

Integrated Illness Management and Recovery Manual



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Clinical Training, Research, and Innovation

Minnesota Center
for Chemical
and Mental Health

Integrated Illness Management and Recovery Manual

Acknowledgements

This manual was prepared for the Minnesota Center for Chemical and Mental Health (MNCAMH), located within the School of Social Work, University of Minnesota, with funding provided by the Minnesota Department of Human Services and Centers for Medicare and Medicaid Services. The Integrated Illness Management and Recovery was built upon the SAMHSA Illness Management and Recovery Evidence-Based Practices (EBP) KIT. The collaborative effort was a partnership between New Hampshire-Dartmouth Psychiatric Research Center and the University of Minnesota. Primary authors are listed below.

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Electronic Access and Copies of Publication

This publication may be downloaded or ordered at <http://www.mncamh.umn.org>. Or, please contact the center at mcmh@umn.edu, (612) 626-9042.

Recommended Citation

Pratt, S., Santos, M., Mueser, K., Bartels, S. and Meyer, P. Integrated Illness Management and Recovery Manual. Minnesota Center for Chemical and Mental Health, St. Paul, MN.

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Introduction to the Practitioner Guidelines for Integrated Illness Management and Recovery

Integrated Illness Management and Recovery was developed in response to the high rates of medical comorbidity in people who have a serious mental illness. The purpose of the program is to empower consumers with knowledge and skills to better manage their health so that they can work on meaningful life goals. The approach and curriculum was modeled after the Illness Management and Recovery Program. At the start of the program, the concept of recovery is introduced and consumers start to explore personally meaningful goals to work on during the program. This goal (or goals) is the foundation of the program and where motivation may be harnessed to improve self-management of mental and physical health.

In this introduction, some general suggestions for conducting I-IMR sessions are outlined as well as a brief description of cognitive restructuring, some motivational interviewing basics, and some suggestions for homework and delivery of handouts. Following the introduction, guidelines are provided for how to cover each topic area in the I-IMR program.

The following is a list of the key elements of I-IMR:

1. Practitioners providing I-IMR should be trained in I-IMR and motivational interviewing. IMR training is also highly recommended.
2. I-IMR may be delivered individually or in group. A hybrid of group and individual may be ideal, with a focus on goal-setting/progress and individualized education for medical disorders and mental illness in the individual sessions.
3. Practitioners should read the Practitioner Guidelines for I-IMR for each topic area prior to conducting a session on the topic.
4. Practitioners should use the Goal Tracking Sheet, even if just referring to previously set goals to check in on progress, as well as the Home Practice Sheets at each session.
5. It is recommended to follow the order of the topics unless there is a strong reason to move a topic up. The first topics, Recovery and The Stress-Vulnerability Model, should always be covered first because these topics are the framework for the model.

Structure of I-IMR Sessions

1. Informal socializing and identification of any major problems.
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing homework.
4. Set goals or follow-up on goals.
5. Set the agenda for the current session.
6. Teach new material (or review material from the previous session if necessary).
7. Summarize progress made in the current session.
8. Agree on homework to be completed before the next session.

Using Cognitive Restructuring in I-IMR

Cognitive Restructuring is one of the core techniques from cognitive behavioral therapy and there may be opportunities to use it in I-IMR sessions. Cognitive restructuring is based on the assumption that how people react emotionally to different situations, especially in terms of negative feelings, is strongly influenced by their thoughts and beliefs about themselves, other people, and the world in general. Teaching people how to recognize the thoughts that underlie their negative feelings, and to examine those thoughts critically, can often reduce the negative emotions associated with them. Cognitive Restructuring involves questioning the automatic judgment that accompanies our thoughts. This is done by examining the evidence to either support the judgment or determine the judgment faulty or false. This exercise can change our perception of events which can impact our mood and behavior.

Cognitive Restructuring in 5 Simple Steps:

1. Ask the consumer to describe the situation.
2. Ask the consumer what he or she was feeling and thinking in the situation and as he/she described the situation in session?
3. Ask the consumer to identify evidence that supports the thought.
4. Ask the consumer to brainstorm evidence that contradicts the thought.
5. Review, based on the evidence, whether or not the thought is supported or not.

Before beginning cognitive restructuring remember to explain the relationship between thoughts and feelings to the consumer, and how inaccurate thoughts or beliefs can lead to strong negative feelings. Use generic examples to first make these points, and then elicit from the consumer more personal examples. Then, explain that examining thoughts or beliefs resulting in negative feelings, and evaluating the evidence for and against them, can change them and make them more accurate. Having more accurate thoughts and beliefs decreases negative feelings. Explain to the consumer that the process of examining thoughts or beliefs, evaluating evidence, and developing more accurate thoughts or beliefs is called cognitive restructuring. In the attached Appendix you will find documents that can be used in session with a 5-step approach to cognitive restructuring. These handouts can be helpful in recognizing and changing Common Styles of Thinking. The 5 Step method will prompt consumers to develop an alternative more accurate thought when the evidence does not support their upsetting thought, it also prompts them to develop an action plan for dealing with situations in which a careful examination of the evidence indicates that the individual's concerns are realistic and need to be addressed. The following handouts are included in the appendix:

1. Guide to Thoughts and Feelings: Some consumers initially have difficulty differentiating between thoughts and feelings. It is important to validate and normalize this issue with consumers, as this is common, especially for people first learning this skill. This handout is specially designed to help people recognize their thoughts and feelings and differentiate between the two.
2. Common Styles of Thinking: This handout helps consumers recognize common but inaccurate thinking patterns. It's most important that consumers understand what a "Common Style" is and why it is something to look out for and address; it is less important that consumers are able to perfectly define and differentiate between each of the categories. The Common Styles of Thinking described in the handout can be reviewed and discussed with each consumer using the following probes:
 - Why the style is inaccurate
 - What might be a more accurate thought for the examples of the Common Style provided in the handout
 - Possible examples of when the client engaged in that Common Style of Thinking
 - Possible alternative, more accurate thoughts for any personal examples of Common Styles of Thinking

3. Cognitive Restructuring Worksheet: The Cognitive Restructuring Worksheet teaches a 5-step skill for examining thoughts leading to upsetting feelings and either changing those thoughts (when they are inaccurate) or developing an action plan to address the upsetting situation (when the thoughts are accurate).
4. Action Planning Worksheet: The Action Planning Worksheet helps consumers develop an “action plan” for dealing with situations in which a careful examination of consumer’s concerns reveals they are realistic and need to be addressed. A step-by-step approach to developing an effective action plan is provided.
5. The 5 Steps of CR note card: This optional card can be photocopied and given to consumers once they have a basic understanding of the CR skill and have used the 5 Steps of CR Worksheet with some success. The purpose of the note card is to help consumers generalize the skills more easily within their day-to-day activities. They can put copies of the note card where they can easily find them (e.g., place in their wallets or purses, post in their rooms, put in their backpacks) to serve as a reminder of the steps of the skill. Consumers often appreciate having laminated copies, which are both more attractive and sturdier.

Using Motivational Interviewing in I-IMR

Motivational interviewing is a type of conversation that focuses on exploring and resolving ambivalence to strengthen a person’s motivation and commitment to change. The conversation should be collaborative with the recognition that the power for change rests within the consumer. There are several helpful strategies in motivational interviewing that include: developing discrepancy where practitioners explore the difference between a current behavior and a core value as a motivator for change; use of reframing to help consumers see past challenges and setbacks in a more positive light or as a source of strength; promoting hope and supporting self-efficacy where practitioners have hope and positive expectations for consumers; and exploring a consumer’s readiness and confidence to change through the readiness ruler included in the appendix. The readiness ruler can help determine a consumer’s stage of change and explore both a consumer’s desire to change and how willing the consumer is to make a change.

- OARS is a way to remember the basic approach to motivational interviewing:
- Open-ended questions help draw people out and explore feelings about making a change.
- Affirmations identify and highlight consumers’ strengths to help them feel like change is possible.
- Reflections are important to express empathy and can be used to guide the client toward change by identifying the positives of making a change and the negatives of not making the change.
- Summaries are used to show interest and understanding to the consumer and to draw attention to the important elements discussed. Summaries are also used to help acknowledge ambivalence.

Techniques for covering I-IMR curriculum

- Pause at the end of each topic (or more frequently depending on the person) to check for understanding and to learn more about the person’s point of view. There are questions provided for this purpose at the end of almost every topic in the handout. You can ask other questions such as:
 - “What did you think of that section?” “What would you say is the main point of the section we just read?”
 - “Was there anything in this section you disagree with?”
 - “Was this similar to your own experience?”
 - “Do you have any comments about what we just read?”
 - “What did you think of the examples? Which examples had the most meaning to you?”
 - “Can you think of an example from your own experience about what we just read?”

- Allow plenty of time for interaction. Make the communication a two-way street. You are both learning something from each other about the topic. It is important not to ask questions too quickly, which the person may experience as an “interrogation.”
- Pause to allow the person to complete the checklists and questionnaires and allow time for discussing them. Some people need no help in completing them. Others may appreciate assistance, such as reading words, spelling, or writing some of their answers.
- Break down the content into manageable “pieces.” It is important not to cover more than the individual can absorb and to present information in small “chunks” at a comfortable pace.
- Show an appreciation for the person’s experience and knowledge. Thank the person for his or her comments and clarifications. Recognizing the person’s expertise makes the relationship with the practitioner collaborative, reinforcing, and motivating.
- Identify at least one way that information about that subject might be helpful to him or her. For example, when reading about the topic “Coping with stress,” you might ask a general question, such as “How could it be helpful to you to learn effective ways of coping with stress?” If the person has difficulty answering, you might try one of the following probe questions, “Have there been times when you’ve been under stress? What happened?” “Did you ever think that stress might be connected to having more symptoms?”

Home Practice Strategies

- At the end of each session, help the person identify something he or she can do before the next session to review or follow up on the information or skills that were just covered. Sometimes the homework will involve furthering their knowledge or understanding, such as reviewing a section of the handout or completing a questionnaire. Sometimes the homework will involve practicing or using a strategy they developed.
- When homework involves practicing a strategy, it is very helpful for the person to make a specific plan for how that will be accomplished. The more the practical the plan, the better. For example, if the person identified that he or she would like to practice the strategy of exercising regularly, help make a plan about what type of exercise, how many minutes, what days of the week, what time of day, and how to overcome anticipated obstacles. This plan could be written down on a Step-by-step problem-solving and goal achievement sheet (see the blank copy of this sheet in the “Recovery” handout).
- Help the person do some troubleshooting regarding what obstacles might interfere with completing the homework. This gives the person some options and helps him or her avoid becoming distressed.
- When possible, encourage homework that involves family members and other supportive people. For example, if the person is working on the goal of exercising more regularly, the homework might be to invite a family member or another supportive person to go for a walk once a week.
- Follow up on each homework assignment by asking how it went. Praise the person for his or her efforts and accomplishments on the homework. Explore the following questions: What was the person able to do? What was the person not able to do? What might the person do differently in the future to follow through with homework?
- If the person does not do the homework, you can help identify obstacles that he or she may have encountered, and help problem-solve ways that these obstacles can be overcome. For example, if the homework assignment was to attend a support group meeting and the person did not have transportation, you could help identify a bus or subway that the person could take to the meeting.

- If the person did not complete the homework because the assignment was unrealistic, you can help him or her to modify the assignment to be more achievable. For example, if the homework is to attend a support group meeting, but the person is very apprehensive about being with people he doesn't know, a better assignment might be to start by calling up the contact person for the support group and asking a few questions.
- Encourage homework that involves family members and supporters.

Practitioner Guidelines for Handout #1:

Recovery Strategies

Goals

This topic area, which can usually be covered in 2 sessions, introduces the concept of the mind-body connection and of “recovery,” encouraging people to develop personally meaningful goals to live the best life possible. Therefore, it lays the foundation for the entire program. It is especially important for people to understand that physical and mental illnesses are inextricably linked. Discuss the impact of health on the ability to achieve other important goals. Help clients identify how working on wellness goals may help them to reach other goals. It is also critical to establish individual definitions of recovery and ways in which life could be better if illnesses were better managed because you may need to return to these to harness motivation when it wanes during the course of the program.

Suggestions for Teaching

- Some people have been told or have come to believe that they cannot achieve meaningful life goals, which is discouraging, and often results in people having very low expectations for themselves. The notion that recovery is possible may not be consistent with some people’s self-concept of feeling like “a failure.” Practitioners may need to help some people see that pursuing recovery is worth the effort. Help people evaluate the advantages and disadvantages of keeping things the way they are, and the advantages and disadvantages of changing.
- If people dwell on past setbacks and disappointments, gently re-direct them to think about the future. Some people may need help in “re-framing” past challenges in order to see that the strategies they used to cope with these difficulties reflect personal strength. Express empathy, but do not remain focused on the past. For example, if someone frequently talks about not graduating from school after becoming ill, you could say, “That must have been very difficult for you. You’ve had some setbacks, but that doesn’t mean you cannot be successful now.” Encourage sharing about past accomplishments, which can be things like household tasks, having knowledge about certain subjects, managing money well, or taking care of one’s health.
- People may find it difficult to identify goals. Ask questions about different domains of life to identify potential areas of dissatisfaction such as housing, finances, relationships, meaningful activities. It can also be helpful to discuss what the person’s goals were before he or she became ill (such as, What did you imagine yourself doing when you grew up? What types of things did you used to enjoy doing? Did you want to go further in school? What were your dreams and hopes for your life?)
- People may identify very ambitious goals. It is important not to discourage people’s hopes. Instead, help people break down goals into a series of smaller steps and encourage them to work towards those steps, using a “shaping” approach. For example, if a person wants to lose 50 pounds in 6 weeks, encourage the person to focus on the first step that would be necessary to move towards that goal.

Review Questions

What helps you feel confident or optimistic about the future?

What advice would you give to someone with a mental illness who is discouraged about recovery?

What advice would you give to someone with a physical illness who is discouraged about recovery?

What aspects of your health would you like to improve?

How does health impact your life and your activities?

Suggestions for Home Practice

1. Ask people to formulate their own definition of recovery and write it down before the next meeting.
2. Ask people to discuss the concept of recovery with a family member or other supportive person.
3. Ask people to brainstorm ideas about personally meaningful life goals and steps to achieve them.

Integrated Illness Management and Recovery

Handout #1: Recovery Strategies

Living Life to the Fullest!

People are entitled to live the best lives they can imagine. Being healthy and achieving "recovery" can make it easier to get the most out of life.



Let's Discuss!

The word recovery can mean many things. What does "recovery" mean to you?

Do you feel like you are getting the most out of your life?

What makes life worth living for you?

What gives you meaning in life?

The Brain-Body Connection

There is a powerful connection between the brain and the body. Mental health affects physical health and vice versa. For example, stress and depression can cause physical pain, make people more vulnerable to catching colds, lead to ulcers, cause migraines, and increase blood pressure. Being physically ill (for example having chronic pain, cancer, diabetes, or COPD) can cause mental health symptoms like depression, irritability, or confusion. When someone has a mental and a physical illness, it is important to manage BOTH of them because a relapse in one can cause a relapse in the other. Recovery from illness, which you can achieve if you learn how to manage your symptoms and work on goals, can help you move closer to the life you want to lead.

Let's Discuss!

How do your mental and physical illnesses affect each other?

How do you feel physically when you are stressed or in a bad mood?

What happens to your mood when you are not feeling good physically?

Rate Your Satisfaction With Areas of Your Life

When thinking about how to get the most out of life, it is helpful to rate your satisfaction with various areas such as those listed below. Put a check in the column that describes how satisfied you are with the following areas of your life.

Area of my life	not satisfied	moderately satisfied	very satisfied	I want to change
Friendships				
Meaningful work (paid or unpaid)				
Enjoyable activities				
Family relationships				
Living situation				
Spirituality				
Finances				
Belonging to a community				
Intimate relationships				
Expressing creativity				
Education				
Eating Habits				
Exercise				
Sleep Habits				
Stress Level / Coping Strategies				
Mental health / Symptoms				
Substance Use				
Physical Health				
Health Care				
Other areas:				

If you checked "not satisfied" for any of the areas above, think about whether you might want to make a change or set a goal that is related to that area. If you do, put a check in the last column next to that area where it says "I want to change."

Dream Big!

After you have identified an aspect of your life that you want to change, think about how your life could be different, or better, if you make the change. Don't be afraid to dream big!

Go For It!

People who are most successful at getting what they want from life usually have set clear long-term goals for themselves and have worked on a step-by-step plan to get there.

Let's Discuss!

What is an example of a goal that you have set in the past?

Have you ever used a step-by-step plan for achieving a goal?

Have you had success in achieving a goal in your life?

Now that you have identified an area of your life that you might want to change in order to get more out of life, think about how your life will be better if you make that change. For example, what things will you be able to do that you do not do now? Use the *Goal Tracking Sheet* on page 4 to write down the goal that you would like to accomplish in the area that you have identified. Write it under "Long-term Goal."

