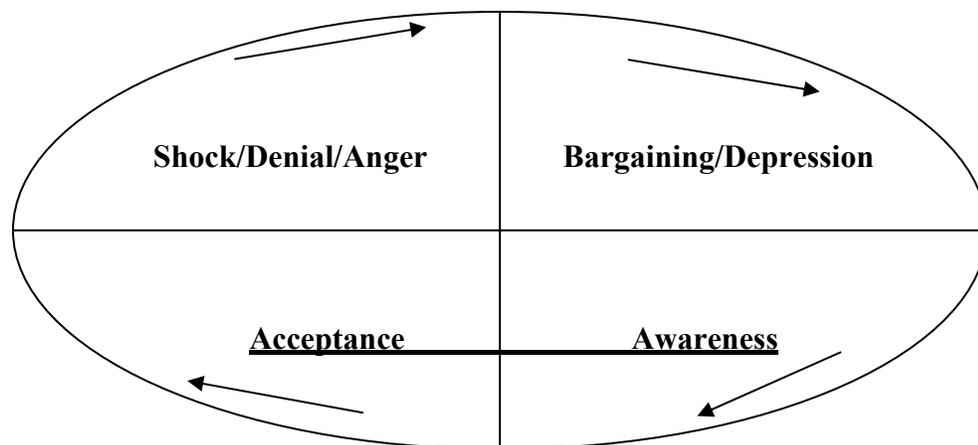
Grief and Sadness

By now you worked with your doctor and may have been diagnosed with a mental illness, a biological brain disorder that interferes with normal brain chemistry. Mental illness is very common.

- Approximately 25 million Americans are affected every year
- 19.3% of Americans will develop a mood disorder at some time in their life
- 1.5% of the US population have been diagnosed with schizophrenia

These illnesses are devastating to the ill person and their family, and they trigger a grief response, but they are treatable and many people do recover and go on to live productive lives.

GRIEF RESPONSE: Like most people who are told they have a mental illness, you may be angry, confused or frightened. The shock and denial, which is the first stage of grieving, can last from weeks to years. Denial is actually a normal response to overwhelming information or knowledge that we may not be able to handle right away. Time and support will help a person begin the process of accepting a diagnosis. Many people go through a period of depression and bargaining on their way to awareness and acceptance. **In the diagram below, color in the section of the circle where you are today.**



Your feelings and where you are in the grief process can change from day to day. It's not a smooth process of working through one stage at a time. You may go back to anger and denial many times as you gain awareness and acceptance of having a mental illness.

Denial

Denial is the way we protect ourselves from painful facts. It is difficult to accept any diagnosis. No one wants to hear that they have heart disease or liver disease or diabetes but it seems to be even more difficult to accept that you have an illness that affects your brain – like mental illness or chemical dependency. The most important part of recovery is working through your fears and reactions, your denial of the illness. It isn't easy but you do not have to struggle with it alone and there are tools that can make it easier. Those tools are: the willingness to keep an open mind, listening to what others have to say, and learning everything you can about the illness you are said to have.

Denial is like a wall that you build up around yourself. The wall starts out as a defense, to protect you, but in the end it leads to isolation and loneliness because it seems that no one agrees with your way of looking at things.



This is what I want to say to those who say I have a mental illness:

This is what others have been telling me about why they think I have a mental illness:



Defining Recovery

Recovery is your individual journey of hope. The PAIMI Advisory Council of OLRs defines recovery as “an interpersonal, dynamic process of embracing hope, defining oneself, and participating in meaningful roles in the community.” ODMH defines recovery as “a personal process of overcoming the negative impact of a psychiatric disability despite its continued presence.”

This is what recovery means to me: _____

What I have done today to help, improve, or sustain my recovery process:

Guiding Principles

The following guiding principles formed the basis for the development of The Emerging Best Practices in Mental Health Recovery. The Ohio Department of Mental Health developed this tool in collaboration with consumers, providers and family members throughout the state.

Principle I	The consumer directs the recovery process; therefore, consumer input is essential throughout the process.
Principle II	The Mental Health System must be aware of its tendency to enable and encourage consumer dependency.
Principle III	Consumers are able to recover more quickly when their: <ul style="list-style-type: none"> • hope is encouraged, enhanced, and/or maintained; • life roles with respect to work and meaningful activities are defined; • spirituality is considered; • culture is understood; • educational needs as well as those of their family/significant others are identified; • socialization needs are identified.
Principle IV	Individual differences are considered and valued across their life span.
Principle V	Recovery from mental illness is most effective when a holistic approach is considered.
Principle VI	In order to reflect current "best practices," there is a need to merge all intervention models, including Medical, Psychological, Social, and Recovery.
Principle VII	Clinician's initial emphasis on "hope" and the ability to develop trusting relationships influences the consumer's recovery.
Principle VIII	Clinicians operate from a strengths/assets model.
Principle IX	Clinicians and consumers collaboratively develop a recovery management plan. This plan focuses on the interventions that will facilitate recovery and the resources that will support the recovery process.
Principle X	Family involvement may enhance the recovery process. The consumer defines his/her family unit.
Principle XI	Mental Health services are most effective when delivery is within the context of the consumer's community.
Principle XII	Community involvement as defined by the consumer is important to the recovery process.

The 9 Essential Recovery Components

Everyone's experience is different but it usually includes some of the following components. These are the 9 Recovery Components:

TO DO: In the space provided next to each picture below, I have ranked each component according to how important it is to me right now, with "1" being the most important and "9" being the least important. I will circle the top three numbers and then I will make My Recovery Management Plan on the next pages .

	CLINICAL CARE: Includes prescribed medications, therapy, learning to trust others, and working with your treatment team and other care providers
	PEER SUPPORT AND RELATIONSHIPS: Involves interacting with others on a 1 to 1 basis and in groups. Communicating, problem solving, sharing feelings, doing things together for fun.
	FAMILY SUPPORT: Making decisions about including family members in your recovery and helping them understand your illness and how they can help you in your recovery.
	WORK AND MEANINGFUL ACTIVITY: Being involved in activities that make you feel productive and good about yourself, such as vocational training, volunteer work, paid employment, or going back to school to get your diploma.
	POWER AND CONTROL: Setting goals for yourself and your future. Taking an active role in decisions concerning your care and learning about your illness and the best treatments available for you.
	OVERCOMING STIGMA: Learning the facts about mental illness and helping to educate the general public that mental illness is a physical illness that is treatable.
	COMMUNITY INVOLVEMENT: Being an active citizen, recognize opportunities to get involved in your community and be less isolated, take advantage of community resources
	ACCESS TO RESOURCES: Learn about resources available to you and learning how to take advantage of what is offered in terms of money, education, information, housing.
	EDUCATION: Learning about your illness, best treatments available, being able to go back to school to get your diploma or degree to reach your goals.

My Recovery Management Plan

My Name:	Date:
My case manager's name is:	Telephone
My doctor's name is:	Telephone
Supportive friends/family members that I call on a regular bases:	
Name	Telephone
Name	Telephone
Name	Telephone
1.	My Diagnosis is/are: _____ _____ _____
2.	These are symptoms I experience with my illness(es): _____ _____ _____ _____
3.	These are steps I will take to prevent my symptoms from getting worse: _____ _____ _____ _____
4.	If my symptoms get worse, I will do this to keep from going into crisis (i.e., hospitalization or jail): _____ _____ _____ _____
5.	My choice about the use of drugs or alcohol in my life: _____ _____
6.	I can do these things to avoid using alcohol and other drugs: _____ _____ _____

7.	Stressful things & events that might endanger my mental health and put me in crisis:
8.	What I can do to avoid those stressful things in the future:
9.	Stressful things that are happening in my life right now are:
10.	These are ways I can reduce my stress and increase my resilience:
11.	Some of my strengths are:
12.	These are ways I can get my thoughts and feelings to be peaceful, healthy, and balanced:
13.	A daily productive and fun activity that I will do is:

14 My most important recovery components are (Check {✓} the box{es} below):

<input type="checkbox"/> Clinical Care	<input type="checkbox"/> Work & Meaningful Activity	<input type="checkbox"/> Community Involvement
<input type="checkbox"/> Peer Support & Relationships	<input type="checkbox"/> Power & Control	<input type="checkbox"/> Access to Resources
<input type="checkbox"/> Family Support	<input type="checkbox"/> Overcoming Stigma	<input type="checkbox"/> Education