Keys to Success

- Break your long-term goal into short-term goals. Then, break those short-term goals into steps that you can achieve in 1-2 weeks.
- Start with the first step and try to stay focused only on that step.
- Get support with the steps; other people's ideas and participation can make a big difference.
- Working on more than one long-term goal at one time might be difficult.
- Don't be discouraged if it takes longer than you think to accomplish a long-term goal; this is very common.
- Set-backs and even failures are normal and can give you a chance to learn what NOT to do when you try again!



Keeping Track

One of the most important keys to success in reaching a goal is keeping track of progress on your step-by-step plan and **WRITING DOWN** the plan. Use the *Goal Tracking Sheet* on the next page to keep track of how you are doing after you start working on a goal.



IMR Goal Tracking Sheet

A completed copy should be kept by the IMR participant and by the practitioner.

Name:	Review at least monthly	Date:
Long-term (Meaningful) Goal (LTG):		
Date Achieved:	Note: Start a new Goal Tracking Sheet if the Long-term Goal is modified or a new goal is set.	Date Modified:

Short-term Goals (STGs) Related to the Long-term Goal	
Place a ✓ after steps achieved	
Goal 1:	Goal 2:
Steps: 1. 2. 3. 4. Date Started: Date Reviewed: Achieved: <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not at all <input type="checkbox"/> Continue working on STG <input type="checkbox"/> Set new STG Start Date: Next Steps: 1. 2. 3. 4. Date Reviewed: Achieved: <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not at all <input type="checkbox"/> Continue working on STG <input type="checkbox"/> Set new STG	Steps: 1. 2. 3. 4. Date Started: Date Reviewed: Achieved: <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not at all <input type="checkbox"/> Continue working on STG <input type="checkbox"/> Set new STG Start Date: Next Steps: 1. 2. 3. 4. Date Reviewed: Achieved: <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not at all <input type="checkbox"/> Continue working on STG <input type="checkbox"/> Set new STG

Revisiting the Long-term Goal

Name:

Complete every 3 months

Date:

Restate Long-term Goal:

Is this goal still meaningful? No. Yes.

If "Yes", what Short Term Goals need to continue to be worked on?

If "No", what is the new Long-Term goal?

Complete a new IMR Goal-tracking for this goal.

End of Treatment Goal Progress Review	
Name:	Date:
Reason for end of treatment (e.g., completed curriculum, moving to a new location, got a job and cannot sessions any more):	
What was the client's goal?	
Did the client achieve his/her goal? <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not at all	
Brief description of progress made (for behavioral changes, indicate how long changes have been maintained):	
Next steps (if needed):	
Plans to maintain behavior change (if needed):	

Practitioner Guidelines for Handout #2:

The Stress-Vulnerability Model

Goals

This topic builds on the prior topic represents another opportunity to emphasize the relationship between mental and physical illness. Discuss the impact of poor physical health on psychiatric symptoms. Understanding the interaction of psychiatric and medical problems may increase motivation to better manage illness. For example, a poorly managed medical illness such as diabetic hypoglycemia may cause irritability that can mimic hypomania or even irritability seen in depression. People may be unaware that both problems are happening concurrently, believing that their psychiatric problem is responsible for their feelings/behaviors and neglecting to care for their diabetes. Likewise, poorly managed psychiatric illness can negatively impact medical problems. It is helpful to relate the information in the handout to the person's own situation. For example, learning more about the stress-vulnerability model might help someone recognize that stress contributed to an increase in symptoms or a re-hospitalization in the past.

Suggestions for Teaching

- People may say that they do not have a mental illness and believe that they do not need treatment. Even when people do not believe they have an illness, they may recognize the negative effects of stress in their lives. They are often receptive to talking about treatment options as a way of reducing stress or coping with life problems.
- Many people who do not think they have a mental illness are nonetheless comfortable talking about medical or other problems they are experiencing, and are interested in hearing ideas about how they might solve those problems.

Review Questions

According to the stress-vulnerability model, what are the main factors that contribute to symptoms?

How can people reduce their biological vulnerability?

What are some protective factors that can keep you from getting sick?

Suggestions for Home Practice

1. Identify protective factors that could help you avoid illness.
2. Identify risk factors that have contributed to your physical and mental illness.

Integrated Illness Management and Recovery

Handout #2: The Brain Body Connection

Stress-Vulnerability and Mind-Body

The "stress-vulnerability model" is a way of explaining how the mind-body connection works. It is also a way of understanding how mental and physical illnesses can develop. Learning about this can help you limit the bad effects of illness so you can get what you want out of life.



What Causes Illnesses?

According to the "stress-vulnerability model," some people have a tendency to develop a problem or illness. For example, someone might be more likely to have high blood pressure because both of their parents have it, even if they live a healthy lifestyle. In the same way, someone might be more likely to have depression if it runs in the family. Or, something about a person's body or the chemicals in their brain could cause illness. For example, people with Type 1 diabetes do not make insulin in their bodies, and people with schizophrenia or depression may not have the right balance of chemicals in their brains.

Let's Discuss!

Can you think of any illnesses that you might have a tendency to develop because of family history or because of something about your physical body?

Biological factors like genes don't completely explain why some people develop an illness. Stress also plays an important part because it can trigger symptoms or make them worse. For example, if someone with a family history of depression experiences something stressful like losing a loved one or being the victim of a sexual or physical assault, that person may be more likely to develop depression. Or, someone with a tendency to have high blood pressure may have more health problems if they are under a lot of stress.

Let's Discuss!

What are some examples of stressful things that have happened to you or that you have to deal with much of the time?

How do these stressful things affect your physical and mental health?

Addressing Both Mind and Body to Succeed in Life

The mind and the body are so connected that sometimes it can be hard to determine the cause of a symptom that you might be having. But, it is important to identify the cause (something related to the mind or something related to the body) so that you will know what steps to take to make it better. Treatment for illness needs to address all of the following:



- Identifying the cause of the symptom
- Reducing biological vulnerability
- Reducing stress
- Coping with stress more effectively

Identifying the Source

Sometimes a physical problem can be similar to a mental health symptom and vice versa. Here are some examples:

1. Thyroid problems can create symptoms that are like depression such as fatigue, nervousness, low mood, and slow thinking.
2. Not getting enough oxygen (from COPD or congestive heart failure) or infections of various kinds (for example, bladder infection) can cause confusion, irritability, inability to stay focused on a topic, getting stuck on a topic, being easily distracted, or being withdrawn, which resemble some symptoms of schizophrenia.
3. Low blood sugar can cause irritability or anger that can resemble hypomania or depression.
4. Chronic depression can cause headaches or pains in the body that could be mistaken for migraines, injuries, arthritis, fibromyalgia or other muscle or bone problems.
5. Chest pain can be caused by anxiety or by heart conditions such as heart attack, or by gastrointestinal esophageal reflux disease.
6. Anxiety can cause problems with breathing that might be mistaken for an asthma attack.
7. Depression can cause fatigue or slowed speech or movements that could be confused with a variety of medical illnesses that produce these kinds of symptoms.
8. Depression can cause problems with memory, thinking, and decision making that could be mistaken for early signs of dementia.
9. Anxiety or depression can cause diarrhea that could be confused with a medical problem.
10. Congestive heart failure can cause symptoms of anxiety and irritability or restlessness that could resemble hypomania.

Reducing Biological Vulnerability

Medications are one of the most powerful tools for treating problems with the body or brain that are causing illness. The educational handout "Using Medication Effectively" provides more specific information about medications and how to get the best results from them. Your need to decide whether your medications are working for you. Medications are not perfect: they don't always get rid of illness and they have side effects. Medications also help some people more than others.

Another way to reduce biological vulnerability is to avoid alcohol and drug use. Alcohol and drug use affect chemicals in the brain, which can lead to worse symptoms and relapses. Alcohol and drug use can also lead to legal, financial, and health problems, resulting in stress that can trigger symptoms. In addition, using alcohol and drugs can interfere with the beneficial effects of medication.

Reducing and Coping With Stress

There is no such thing as a stress-free life, so you can't avoid all stress. In fact, to pursue important goals in life, it is essential to be willing to take on new challenges, which can be stressful. But it is helpful to be aware of times when you're under too much stress and to learn strategies for coping with it effectively. The following strategies might help you reduce stress:

- Identify things that caused stress for you in the past and prepare for them.
- Set reasonable expectations for yourself—not too much or too little.
- Find activities that are meaningful to you.
- Maintain good health habits by eating well, getting enough sleep, and exercising regularly.
- Find supportive people and tell them what you are feeling and thinking.
- Avoid situations where people argue with you or criticize you.
- Give yourself credit for your talents and strengths
- Use relaxation techniques, such as deep breathing, meditation, picturing a pleasant scene, progressive muscle relaxation.
- Use "positive self-talk," such as "This is a challenge, but I can handle it."
- Use religion or another form of spiritual inspiration.
- Engage in a hobby such as cooking, gardening, reading, or listening to music.

Let's Discuss!

What do you do to reduce stress?

Have you considered any of the strategies above?

The next page lists categories of "Protective Factors," things that can help you stay happy and healthy, and "Risk Factors," things that can make it more likely that you will become sick. Using these categories, make a list of your Protective Factors and Risk Factors:

Protective Factors

Risk Factors

Protective Factors



Social and Leisure Activities



Medication



Healthcare



Healthy Lifestyle Habits
(Eating Healthy, Exercise, Sleep)

Risk Factors



Alcohol or Drug Use



Smoking



Family History



Excess Stress

Integrated Illness Management and Recovery

Home Practice Sheet

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Practitioner Guidelines for Handouts #3A-E:

Practical Facts About Mental Illness

Goals

People are empowered by knowledge. The more they understand the basic facts about their disorder, the better equipped they are to take an active role in their treatment, self-management of their psychiatric or medical condition, and recovery. Cover only the handouts describing the conditions that people have. Make sure to emphasize the relationship between mental illnesses and medical problems.

Suggestions for Teaching

- Before this topic, people may not have understood that some of their experiences were caused by symptoms. For example, people may have thought that their lack of energy and motivation was caused by personal weakness or “laziness” or that the voices they heard were some kind of “punishment.” Helping people choose and practice alternative self-statements such as, “The voices I’m hearing are a symptom of my illness.”
- After completing the topic “What are the symptoms of mental illness?” the practitioner could ask the person if it might be helpful to be able to describe his or her symptoms to someone in their support system, such as another practitioner or a family member. In the session, the person could practice what he or she might say to the family member or treatment team member.
- People may be reluctant to acknowledge that they have a specific mental illness, that they have particular symptoms, or that they have any mental illness. Recognizing that one has a mental illness or a specific type of mental illness can be helpful, but is not a prerequisite for participating in IIMR. Respect the person’s opinion and seek common ground to facilitate working together. Point out that psychiatric diagnoses are just a way of describing a group of symptoms that occur together. Use different words or phrases that are acceptable to the person, such as “having problems with stress,” “having a nervous condition,” or “having problems with anxiety.”
- Some people already know a great deal about their mental illness. It is still desirable to go over the handout to check people’s understanding and ensure that they are able to use the information effectively.

Review Questions

What are some of the symptoms of _____?

Does everyone who has _____ have the same experience with symptoms?

What causes _____?

What information would be helpful to someone who just received a diagnosis of _____?

Suggestions for Home Practice

1. Help people select a specific individual to talk to about the symptoms he or she has experienced. Go over a list of symptoms from the educational handout to help the person plan what they will cover.
2. Help people plan how he or she can practice positive self-statements based on new information to combat self-blame.
3. If people want more information about their mental illness, encourage them to seek out information from community resources, the library, or the internet.

Integrated Illness Management and Recovery

Handout #3A: Practical Facts About Schizophrenia

What do you know about schizophrenia?



- A mental illness that usually starts in adolescence or adulthood.
- About one in every one hundred people (1%) develops schizophrenia.
- Causes upsetting symptoms (hearing voices, lack of motivation)
- Can lead to problems with working, interpersonal relationships, and having fun.
- Can cause problems with concentration, organization, and planning.
- It is not “curable,” but you can experience recovery and lead a meaningful life.
- Diagnosed based on a clinical interview by a mental health professional.
- Doctors may do a physical exam and/or certain lab tests or blood tests to see if there could be other causes for the symptoms, such as a medical problem.

What are the most common signs/symptoms of schizophrenia?

Some symptoms of schizophrenia are the same as those that happen in other mental disorders. Making a diagnosis of schizophrenia is based on which different symptoms are happening, how long they have been present, and how bad they are. No one has exactly the same symptoms or is bothered the same amount by them.

- 1) **Hallucinations:** Hearing, seeing, feeling or smelling something that is not actually there. Hearing voices is the most common kind of hallucination. When people hear voices, they seem very real, like they can actually hear them.
- 2) **Delusions.** Firmly believing something, even when there is evidence that it is not true. These beliefs can be about anything and can seem very real to the person with schizophrenia, but they seem impossible and untrue to others. Common delusions include:
 - Paranoia.** Mistakenly believing that others want to hurt them.
 - Ideas of Reference.** Mistakenly thinking that others are talking about them or taking special notice of them.
 - Somatic Delusions.** Mistakenly thinking something is wrong with their body.
 - Grandiosity.** Mistakenly thinking they have special talents or powers.
- 3) **Thought Disorder.** Confused thinking that can make it hard to stay focused on a topic of conversation, use the correct words, form complete sentences, or talk in an organized way that other people can understand.
- 4) **Negative Symptoms.** Problems with motivation, energy, having fun, and expressing emotions (especially facial expression and voice tone).

- 5) **Cognitive Problems.** Trouble with concentration, memory, planning, organizing, and judgment.
- 6) **Disorganized Behavior.** Behaving strangely or doing things that seem to have no purpose.

What other problems are often associated with schizophrenia?

- 1) **Medical Problems.** People with schizophrenia have more medical problems than people without mental illness. These include diabetes, high blood pressure, high cholesterol, and cancer. Many of these problems are caused by unhealthy lifestyle practices (eating foods high in fat and calories, lack of exercise, poor sleep habits, lack of treatment for medical problems).
- 2) **Problems with Social or Role Functioning.** When people have trouble making or keeping friends, maintaining close relationships, taking care of themselves (hygiene) or their children, household chores, getting or keeping a job, leaving the house, getting exercise, eating healthy, taking care of medical problems.
- 3) **Substance Abuse.** People with schizophrenia are more likely to have problems with abusing alcohol and/or drugs than people without a mental illness.
- 4) **Smoking.** More than twice as many people with schizophrenia smoke (70-85%) compared with people without a mental illness (20-25%).

Let's Discuss!



Which of these symptoms or other problems have you had?

How does schizophrenia affect physical health and vice versa?

- Having a mental illness can make it hard to take care of physical health problems, especially during a relapse.
- Negative symptoms can make it hard for people to feel motivated to take care of themselves, like showering, exercising (even though exercise can make people feel more energetic), or eating regular and healthy meals, which can make people feel bad physically.
- Negative symptoms can also make it hard for people to motivate themselves to do the things that are important to do to take care of medical problems like going to medical appointments, taking medications as prescribed, taking glucose readings, or taking blood pressure readings.
- Paranoia can also make it hard for people to get out of the house and get to medical appointments or pick up important medications from the pharmacy
- Some people with schizophrenia have mistaken beliefs (delusions) about their physical health like thinking they are very ill when they are not.
- The thinking problems (difficulty with memory, planning, scheduling, etc.) that can happen with schizophrenia can make it harder to do the things people need to do to manage medical problems, like follow a treatment plan, take medications as prescribed, schedule and go to medical appointments, monitor blood pressure or blood sugar.

What steps can you take to manage symptoms of schizophrenia?

- Learning how to cope with stress
- Having social support
- Making a relapse prevention plan
- Using medication effectively
- Taking care of your physical health
- Leading a healthy lifestyle (getting enough sleep, exercise, and eating healthy)
- Many types of therapies that involve talking to a trained counselor help with symptoms of schizophrenia (Cognitive Behavioral Therapy, Skills Training, Cognitive Remediation).

What causes schizophrenia?

- It is no one's fault. You did not cause it and neither did your family members or anyone else.
- Scientists don't completely understand it, but they think it is caused by problems with the way some people's brains work ("biological vulnerability").
- Chemicals called "neurotransmitters" send messages in the brain. When they are out of balance, they can cause the brain to send messages that contain wrong information. These problems in the brain probably exist at birth even though the signs of schizophrenia usually don't appear until people are teenagers or adults.
- In addition to this biological vulnerability, stress probably plays a role in people developing schizophrenia and how well people cope with it. The theory of how vulnerability and stress interact with each other is called the "stress-vulnerability model" and is covered in more detail in the handout "The Stress-Vulnerability Model."



Famous people who have been diagnosed with schizophrenia:

John Nash (born in 1928) is an American mathematician who made discoveries that were important to the field of Economics. He won the Nobel Prize for Economics in 1994. His story is told in *A Beautiful Mind*, a book that was made into a movie.

William Chester Minor (1834 - 1920) was an American Army surgeon who also made major contributions to the Oxford English Dictionary.

Vaslav Nijinski (1890 - 1950) was a Russian dancer who is legendary because of his physical strength, light movements and expressive body language. He is especially remembered for a dance piece called "Afternoon of a Faun."

What is "Stigma"?

- Negative opinions and attitudes that some people have about mental illness.
- Research shows that as the general public gets to know more about mental illnesses and as they get to know people who have experienced them, their negative beliefs decrease.
- Two major laws protect against discrimination against people with physical or psychiatric disabilities. The Americans with Disabilities Act (ADA) makes it against the law to discriminate in the areas of employment, transportation, communication or recreation. The Fair Housing Act (FHA) prohibits housing discrimination.

Integrated Illness Management and Recovery

Home Practice Sheet

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Integrated Illness Management and Recovery

Handout #3B: Practical Facts About Bipolar Disorder

What do you know about bipolar disorder?

- A mental illness that affects about one person in every one hundred people (1%).
- Used to be called "manic depression."
- Causes upsetting symptoms such as severe mood swings, from the highest of highs (mania) to the lowest of the lows (depression).
- People usually develop it as teenagers or young adults, age 16 to age 30. People can also have their first symptoms when they are in their 40's or 50's.
- It is not "curable," but there are effective treatments for it.
- People can learn to manage it and can lead meaningful and productive lives.
- Diagnosed based on a clinical interview by a mental health professional.
- Doctors may do a physical exam and/or certain lab tests or blood tests to see if there could be other causes for the symptoms, such as a medical problem.
- Some people have a mild form of it and only have symptoms a few times in their lives. Other people have a more severe form of it.
- It tends to be "episodic," with symptoms getting worse then better over time. When symptoms reappear or get worse, this is called a "symptom exacerbation" or an "acute episode" or a "relapse." (More information on relapse is provided in the handout, "Relapse Prevention.") Some relapses can be managed at home, but other relapses may require hospitalization.



What are the symptoms of bipolar disorder?

Some symptoms of bipolar disorder are the same as those that happen in other mental disorders. Making a diagnosis of bipolar disorder is based on which symptoms are happening, how long they have been present, and how bad they are. No one has exactly the same symptoms or is bothered the same amount by them.

1. **Extremely high mood ("mania").** When people experience any or all of the following:

Extreme happiness or excitement. Feeling extremely happy, on top of the world, like everything was falling into place.

Irritability. Feeling very irritated, even over little things.

Unrealistic self-confidence. Feeling like you can do virtually anything, even things that you don't really have the skills to do.

No need for sleep. Feeling like you don't need to sleep as much as usual or that you can even go for days without sleep.

Talking a lot. Talking a lot more than usual, so much that it is hard for people to interrupt you.

Racing thoughts. Having thoughts that go so fast in your head that it is hard to keep up with them.

Being easily distracted. Being distracted by every sound (for example, the ticking of the clock, the air conditioner humming, a car driving by, someone walking by in the hall, a bird singing outside the window).

Extreme energy and activity. Spending an excessive amount of time awake and working on tasks, hobbies, or activities.

Bad judgment and/or risk taking. Behaving in ways that are dangerous or risky like going on spending sprees, going home with strangers, hitchhiking,

2. **Extremely low mood (“depression”).** “Depression” is defined as including:

Sad mood. Feeling very down, like there is nothing positive in life. Crying a lot.

Eating too little or too much. Having very little appetite or eating too much.

Sleeping too little or too much. Sleeping much more than usual or having insomnia most nights.

Feeling tired and low energy. Feeling physically tired or exhausted most days.

Feeling helpless, hopeless, worthless. Feeling like you are powerless to make your life better and/or that you are not an important person.

Feeling guilty for things that aren’t your fault. Feeling that you are responsible for things that you did not cause or do.

Suicidal thoughts or actions. Feeling like you are tired of life, would be better off dead, or having thoughts of wanting to hurt or kill yourself.

Trouble concentrating and making decisions. Having a hard time staying focused or making even very simple decisions like what to wear or eat.

3. **“Psychotic symptoms.”** Some people with bipolar disorder have one or more of these:

Hallucinations. When people hear, see, feel or smell things that are not actually there. Hearing voices is the most common kind of hallucination. When people hear voices, they seem very real, and like they can actually hear them.

Delusions. When people firmly believe something, even when there is evidence that it is not true. These beliefs can be about anything and seem very real to the person, but seem impossible and untrue to others. Common delusions include:

Paranoia. Mistakenly believing that others want to hurt you.

Ideas of Reference. Mistakenly thinking that others are talking about or taking special notice of you.

Somatic Delusions. Mistakenly thinking something is wrong with your body.

Grandiosity. Mistakenly thinking you have special talents or powers.

Thought Disorder. When people have confused thinking. This can make it hard to stay focused on a topic of conversation, use the correct words, form complete sentences, or talk in an organized way that other people can understand.

Cognitive Problems. When people have trouble with concentration, memory, planning, organizing, and judgment.

Let's Discuss!

Which of these symptoms or other problems have you had?

How does bipolar disorder affect physical health and vice versa?

- Having a mental illness can make it hard to take care of physical health problems, especially during a relapse.
- Depression can make people feel too tired to take care of themselves, like showering, exercising (even though exercise can make people feel less depressed), or eating regular and healthy meals, which can make people feel bad physically.
- Depression can make it hard for people to motivate themselves to do the things that are important to do to take care of medical problems like going to medical appointments, taking medications as prescribed, taking glucose readings, or taking blood pressure readings.
- People who don't get enough sleep because of mania are more likely to get sick.
- Depression can cause physical pain like aching muscles.
- Being physically sick or in pain can make people feel depressed, hopeless, or helpless.

Let's Discuss!

Have you noticed other ways that your bipolar disorder has affected your physical health or vice versa?

What are steps can you take to manage symptoms of bipolar disorder?

- Learning how to cope with stress
- Having social support
- Making a relapse prevention plan
- Using medication effectively
- Taking care of your physical health
- Leading a healthy lifestyle (getting enough sleep, exercise, and eating healthy)
- Many types of therapies that involve talking to a trained counselor help with bipolar disorder (Cognitive Behavioral Therapy, Problem Solving Therapy, Interpersonal Therapy)

What causes bipolar disorder?

- It is no one's fault. You did not cause it and neither did your family members or anyone else.
- Scientists don't completely understand it, but they think it is caused by problems with the way some people's brains work ("biological vulnerability").
- "Neurotransmitters" are chemicals that send messages in the brain. When they are out of balance, they can cause the brain to send messages that contain wrong information. These problems probably exist at birth even though signs of bipolar disorder usually don't appear until people are teenagers or adults.
- In addition to this biological vulnerability, stress probably plays a role in people developing bipolar disorder and how well people cope with it. The theory of how vulnerability and stress interact with each other is called the "stress-vulnerability model" and is covered in more detail in the handout "The Stress-Vulnerability Model."

Examples of famous people who have been diagnosed with bipolar disorder

Patti Duke is an American actress who had her own television series and has starred in movies, including "The Miracle Worker."

Robert Boorstin was a special assistant to President Clinton.

Vincent Van Gogh was one of the most famous painters who ever lived.

Kay Redfield Jamison is a psychologist, researcher and writer. In 2001 she won a MacArthur Fellowship, sometimes referred to as "the genius award."

What is "Stigma"?

- Negative opinions and attitudes that some people have about mental illness.
- Research shows that as the general public gets to know more about mental illnesses and as they get to know people who have experienced them, their negative beliefs decrease.
- Two major laws protect against discrimination against people with physical or psychiatric disabilities. The Americans with Disabilities Act (ADA) makes it against the law to discriminate in the areas of employment, transportation, communication or recreation. The Fair Housing Act (FHA) prohibits housing discrimination.

Integrated Illness Management and Recovery

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Integrated Illness Management and Recovery

Handout #3C: Practical Facts About Depression

What do you know about depression?

- One of the most common psychiatric problems.
- 15-20 people out of every 100 have a period of serious depression at some time in their lives.
- Causes extremely low moods (feeling very sad or "blue")
- May also cause problems with appetite, sleeping and energy level.
- For some people, it can seriously interfere with self-care, work and social life.
- It is very treatable and people can learn to manage it so they can lead meaningful lives.
- Diagnosed based on a clinical interview by a mental health professional.
- Doctors may do a physical exam and/or certain lab tests or blood tests to see if there could be other causes for the symptoms, such as a medical problem.
- Some people have a mild form of it and only have symptoms a few times in their lives. Other people have "Major Depression," which is more severe.
- It tends to be "episodic," with symptoms getting worse then better over time. When symptoms reappear or get worse, this is called a "symptom exacerbation" or an "acute episode" or a "relapse." (More information on relapse is provided in the handout, "Reducing Relapses.") Some relapses can be managed at home, but other relapses may require hospitalization.

What are the symptoms of depression?

Some symptoms of depression are the same as those that happen in other mental disorders. Making a diagnosis of depression is based on which different symptoms are happening, how long they have been present, and how bad they are. This handout focuses on the diagnosis of "major depression," which requires having a group of symptoms for at least two weeks. No one has exactly the exact symptoms or is bothered the same amount by them.

1. **Sad mood.** Feeling very down, like there is nothing positive in life. Crying a lot.
2. **Eating too little or too much.** Having very little appetite or eating too much.
3. **Sleeping too little or too much.** Sleeping much more than usual or having insomnia most nights.
4. **Feeling tired and low energy.** Feeling physically tired or exhausted most days.
5. **Feeling helpless, hopeless, worthless.** Feeling like you are powerless to make your life better and/or that you are not an important person.



6. **Feeling guilty for things that aren't your fault.** Feeling that you are responsible for things that you did not cause or do.
7. **Suicidal thoughts or actions.** Feeling like you are tired of life, would be better off dead, or having thoughts of wanting to hurt or kill yourself.
8. **Trouble concentrating and making decisions.** Having a hard time staying focused or making even very simple decisions like what to wear or eat.

Let's Discuss!

Which of these symptoms or other problems have you had?

How does depression affect physical health and vice versa?

- Having a mental illness can make it hard to take care of physical health problems, especially during a relapse.
- Depression can make people feel too tired to take care of themselves, like showering, exercising (even though exercise can make people feel less depressed), or eating regular and healthy meals, which can make people feel bad physically.
- Depression can make it hard for people to motivate themselves to do the things that are important to do to take care of medical problems like going to medical appointments, taking medications as prescribed, taking glucose readings, or taking blood pressure readings.
- Depression can cause physical pain like aching muscles.
- People with insomnia who don't get enough sleep are more likely to get sick.
- Being physically sick or in pain can make people feel more depressed, hopeless and helpless.



What are steps can you take to manage symptoms of depression?

- Learning how to cope with stress
- Having social support
- Making a relapse prevention plan
- Using medication effectively
- Taking care of your physical health
- Leading a healthy lifestyle (getting enough sleep, exercise, and eating healthy)
- Many types of therapies that involve talking to a trained counselor help with depression (Cognitive Behavioral Therapy, Problem-Solving Therapy, Interpersonal Therapy)

What causes depression?

- It is no one's fault. You did not cause it and neither did your family members or anyone else.
- Scientists don't completely understand it, but they think it is caused by problems with the way some people's brains work ("biological vulnerability").
- Chemicals called "neurotransmitters" send messages in the brain. When they are out of balance, they can cause the brain to send messages that contain wrong information. These problems in the brain probably exist at birth even though the signs of depression usually don't appear until people are teenagers or adults.
- In addition to this biological vulnerability, stress probably plays a role in people developing depression and how well people cope with it. For example, losing a loved one, losing a job, or being the victim of abuse or violence can increase the chances of a person developing depression. The theory of how vulnerability and stress interact with each other is called the "stress-vulnerability model" and is covered in more detail in the handout "The Stress-Vulnerability Model."
- Many people develop depression after they suffer major medical problems like cancer or chronic pain, among others.

Examples of famous people who have been diagnosed with major depression

Winston Churchill was the Prime Minister of England during World War II.

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

What is "Stigma"?

- Negative opinions and attitudes that some people have about mental illness.
- Research shows that as the general public gets to know more about mental illnesses and as they get to know people who have experienced them, their negative beliefs decrease.
- Two major laws protect against discrimination against people with physical or psychiatric disabilities. The Americans with Disabilities Act (ADA) makes it against the law to discriminate in the areas of employment, transportation, communication or recreation. The Fair Housing Act (FHA) prohibits housing discrimination.

Integrated Illness Management and Recovery

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Integrated Illness Management and Recovery

Handout #3D: Practical Facts About Post-traumatic Stress Disorder (PTSD)

What do you know about Post-traumatic Stress Disorder (PTSD)?

- Serious problems and symptoms that last for a long time and are related to experiencing a traumatic event such as physical or sexual abuse, combat, serious accident, natural disaster (earthquake, tsunami, fire, etc.).
- More than just feeling bad about an upsetting event.
- About 12 in every 100 people (7-12%) in the general population gets PTSD
- Can lead to problems with working, interpersonal relationships, and having fun.
- People can recover and lead a meaningful life.
- Diagnosed based on a clinical interview by a mental health professional.
- Doctors may do a physical exam and/or certain lab tests or blood tests to see if there could be other causes for the symptoms, such as a medical problem.

What are the most common signs/symptoms of PTSD?

Some symptoms of PTSD are the same as those that happen in other mental disorders. Making a diagnosis of PTSD is based on which different symptoms are happening, how long they have been present, and how bad they are. No one has exactly the same symptoms or is bothered the same amount by them.

1. Re-experiencing the event through unwanted memories, dreams, or flashbacks.
2. Avoidance of people, places or things that remind you of the traumatic event, OR feeling numb or detached from other people.
3. Increased Arousal. This includes symptoms like increased heart rate and muscular tension, restlessness, difficulty sleeping, irritability, poor concentration, feeling on guard or hypervigilant, or having an exaggerated startle response.

What other problems are often associated with PTSD?

1. **Medical Problems.** People with PTSD often have more medical problems than people without mental illness. These include diabetes, high blood pressure, high cholesterol, and cancer. Many of these problems are caused by unhealthy lifestyle practices (eating foods high in fat and calories, lack of exercise, poor sleep habits, lack of treatment for medical problems).
2. **Problems with Social or Role Functioning.** Some people have trouble making or keeping friends, maintaining close relationships, taking care of themselves (hygiene) or their children, household chores, getting or keeping a job, leaving the house, getting exercise, eating healthy, taking care of medical problems.

3. **Depression.** Some people with PTSD develop symptoms of depression such as sadness, problems with sleeping and/or eating, trouble concentrating, losing interest in fun things.
4. **Substance Abuse.** People with PTSD are more likely to have problems with abusing alcohol and/or drugs than people without a mental illness.

Which of these symptoms or other problems have you had?

How does PTSD affect physical health and vice versa?

- Having a mental illness can make it hard to take care of physical health problems, especially during a relapse.
- Avoidance symptoms can make it hard for people to feel motivated to take care of themselves, like showering, exercising (even though exercise can make people feel more energetic), or eating regular and healthy meals, which can make people feel bad physically.
- Avoidance or depressive symptoms can also make it hard for people to motivate themselves to do the things that are important to do to take care of medical problems like going to medical appointments, taking medications as prescribed, taking glucose readings, or taking blood pressure readings.
- Depression can cause physical pain such as achy muscles.
- The thinking problems (difficulty with memory, planning, scheduling, etc.) that can happen with depression can make it harder to do the things people need to do to manage medical problems, like follow a treatment plan, take medications as prescribed, schedule and go to medical appointments, monitor blood pressure or blood sugar.

What are steps can you take to manage symptoms of PTSD?

- Learning how to cope with stress
- Having social support
- Making a relapse prevention plan
- Using medication effectively
- Taking care of your physical health
- Leading a healthy lifestyle (getting enough sleep, exercise, and eating healthy)
- Many types of therapies that involve talking to a trained counselor help with PTSD symptoms (Exposure Therapy, Cognitive Restructuring)

What causes PTSD?

- Scientists don't completely understand it, but they think it is caused by a combination of the problems with the way some people's brains work ("biological vulnerability") and stress. The theory of how vulnerability and stress interact with each other is called the "stress-vulnerability model" and is covered in more detail in the handout "The Stress-Vulnerability Model."

- People who have a serious mental illness (schizophrenia, depression, bipolar disorder) are more likely to have had a major trauma (over 90%) and are more likely to develop PTSD at some point in their lives (40%).
- People who have been the victims of abuse during childhood are more likely to suffer abuse during adulthood, which can make them more vulnerable to developing PTSD.

What is “Stigma”?

- Negative opinions and attitudes that some people have about mental illness.
- Research shows that as the general public gets to know more about mental illnesses and as they get to know people who have experienced them, their negative beliefs decrease.
- Two major laws protect against discrimination against people with physical or psychiatric disabilities. The Americans with Disabilities Act (ADA) makes it against the law to discriminate in the areas of employment, transportation, communication or recreation. The Fair Housing Act (FHA) prohibits housing discrimination.