Why this component is important to me right now:

Goals	Action Steps	Start Date	Done Date
	1:		
	2:		
	3:		
	1:		
	2:		
	3:		

14 My most important recovery components are: Check {✓} the box{es} below:

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Why this component is important to me right now:

Goals	Action Steps	Start Date	Done Date
	1: _____ _____ _____ _____		
	2: _____ _____ _____ _____		
	3 _____ _____ _____ _____		
	1: _____ _____ _____ _____		
	2: _____ _____ _____ _____		
	3 _____ _____ _____ _____		

14

My most important recovery components are: Check {✓} the box{es} below:

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<input type="checkbox"/>	Family Support	<input type="checkbox"/>	Overcoming Stigma	<input type="checkbox"/>	Education

Why this component is important to me right now:

Goals	Action Steps	Start Date	Done Date
	1: _____ _____ _____ _____		
	2: _____ _____ _____ _____		
	3: _____ _____ _____ _____		
	1: _____ _____ _____ _____		
	2: _____ _____ _____ _____		
	3: _____ _____ _____ _____		

Component 1 Clinical Care Developing Your Recovery Team

You would never try to take out your tonsils by yourself or walk by yourself on two broken legs. You sometimes need help. Trying to face mental illness alone would be a path to failure.

Your struggles of the past have likely shown many examples of honest efforts you took to deal with your mental illness that often resulted in frustration and disappointment.

The alternative is to build a recovery team whose members are all informed and supportive of your recovery. You will continue to be the captain of this team and it will be your responsibility to ask for help and use the skills of individual team members when you have a need.

YOUR RECOVERY TEAM

Here is a list of people you may consider for your recovery team.

DOCTOR – a doctor who is knowledgeable in the area of mental illness and a person who you trust.

COUNSELOR/THERAPIST- You may have one or more people who provide you consistent counseling and guidance to support your recovery.

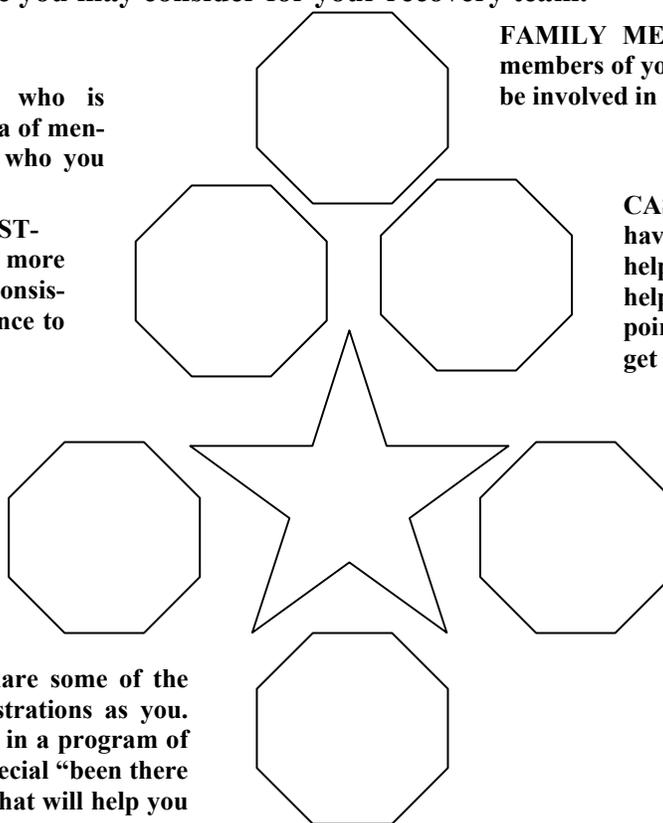
PHARMACIST/NURSE – a professional who will work carefully with your physician and you to provide the medications that are in your best interest.

PEERS – Others who share some of the same challenges and frustrations as you. Peers who are succeeding in a program of recovery can provide a special “been there – done that” perspective that will help you through difficult times.

FAMILY MEMBERS – there may be members of your family who you want to be involved in your recovery.

CASE MANAGER – You may have a case manager or who helps you in your recovery, to help keep track of your appointments, manage your money, get a job and get housing.

OTHERS – You may have people like friends, teachers, neighbors, or clergy, who offer assistance.



Write in the names of people on your recovery team. Put your name in the middle, as you are the star of your team.

Component 1 Clinical Care Common Disorders

A diagnosis is a medical term that characterizes an illness/disorder by signs and symptoms. A mental illness diagnosis refers to a condition that affects how well the brain works. The brain is an organ and can be affected by disease just like your heart, kidneys, or lungs. When an organ in our bodies has a disease, it doesn't do its job well.

For example, our hearts are designed to deliver blood to our bodies.

With heart disease, the heart may not do as good a job delivering blood to the body.

Our brain is designed to help us understand the world around us, to make decisions based on information it receives, and to help deal with our feelings and emotions. When a mental health disease affects the brain, the brain can't understand the world around it, make good decisions, or help control feelings and emotions.

If you have been diagnosed with a brain disease, or mental health disorder, the good news is there is successful treatment available. Though you may have the mental health disorder for the rest of your life, the symptoms that prevent you from living to the best of your ability from day to day can be improved.

Symptoms are the things that go wrong because an organ has a disease. There are many symptoms that occur depending on your type of mental illness. Learning to understand the symptoms of mental illness and what helps you cope with them will help you on your road to mental health recovery.

The two (2) main categories of mental illnesses are: (1) Mood Disorders and (2) Thought Disorders. The next two (2) pages will describe the symptoms and names of the Mood Disorders. Then the symptoms and names of the Thought Disorders will be described. You may have more than one diagnosis. People can and do have more than one problem at a time. For instance, about half of the people with a mental illness also have some problem with using alcohol or other drugs. Several of these pages have information on how using these substances can affect your mental illness.

Component 1 Clinical Care

Common Disorders: Mood Disorders

Mood Disorders are also called affective disorders. Mood Disorders are characterized by extreme or prolonged disturbances of mood, such as sadness, depression, or elation. They consist of “low mood” disorders like Major Depression or the milder version called Dysthymic Disorder and “high mood” disorders that make you feel that you don’t need sleep or food and cause your mind to race from one thought to another.

When a person reports that they have felt depressed, have had trouble sleeping, have lost their appetite, felt hopeless or had crying spells for the past month they have described a set of symptoms that could fit at least 2 diagnoses. They could be suffering from Major Depression or they may be experiencing Depression due to a Grief Reaction due to recent loss of a close family member. The treatment for these two diagnoses is different. The medical team needs to gather a lot of information from you and people who know you in order to make the best, most accurate diagnosis.

Mental Health Diagnoses are listed in the Diagnostic and Statistical Manual that is published by the American Psychiatric Association. Presently this book is in its 4th edition. The Forward of this book states, “These diagnostic criteria and the DSM-IV-TR Classification of mental disorders reflect a consensus of current formulations of evolving knowledge in our field.... The purpose of the DSM-IV-TR is to provide clear descriptions of diagnostic categories in order to enable clinicians ...to diagnose, communicate about, study, and treat people with various mental disorders.”

Major Depression is the most common mental illness and there are extremely effective medications for this illness. Because it often takes the medication 4 – 6 weeks to have its full effect, there is a need for more treatment/changes/interventions than medication can provide. Recovery from Depression involves paying attention to the basics: rest, exercise, and nutrition. It is important to eat even though you may not be hungry. Try to stick to nutritional foods even when you crave sweets and carbohydrates. Sleeping at least 6 hours and no more than 10 hours a day is helpful. Exercise may help you feel better more quickly.

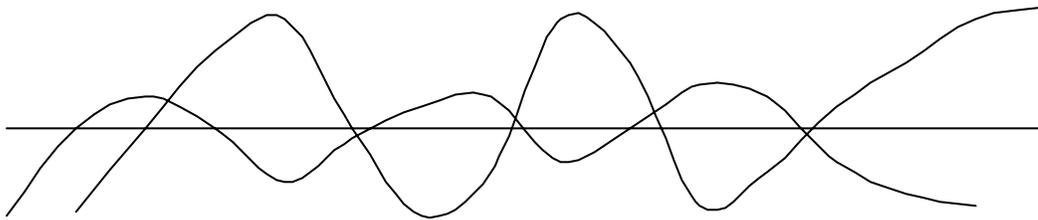
Symptoms: I have placed a mark next to the symptoms that I have:

<u>Depressed Mood</u>	
Loss of interest or pleasure	
<u>Change in sleep and eating patterns</u>	
Change in activity level	
Feelings of worthlessness or inappropriate guilt	
Recurrent thoughts about death	
Inability to concentrate or make decisions	

Component 1 Clinical Care

Common Disorders: Bipolar Disorder

When someone has a combination of these periods of “lows” and “highs” it is called **Bipolar Disorder**. These periods or “mood swings” may occur very frequently or infrequently. They may swing between low and high or between “euthymic” or normal mood to high mood. A high mood is called **Mania**.



Symptoms of Mania (Put a mark next to any of these symptoms that you have)

In general, the symptoms of mania involve an excess in behavioral activity, mood states (irritability or overly loving feelings), self-esteem and confidence.

Euphoric or Expansive mood.

The person's mood is extremely happy or excited and they talk with greater enthusiasm.

Grandiosity.

The person is extremely self-confident and may be unrealistic about his or her abilities.

Excessive involvement in pleasurable activities with high potential for negative consequences.

Common problem areas include spending sprees, sexual indiscretions, increased substance abuse, or making foolish business investments.

Decreased need for sleep.

Only a few hours of sleep are needed for the person to feel rested. (often less than 4 hours/night)

Racing thoughts.

Thoughts come so rapidly that the patient finds it hard to keep up with them or express them.

Distractibility.

The person's attention is easily drawn to irrelevant stimuli, such as the sound of a car honking outside on the street.

Increased goal-direct activity.

A great deal of time is spent pursuing specific goals, at work, school, or sexually.

Component 1 Clinical Care

Common Disorders: Schizophrenia

Schizophrenia is referred to as a Thought Disorder. It primarily affects a person's ability to think clearly and act logically. It is often difficult to recognize in yourself because everything that you are experiencing, seeing, hearing, and doing seems real and is meaningful to you. Your friends and others may comment that you are not making sense, or that they do not see or hear what you are talking about.

This can lead to feelings of paranoia since the illness makes your brain think that what you are seeing and hearing is real, when they are hallucinations, symptoms of the illness. A list of the most common symptoms of schizophrenia follows. It is divided into positive symptoms (called positive because they are most noticeable and most easily controlled with medication) and negative symptoms.

Positive Symptoms

Positive symptoms refer to thoughts, perceptions, and behaviors that are ordinarily **absent** in people in the general population, but are **present** in persons with schizophrenia. These symptoms often vary over time in their severity, and may be absent for long periods in some patients.

Hallucinations. Hallucinations are “false perceptions”; that is hearing, seeing, feeling, or smelling things that are not actually there.

Delusions. Delusions are “false beliefs”; that is, a belief which a person holds, but which others can clearly see is not true.

- Some patients have paranoid delusions, believing that others want to hurt them, even when they don't.
- Delusions of reference are common, in which the person believes that something in the environment is referring to him or her when it is not (such as the television talking to the person)
- Delusions of control are beliefs that others can control one's actions.

Thinking Disturbances. The person talks in a manner that is difficult to follow. For example, the person may jump from one topic to the next, stop in the middle of a sentence, make up new words, or simply be difficult to understand.

Negative Symptoms

Negative symptoms are the opposite of positive. They are the **absence** of thoughts, perceptions, or behaviors that are ordinarily **present** in people in the general population.

Blunted Affect. The expressiveness of the person's face, voice tone, and gestures is reduced or absent. This does not mean that the person is not reacting or having feelings.

Apathy. The person does not feel motivated to do anything. They may feel tired and have trouble following through on even simple plans. They often have very little sense of purpose in their lives and have few interests.

Component 1 Clinical Care

Common Disorders: Schizoaffective Disorder

People who have many of the positive symptoms of schizophrenia but also have many of the symptoms of the mood disorders are often diagnosed with **Schizoaffective Disorder**. The diagnosis of schizoaffective disorder requires that the person experience some decline in social functioning for at least a six-month period, such as problems with school or work, social relationships, or self-care. In addition, some other symptoms are commonly present. The symptoms of schizoaffective disorder can be divided into five broad classes:

1. Positive Symptoms
2. Negative Symptoms
3. Symptoms of Mania
4. Symptoms of Depression and
5. Other Symptoms (People with schizoaffective disorder are prone to alcohol or drug abuse. People may use alcohol and drugs because of their disturbing symptoms, to experience pleasure, or when socializing with others.)

These disorders can only be diagnosed by a clinical interview. The purpose of the interview is to determine whether you have experienced specific “symptoms” of the disorder, and whether these symptoms have been present long enough to merit the diagnosis. In addition to conducting the interview, the diagnostician must also check to make sure the patient is not experiencing any physical problems that could cause symptoms similar to these disorders, such as a brain tumor or alcohol or drug use.

About one in every two hundred people (1/2%) develops schizoaffective disorder at some time during his or her life. More hospital beds are occupied by persons with schizoaffective disorder or schizophrenia than any other psychiatric disorder.

Notes:

Component 1 Clinical Care

SAMI: Substance Use and Mental Illness

As has already been discussed, mental illness is a brain disorder. Substances like alcohol, marijuana, and cocaine directly affect the brain as well. These substances may, at times, decrease the symptoms of the mental illness. More often than not they cause an increase in symptoms and interfere with your ability to be consistent in keeping appointments, paying your bills, going to work, taking your medications and having healthy relationships.

In the general population the risk of developing a substance use disorder in your life is 10% - 14%. Individuals who have a mental illness are at increased risk (50%- 60%) of developing a substance use problem depending on the illness with which they are diagnosed.

Schizophrenia	48%	Anxiety Disorders	35%
Bipolar Disorder	56%	Antisocial Personality Disorder	80%
Major Depression	40%		

Why do people use? Most people begin using substances to feel more relaxed and sociable. In the box provided write in some of the reasons that you use alcohol and other drugs:

How do I know if using substances is a problem for me? After thinking about it, I will answer the following questions by checking the appropriate "Yes" or "No" box.		Yes	No
1	Have I had medical problems related to, or worsened by, alcohol and other drug use?	<input type="checkbox"/>	<input type="checkbox"/>
2	Am I able to stop drinking or using when I want to?	<input type="checkbox"/>	<input type="checkbox"/>
3	Every time?	<input type="checkbox"/>	<input type="checkbox"/>
4	Has my drinking or using ever created problems between me and anyone else?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have I ever been arrested, even for a few hours, while drinking or using?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have I stopped doing other things I used to enjoy, like sports or hobbies, in order to spend more of my time getting high?	<input type="checkbox"/>	<input type="checkbox"/>
7	Have I continued to get high even though I have lost a job, gotten arrested, or gotten sick?	<input type="checkbox"/>	<input type="checkbox"/>
8	Have I spent money I shouldn't have on alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