Integrated Illness Management and Recovery

Handout #3E: Practical Facts About Schizoaffective Disorder

What do you know about schizoaffective disorder?

- A mental illness that usually starts in adolescence or adulthood.
- Can lead to problems with working, interpersonal relationships, and having fun.
- Can cause problems with concentration, organization, and planning.
- It is not "curable," but you can experience recovery and lead a meaningful life.
- Diagnosed based on a clinical interview by a mental health professional.
- Doctors may do a physical exam and/or certain lab tests or blood tests to see if there could be other causes for the symptoms, such as a medical problem.

What are the most common signs/symptoms of schizoaffective disorder?

People who have schizoaffective disorder have symptoms of schizophrenia PLUS symptoms of either bipolar disorder or major depression. Making a diagnosis of schizoaffective disorder is based on which different symptoms are happening, how long they have been present, and how bad they are. No one has exactly the same symptoms or is bothered the same amount by them

For information about symptoms of schizoaffective disorder, refer to the handouts on schizophrenia, major depression, and/or bipolar disorder.

What other problems are often associated with schizoaffective disorder?

1. **Medical Problems.** People with schizoaffective disorder have more medical problems than people without mental illness. These include diabetes, high blood pressure, high cholesterol, and cancer. Many of these problems are caused by unhealthy lifestyle practices (eating foods high in fat and calories, lack of exercise, poor sleep habits, lack of treatment for medical problems).
2. **Problems with Social or Role Functioning.** Some people have trouble making or keeping friends, maintaining close relationships, taking care of themselves (hygiene) or their children, household chores, getting or keeping a job, leaving the house, getting exercise, eating healthy, taking care of medical problems.
3. **Substance Abuse.** Some people are more likely to have problems with abusing alcohol and/or drugs than people without a mental illness.
4. **Smoking.** More than twice as many people with schizoaffective disorder smoke (70-85%) compared with people without a mental illness (20-25%).

Which of these symptoms or other problems have you had?

How does schizoaffective disorder affect physical health and vice versa?

- Having a mental illness can make it hard to take care of physical health problems, especially during a relapse.
- Negative symptoms can make it hard for people to feel motivated to take care of themselves, like showering, exercising (even though exercise can make people feel more energetic), or eating regular and healthy meals, which can make people feel bad physically.
- Negative symptoms can also make it hard for people to motivate themselves to do the things that are important to do to take care of medical problems like going to medical appointments, taking medications as prescribed, taking glucose readings, or taking blood pressure readings.
- Paranoia can also make it hard for people to get out of the house and get to medical appointments or pick up important medications from the pharmacy
- Some people with schizoaffective disorder have mistaken beliefs (delusions) about their physical health like thinking they are very ill when they are not.
- The thinking problems (difficulty with memory, planning, scheduling, etc.) that can happen with schizoaffective disorder can make it harder to do the things people need to do to manage medical problems, like follow a treatment plan, take medications as prescribed, schedule and go to medical appointments, monitor blood pressure or blood sugar.

What are steps can you take to manage symptoms of schizoaffective disorder?

- Learning how to cope with stress
- Having social support
- Making a relapse prevention plan
- Using medication effectively
- Taking care of your physical health
- Leading a healthy lifestyle (getting enough sleep, exercise, and eating healthy)
- Many types of therapies that involve talking to a trained counselor help with schizoaffective disorder (Cognitive Behavioral Therapy, Skills Training, Cognitive Remediation)

What causes schizoaffective disorder?

- It is no one's fault. You did not cause it and neither did your family members or anyone else.
- Scientists don't completely understand it, but they think it is caused by problems with the way some people's brains work ("biological vulnerability").

- Chemicals called "neurotransmitters" send messages in the brain. When they are out of balance, they can cause the brain to send messages that contain wrong information. These problems in the brain probably exist at birth even though the signs of schizoaffective disorder usually don't appear until people are teenagers or adults.
- In addition to this biological vulnerability, stress probably plays a role in people developing schizoaffective disorder and how well people cope with it. The theory of how vulnerability and stress interact with each other is called the "stress-vulnerability model" and is covered in more detail in the handout "The Stress-Vulnerability Model."

What is "Stigma"?

- Negative opinions and attitudes that some people have about mental illness.
- Research shows that as the general public gets to know more about mental illnesses and as they get to know people who have experienced them, their negative beliefs decrease.
- Two major laws protect against discrimination against people with physical or psychiatric disabilities. The Americans with Disabilities Act (ADA) makes it against the law to discriminate in the areas of employment, transportation, communication or recreation. The Fair Housing Act (FHA) prohibits housing discrimination.

Practitioner Guidelines for Handouts #3F-S:

Practical Facts About Health Issues

Goals

The amount of time this topic area takes to cover depends on how many health concerns a person wants to learn about or is currently managing. Each handout covers a medical/health issue and you may be able to cover 1-3 medical issues in a session. The handouts provide the opportunity to learn about health issues and answer some of the common questions. This is also an important place to make connections between a person's personally meaningful goal and better management of health. In this topic, clients should be encouraged to make routine visits to the doctor and discussion should focus on the necessity of routine visits to screen for medical conditions and to prevent complications of illnesses.

Suggestions for Teaching

- Some people may not manage existing medical problems because they lack symptoms (e.g., hypertension often has few or no symptoms). Discuss the long-term consequences and complications that may arise if medical problems are not managed properly. More importantly, link better disease management to making progress towards the person's meaningful goal will help build motivation.
- If a person does not see a doctor regularly or does not, discuss the advantages and disadvantages of regular doctor visits to screen for and treat medical problems. If feasible and if the client is interested, it may helpful to attend a medical appointment with the client to assess skills around sharing health information and give feedback following the appointment.
- Many people will need preventive health care such as a pneumonia vaccine, mammogram, PSA test, flu shot, etc. Discuss the advantages and disadvantages of getting these tests/procedures and a plan for obtaining these tests/vaccines.

Review Questions

What are some of the symptoms of _____?

What causes _____?

What can you do to better manage _____?

Which of the following is a risk factor for many illnesses that you cannot change?

- Smoking
- Age
- Lack of exercise
- Stress

Suggestions for Home Practice

1. Develop a list of questions to bring to the client's next medical appointment. Prioritize the list from most to least important.
2. Use the health issue management worksheet at the end of each handout to identify areas the client wants to work on to improve management of the medical problem.

Additional Resources

Diabetes, High Blood Pressure, High Cholesterol, Heart Disease, Obesity

American Diabetes Association
1 888 DIABETES
www.diabetes.org

National Diabetes Education Program
One Diabetes Way
Bethesda, MD 20814-9692
(301) 496-3583
<http://ndep.nih.gov>

National Heart, Blood and Lung Institute
NHBLI Health Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
(301) 592-8573
www.nhlbi.nih.gov

American Heart Association
www.americanheart.org

Hypertension Education Foundation, Inc.
Box 651
Scarsdale, NY 10583
www.hypertensionfoundation.org

Osteoarthritis, Fibromyalgia, and Osteoporosis

National Osteoporosis Foundation
1232 22nd Street N.W.
Washington, D.C. 20037-1292
(202) 223-2226
www.nof.org

National Institutes of Health
Osteoporosis and Related Bone Diseases
2 AMS Circle
Bethesda, MD
20892-3676
800-624-BONE
www.osteoporosis.nih.gov

Arthritis Foundation
www.arthritis.org

National Institute of Arthritis and
Musculoskeletal and Skin Diseases
National Institutes of Health
1 AMS Circle
Bethesda, MD 20892-3675
(301) 495-4484
www.niams.nih.gov

Chronic Obstructive Pulmonary Disease (COPD)

American Lung Association
www.lungusa.org

National Emphysema Foundation
15 Belden Avenue
Norwalk, CT 06850
(203) 849-9000
www.emphysemafoundation.org

National Lung Health Education Program
American Association for Respiratory Care
9425 MacArthur Boulevard
Irving, TX 75063
(972) 910-8555
www.nlhhep.org

National Heart, Lung, and Blood Institute
P.O. Box 30105
Bethesda, MD 20824-0105
(301) 592-8573
www.nhlbi.nih.gov

Sexually Transmitted Infections (STIs)

Centers for Disease Control and Prevention
<http://www.cdc.gov/std/>

Integrated Illness Management and Recovery

Handouts #3F: Practical Facts About Physical Health

In the following handouts, you will learn information on a variety of medical conditions and health issues.

Let's Discuss! 

Why do you think it is important to learn about your medical condition?

How do you think learning about your health issues might help you to better manage them?

Look at the list of medical conditions below and check off the ones that you have. Then look through the list again and think about what issues are the most challenging to manage or preventing you from taking steps towards your goal. Circle those medical conditions. We will try to review all the topics of interest to you starting with the circled conditions.

- Diabetes
- High Blood Pressure
- High Cholesterol
- Osteoporosis
- Fibromyalgia
- GERD (Acid Reflux)
- Osteoarthritis
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure
- Coronary Artery Disease
- Overweight and Obesity
- Sexually Transmitted Infections

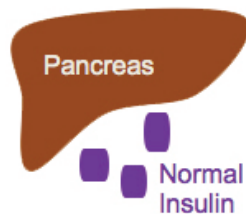
Integrated Illness Management and Recovery

Handout #3G: Practical Facts About Diabetes

First, Let's Discuss! 

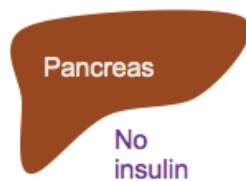
What is diabetes? What do you know about this medical condition? What has it been like for you to live with diabetes? What effect has living and managing diabetes had on reaching your meaningful goals?

Normal Pancreas



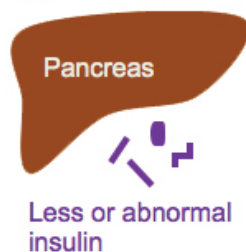
The pancreas normally makes a hormone called insulin. Insulin helps break down food so you will have enough energy. Sometimes the pancreas stops producing insulin normally and causes high blood sugar, which is also called "glucose." This is called diabetes. There are two types of diabetes: type 1 and type 2.

Type 1 Diabetes



In type 1 diabetes, the pancreas makes no insulin. This is often diagnosed in children or young adults. People with type 1 diabetes have to inject insulin into their bodies and to make careful food choices.

Type 2 Diabetes



In type 2 diabetes, there is less insulin, or it doesn't work as well so sugar in the blood is not broken down and changed to energy you can use. It is mainly diagnosed in adulthood. Most people with diabetes have type 2 diabetes. Being overweight and not exercising can lead to type 2 diabetes. Type 2 diabetes can be managed with exercise, diet, and taking prescription medication, but if it is not managed well, people have to inject themselves with insulin.

If your doctor thinks that you may have diabetes, you will probably have a fasting blood glucose test. Fasting means not eating or drinking for some period of time. A normal fasting blood glucose is below 100. A fasting blood glucose greater than 126 mg/dL on two occasions is usually an indicator of diabetes. Blood sugar between 101 and 125 is called pre-diabetes, which may be reversed with diet and exercise.

Let's Discuss! 

What symptoms of diabetes have you experienced? Have you had any long-term consequences of diabetes? What are you doing now to manage your blood sugar?

What would you like to start doing to better manage your blood sugar?

Staying Healthy With Diabetes

- Eat a balanced diet. A diabetes educator or nutritionist may help you develop a meal plan that is right for you.
- Stay active. Check with your doctor before starting a new exercise plan.
- Take medications as prescribed.
- Avoid alcohol and tobacco.
- Monitor your blood pressure and blood sugar levels.
- Have cholesterol checked regularly.
- See your doctor and specialists as needed. These may include dentists, podiatrists (foot doctor), and eye doctors.



Below are the symptoms of diabetes and long-term consequences of high blood sugar.

Symptoms of Diabetes



Consequences of Diabetes

- Heart disease
- Stroke
- Neuropathy (nerve damage that causes numbness, tingling or weakness in the legs or arms)
- More infections
- Damage to the kidneys
- Damage to the eyes

People who have diabetes and high blood pressure are more likely to have complications like heart disease.

The best way to avoid complications is to have good blood sugar control.

Managing Diabetes

People with diabetes need to eat healthy and get regular exercise. They also have to watch for signs that their blood sugar is too low (a condition called hypoglycemia), or too high (a condition called hyperglycemia). Both of these conditions can be dangerous, even life-threatening. In type 2 diabetes that is not treated with insulin, it is more common to experience high blood sugar (glucose), however it is also important to know the symptoms of low blood sugar and to take diabetes medications as prescribed to avoid low blood sugar.

Hemoglobin A1c: Know Your Number

This is your Average Blood Sugar over the past 2-3 months and can be measured by a blood test. A Hemoglobin A1c of 7 or less is ideal.



RED:	"Stop and Think"	10.0%
YELLOW:	"Caution" Be Careful	8.0%
GREEN:	"Good Going" Great Control	7.0%

HbA1c	Over years of high HbA1c, these problems can occur:	Avg Blood Sugar
16.0		420
15.0	Amputation	390
14.0	Kidney Failure	360
13.0	Blindness	330
12.0	Heart Attack	300
11.0	Stroke	270
10.0	Increased Risk of Alzheimer's Disease	240
9.0	Decreased Healing	210
8.0		180
7.0		150
6.0		120
5.0		90

Name _____ Date __ / __ / ____

To achieve good control of your _____, it is important to take practical step towards better management. Take one step now, and after you have achieved it, move on to another.



Diet



Exercise



Lose Weight



Take medications properly



Monitor blood sugar



Quit smoking



Annual eye exam



Check feet



Dental Exam



Personal Goal



Get a flu shot



Practice healthy sleep habits



Annual Exams



Reduce Stress



Avoid Alcohol

Selected Step:

Action Plan:

Confidence Ruler: 1 2 3 4 5 6 7 8 9 10

Not
confident

Somewhat
confident

Extremely
confident

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

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Integrated Illness Management and Recovery

Handout #3H: Practical Facts About High Blood Pressure

The heart pumps blood through the body's arteries - like a pump pushing water through pipes. When the heart pumps, the arteries open, allowing blood to pass through. If the arteries are too narrow, the heart has to pump harder to push the blood through. This increases the pressure on the arteries. We call the amount of pressure on the arteries the "blood pressure". We measure 2 different blood pressures - a systolic pressure and diastolic pressure. The systolic pressure (top number) is a measure of the pressure on the arteries when the heart is beating. The diastolic pressure (bottom number) is a measure of the pressure on the arteries when the heart is at rest (between beats). A "normal" blood pressure is usually less than 120/80.



Let's Discuss!

What is high blood pressure? What do you know about it?

What has it been like for you to live with high blood pressure?

What effect has living and managing high blood pressure had on reaching your meaningful goals?

Many people don't realize they have high blood pressure because there are usually no symptoms. Some people may notice headaches or dizziness. The organs of the body, the heart for example, can handle high blood pressure for a long time. But, eventually the pressure causes damage to organs and can lead to stroke, heart attack, heart failure, eye disease and kidney failure.

Causes of High Blood Pressure

The specific cause is unknown in 95% of people with high blood pressure, but is more likely to occur in people with the following risk factors:

- Age - being over 35 years old
- Race - African Americans are at higher risk
- Family history
- Sedentary lifestyle
- High salt diet
- Being overweight
- High cholesterol
- Drinking alcohol
- Smoking

Symptoms of High Blood Pressure

High blood pressure is a "silent killer" because there are often no symptoms until it is very advanced.

High blood pressure damages the heart, arteries, and blood vessels to the brain. Untreated hypertension can cause a "stroke", which means blood is unable to reach the brain. Symptoms of stroke include:





If you have high blood pressure, educate support people on the signs of a stroke!

If a support person notices any symptoms of stroke, they should call 9-1-1 immediately.

See the box below. A diagnosis of high blood pressure is given when blood pressure is above 120/80 on a few different days. The acceptable range for people with diabetes may be different and should be discussed with a doctor.

Blood Pressure Category	Systolic (mmHg)		Diastolic (mmHg)
Normal	Less than 120	And	Less than 80
Pre-Hypertension	120 - 139	Or	80 - 89
Stage 1 Hypertension	140 - 159	Or	90 - 99
Stage 2 Hypertension	160 or higher	Or	100 or higher

Managing High Blood Pressure

There are many lifestyle changes people can make to help manage blood pressure. Your doctor may also consider prescribing medications to control high blood pressure. Things you can do:

- Take medications as prescribed.
- Keep health care appointments.
- Quit smoking.
- Avoid alcohol and caffeine.
- Maintain a healthy weight.
- Eat a low-fat, lower sodium, plant based diet.
- Stay physically active. Aerobic exercise is the best exercise for lowering blood pressure.



Name _____ Date __ / __ / ____

To achieve good control of your _____, it is important to take practical step towards better management. Take one step now, and after you have achieved it, move on to another.