Component 1 Clinical Care

Types of Substances

How much is too much? Frequency and amount

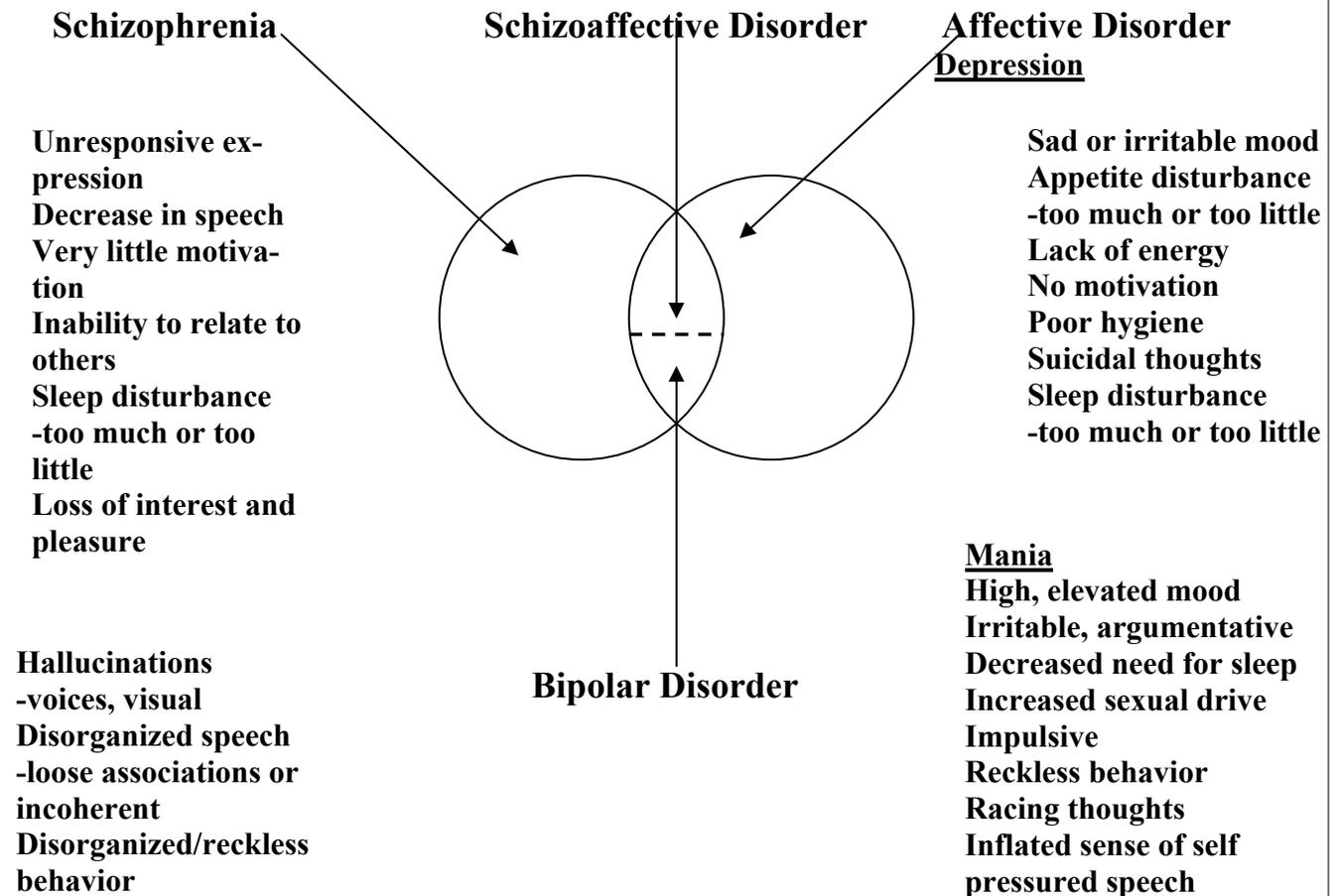
The question of whether you are experiencing a problem with substances is not about how much or how often you use but more about what happens to you when you use. What consequences do you experience when you use?

The use of any **illegal** substance, such as marijuana or cocaine is a problem that could have legal consequences.

Small amounts of substances (such as 2 beers or 1 joint) can affect people with a mental illness <u>more</u> than people without a mental illness.	
Once you develop a mental illness your brain becomes more vulnerable to the effects of alcohol and other drugs and even small amounts can cause an increase in your symptoms of depression, paranoia, anxiety, hallucinations, or other symptoms.	
I have thought about and below written my own experience with these substances:	
DRUG	How did it affect my thinking and behavior?
Alcohol (beer, wine, liquor)	
Marijuana (pot, weed, blunts)	
Cocaine/crack	
Amphetamines (crystal meth, Ritalin, diet pills)	
Sedatives (Ativan, Xanax, Valium)	
Hallucinogens (PCP, LSD, magic mushrooms)	
Heroin/ other opiates (Oxycontin, methadone, morphine, vicodin, codeine)	
Inhalants (gas, glue, paint thinner, spray paint)	
Club Drugs (Ecstasy, GHB, Ketamine, Steroids)	

Component 1 Clinical Care

Symptom Management: Names and Symptoms of Common Disorders



(I have circled the symptoms that I experience)

Component 1 Clinical Care

Symptom Management: My Target Symptoms

My psychiatric diagnosis is _____

The typical symptoms I experience are:

The earliest symptom I remember having is: _____

The most disturbing or irritating symptom is: _____

I have found that my symptoms get better when I: _____

I have found that my symptoms get worse when I: _____

This is how drinking alcohol or using drugs affects my symptoms:

How using helps:	How using makes things worse:

Component 1 Clinical Care

Symptom Management: Heat Related Illness

- When recognized in the early stages this can usually be reversed. Several risk factors affect the body's ability to cool itself during hot weather.
- When heat and humidity are high, sweat will not evaporate as quickly. This prevents the body from releasing heat and cooling down. Under these conditions, a heat alert will be called to restrict outside exposure activities.
- Other risk factors include:

<ul style="list-style-type: none"> - Old age - Over-weight - Excess sweating - Fever - High blood pressure - Drug and alcohol use 	<ul style="list-style-type: none"> - Medicines such as: Anti-anxiety Anti-depressants, Mood stabilizers, and Anti-psychotics - Heart disease - Sunburn - Poor circulation
---	---

Prevention and recognition

Prevention is the most effective treatment and is everyone's responsibility.

- **Stay cool.** Stay indoors in air-conditioned surroundings. Limit smoke breaks to 15-20 minutes. Do not wear a coat outdoors in hot weather.
- **Drink plenty of fluids.** Increase your fluid intake even if you're not thirsty. The Center for Disease Control (CDC) recommends 2-4 glasses (16-24 oz.) of cool fluids each hour you are outside. Water, fruit juice, or sports beverages are suggested. Check with your physician if you are on a fluid-restricted diet or take certain medicine called diuretics.
- **Wear appropriate clothing and sunscreen.** Choose lightweight, light-colored, loose-fitting clothing. A wide-brimmed hat is suggested to protect your head. Use sunscreen with a sun protection factor (SPF) of 15-30. The nurse can obtain sunscreen from the pharmacy.
- **Schedule outdoor activities carefully.** If you must be out in the heat, try to plan activities before noon, or in the evening. Pace yourself and take frequent rest and fluid breaks. Another cooling measure is taking a cool shower or bath.
- **Use the buddy system.** When outside in the heat, check on the condition of others and have them check on you. If you have friends or relatives who are elderly or live alone, call them at least twice a day during a heat wave.
- **Watch for warning signs.** Get medical help right away if you or someone you know experiences:
 - Dizziness-confusion
 - Weakness-nausea or vomiting
 - Muscle cramps-headache or fainting

Component 1 Clinical Care

My Medication: My Values and Beliefs about Medications

Feelings about medication are an important factor to consider in medication adherence. In the case of many medications like antidepressants, antipsychotics, mood stabilizers, and blood pressure medications, symptoms of the illness will return if you stop taking them. This may not happen immediately, but they will return, usually within a matter of months.

What do I believe about medications??? I have answered the following questions as honestly as I can.

When I see someone taking pills I think _____

I think that taking medication means that I _____

Medication should only be taken _____

People who take medication every day are- _____

I don't even like to take Tylenol when I have a headache because _____

Medications are only prescribed for me because _____

I sometimes take more or less of the medication because _____

Other thoughts I've had about taking medications: _____

Component 1 Clinical Care**My Medication: Common Medications**

The most effective treatment for Schizophrenia, Major Depression, Bipolar Disorder, and Schizoaffective Disorder are medications. Your doctor may suggest one or more medications to help control your symptoms. Whether to take medication and which medications to take are big decisions that you need to make with your doctor. The more you know about the different medications the more able you will be to make an effective decision. The basic categories and names of medications are listed below but you can get more detailed information from your doctor, nurse, pharmacist, books from the library, or the Internet. Listed below are some of the generic names of medications, with brand names in parentheses.