Diet



Exercise



Lose Weight



Take medications properly



Monitor blood sugar



Quit smoking



Annual eye exam



Check feet



Dental Exam



Personal Goal



Get a flu shot



Practice healthy sleep habits



Annual Exams



Reduce Stress



Avoid Alcohol

Selected Step:

Action Plan:

Confidence Ruler: 1 2 3 4 5 6 7 8 9 10

Not
confident

Somewhat
confident

Extremely
confident

Integrated Illness Management and Recovery

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Today's Date: __ / __ / _____

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Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

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When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

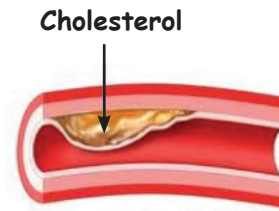
Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Handout #3I: Practical Facts About High Cholesterol

Cholesterol is a soft, waxy substance. It is used to form the walls of the body's cells and to make several important hormones. It is also found in the fat (or lipid) that is in the blood. Some cholesterol comes from the food we eat and some is made by our bodies. Although cholesterol is needed to live, having too much of it is unhealthy. Extra cholesterol sticks to the lining of the blood vessels and builds up over time. As a result, the blood vessels become narrower. This prevents the flow of blood, a condition called atherosclerosis. People with atherosclerosis have a higher risk of heart attack, stroke and circulatory problems.



Let's Discuss!

What is high cholesterol? What do you know about it?

What has it been like for you to live with high blood pressure?

What effect has living and managing high blood pressure had on reaching your meaningful goals?

High cholesterol does not produce symptoms and is diagnosed by a routine blood test. If you have high blood pressure or diabetes, your doctor may recommend a lower target cholesterol. Although the values reported in the box below are good guidelines to follow, it is best to talk with your doctor about target levels that are best for you.

Cholesterol is carried in the blood by "lipoproteins". There is "good" (HDL) and "bad" (LDL) cholesterol. A blood test for cholesterol measures:

- Your total cholesterol level - should be less than 200
- Your high density lipoprotein, or HDL level - better if above 40
- Your low density lipoprotein, or LDL level - recommended below 130 (or lower for some medical conditions)

Have you had any symptoms from related medical problems or long-term consequences of high cholesterol? What are you doing now to manage your cholesterol now? What would you like to start doing to better manage your cholesterol?

The Facts on Fats

There are several kinds of fats in the foods you eat. You should try avoid the ones that raise LDL levels, including:

Saturated Fat: Found in animal fats, milk, cheese, and tropical (palm and coconut) oils.

Trans Fat: Found in fast foods, margarine, peanut butter, crackers, cookies, and other packaged food.

Fats that do not increase LDL cholesterol:

Monounsaturated & Polyunsaturated Fat: Found in vegetable oils such as olive oil, corn oil, and canola oil.

Risk Factors for High Cholesterol

Risk Factors You Can Change

Smoking - Cigarette smoking increases LDL.

Diets high in saturated fat - Saturated fat is the main dietary cause of high blood cholesterol and high LDL.

Sedentary lifestyle - Physical inactivity can contribute to a decrease in HDL.

High blood pressure - High blood pressure in combination with high cholesterol can accelerate the buildup of fatty deposits.

Being overweight - Excess weight can lower your HDL level.

Diabetes - Individuals with diabetes are more likely to develop high cholesterol.

Risk Factors You Can't Change

Age - Men over age 45 and women over age 55 are at increased risk of high cholesterol.

Family history - A family history of heart disease or high cholesterol increases risk, even for people who do not eat foods high in fats.



Manage Your Cholesterol

- Quit smoking.
- Exercise! Regular exercise may increase HDL and cause weight loss, which lowers LDL.
- Eat a heart healthy diet. Watch your intake of fat, sweets, eggs, and sodium.



- Eat lots of vegetables, fruits, and whole grains and stick with leaner meats such as chicken and fish.
- Maintain a healthy weight.
- Take medications as prescribed.
- Reduce sugar intake.

Name _____ Date __ / __ / ____

To achieve good control of your _____, it is important to take practical step towards better management. Take one step now, and after you have achieved it, move on to another.



Diet



Exercise



Lose Weight



Take medications properly



Monitor blood sugar



Quit smoking



Annual eye exam



Check feet



Dental Exam



Personal Goal



Get a flu shot



Practice healthy sleep habits



Annual Exams



Reduce Stress



Avoid Alcohol

Selected Step:

Action Plan:

Confidence Ruler: 1 2 3 4 5 6 7 8 9 10

Not confident

Somewhat confident

Extremely confident

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

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With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

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Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Handout #3J: Practical Facts About Osteoporosis

"Osteoporosis" means "porous bone." It is caused by a loss of calcium in the body, making bones too fragile to handle ordinary stresses. Osteoporosis increases the likelihood of broken bones particularly in the spine, hip and wrists and can cause compression fractures in the spine, which may occur without any warning. A compression fracture results when one of the backbones collapses on itself and can cause severe pain.

Let's Discuss! 

What is osteoporosis? What do you know about it?

What has it been like for you to live with osteoporosis? What effect has living and managing osteoporosis had on reaching your meaningful goals?

Approximately 10 million Americans have osteoporosis.

Bone strength depends on the amount of calcium, phosphorous and other minerals in the bone. A decrease in the amount of these minerals may result in a decrease in the strength of the bone. Bone, which is continuously breaking down and rebuilding, does not rebuild at the same rate as people get older, resulting in a lower bone density, or bone mass.

Using information from your medical history and a physical exam including height, weight, and lab tests, your doctor may determine that you are at risk for osteoporosis and order tests to make a diagnosis. A specialized x-ray called a bone mineral density test (or bone scan) is often performed to diagnose osteoporosis. The most common of these tests is a DEXA scan which is like an X-ray that examines the hip and spine to determine the bone density of these areas. Two scores are obtained for the hip and the spine. The first score, called a "T-score," compares your bone density to a healthy, 30 year-old adult and assesses risk of bone fracture. The second score, the "Z-score," compares the bone density to what is expected for a person of your age and body size.

Your doctor may suggest a bone density test if you have risk factors such as:

- Prolonged use of steroid or thyroid medications.
- Diagnosis of type 1 diabetes, liver disease or kidney disease.
- Family history of osteoporosis.
- You experienced early menopause.
- If you are postmenopausal, over 50, and have at least one other risk factor.
- If you are postmenopausal and over 65.
- Tobacco use or excessive alcohol use.

Osteoporosis often doesn't produce symptoms. Sometimes people experience pain or may notice a change in height as a result of compression fractures in the back.

Let's Discuss!

Have you had any symptoms from osteoporosis? What are you doing now to manage your osteoporosis? What would you like to start doing to better manage your osteoporosis?

Managing Osteoporosis

Doctors will often prescribe medication to prevent the progression of osteoporosis. In addition, she may recommend weight bearing exercise, such as walking or lifting weights, and increasing intake of calcium and vitamin D either through pills or diet.

There are steps you can take to prevent osteoporosis from developing or from worsening. It is important to try to prevent falling. Things you can do to prevent falling and osteoporosis-related fractures are:

- Keep floors free of clutter and electrical cords.
- Use a rubber mat in the bathtub.
- Wear shoes with good traction even when at home.
- When out in the community, carry a backpack or shoulder bag. This leaves hands free for balance and to break a fall.
- If recommended by the doctor, use a cane or walker and wear hip padding.



Some other things that can help to prevent osteoporosis and its complications:

- Quit smoking if you smoke.
- Limit alcohol intake.
- Work on balance (practice standing on one leg or on your toes).
- Do weight bearing exercises such as walking or lifting light weights. Stretching can also improve balance.
- Eat a diet rich in calcium and vitamin D (milk and dairy products, fortified cereals and leafy green vegetables). Ask your doctor if you should take vitamin D.
- Take prescription medications for osteoporosis, if prescribed.



Name _____ Date __ / __ / ____

To achieve good control of your _____, it is important to take practical step towards better management. Take one step now, and after you have achieved it, move on to another.



Diet



Exercise



Lose Weight



Take medications properly



Monitor blood sugar



Quit smoking



Annual eye exam



Check feet



Dental Exam



Personal Goal



Get a flu shot



Practice healthy sleep habits



Annual Exams



Reduce Stress



Avoid Alcohol

Selected Step:

Action Plan:

Confidence Ruler: 1 2 3 4 5 6 7 8 9 10

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Somewhat confident

Extremely confident

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Handout #3K: Practical Facts About Fibromyalgia

Let's Discuss! 

What is fibromyalgia? What do you know about it?

What has it been like for you to live with fibromyalgia?

What, if any, effect has living and managing fibromyalgia had on reaching your meaningful goals?

Fibromyalgia is a chronic condition characterized by fatigue, muscle pain and tenderness. Often the pain is focused in areas known as "tender points" in the neck, shoulders, legs, hips, arms, and back. People with fibromyalgia often also have other problems such as sleep disturbances, depression, anxiety, and gastrointestinal distress.

The exact cause of fibromyalgia is unknown, however several factors may be related to the development of the condition including:

- **Injury** - Previous injury to a part of the body may trigger the development of fibromyalgia.
- **Infection** - Some research indicates that fibromyalgia could be triggered by a bacterial or viral infection.
- **Neurotransmitters** - Changes in the levels of neurotransmitters, particularly serotonin, may be involved in the development of fibromyalgia.
- **Sleep Disturbance** - Some researchers think that this may be a cause rather than a symptom of fibromyalgia.



There is no lab test or x-ray that can be performed to diagnose fibromyalgia. Often, the symptoms of fibromyalgia overlap with other problems and fibromyalgia is diagnosed only after other conditions have been ruled out. To make things more complicated, not all people experience the same symptoms. But, most people have:

- Widespread pain for 3 or more months.
- Pain in at least 11 of 18 "tender points."
- No other possible cause for the condition.

Let's Discuss!

Describe the symptoms you have experienced with fibromyalgia.

What are you doing now to manage your fibromyalgia?

What would you like to start doing to better manage your fibromyalgia?

How can you manage fibromyalgia?

Your doctor may prescribe a variety of types medications to help manage symptoms of fibromyalgia including:

- **Analgesics** - Aspirin, ibuprofen, or Tylenol are sometimes prescribed to relieve pain.
- **Antidepressants** - These can help to regulate levels of neurotransmitters.
- **Muscle relaxants** - Medications such as Flexeril may be prescribed to reduce muscle spasms.
- **Anti-seizure** - Medications used to prevent seizures such as Neurontin, may also be helpful for managing pain.

There are also things you can do to help manage fibromyalgia including:

- Exercise. Work slowly towards small exercise goals to avoid exacerbating pain and fatigue. Watch out for signs that you may be overdoing it.
- Take medications as prescribed.
- Eat a healthy, nutrient-rich diet.
- Get an adequate amount of sleep.
- Practice relaxation and stress management.

Name _____ Date __ / __ / ____

To achieve good control of your _____, it is important to take practical step towards better management. Take one step now, and after you have achieved it, move on to another.



Diet



Exercise



Lose Weight



Take medications properly



Monitor blood sugar



Quit smoking



Annual eye exam



Check feet



Dental Exam



Personal Goal



Get a flu shot



Practice healthy sleep habits



Annual Exams



Reduce Stress



Avoid Alcohol

Selected Step:

Action Plan:

Confidence Ruler: 1 2 3 4 5 6 7 8 9 10

Not
confident

Somewhat
confident

Extremely
confident

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

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With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

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With Whom: _____

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Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Handout #3L: Practical Facts About Gastro Esophageal Reflux Disease (GERD)

Let's Discuss! 

What is GERD? What do you know about it?

What has it been like for you to live with GERD?

What, if any, effect has living and managing GERD had on reaching your meaningful goal?

Gastro Esophageal Reflux Disease or GERD is an irritation or inflammation of the esophagus when stomach acid, liquid found in the stomach to assist in the digestion of food, backs up into the esophagus. If not treated, the acid can damage the esophagus over time. Complications of GERD include:

- **Barrett's esophagus** - A rare complication of GERD involving changes in the color and composition of the lining of the esophagus. Barrett's esophagus is a risk factor for esophageal cancer.
- **Esophageal stricture** - Caused by the narrowing of the esophagus; can make swallowing difficult.
- **Esophageal ulcer** - A painful open sore on the esophagus that can make swallowing more difficult.

10-20% of adults have symptoms of acid reflux once a week.

GERD is caused when the esophageal sphincter, which is the opening that allows food from the esophagus to enter the stomach and prevents food from the stomach from entering back into the esophagus, weakens and allows stomach acid to flow back up into the esophagus. The presence of acid in the esophagus can irritate the lining and eventually wear away and narrow the esophagus, causing pain and discomfort. There are certain risk factors that may increase the chance of developing GERD such as diabetes, obesity, hiatal hernia, asthma, pregnancy, or peptic ulcer.

A diagnosis is usually made by reporting the classic symptoms of heartburn and regurgitation (feeling that food comes up again in the throat) to the doctor. However, other testing procedures such as a barium X-ray or endoscopy may be performed if treatment doesn't work or if symptoms are severe. A barium X-ray involves swallowing a special type of liquid that shows up on an x-ray. Endoscopy involves swallowing a thin, flexible, lighted tube that takes pictures of the esophagus.



Let's Discuss!

GERD is associated with heartburn, nausea, belching, difficulty swallowing, and a sour taste in the mouth. Some people report coughing and a sore throat as well.

Describe the symptoms you have experienced with GERD. What are you doing now to manage your GERD? What would you like to start doing to better manage your GERD?

How can you manage GERD?

Over-the-counter medications may control mild GERD symptoms however, if they are not effective, the doctor may prescribe other medications. If medications do not provide relief and symptoms are severe, surgery may be considered. Usually before doing surgery, the doctor will do more testing to confirm a diagnosis of GERD.

There are things you can do to help manage GERD including:



Maintain a healthy weight.

Avoid eating large meals.

Avoid lying down soon after eating.

Use a pillow to elevate the head when sleeping.

Avoid smoking.



Name _____ Date __ / __ / ____

To achieve good control of your _____, it is important to take practical step towards better management. Take one step now, and after you have achieved it, move on to another.



Diet



Exercise



Lose Weight



Take medications properly



Monitor blood sugar



Quit smoking



Annual eye exam



Check feet



Dental Exam



Personal Goal



Get a flu shot



Practice healthy sleep habits



Annual Exams



Reduce Stress



Avoid Alcohol

Selected Step:

Action Plan:

Confidence Ruler: 1 2 3 4 5 6 7 8 9 10

Not
confident

Somewhat
confident

Extremely
confident

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

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What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Handout #3M: Practical Facts About Osteoarthritis

Let's Discuss! 

What is Osteoarthritis (arthritis)? What do you know about it?

What has it been like for you to live with arthritis?

What effect has living and managing arthritis had on reaching your meaningful goals?

Osteoarthritis, which is sometimes referred to as degenerative joint disease, is the most common form of arthritis. Osteoarthritis involves a gradual breakdown of cartilage in the joints that most often affects the hips, knees, fingers, hands, and back. Cartilage is the flexible material found between bones that enable arms, legs, and fingers to bend. Arthritis often gets worse over time.



A doctor may take a medical history, do a physical exam, and order tests to find out if someone has osteoarthritis. There are blood tests that can provide information as well as x-rays, bone scans, or an MRI (Magnetic Resonance Imaging). Your doctor may also suggest a test called arthrocentesis or another test called arthrography. Arthrocentesis involves draining fluid from the joint to look for signs of degeneration. Arthrography involves taking an x-ray after dye has been injected into the joint.

The cause of osteoarthritis is not always clear however, risk factors may include:

- Age - Risk for the condition increases with age.
- Gender - More women than men have osteoarthritis.
- A history of injury - Injury to the joints increases risk for osteoarthritis.
- Obesity - Excess weight can put extra stress on the joints.
- Other joint diseases - Diseases such as Rheumatoid Arthritis increase risk.

Let's Discuss! 

Osteoarthritis is associated with pain and stiffness in the joints, swelling, and lumps or bumps in fingers or thumbs. Describe the symptoms of osteoarthritis you have.

What are you doing now to manage your osteoarthritis? What would you like to start doing to better manage your osteoarthritis?

Osteoarthritis affects approximately 21 million Americans.

How can you manage osteoarthritis?

There are treatments for osteoarthritis that can help people maintain their daily activities. Treatments may reduce pain and increase joint movement.

There are also things you can do to better manage your arthritis including:

- Exercise regularly. (Discuss with your doctor before beginning an exercise program).
- Your doctor may recommend physical therapy. Complete physical therapy exercises as instructed.
- Control your weight.
- Take medications as prescribed.
- Use relaxation and deep-breathing techniques.
- Apply heat or cold to painful areas.

Name _____ Date __ / __ / ____

To achieve good control of your _____, it is important to take practical step towards better management. Take one step now, and after you have achieved it, move on to another.



Diet



Exercise



Lose Weight



Take medications properly



Monitor blood sugar



Quit smoking



Annual eye exam



Check feet



Dental Exam



Personal Goal



Get a flu shot



Practice healthy sleep habits



Annual Exams



Reduce Stress



Avoid Alcohol

Selected Step:

Action Plan:

Confidence Ruler: 1 2 3 4 5 6 7 8 9 10

Not confident

Somewhat confident

Extremely confident

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / ____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / ____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Handout #3N: Practical Facts About Chronic Obstructive Pulmonary Disease (COPD)

Let's Discuss! 

What do you know about COPD? What has it been like for you to live with COPD?

What effect has living and managing COPD had on reaching your meaningful goals?

What are you doing now to manage your COPD?

Chronic Obstructive Pulmonary Disease, or COPD, refers to two lung diseases: emphysema and chronic bronchitis. These lung diseases block air-flow in and out of the lungs. This makes breathing more difficult. Over time, the flow of air can become more blocked, making it even more difficult to breathe. COPD is the fourth leading cause of death in the US.



A Pulmonary Function Test is the best way to diagnose COPD. Your doctor may recommend this if you had risk factors or symptoms of COPD. A Pulmonary Function Test usually involves breathing into a mouthpiece. It compares how much air your lungs can hold and how fast air can move in and out of your lungs. It also looks at how well carbon dioxide (which is what you exhale) and oxygen (which is what you inhale) is transferred between the air and blood.

Causes of COPD

- ***Smoking - major risk factor
- Family History
- History of respiratory infections as a child
- Secondhand smoke exposure
- Exposure to pollution
- Alpha-1-antitrypsin deficiency - an inherited protein deficiency
- 80%-90% of COPD deaths are caused by smoking

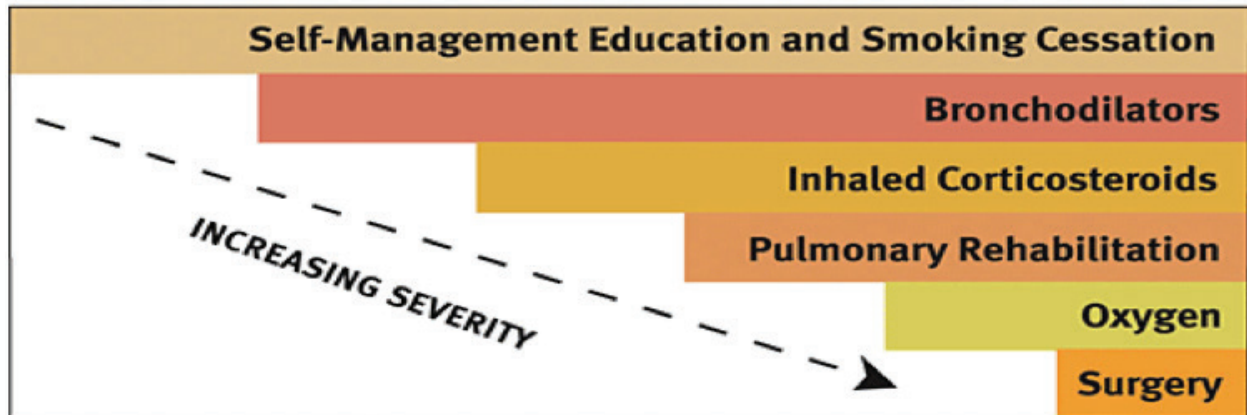
Symptoms of COPD

- Wheezing
- Loss of appetite and weight loss
- Decrease in ability to exercise
- Cough, with or without phlegm
- Chronic fatigue

How can you manage COPD?

There is no cure for COPD, however there are treatments. These treatments may decrease symptoms, make breathing easier and reduce complications that may result from COPD such as pneumonia. Your doctor may recommend a flu shot every year and a pneumonia vaccine to prevent certain causes of pneumonia. Consultation with a lung specialist, or pulmonologist, may also be recommended.

TREATMENT OPTIONS FOR COPD



Steps to manage COPD

- If you smoke, QUIT!
- Take medications as prescribed.
- Get flu shots and a pneumonia vaccine
- Perform daily exercise, such as walking. Talk to your doctor about starting a program with initial modest goals.

Name _____ Date __ / __ / ____

To achieve good control of your _____, it is important to take practical step towards better management. Take one step now, and after you have achieved it, move on to another.



Diet



Exercise



Lose Weight



Take medications properly



Monitor blood sugar



Quit smoking



Annual eye exam



Check feet



Dental Exam



Personal Goal



Get a flu shot



Practice healthy sleep habits



Annual Exams



Reduce Stress



Avoid Alcohol

Selected Step:

Action Plan:

Confidence Ruler: 1 2 3 4 5 6 7 8 9 10

Not confident

Somewhat confident

Extremely confident

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

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Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Handout #30: Practical Facts About Congestive Heart Failure

Let's Discuss! 

What is CHF? What do you know about it?

What has it been like for you to live with CHF?

What effect has living and managing CHF had on reaching your meaningful goals?

Congestive heart failure (CHF) occurs when the heart is no longer able to pump blood to the body's cells. One type of CHF involves the heart's inability to pump enough blood through the body. The second type of CHF occurs when the heart cannot pump enough blood to the lungs where it picks up oxygen for the body's cells. CHF is most often caused by coronary artery disease or another chronic medical condition that causes gradual damage to the heart, like high blood pressure or diabetes.



In order to diagnose CHF, the doctor will take a health history, consider your risk factors, and do a physical exam. Your doctor may do further tests including:

Electrocardiogram (EKG) - measures electrical impulses given off by the heart and can determine if someone is having a heart attack or has had a heart attack in the past.

Exercise Stress Test - involves being monitored while doing some kind of exercise or activity. This can determine if the heart is getting sufficient blood and oxygen supply.

Echocardiogram - uses sound waves to form an image of your heart, this can determine if part of your heart is damaged by a blockage, and if and where the blood is having difficulty flowing.

Blood Test - can show a hormone called Brain Natriuretic Peptide (BNP). High levels of this hormone is an indication of CHF.

Chest X-ray - can determine if there is any fluid around the heart or in the lungs.

There are many factors that may contribute to the development of CHF. Some of the factors that cannot be changed are:

- Age - Older people are more likely to develop CHF.
- Gender - Men are at greater risk than women.
- Medical problems - CHF can be the result of long-term effects of medical problems such as coronary artery disease, high blood pressure, high cholesterol, diabetes and other problems.

Some of the factors that may be changed or improved include:

- Smoking - Increases risk of heart disease.
- High blood pressure - Increases the workload of the heart.
- High cholesterol - Increases risk for heart disease.
- Diabetes - Poor blood sugar control may increase risk for CHF
- Alcohol use - Serious, long-term alcohol use can contribute to CHF.
- Sedentary lifestyle - Lack of exercise is a risk factor for CHF. Regular exercise can help protect the heart from disease.
- Being overweight - Increases risk for developing high blood pressure, high cholesterol and diabetes. It also increases the workload of the heart.

Let's Discuss! 

Symptoms of CHF may go unnoticed when the condition is in its early stages. As the condition progresses, shortness of breath and fatigue are the most common symptoms. Nausea, irregular heartbeat and cough can also be present as well as swelling in the abdomen, legs, ankles and feet.

Describe the symptoms you have experienced with CHF. What are you doing now to manage your CHF? What would you like to start doing to better manage your CHF?

How can you manage CHF?

If you have medical condition that affects your heart, the doctor will begin to treat or continue to treat that medical condition. The doctor will likely consider the cause of CHF and the stage when determining other treatment options. Medications, many of which are used in the treatment of high blood pressure, are a likely option. Surgery may be needed in cases of severe CHF or CHF that has not responded to other treatment. Sometimes cardiologists, doctors that specialize in treating disease of the heart, may decide to implant a defibrillator to avoid life-threatening arrhythmias.

There are many things YOU can do to manage CHF. Steps you can take include:

- Eat a low-fat diet.
- Eat a low-sodium diet.
- If your doctor recommends it, watch your fluid intake.
- Weigh yourself every day and report sudden increases to your doctor right away.
- Avoid alcohol.
- Increase intake of fruits, vegetables, whole-grains, and fish.
- Maintain a healthy weight.
- Quit smoking.
- Take medications prescribed by your doctor.

- Avoid anti-inflammatory medications such as aspirin or ibuprofen, which may cause you to retain salt and make CHF worse.
- Talk with your doctor about the possibility of incorporating exercise into your routine. Exercise may be part of a cardiac rehabilitation program.

Name _____ Date __ / __ / ____

To achieve good control of your _____, it is important to take practical step towards better management. Take one step now, and after you have achieved it, move on to another.



Diet



Exercise



Lose Weight



Take medications properly



Monitor blood sugar



Quit smoking



Annual eye exam



Check feet



Dental Exam



Personal Goal



Get a flu shot



Practice healthy sleep habits



Annual Exams



Reduce Stress



Avoid Alcohol

Selected Step:

Action Plan:

Confidence Ruler: 1 2 3 4 5 6 7 8 9 10

Not
confident

Somewhat
confident

Extremely
confident

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

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Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Handout #3P: Practical Facts About Coronary Artery Disease

Let's Discuss! 

What is Coronary Artery Disease? What do you know about it?

What has it been like for you to live with Coronary Artery Disease?

What effect has living and managing Coronary Artery Disease had on reaching your meaningful goals?

Coronary artery disease (CAD) is the most common type of heart disease in the United States. It is also the leading cause of death for both men and women. Coronary artery disease is caused by atherosclerosis, a gradual buildup of plaque in the blood vessels connected to your heart. This plaque narrows the blood vessels, reducing the amount of blood that is able to get to the heart and reducing oxygen to the heart.



There are many factors, often working in combination, which may contribute to the development of coronary artery disease. Some of the factors that are not changeable include:

- Age- Older people are more likely to develop CAD.
- Gender- Men are at greater risk than women.
- Heredity- Family history is an important factor in developing CAD.

Some of the factors that may be changed or improved include:

- Smoking - Increases risk of developing CAD by up to 4 times!
- High blood pressure - Increases the workload of the heart.
- High cholesterol - Increases risk for CAD.
- Diabetes - Poor blood sugar control may increase risk of CAD.
- Sedentary lifestyle - Lack of exercise is a risk factor for CAD.
- Regular exercise can help protect the heart from disease.
- Being overweight - Increases risk for developing high blood pressure, high cholesterol and diabetes. It also increases the workload of the heart.

In order to diagnose coronary artery disease, the doctor will take a health history, consider your risk factors, and do a physical exam. If your doctor determines that you have risk factors for coronary artery disease, further tests may be ordered including:

Electrocardiogram (EKG) - measures electrical impulses given off by the heart and can determine if someone had a heart attack in the past or is presently having a heart attack.

Exercise Stress Test - involves being monitored while doing some kind of exercise or activity. This can determine if the heart is getting sufficient blood and oxygen supply.

Echocardiogram - uses sound waves to form an image of your heart, this can determine if part of your heart is damaged by a blockage, and if and where the blood is having difficulty flowing.

Other tests that may be ordered include a coronary angiography, a test that shows the narrowing of arteries, and a nuclear scan, which can determine the amount of blood able to flow to the heart.

Let's Discuss!

Symptoms of CAD are chest pain, also called angina, and shortness of breath. However, sometimes people will not experience any symptoms though they are still at risk for cardiac events such as a heart attack.

Describe the symptoms you have experienced with CAD.

What are you doing now to manage your CAD?

What would you like to start doing to better manage your CAD?

How can I manage coronary artery disease?

The doctor will likely suggest a combination of treatments including lifestyle changes, medications, and, depending on the severity of blockage, possibly surgical procedures.

There are many things you can do to treat and even prevent coronary artery disease.

Steps you can take include:

- Eat a low-fat diet.
- Eat a low-sodium diet.
- Increase intake of fruits, vegetables, whole-grains, and fish.
- Maintain a healthy weight.
- Quit smoking.
- Take medications prescribed by your doctor.
- Talk with your doctor about the possibility of incorporating exercise into your routine.



Name _____ Date __ / __ / ____

To achieve good control of your _____, it is important to take practical step towards better management. Take one step now, and after you have achieved it, move on to another.



Diet



Exercise



Lose Weight



Take medications properly



Monitor blood sugar



Quit smoking



Annual eye exam



Check feet



Dental Exam



Personal Goal



Get a flu shot



Practice healthy sleep habits



Annual Exams



Reduce Stress



Avoid Alcohol

Selected Step:

Action Plan:

Confidence Ruler: 1 2 3 4 5 6 7 8 9 10

Not
confident

Somewhat
confident

Extremely
confident

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

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With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

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With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Handout #3Q: Practical Facts About Obesity and Overweight

Let's Discuss! 

What is obesity? What do you know about it?

Describe any symptoms you have had as a result of being overweight or obese.

Have you had medical problems because of your weight?

What are you doing now to manage your weight?

What would you like to start doing to better manage your weight?

What effect has being overweight or obese had on reaching your meaningful goals?

Obesity is when a person both weighs too much for their height and has too much body fat. It occurs gradually over many years from consuming more calories than needed, and as weight increases so does the risk of developing other medical problems. Usually it refers to having more than 30% body fat.

Obesity may not cause any symptoms, however some people may notice shortness of breath, back or joint pain, or fatigue. Even if a person does not experience any physical symptoms, obesity has long-term health consequences and puts people at risk for developing many other medical problems including: high blood pressure, high cholesterol, acid reflux (GERD), diabetes, heart disease, stroke, and sleep disorders. Arthritis and other joint problems are often worsened because of excess weight.



Sometimes obesity is determined by a measurement called the Body Mass Index or BMI. This is not necessarily an accurate measure of body fat because BMI only takes into consideration, a person's height and weight. It does not account for muscle mass. A healthy BMI is considered to be 19-25. A BMI of 25-30 is overweight and above 30 is considered obese. A doctor may use other ways to measure obesity such as the waist to hip ratio. The waist to hip ratio is performed by measuring a person's hip circumference and waist circumference. Generally, a waist to hip ratio of .7 is considered healthy for women and .9 is considered healthy for men. This is based on evidence that having more body fat in the belly or abdomen raises risk of many diseases. There are other tests that are more accurate measures of body fat. The most commonly used is the skinfold caliper test.

How can you manage your weight?

- **Make changes to your diet** - Making small, gradual but permanent changes to your diet may reduce the amount of calories you consume each day. Remember that you need to use more calories than you consume in order to lose weight.
- **Increase activity level** - Increasing activity not only burns calories, but some types of exercise, like weight training, build lean muscle mass which will increase the body's metabolism. The term metabolism means the rate at which a person burns calories.
- **Determine your calorie needs** - There are many methods used to determine a person's daily calorie needs. If you are aiming to lose weight, ask your doctor at your next visit how many calories you should be aiming for to lose 4-8 pounds per month (healthy weight loss).
- **Plan to lose weight slowly** - A healthy rate to lose weight is $\frac{1}{2}$ -2 pounds per week. Losing weight faster than this may make it difficult to keep the weight off in the long run.
- **Don't skip breakfast** - Breakfast is called the most important meal of the day for a reason! Studies have shown that people who eat breakfast are more likely to be at a healthy weight than people who do not eat breakfast. Eating breakfast helps prevent over-eating and may boost your metabolism.

Name _____ Date __ / __ / ____

To achieve good control of your _____, it is important to take practical step towards better management. Take one step now, and after you have achieved it, move on to another.



Diet



Exercise



Lose Weight



Take medications properly



Monitor blood sugar



Quit smoking



Annual eye exam



Check feet



Dental Exam



Personal Goal



Get a flu shot



Practice healthy sleep habits



Annual Exams



Reduce Stress



Avoid Alcohol

Selected Step:

Action Plan:

Confidence Ruler: 1 2 3 4 5 6 7 8 9 10

Not confident

Somewhat confident

Extremely confident

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Handout #3R: Practical Facts About Sexually Transmitted Infections (STI)

Let's Discuss! 

What do you know about sexually transmitted infections (STIs)?

How do people get STIs?

How might a STI interfere with reaching your meaningful goals?

A sexually transmitted infection (STI) is an infection caused by a bacteria or a virus that is spread through sexual contact. Sexually transmitted infections are very common.

Sexually transmitted infections are diagnosed by a health care professional. A detailed history may be taken and a physical exam might be performed. Many tests for sexually transmitted infections require either a urine test or blood test.



There are a variety of STIs including:

Chlamydia - caused by bacteria. It is the most common STI (3 million men and women are diagnosed each year). It often causes no symptoms, but can lead to serious complications. Symptoms can include: abnormal discharge from penis or vagina, pain during urination, low grade fever, and vaginal bleeding. Chlamydia is treated with antibiotics.

Gonorrhea - caused by bacteria. It is sometimes referred to as "the clap." Symptoms may include: abdominal pain, fever, pus or discharge from penis or vagina, painful urination, and menstrual irregularities. Gonorrhea is treated with antibiotics.

HPV or human papillomavirus - a virus that is spread by skin-to-skin contact. It is extremely common and there are more than 100 types. Some of the viruses do not cause symptoms and are not harmful. Others may result in genital warts or may increase risk of some genital and throat cancers. There is no treatment for "high risk" HPV, which may increase risk of cancer, however treatments for changes in cervical cells found on a pap smear can be treated. This is why routine pap smears are very important. "Low-risk" HPV that causes warts can be treated.