Medications		
Antidepressants	Antipsychotics	Mood Stabilizers
<u>SSRI:</u> Fluoxetine (Prozac) Paroxetine (Paxil) Sertraline (Zoloft) Escitalopram (Lexapro) Fluvoxamine (Luvox) Citalopram (Celexa)	<u>New Generation Antipsychotics:</u> Clozapine (Clozaril) Risperidone (Risperdal) Olanzapine (Zyprexa) Quetiapine (Seroquel) Ziprasidone (Geodon) Aripiprazole (Abilify)	Lithium Carbonate (Lithobid or Eskalith) Carbamazepine (Tegretol Carbatrol XR) Divalproex sodium (Depakote, Depakote ER) Valproic acid (Depakene) Lamotrigine (Lamictal)
<u>Others:</u> Trazodone (Desyrel) Bupropion (Wellbutrin) Amoxapine (Asendin) Venlafaxine (Effexor) Nefazodone (Serzone) Mirtazapine (Remeron) Duloxetine (Cymbalta)	<u>Traditional Antipsychotics:</u> Chlorpromazine (Thorazine) Haloperidol (Haldol) Fluphenazine (Prolixin) Perphenazine (Trilafon) Trifluoperazine (Stelazine) Mesoridazine (Serentil) Thiothixene (Navane) Loxapine (Loxitane) Pimozide (Orap) Thioridazine (Mellaril)	
<u>Heterocyclics:</u> Amitriptyline (Elavil) Desipramine (Norpramin) Doxepin (Sinequan) Imipramine (Tofranil) Nortriptyline (Pamelor) Clomipramine (Anafranil)		
<u>MAO Inhibitors:</u> Phenelzine (Nardil) Tranylcypromine (Parnate) Eldepryl (Emsam Patch)		

Component 1 Clinical Care**My Medication: Medication and Safety**

It is important to store your medicine in a safe area:

- Out of reach of children
- In a cool, dry place, out of direct sunlight
- Clearly visible, easily accessible for me, but not easily stolen
- Readily linked to a daily activity that reminds me to take it such as:
 - Brushing teeth
 - Mealtimes
 - Dressing

Steps to Follow	Comments
1. Read the label carefully.	This prevents errors in over or under-dosing Don't understand the label instructions? Ask the pharmacist to explain.
2. Pour out the prescribed number of pills/capsules into the bottle cap.	Touch the medicine as little as possible to keep the medicine clean.
3. Place the medicine onto a saucer or napkin.	This prevents dropping or losing medicine.
4. Close the bottle.	This prevents spillage.
5. Read the bottle label again.	This ensures I am taking the right medicine and dose from this bottle.
6. Take medicine with a large glass of water or juice.	This aids swallowing and absorption.

Component 1 Clinical Care**My Medication:****Common Potential Medication Side Effects**

All medications have two effects. One is the intended effects – the medication does what it is meant to do. The others are called side effects – effects on your body that were not intended but happen in addition to the intended effects. Many side effects are temporary and will usually go away in a matter of weeks. Some side effects are bothersome and others are more serious.

The beneficial effects of medication may take weeks to begin, but can help restore and maintain a healthy life.

Identifying common side effects**Symptom****Action to be taken**

Dryness of lips or mouth

Increase fluid intake. Rinse mouth often with water. Keep sugarless hard candy or gum handy.

Occasional upset Stomach

Drink small amounts of clear soda water. Eat dry saltines or toast. Discuss taking medicines with food with your doctor.

Occasional upset Stomach

Do not take antacids without your doctor's approval.

Occasional Constipation

Increase fluid intake. Increase physical exercise. Eat leafy green vegetables or bran cereals---high fiber foods.

Occasional dizziness

Get up slowly from sitting or lying position. Increase fluids.

Tiredness

Take a brief rest period during the day. Be more active. Consult with physician about switching entire daily dosage to bedtime. Be careful with caffeine.

Mild restlessness, Muscle stiffness, or Feeling slowed down

Exercise. Take short walks. Stretch muscles. Relax to music.

Weight gain

Increase exercise. Watch diet and reduce overeating, especially snacks.

Component 1 Clinical Care**My Medication: Severe Side Effects**

Report these more severe symptoms to your doctor, or staff right away

<u>Symptom</u>	<u>Explanation</u>
Blurred vision	Difficulty focusing your eyes.
Drooling or difficulty swallowing	Potential spasms of swallowing muscles or simply a common “nuisance” side effect.
Body tremors or spasms	Involuntary shaking or tightening of muscles.
Diarrhea	Liquid stools (more than 2 days).
Severe constipation	Unable to move bowels (more than 2 days).
Muscle rigidity	Difficulty moving (mask-like face)
Nervousness, inner Turmoil, inability to Lie or sit	Muscular restlessness in body, arms or legs.
Rash	Skin eruptions.
Skin discoloration	Excessive pigmentation.
Sexual difficulty or menstrual irregularity	Delayed ejaculation, impotence, breast changes, changes in periods.
Sunburn	Sensitivity to sun’s rays.
Tardive dyskinesia other parts of the body.	Slow, involuntary movements of mouth, tongue, hand or
Extreme difficulty urinating	Bladder tone relaxed.
Heat related illness	Body’s temperature control system is overloaded and unable to Cool itself during hot weather.

Component 2 Peer Support & Relationships

Building Trust

Making new friends can be either exciting or scary, depending on your personality, but in the end it is rewarding. To meet new people who might become your friends, you have to go to places where others are gathered. The hardest thing about going out and doing anything in the community is doing it for the first time. It's hard for everyone. Push through those hard feelings and go. Most of the time, you will be glad you did.

There are many ways to meet people. Don't limit yourself. Try several of these ideas:

- Attend a support group
Going to a support group is a good way to begin making friends and finding ways to fight loneliness. Most support groups do not require any money and you are free to just show up to a meeting and leave when you want. You don't even have to share anything about yourself if you don't want to. Listed below are some common support groups.

Dual Recovery Anonymous (DRA) – Individuals who are dealing with both a mental illness and a substance abuse problem. These are based on the 12 steps of AA and are just beginning to show up in major cities. Look in your phone book to see if there are DRA meetings near you.

Alcoholics Anonymous (AA) - Groups of people who don't want to use alcohol or other drugs. There are open and closed meetings of AA every day of the week. Going to a closed meeting indicates that you feel you have a problem with alcohol or other drugs. Anyone can go to an open meeting just to see what it is all about. You can call 1-800-870-3795 any time of the day or night to find out about a meeting near you.

Al-Anon – A group of people who have friends or family members who have problems with alcohol or other drugs. These meetings are open to anyone. You can call (614) 253-2701 to locate a meeting or look up your local Al-Anon in the phone book.

Schizophrenia Anonymous – People who are recovering from schizophrenia. Meetings in your area can be located by contacting the Mental Health Association or checking the local paper for community meetings.

For information about Mental Health Support Groups in your area call the local Mental Health Association at _____ or NAMI, the National Alliance for the Mentally Ill at _____.

Partners in Active Living through Socialization (PALS) – A Columbus based recovery center with a calendar of events. They can be contacted at (614) 298-0974.

Component 2 Peer Support & Relationships
Developing Friendships (continued)



A FRIEND AND I HAVING A GOOD TIME

Component 3 Family Support
My Family Members

I have listed below family members that I feel are most important in helping with my recovery:



I have described below how much I think family members know about my illness:



Component 3 Family Support Family Education

Should my family have family education?

This is what I would like my family to know about my illness:

Books you can recommend to family and friends

Andreasen, N. (1997). *The Broken Brain: The biological revolution in Psychiatry*.

Mueser, K.T., & Gingerich, S. (1994). *Coping with Schizophrenia: A guide for families*. Oakland, CA: New Harbinger.

Torrey, F. (1995). *Surviving Schizophrenia: A family manual* (3rd ed.). New York: Harper & Row.

Woolis, R. (1992). *When Someone You Love Has Mental Illness: A Handbook for Family, Friends and Caregivers*. New York: Putnam.

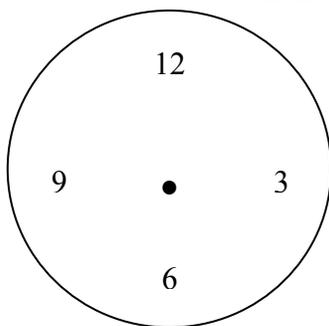
Free NAMI Educational Classes about Mental Illness

NAMI, the National Alliance for the Mentally Ill, provides free **Family to Family Education Groups**. In Ohio, every state hospital hosts one of these 12-week sessions a year. You can contact either the hospital or the local NAMI office to find out when and where these classes are held. Other NAMI psychoeducational series include: NAMI Hand To Hand, for young families, and the NAMI Provider Education Course.

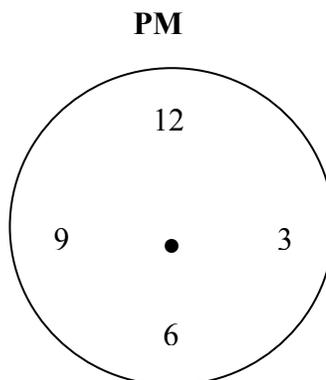
In Franklin County the phone # is 614-262-0114

National Alliance for the Mentally Ill (NAMI) website <http://www/nami.org>

**Component 4 Work and Meaningful Activity
Balancing Rest and Activity**



AM



Work/Sleep Pie Chart

A clock can be cut up into different sections like pie. There are two clocks above. The first one is marked AM and represents the daytime hours from midnight to noon. **I will use one color to mark the time I spend sleeping or resting. Then I will use a different color to mark my active or work times, when I eat, shower, or go to groups.** The second circle, marked PM, represents the hours from noon till midnight. **I will again use one color to mark my rest times and another color to show when I am awake.** How evenly divided are these areas??? What healthy pleasures have I included in the chart above?? I need to remember I need fun in my life.

What I Would Like To Do During My Days	
7:00 AM	
8:00 AM	
9:00 AM	
10:00 AM	
11:00 AM	
12:00 PM	
1:00 AM	
2:00 PM	
3:00 PM	
4:00 PM	
5:00 PM	
6:00 PM	
7:00 PM	
8:00 PM	
9:00 PM	
10:00 PM	

Component 4 Work and Meaningful Activity

Employment Education

Why Focus on Employment?

Most consumers want to work. In our society work is part of being an adult. In many ways work is good for your mental health. You can work at volunteer jobs or you can be employed for pay. Having a source of income, whether it is a primary or secondary source, helps to improve your quality of life and independence.

- Work reduces many of the symptoms of depression
 - It can be a reason to get up in the morning and get dressed.
- Consumers who work experience fewer hospitalizations
- Consumers who work feel better about themselves.
- Work decreases isolation.
- Work provides motivation to improve behavior
- Work provides some additional income
- Work provides an opportunity to focus on the outside, reality-based world.
- Work provides somewhere purposeful to go.
- Work reduces stigma about mental illness
- Work allows family members to be hopeful.

I have listed below some reasons I am interested in employment:

Component 4 Work and Meaningful Activity

Transferable Skills: Things That I Do Well

Resumes list your history of specific jobs. *Transferable skills resumes* also include information about how you organize things, how well you keep meetings and appointments, and in what kind of structure you work best. Transferable skills resumes use adjectives to describe skills, such as the following:

Adaptable	Able to prioritize tasks	Reliable
Dependable	Available immediately	Flexible
Organized	Trustworthy	Excellent communication skills, including written and/or verbal
Independent	Punctual	
Timely	Able to handle multiple tasks	Able to complete a variety of tasks

Skills I do well:

To begin identifying transferable skills, I have written down a certain task. I will then try to make a list of the skills required to complete that particular task.

Task:	Skills:
--------------	----------------

Use the list to formulate some things that may be of interest for you. For example, if you are a dependable person you may want to consider jobs that require more of a deadline or production standard. If you tend to be more creative or flexible, then you may not want to work where there are a lot of rules or guidelines.

Remember that what you are trying to show an employer is that even if you don't have the specific job experience, some of the things you do well are things that are important to doing that job.

It is helpful to make a list to share with your BVR counselor as you begin to identify some of your strengths as well as barriers to employment. Have a conversation with your BVR counselor about a career where you have no experience, but do have the necessary skills. Keep in mind that putting together a vocational plan requires many steps. Identifying transferable skills is one step in the process.

Component 4 Work and Meaningful Activity

Resume

Resume Worksheet										
Today's Date:			Date I need to finish resume by:							
First Name:		Middle Initial:			Last Name:					
Street Address:						Apt/Unit:				
City:			State:			Zip:				
Daytime phone			Message phone			E-mail:				
<p>This worksheet will help me brainstorm my skills and job history. This will provide the basis of my resume. <u>I will try to remember</u>: EVERYONE has abilities and skills, including Me! I will do the best I can and receive help in creating my cover and/or resume!</p>										
OBJECTIVE or type of work I want										
<p>WORKER/PERSONAL CHARACTERISTICS-(What are some positive characteristics that I have, either within or outside of the work setting?) For example: "I am always on time;" "I know how to say and/or write things so people understand;" "I work well with others and/or are cooperative in group settings;" "I learn quickly."</p>										
<p>SKILLS (I will think of things I've learned in past jobs, volunteer positions, the military, etc.) Many of the skills and talents can transfer to other jobs. For example, "I have a knack for [fill-in]." For example, repairing things, fitting many details of an event together and making it flow well; finding resources to get things done. I will list public contact experience and in what ways I have handled it well.</p>										
WORK HISTORY (starting with most recent job/Use back pages of worksheet, if needed)										
1.	Company Name:			City:			State:			
	Start date:	Month	Year:	End Date:	Month:	Year:				
	My title (if more than one, list most recent first):									
	Description of what I did in detail for each title:									
	Special achievements in this company:									
(anything counts, such as named employee of month; achieved highest number of ____; created filing system.)										
2.	Company Name:			City:			State:			
	Start date:	Month	Year:	End Date:	Month:	Year:				
	My title (if more than one, list most recent first):									
	Description of what I did in detail for each title:									
	Special achievements in this company:									
(Anything counts, such as named employee of month; achieved highest number of ____; created filing system.)										

Component 4 Work and Meaningful Activity

Resume Continued

Resume Worksheet

3.	Company Name:			City:		State:	
	Start date:	Month	Year:	End Date:	Month:	Year:	
My title (if more than one, list most recent first):							
Description of what I did in detail for each title:							
Special achievements in this company:							
(anything counts, such as named employee of month; achieved highest number of ____; created filing system.)							

VOLUNTEER EXPERIENCE (Use back of page, if needed)

1.	Company Name:			City:		State:	
	Start Date:	Month	Year:	End Date:	Month:	Year:	
My title (if more than one, list most recent first):							
Description of what I did in detail for each title:							
Special achievements in this company:							
(anything counts, such as named employee of month; achieved highest number of ____; created filing system.)							

EDUCATION: Starting with most recent school. High school only is listed if I have not had further education.

Name of 1 st School:		Location:	
		(city, state)	
Type of degree received or classes taken in:			
If degree, date received:		Area of focus:	
Name of 2 nd School:		Location:	
		(city, state)	
Type of degree received or classes taken in:			
If degree, date received:		Area of focus:	

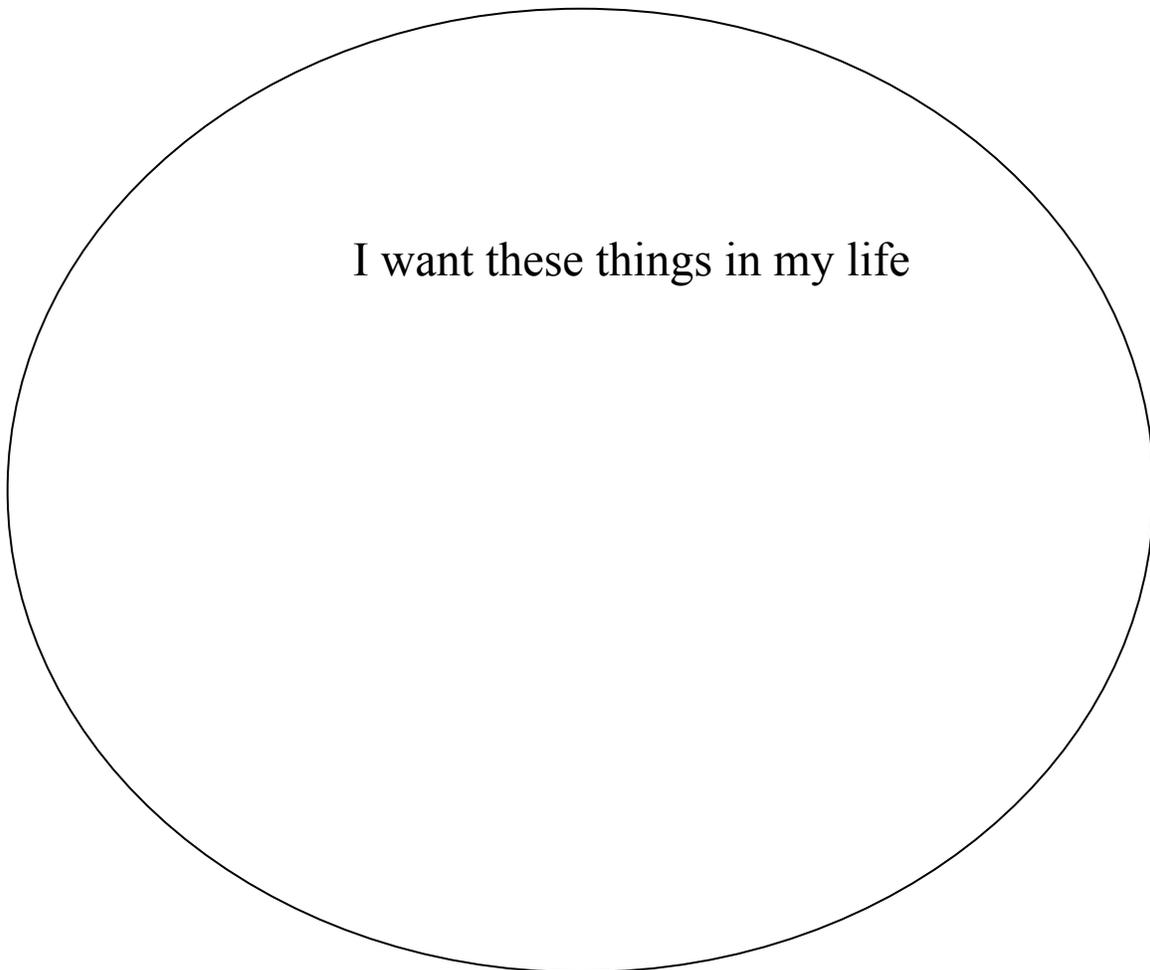
TRAINING CLASSES (outside of school);