Syphilis - caused by bacteria. Symptoms depend on the stage of the infection and it often takes weeks after exposure to experience symptoms. Symptoms can include the following: sores, rashes, fatigue, sore throat, fever, swollen lymph nodes, and headaches. Other symptoms can be present with symptoms or the infection can progress to a stage where there are no symptoms at all. It can be treated with antibiotics, but the earlier the infection is diagnosed, the simpler the treatment.

Herpes - caused by a virus. Symptoms of herpes can be mild and go unnoticed. Often, people will notice one or more blisters in the genitals, anus, or mouth. The blisters break and leave sores that can take 2-4 weeks to heal. Blisters often reoccur. There is no cure for herpes, but treatments are available to reduce the amount and severity of outbreaks.

HIV/AIDS - HIV is the human immunodeficiency virus. It is the virus that can lead to acquired immune deficiency syndrome, or AIDS. The virus weakens a person's ability to fight off infections and cancers. It is transmitted through exchange of bodily fluids or blood. Sexual transmission most commonly occurs during unprotected vaginal or anal sex.

How can you prevent sexually transmitted infections?

- Use a condom each and every time you have sex, including oral sex. Consistent and correct condom use reduces the likelihood of catching most sexually transmitted infections.
- Abstain from sexual activity.
- Have sex only with only one partner. Both partners should be tested for STDs before having sex.

Name _____ Date __ / __ / ____

To achieve good control of your _____, it is important to take practical step towards better management. Take one step now, and after you have achieved it, move on to another.



Diet



Exercise



Lose Weight



Take medications properly



Monitor blood sugar



Quit smoking



Annual eye exam



Check feet



Dental Exam



Personal Goal



Get a flu shot



Practice healthy sleep habits



Annual Exams



Reduce Stress



Avoid Alcohol

Selected Step:

Action Plan:

Confidence Ruler: 1 2 3 4 5 6 7 8 9 10

Not
confident

Somewhat
confident

Extremely
confident

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

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Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Handout #3S: Alcohol and Substance Use*

* If this is an area of interest and need, there are additional materials available in the Illness Management and Recovery curriculum.

Let's Discuss! 

Why do people use alcohol and other substances? What has been your experience?

What are some of the effects, positive and negative, of alcohol and other substances?

Using alcohol, such as drinking a beer, a glass of wine, or a mixed drink, is common in modern society. Using certain types of street drugs, such as marijuana, cocaine, amphetamines ("speed"), and hallucinogens (such as LSD and "ecstasy"), is less common. Although using these types of substances can make people feel good, they can also cause problems and make it more difficult for people to manage their psychiatric illness. Look at the checklist below and check off some of the reasons you use alcohol or other substances.

- To socialize
- To improve mood
- To cope with symptoms
- Distract from problems
- Part of daily routine

Substances can also have negative effects and can interfere with having a good quality of life. Understanding both the positive and negative effects of using substances can help in deciding whether to stop using them. Some of the common problems related to drug and alcohol use are listed below.

- Increased symptoms/relapses
- Social problems
- Interference with work or school
- Daily living problems
- Legal problems
- Health problems
- Safety problems
- Psychological dependence
- Physical dependence

Commonly used substances and their effects

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

Commonly used substances and their effects

Substance Type	Examples	Positive Effects	Negative Effects
Alcohol	Beer, wine, gin, whiskey, vodka, tequila	<ul style="list-style-type: none"> • Relaxation • Lighter mood 	<ul style="list-style-type: none"> • Slower reaction time, drowsiness • Socially embarrassing behavior • May increase the risk of heart disease, cancer, and liver problems
Cannabis	Marijuana, hash, THC	<ul style="list-style-type: none"> • Relaxation • "High" feeling 	<ul style="list-style-type: none"> • Slower reaction time and poor coordination • Apathy and fatigue • Paranoia • Anxiety or panic feelings • Long term risk to health of lungs, may cause COPD or chronic bronchitis
Stimulants	Cocaine (powder/or crack), amphetamines (crystal meth., Dexedrine)	<ul style="list-style-type: none"> • Alert feeling • Euphoria, good feelings 	<ul style="list-style-type: none"> • Anxiety • Paranoia and psychosis • Sleeplessness • Some may have long term effect on gastrointestinal system. • Long-term use of methamphetamine may cause many health and dental problems.
Hallucinogens	LSD, ecstasy, peyote, mescaline	<ul style="list-style-type: none"> • Heightened sensory awareness • Feeling of well-being 	<ul style="list-style-type: none"> • Bad "trips" • Psychotic symptoms
Opiates	Heroin, opium morphine, Vicodin, Demerol, Oxycontin	<ul style="list-style-type: none"> • Feeling of well-being • Relaxation • Reduced pain sensitivity 	<ul style="list-style-type: none"> • Drowsiness • Highly addictive • Risk of overdose
Inhalants	Glue, aerosols, paint	<ul style="list-style-type: none"> • "High" feeling 	<ul style="list-style-type: none"> • Severe disorientation • Toxic/brain damage
Caffeine	Coffee, some teas, some sodas	<ul style="list-style-type: none"> • Alert feeling 	<ul style="list-style-type: none"> • Feeling jittery • Can interfere with sleep
Nicotine	Smoking, chewing tobacco	<ul style="list-style-type: none"> • Feeling alert • Feels good 	<ul style="list-style-type: none"> • Causes many health problems including: lung disease, heart disease, and increase chance of developing a variety of cancers.
Benzodiazepines (Anti-anxiety medication)	Valium, Xanax, Klonopin, Ativan	<ul style="list-style-type: none"> • Reduced anxiety • Relaxation 	<ul style="list-style-type: none"> • Rebound anxiety when medication wears off • Loss of inhibition and coordination • Dulled senses

Substance use and the stress-vulnerability model

The stress-vulnerability model of mental illness, which was covered earlier in I-IMR, explains how using substances can make the symptoms of mental illness worse. Here is a brief review of the model below:

The symptoms of mental illness are caused by biological factors (or vulnerabilities). These biological factors can be made worse from:

- alcohol and drugs
- stress

These biological factors can be made better with:

- medications
- effective coping
- social support
- meaningful activities

Alcohol and drug use can make symptoms worse and cause relapses. Using these substances can also interfere with medications, making them less effective at reducing symptoms and preventing relapses. Because even small amounts of alcohol or drug use can cause these problems, people with psychiatric illness can be described as putting themselves at a real risk of setting off symptoms when they use substances.

Weighing the Pros and Cons of using substances

Deciding to stop using alcohol and drugs can be a difficult decision to make. One way to help you make that decision is to come up with a list of all the "pros" (advantages) of using substances, and all the "cons" (disadvantages) of using substances. To better understand your own reasons for using substances, complete the worksheet below.

"PROS" of using substances

List all the advantages of continuing to use drugs and alcohol. (Consider advantages such as: socializing, feeling good, escaping, coping with symptoms, something to look forward to, habit, and any others that might be important.)

"CONS" of using substances

List all the disadvantages you can think of for using substances. (Consider disadvantages such as: worse symptoms or relapse of mental illness, conflict with family or friends, trouble with work or school, parenting difficulties, problems with health, legal system, housing, or money.)

Considering all the "Pros" and "Cons", do you want to cut down or stop?

_____ NO. I do not want to cut down or stop

_____ MAYBE. I think I might want to cut down or stop but I'm not sure.

_____ YES. I would like to cut down or stop.

Deciding whether to cut down or stop using substances

Understanding the "pros" and "cons" of using substances can help you decide whether you want to continue using. It is also helpful to consider the "pros" and "cons" of **not** using substances. What are the advantages of developing a sober lifestyle? What would you have to give up in order to have such a lifestyle? Complete the worksheet below to consider the "pros" and "cons" of **becoming sober**.

PROS of becoming sober

List the advantages of developing a sober lifestyle. Consider how sobriety may help you achieve personal recovery goals.

CONS of becoming sober

List what you think you might have to give up if you stopped using substances. Consider the "costs" of sobriety, such as losing friends, nothing fun to do, troubling symptoms, no escape, and feeling bad.

Considering all the "pros" and "cons" of sobriety and the "pros" and "cons" of using substances (Worksheet 1), would you like to cut down or stop?

_____ NO. I do not want to cut down or stop.

_____ MAYBE. I think I might want to cut down or stop but I'm not sure.

_____ YES. I would like to stop.

Developing a sober lifestyle

When people decide to develop a sober lifestyle, it takes planning and practice. Sometimes there can be setbacks along the way, such as urges to use substances or relapses in substance use. Developing your own personal plan for a sober lifestyle is an important part of managing your mental illness and achieving your personal recovery goals. There are three important steps to achieving sobriety:

- Remember your reasons for not using substances.
- Develop a plan to prevent going back to using substances in "high risk" situations.
- Identify new ways of getting your needs met.

Whom do you know who has made positive changes by developing a sober lifestyle?

Abstinence or Cutting Down?

Deciding to take control over one's life by addressing problems related to drug or alcohol use is an important decision that involves changing your lifestyle. Part of making such a decision involves deciding whether to stop using substances altogether (abstinence) or to cut down but not stop using entirely.

People with substance use problems often find it difficult to cut down on using substances, because using even a small amount makes them want to have more. In addition, because of the biological nature of psychiatric disorders, people with a mental illness can be very sensitive to the effects of even small amounts of alcohol and drugs. This means that those small amounts of substances can have drastic effects. For this reason, many people with drug and alcohol problems are more successful developing a sober lifestyle rather than cutting down how much they use.

Some people want to work on their substance use problems, but are not ready to stop using completely. For these people, reducing the amount of alcohol or drugs that they use can be a good first step towards sobriety.

Making a Personal Sobriety Plan

In order to achieve your sobriety goals, it is helpful to develop a specific plan. The worksheet below can be used to help you develop your personal sobriety plan.

Personal Sobriety Plan

CONGRATULATIONS! You've taken the first and most important step toward ridding your life of problems related to alcohol and drugs. You can change or modify your plan based on how well it is working for you. Share your plan with people who are close to you so they can support you in achieving your sobriety.

Step 1. List one to three reasons how your life will be better by stopping using substances. Consider how sobriety may help you achieve your personal recovery goals.

Step 2. Identify one to three "high risk" situations that can lead to unwanted use of substances. Consider situations in which you have used substances in the past, such as people offering you substances, being pressured to use, feeling bad, having nothing to do, and cravings.

Step 3. Make a plan for how to deal with those "high risk" substance use situations. For each "high risk" situation, identify one or two ways of dealing with it.

Situation 1:

Plan for dealing with it:

Situation 2:

Plan for dealing with it:

Situation 3:

Plan for dealing with it:

Step 4. Find new ways of getting your needs met. Consider the ways substances have met your needs in the past, such as hanging out with friends, feeling relaxed or “high,” dealing with symptoms, or having something to do. What needs did they meet? For each need you identify, think of at least one new strategy for getting that need met.

Need 1: _____

Strategy for meeting this need:

Need 2: _____

Strategy for meeting this need:

Need 3: _____

Strategy for meeting this need:

Recovery from Substance Use Problems

Taking control over your life and tackling your substance use problems can be hard work, and there may be setbacks along the way. However, your strength and determination will pay off as you become sober and reclaim your life. You have every right to be hopeful that recovery is possible, and that you can take charge of your own life and grow past the effects that substances have had on it!

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

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Practitioner Guidelines for Handouts #4A-B:

Healthy Lifestyles

Goals

The Healthy Lifestyles handouts should take between 2-4 sessions to complete depending on whether or not the Tobacco Smoking handout needs to be covered. The goal of this topic area is to provide some very basic information on different elements of a healthy lifestyle: diet, exercise and physical activity, and sleep habits. At the end of the Practitioner Guidelines for this section, there are suggestions of resources you may want to access depending on the participant's interest and knowledge about healthy lifestyle change. Many consumers may identify healthy lifestyle goals and so this topic may be one that is revisited throughout the program. The purpose of the information in the handout is to increase motivation to engage in health behavior changes by linking changes to improving self-management of medical problems and psychiatric problems.

Suggestions for Teaching

- All smokers should also cover the Tobacco Smoking handout regardless of readiness to quit. If not interested in quitting, emphasis should be on the decisional balance exercise and preparing to quit strategies may be revisited if the client becomes motivated to try to quit smoking.
- Extensive resources exist both in the community and online for enhancing nutritional and fitness education. Ask the client if there are aspects of fitness and or nutrition that he or she would like to learn more about and support the client in accessing these resources.
- This topic has many potential opportunities for in vivo practices. In a group setting or working individually, light stretching exercises could be practiced together. Grocery store visits and home visits to assess knowledge and skill around preparing healthy foods could be invaluable.
- If sleep or eating habits are extremely dysfunctional and impacting the client's life in a significant way, exploring the possibility of a referral to a sleep clinic or to a therapist/treatment center that focuses on eating disorders may be necessary.

Review Questions

What are some strategies you learned for eating a healthier diet?

What is the difference between physical activity and exercise?

What is it important to have a bedtime/sleep routine?

Suggestions for Home Practice

1. Ask the client if he or she would be willing to track eating habits by using a food log (simply writing what is eaten on a calendar perhaps) to increase awareness about current eating habits and identify areas for change.
2. Ask the client to think about exercise or physical activities enjoyed in the past or things that he or she might like to try and brainstorm a list.
3. Identify one healthy sleep habit that the client is not doing and develop a plan for implementing it in the upcoming week.
4. Monitor smoking/tobacco use by using the pack wraps in the handouts.

Additional Resources

Nutrition and Diet

7 Ways to Jumpstart Healthy Life Changes

<http://www.health.harvard.edu/healthbeat/7-ways-to-jumpstart-healthy-change-in-your-life>

Website with links to various nutrition resources online

<http://www.nutrition.gov/>

Overeaters Anonymous

<http://www.oa.org/>

Exercise and Physical Activity

The President's (Activity) Challenge

<https://www.presidentschallenge.org/participate/index.shtml>

Interesting tips for overcoming barriers to being more active

<http://www.healthyalberta.com/activeliving.htm>

Physical activity guidelines

<http://www.health.gov/paguidelines/>

Healthy Sleep Habits

Harvard Medical School-Division of Sleep Medicine

<http://healthysleep.med.harvard.edu/need-sleep/what-can-you-do/good-sleep-habits>

Healthy Sleep Awareness Project

<http://www.sleepeducation.org/>

American Sleep Apnea Association

<http://www.sleepapnea.org/>

National Sleep Foundation

<http://sleepfoundation.org/>

Smoking Cessation

SmokeFree.Gov

<http://smokefree.gov/>

American Lung Association

<http://www.lung.org/stop-smoking/>

Integrated Illness Management and Recovery

Handout #4A: Practical Facts About Healthy Lifestyle

Let's Discuss! 

What is a healthy lifestyle?

What makes someone a "healthy person"?

How might being physically healthy help you to reach your goals?

How are mental health and physical health connected?

Are there healthy changes you have been thinking about making in your life?

A healthy lifestyle can support your physical and emotional well-being to help you feel and do your best. A healthy lifestyle includes behaviors such as eating healthy, getting enough sleep, being physically active, and becoming a non-smoker. A healthy lifestyle is an important part of managing medical problems and can also help with your mood. For example, exercise can make you feel more energetic and happier so you can do the things you want to do. Being physically healthy can also make it easier to reach your life goals.



Healthy Eating

Let's Discuss!

Why is eating healthier important part of a healthy lifestyle?

Would/Is eating healthier a step towards your personal goal? Why?

What changes would you like to make to your diet? Why are those changes important?

Making changes to your eating habits takes effort, but the results are very rewarding for your emotional and physical well-being. Think of specific changes you would like to make and develop a plan to accomplish the changes.

Place a checkmark next to each of the steps you would like to make to your eating habits in the next 6 months. You may decide to work on one step at a time or more than one step at a time, but it is best to avoid trying to make more than 2-3 changes at once. You may be doing some of these behaviors already. If so, don't check them off.

- Eat more fruits and vegetables
- Eat less sugary foods i.e. cookies, pies, cakes, high sugar cereals, etc.
- Eat smaller portion sizes
- Drink more water (versus juices, sodas, or caffeinated beverages)
- Eat fewer snacks foods or eat healthier snacks
- Reduce night eating
- Learn how to read nutrition labels
- Eat fewer high sodium food such as packaged/prepared foods and snacks

Let's Discuss!

How much do you need to eat each day?

Have you ever tracked how much you were eating each day? How was that for you?

Why do you think it might be important?

Having a sense of how much you are eating each day can be an important part of maintaining a healthy weight. Determining how much you need to eat each day will depend on whether you want to lose weight or stay at your current weight. You will also need to consider how much activity you get each day. How much you eat differs if you are very physically active versus spend most of the day sitting.

First, Let's Discuss!

What are some ways you could eat less each day?

Can you think of what you ate yesterday?

Are there any substitutions you can think of that would make your eating healthier?

Here are some examples:



Drink water instead of soda!



Chicken instead of hamburger



Fruit instead of cookies.