- Our appreciation to COVA for assistance with this resume design.

Component 5 Power and Control Choices

Who's life is this anyway? How much responsibility do I want for the choices I make in my life and in my health care?

What do I want in my life? Written or drawn inside the circle are all the things I want in my life. Things I want out of my life I have put outside the circle.



Keep your life as simple as possible. If it doesn't really need to be done, don't do it. Learn that it is all right to say "no" if you can't or don't want to do something, but don't avoid responsibilities like taking good care of yourself and your children.

Component 5 Power and Control Coping With Anger

Anger is an emotion that can makes us feel very powerful, at times, giving us the courage to stand up for ourselves or take action that seems impossible under normal circumstances.

Anger has worked positively for me in these ways:

At other times, anger can make us feel out of control and cause us to act out aggressively and do or say things we ordinarily would not or know we should not.

Here is an example of when anger made me feel out of control:

But how do you keep from having anger turn into aggression????

In order to control them, you need to know how anger and aggression work. Anger is a feeling. When something bothers us, we have a feeling response. Feeling responses can be affected by 1) how we see the situation, 2) our expectations of ourselves and others, 3) self talk, and 4) use of alcohol & drugs. These are all things we can change in ourselves. For instance:

HOW WE SEE THE SITUATION

There is always more than one side to every story and situation. For example, if someone bumps into you and causes you to spill your coffee you can see the situation in at least 5 different ways. (Cage your Rage Pg. 40)

1. They bumped into you on purpose and are trying to start a fight.
2. They didn't see you standing there and it was an accident
3. They are disabled and have an odd walk that causes them to have difficulty with their balance
4. They wanted an excuse to meet you because they think you are cute
5. They were trying to avoid something thrown at them and accidently tipped their coffee cup.

Here are some ways I might react to the five examples described:

(the back will be used to write out my response)

WAYS TO CHANGE HOW YOU SEE THINGS

Don't take things personally: People's attitudes, actions and words are more about them than they are about you. You can choose to see their attitude, actions, or words as "their problem" and choose not to make it your problem. You can do this even if their actions or words are directed at you personally. You don't have to agree with them and you don't have to convince them they are wrong. If you choose to not take things personally you can be satisfied with knowing the truth inside yourself without having to change their mind. You can't control what other people say or do, but you can control how you react to it.

Attitude of Gratitude: Your attitude and the way you experience things changes drastically when you make yourself think about what you have to be grateful for. Most people tend to be more aware of what they are lacking and take for granted what they have. Try to look at what you do have rather than what you do not (the doughnut, not the hole). Below is a list of things I have to be grateful for:

EXPECTATIONS OF SELF AND OTHERS

We can change what we expect of others, but we cannot change them. A lot of our frustration and anger comes from wanting someone else to do, say or feel things differently. If we are honest about it, we want them to change their ways, but we have no control over making them change. If we face that fact and stop expecting people to change to how we want them to be; if we lower our expectations, we will be less upset when they continue to act and say the same things that bother us.

The only person you can change is you. You can change yourself. It won't happen all at once but if you decide you want to be less angry and frustrated, more happy and content, it can happen if you keep the focus on you and your goals. One of the immediate things you can change is expecting yourself to take on every fight but instead choose to walk away. It takes two to fight and if you aren't there it won't happen. Walking away is a very powerful move. You are still in control of yourself.

SELF TALK

Be aware of what you are telling yourself inside. We tell ourselves things all the time. When someone does something, like dumping a cup of coffee in your lap, your response might be very different if you say to yourself, "Man, what a klutz that guy is, but I'm not going to take it personally" than if you say, "I can't let someone get away with messing me up like that".

USE OF ALCOHOL AND OTHER DRUGS

Anger is fueled by alcohol and other drugs. If you use to ease your anger it is like throwing gasoline on a fire. Alcohol and other drugs lessen your ability to control your behavior. The risk of being involved in violence increases 4x's when you add alcohol to the situation.

Component 5 Power and Control Relaxation

There are two ways to decrease stress and anxiety and help you relax and enjoy life. There are ACTIVE and PASSIVE ways to reduce stress. Most people use a combination of these. You should try various approaches and decide for yourself what works best in different situations for you.

ACTIVE	PASSIVE
Shooting hoops	Drawing
Scrubbing floors	Breathing slowly and deeply
Playing drums or banging on something	Listening to music
Singing	Imagining myself on a beach, or hiking, or swimming

Here are some of my own ideas:

THINGS THAT RELAX ME

- TAKING A HOT BATH
- EXERCISING/ WORKING OUT
- TALKING TO A FRIEND
- READING A BOOK
- TAKING A WALK
- GOING TO A MOVIE

Component 6 Overcoming Stigma

My Rights

Learning and sharing the facts about mental illnesses helps to get rid of stigma. Overcoming stigma starts with you accepting that you have an illness that is not of your choosing, that is treatable, and does not make you any less of a person than anyone else.

Having this illness makes me feel:

--

I want to feel that....

--

I have the right to ...

--

- ◆ ask for what I want, say yes or no, and change my mind.
- ◆ make mistakes.
- ◆ follow my own values, standards and spiritual beliefs.
- ◆ express all of my feelings, both positive or negative, in a responsible manner.
- ◆ be afraid and uncertain.
- ◆ determine what is important to me and to make my own decisions based on what I want and need.
- ◆ have the friends and interests of my choice.
- ◆ be uniquely myself and allow myself to change and grow.
- ◆ have my own personal space and time.
- ◆ be safe.
- ◆ be playful and frivolous.
- ◆ be treated with dignity, compassion and respect at all times.

Stigma needs to be fought on many levels. First, a person needs to guard against stigma directed at them. Some people find a sense of community by fighting stigma as part of a group. Advocacy groups are smaller portions of support groups that get together to write letters, talk with the media, and do mailings that help to inform others about mental illness.

Partners in Active Living through Socialization is one of these advocacy groups.

What I can do to overcome stigma in my life....

<p>_____</p> <p>_____</p> <p>_____</p>
--

Component 7 Community Involvement Citizenship

I can learn about my community and become involved in activities that help me feel less isolated. Involvement can lead to jobs, friends, meaningful and fun activities and feeling good about myself.

Community involvement can be as simple as meeting my neighbors, voting or reading the local newspaper.



I could go to a place of worship and go on one of their outings, perhaps a picnic, movie, or dinner. My spirituality may be a source of strength to me. Relationships can be important to strengthen and share spirituality.



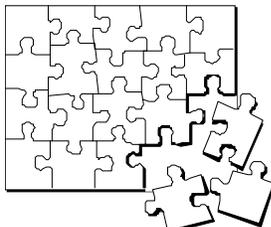
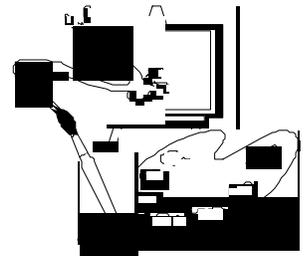
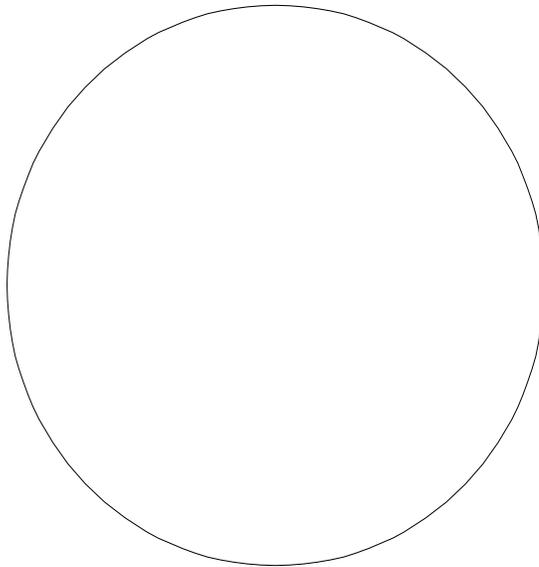
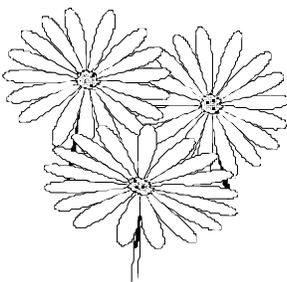
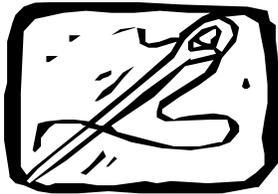
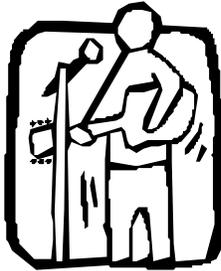
Or I could volunteer to help plant flowers and help beautify the neighborhood.



Component 7 Community Involvement Community Options

There are many clubs and groups that are advertised in the local papers. Bird watching groups, book clubs that meet at the library and talk about a book I read, quilting clubs, camera clubs...

I have drawn a line to those that are of interest to me and will add others on the back as I think of them.



Component 8 Access to Resources
Recovery Resources

<p>Substance Abuse and Mental Health Services Administration SAMHSA Center for Mental Health Services Web site: www.samhsa.gov</p>	<p>National Mental Health Consumer's Self-Help Clearinghouse 1211 Chestnut St., Suite 1000 Philadelphia, PA 19107 Voice 1-800-563-4539 Fax 1-215-636-6310 E-mail: THEKEY@delphi.com www.libertynet.org/~mha/el_house.html</p>
<p>SAMHSA's National Mental Health Services Information Center PO Box 42490 Washington, D. C. 20015 Phone 1-800-789-2647 Web Site: www.mentalhealth.org</p>	<p>The Bazelon Center for Mental Health Law (for model form for Advance Directive or Crisis Plan) 1101 15th Street, N.W. Washington, D.C 20005 Phone 1-202-467-5530 E-mail: www.bazelon.org</p>
<p>Consumer Organization and Networking Technical Assistance Center (CONTAC) 1036 Quarrier Street Charleston, WVA 25301 Phone 1-888-825-TECH (8324) Fax 1-304-346-9992 Web Site: www.contac.org</p>	<p>National Association of Protection and Advocacy Systems, Inc. (NAPAS) 900 Second Street, N>E> #211 Washington, D.C. 20002 Phone 1-202-408-9514 TTY 1-202-408-9521 Fax 1-202-408-9520</p>
<p>National Alliance for the Mentally Ill (NAMI) (Special Support Center) Colonial Place Three 2107 Wilson Boulevard, Suite 300 Arlington, VA 22201-3042 Phone 1-703-524-7600 Web Site: www.nami.org</p>	<p>National Alliance for Research on Schizophrenia and Depression (NARSAD) Phone 1-516-829-0091 Web Site: www.mhsource.com/narsad.html</p>
<p>Depression and Bipolar Support Alliance 730 N. Franklin Street, Suite 501 Chicago, IL 60610-3526 Phone 1-800-826-3632 Web Site: www.dballiance.org</p>	<p>OHIO RESOURCES</p>
<p>National Empowerment Center 569 Canal Street, 5 East Lawrence, MA 01840 Phone 1-800-power2u TTY 1-800 TTY-POWER Fax 1-978-681-6426 Web Site: www.nec.org</p>	<p>Ohio Legal Rights Service</p>
	<p>Ohio Relay</p>
	<p>Ohio Department of Mental Health</p>
	<p>LOCAL RESOURCES</p>
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Component 9 Education Goals and Experience

PAST GOALS/EXPERIENCE:

I have thought about and written my answers to the following:

- 1 What education or training I have had (years of schooling, special classes):

- 2 Have I ever thought about getting my GED, attending college or just learning something new? What would I like to learn more about?

GOAL SETTING:

- 1 What do I want to do, have, or be in the future (next 1-5 years)? Will I need formal or informal education to meet this goal?



- 2 What do I want to do, have, or be in the future (next 1-5 years)? Will I need formal or informal education to meet this goal?

THINGS TO THINK ABOUT:

Here are three barriers or obstacles that might get in the way of achieving my education goal:

- 1.
- 2.
- 3.

Here are three supports that I have which will help me overcome those barriers and achieve my education goal:

- 1.
- 2.
- 3.



Component 9 Education Resources

Statewide Resources	◆	Ohio Literacy Network 1-800-228-7323 Learn how and where to sign up for Pre-GED classes.
	◆	Get your GED! 1-800-334-6679 Pre-Register to take the GED test.
Regional Resources	◆	Delaware County Joint Vocational School 740-363-1993 This program offers Adult Basic and ESOL classes through tutoring and classroom instruction.
	◆	Fairfield County Literacy Council: 740-653-2745 Ext.112 Fairfield County Literacy Council offers Adult Basic and Family Literacy programs through one-on-one tutoring and classroom instruction.
	◆	Licking County Joint Vocational School: 740-399-3358 LCJVC offers Adult Education, GED, ESOL, Family Literacy and Computer Literacy programs. There are also citizenship classes available.
	◆	Pickaway County ABLE 740-477-2927 Pickaway County ABLE offers Adult Basic Education, GED, ESOL and Family Literacy. Class sites are located throughout the county.
	◆	Union County ABLE 1-877-585-4833 or 937-644-2796 This ABLE program offers Adult Basic and GED programs through classroom instruction and computer assisted instruction. Computer Literacy training is also available.
Local Resources	◆	Columbus Literacy Council (CLC) 614-275-0660 This program is sensitive to the needs of learners with Learning Disabilities with screenings provided for adults only.
	◆	Columbus Metropolitan Library 614-645-2275 Provides resources for Adult Learners-housed in the Main Library in the Popular Library Division.
	◆	Columbus Public Schools 614-365-5645 CPS offers Adult Basic, GED, English as a Second Language (ESOL), Youth, Family Literacy and Computer Training Programs. They offer a citizenship course, approved by Immigration and Naturalization Service three times a year. There are many locations throughout Columbus.
	◆	Columbus Speech and Hearing 614-263-5151 This program offers ESOL for adults who are deaf or hard-of-hearing, recognizing ASL as the primary language.

Component 9 Education Resources (Continued)

Local Resources	◆	Twin Valley Adult Basic Literacy Education Program 614-756-0333 Ext .5192 This program is located at the Community Support Network, 3565 Sullivant Ave., Columbus, OH 43228. The program is open to all Adult Learners, and is designed to help those with mental illness. Classes include: basic literacy, communication skills, pre-GED training, computer literacy, leisure learning, community life skills, and money management.
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My Local Resources:

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Members: Deb Davis, Rebecca Gilmore, Mindy Harris, Missy McGarvey, Georgeann Neuzil, Jim Ruja, Doris Toland, Richard Woerz, and Karen Woods.