Healthy breakfast ideas:

- Plain oatmeal is a wonderful breakfast food. It is low in fat and high in fiber. Whole-grain cereals are also healthy and have vitamins and minerals. Look for low-fat, low sugar, and high fiber cereals and always use low fat or skim milk to keep fat intake down. Try adding fruit to your oatmeal or cereal such as peaches or berries.
- Mix 1/2-cup low-fat cottage cheese with $\frac{1}{2}$ cup of fruit.
- Make an egg white omelet or use Egg Beaters (see package for serving size) and top with 1-tablespoon salsa or try an omelet with a small handful of chopped mushrooms or other vegetables.



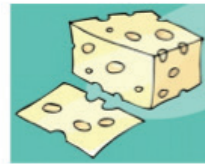
Healthy lunch and dinner ideas:

- Choose chicken, fish, or beans instead of red meat and cheese.
- Cook with oils that contain a lot of polyunsaturated and monounsaturated fats, like olive and canola oil instead of cooking with butter.
- Eat vegetables and fruits at every meal. In fact, most of your plate should be filled with vegetables (or fruit).



Healthy snacks options:

- Microwave popcorn (snack size "light" bag)
- Veggie sticks (raw carrots, celery, cucumbers, red peppers, etc.)
- Fruit
- Unsalted (low-salt) pretzels (2 handfuls)
- Vanilla wafers or gingersnaps (no more than 6)
- Graham crackers (2 cracker sheets)
- Single slice of toast with tablespoon or less of peanut butter
- Reduced-sodium Saltines or other crackers and low-fat cheese (six crackers and six thin, small slices of cheese)
- A small handful of nuts (2 tablespoons)



Healthy restaurant eating:

- Before going to a restaurant, ask for a copy of the menu and identify the lower fat items the restaurant has to offer before ordering. Many restaurants now offer menus with nutritional content or special symbols that identify the healthy options.
- Most restaurants serve at least twice as much food as you need to eat. So, at the start of the meal, ask the wait staff to pack up $\frac{1}{2}$ of your meal. This way, you have another meal to eat the next day!

Get Moving! Becoming More Physically Active

Let's Discuss!

Why is being more physically active an important part of physical and emotional health? What is the difference between exercise and physical activity?

How could getting more exercise and physical activity help you to reach your life goals?

What kind of exercise or activity do you do now or have you enjoyed in the past?

What changes would you like to make to your activity level?

Exercise is planned physical activity lasting more than 10 minutes that is done for the sole purpose of working on your fitness that causes you to breathe heavy and/or make your heart beat faster and/or sweat. There are many activities that are physically challenging, like raking leaves or grocery shopping in a large store, but they are not exercise. In order to stay healthy, you should try to do both: increase physical activity AND get regular exercise.

Types of exercise

Stretching helps to keep joints healthy and flexible and can also improve balance and circulation. Improving flexibility is important to help us avoid injuries and make it easier to perform daily activities. 5-10 minutes is all you need to improve your flexibility. Stretching can also be helpful for people with medical conditions such as arthritis and other joint problems. Examples of stretching exercises: range of motion exercise, yoga, tai chi, etc.



Aerobic exercise increases your heart rate, increases breathing and causes you to perspire. It is the most effective form of exercise for weight loss and is important for the management of many medical problems including: high blood pressure, diabetes, high cholesterol, etc. Examples of aerobic exercise: brisk walking, active yard work, jogging, dancing, bicycling, etc.



Strengthening or resistance exercises are important for building muscle and keeping bones strong. If done 2 or 3 times per week, strength exercises can help you to lose weight. Examples of resistance exercises: weight lifting, swimming, bicycling, etc.

You don't have to go to a gym to exercise. You can do exercises at home or in your neighborhood. Can you think of ways to get more exercise?

Healthy Sleep Habits

Let's Discuss!

What is a "good night's sleep?"

Why is it important to physical and emotional health to get a good night's sleep?

Would you like to improve your sleep habits?

How might improving sleep habits help you reach your life goals?

There are many factors that can make it difficult to fall asleep or stay asleep. However, it is important to get enough sleep each night because poor sleep may affect our emotional health as well as our physical health. For example, you might not have enough energy to participate in exercise or other physical activity if you do not get enough sleep. You might get depressed or irritable or have trouble concentrating or remembering things if you are not sleeping well.

Place a checkmark next to each of the steps you would like to take to sleep better in the next 6 months. You may decide to work on one step at a time or more than one step at a time, but it is best to avoid trying to make more than 2-3 changes at once. You may be doing some of these behaviors already. If so, don't check them off.

- Go to bed and get up at the same times every day.
- Avoid caffeine after 6 PM and smoking within an hour of going to bed.
- Exercise so you feel tired at night, but try not to exercise right before bedtime. Finish up all exercise 2-3 hours prior to bed.
- Don't nap during the day.
- Avoid alcohol. It often causes early awakening.
- Do something relaxing before going to bed, such as reading, listening to music, having herbal tea or warm milk, or watching something funny on TV (but not something dramatic or stimulating).
- Make sure your room is dark and quiet; use an eye mask or earplugs.
- If you have trouble sleeping for more than 30 minutes, get out of bed and do something relaxing for 15 minutes or more before returning to bed.
- Avoid screen time (TV, computer, electronic devices) too close to bedtime.
- Get outside. Exposure to natural light during the day may improve sleep.
- Experiment with "white noise" like a fan. White noise can help mask other noises in the environment that might disturb sleep such as a car alarm or a dog barking.
- Make sure your room is dark. Light sends a message to the brain to wake up, even alarm clock lights or other light from electronics in the room.
- Discuss with your doctor, whether or not you should get a referral to a sleep specialist. Sleep disorders like sleep apnea (when people stop breathing while sleeping) are medical issues for which treatment does exist.
- Research shows that the perfect temperature for sleeping is on the cooler side, about 65 degrees. Consider your room temperature when developing a plan for better sleep.

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Handout #4B: Practical Facts About Tobacco Smoking

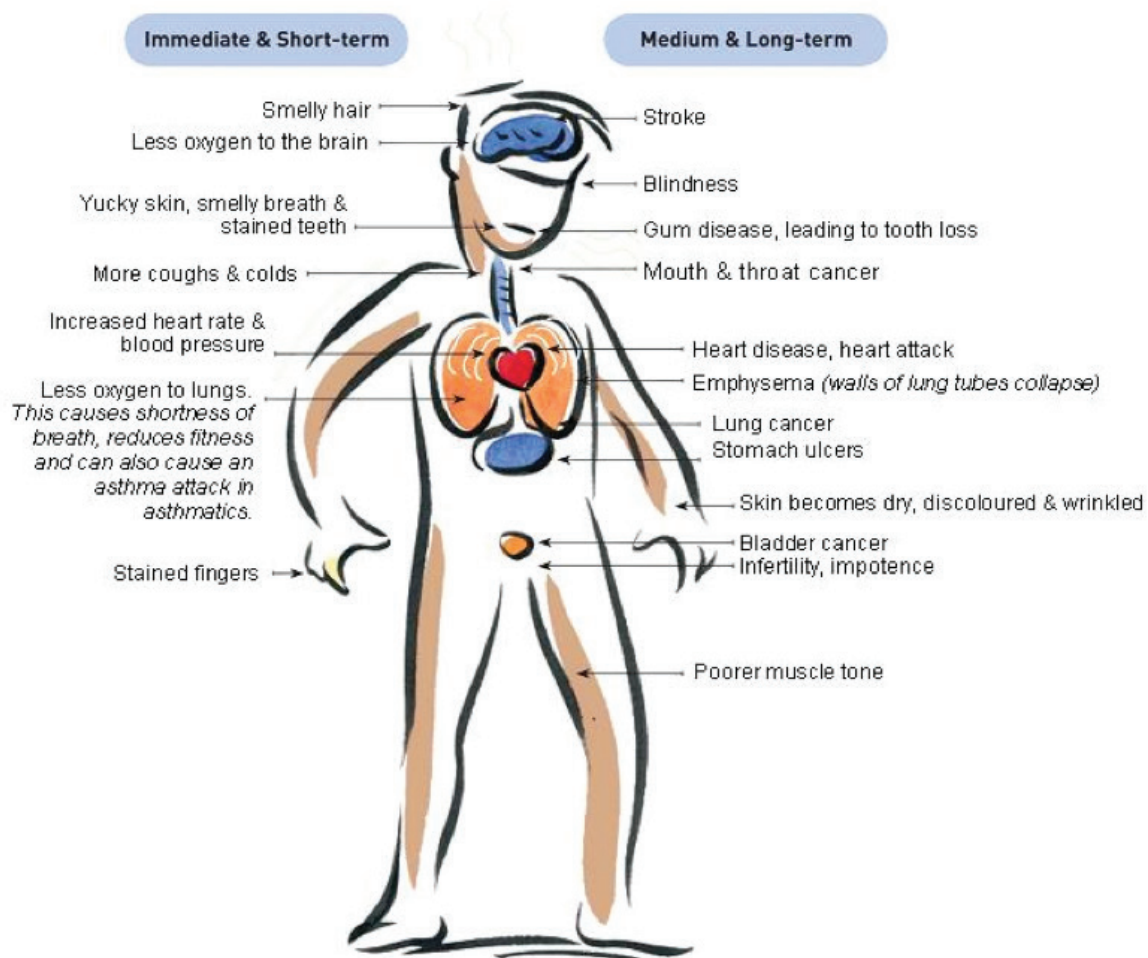
Smoking increases the risk of developing many health problems. Quitting smoking is probably one of the best ways to better manage medical problems such as diabetes, heart disease, arthritis, COPD, high blood pressure, and high cholesterol. You can also reduce your risk of developing illnesses by quitting smoking.

Let's Discuss!

How long have you been a smoker? What do you like about smoking? What do you dislike about smoking? Have you ever tried to quit smoking? Tell me about your quit attempt(s). Have you had any symptoms or health problems related to smoking?

How might smoking interfere with reaching your goals?

This diagram shows the bad effects of smoking on the body.



Deciding to quit smoking

Deciding to quit or to keep smoking is a very personal choice. Most people have to try to quit many times before they are successful. There are several treatments available to help people quit smoking. Research shows that people are more successful when they use treatment versus trying to quit "cold turkey." If you do quit, tell your doctor because the level of some of your medications might increase as a result of quitting, so your dose might have to be decreased.

Nicotine replacement therapy (NRT)	<ul style="list-style-type: none">• Contains nicotine and helps people with withdrawal symptoms• Available as a gum, lozenge, patch, inhaler, or nasal spray• Very few side effects, which depend on the form of NRT
Bupropion (Zyban or Wellbutrin)	<ul style="list-style-type: none">• Helps reduce physical withdrawal symptoms• Can be used with nicotine replacement therapy
Varenicline (Chantix)	<ul style="list-style-type: none">• Twice daily medication that decreases cravings for nicotine• Does not have nicotine• Side effects may include nausea and vivid dreams
Counseling	<ul style="list-style-type: none">• Group or individual counseling offered locally• Call 1-800-QUIT-NOW for free telephone counseling

Tips for preparing to quit smoking

- **Monitor your smoking** - Track what happens before you light up using the worksheet below. Complete a worksheet every day for 1-2 weeks. This will help you prepare for situations that will be challenging when you try to quit.
- **Think about why you smoke** - Using the worksheet below, think about what makes you want to continue to smoke and what makes you want to quit.
- **Pick a treatment** - Research shows that people have more success quitting if they use treatment. Talk to your doctor about your options and use the treatment as prescribed.
- **Drink water** - Drinking lots of water can help flush out nicotine and other chemicals from smoking and will also give you something else to do if you have an urge to smoke.
- **Deep breathe** - Quitting smoking may temporarily increase feelings of anxiety, but these feelings are probably just your body's reaction to not having nicotine, which is called "withdrawal." Deep breathing can help with physical symptoms of withdrawal from nicotine.
- **Find other activities you enjoy** - You get some enjoyment from smoking and you will need to replace that with other activities, so think of hobbies and activities you enjoy that you can do.
- **Spring clean** - Cleaning your house thoroughly will help you get ready to quit because it will make your environment smell fresh and clean. Get rid of ashtrays and lighters.
- **Find a support** - Let your friends and family members know that you are planning to quit. People may offer encouragement. If people know ahead of time, they may not smoke when you are around. Consider making plans with a friend on your quit date either to talk to or do a fun activity.
- **Set a quit date** - Decide on a day you would like to quit. Plan out your day hour-by-hour so that you have plenty to do on your quit day and so that you will be distracted and less likely to think about smoking. Plan to see or talk to your supports and to do an activity you enjoy.

Track Your Smoking: Pack Wraps

Write the date here _____

Morning Cigarette

1. What time is it? _____
2. What I am doing? (Circle activity or write in an activity)
Waking up Eating or drinking Socializing Driving Write in other _____
3. What is your mood? (Circle option below)
Bored Angry Frustrated Anxious Depressed Happy Relaxed Tired
4. How important is this cigarette? (Circle option below)
Most important Moderately important Least important

Middle of the Day Cigarette

1. What time is it? _____
2. What I am doing? (Circle activity or write in an activity)
Waking up Eating or drinking Socializing Driving Write in other _____
3. What is your mood? (Circle option below)
Bored Angry Frustrated Anxious Depressed Happy Relaxed Tired
4. How important is this cigarette? (Circle option below)
Most important Moderately important Least important

Evening Cigarette

1. What time is it? _____
2. What I am doing? (Circle activity or write in an activity)
Waking up Eating or drinking Socializing Driving Write in other _____
3. What is your mood? (Circle option below)
Bored Angry Frustrated Anxious Depressed Happy Relaxed Tired
4. How important is this cigarette? (Circle option below)
Most important Moderately important Least important

Balancing My Decision to Quit Smoking

Continuing Smoking

Costs

Benefits

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Quitting Smoking

Costs

Benefits

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Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Practitioner Guidelines for Handout #5:

Using Medication Effectively

Goals

This topic area can be covered in 3-4 sessions. The purpose of this topic is to discuss medications for mental illness and medical issues. Explore how taking medication may help with reaching wellness and recovery goals. Help people make an informed decision about taking medications including asking prescriber questions about medications.

Suggestions for Teaching

- When discussing medications, take opportunities to draw connections between taking medications as prescribed and reaching meaningful goals.
- Encourage clients to examine beliefs about medication.
- Role-play how a client might ask their prescriber questions. Homework could include setting up an appointment with the person's doctor in order to ask questions.
- The practitioner could ask people to identify which medications they are currently taking and which side effects they have experienced. If people have not talked to their doctors about these side effects, they can role-play what they might say to their doctor.
- The practitioner can model how to use a strategy for coping with side effects in the session (e.g., muscle stretching exercise to help cope with muscle stiffness) and role-play with the person how to use the strategy himself or herself.
- While discussing how to get the best results from medications, it may be appropriate to explore options to improve adherence including: visual cues, electronic reminders, and pill boxes.
- Some individuals may not be able to fill a pill organizer box because of dexterity problems, vision impairments, etc., and may not have someone at home to assist them. Help them explore local agencies for programs that may help with medication-related tasks. Some pharmacies offer bubble packs or pre-filled organizers as a service.
- People who have difficulty remembering whether or not they have taken their medication (and may skip or take extra doses) should be encouraged to use a variety of tools including: pill organizers, calendars or other strategies.

Review Questions

Do you know what medication you are taking for _____?

How do you think it is working?

How do you make informed decisions about medications?

What is a symptom? What is a side effect?

What can you do if you are having bothersome side effects from medication?

What are your options?

Suggestions for Home Practice

1. Ask the prescriber or nurse specific questions about medication. Develop a list of questions and any upcoming appointments.
2. Implement a strategy for taking medication on a routine basis that was developed as part of behavioral tailoring. Involve family members and other supportive people whenever possible.
3. Encourage people to carry a list of medications with them at all times. Help the person develop a list that they can carry with them.

Additional Resources

NAMI Hearts and Minds: A Roadmap to Wellness for People Living with Mental Illness. There is a section on Medical Self-Advocacy that provides strategies for engaging in primary health care and information about the impact of psychiatric medications and physical health.

http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/FINALfinalRoadmaptoWellness.pdf

Download digital poster from SAMHSA on ways to promote wellness that includes working with primary care doctor and asking questions.

<http://store.samhsa.gov/product/SAMHSA-s-Wellness-Initiative-Three-Ways-to-Promote-Wellness/SMA12-4569>

Integrated Illness Management and Recovery

Handout #5:

Using Medication Effectively

This handout discusses medications for medical and psychiatric disorders. Information is provided about the effects of medications, including their advantages and disadvantages. People are encouraged to make their own choices about taking medications. Strategies for getting the most out of medications are described.



Make a list of all of your prescribed medications and the purpose of each one.

Medication List

Name of Medication	I take this medication for...	Doctor's name	Dosage	Medication instructions	I started taking this medication...
Atenolol	High blood pressure	Dr. Jane Smith	1 mg	Take 1 tablet twice a day	January 2006

Learning More About Medications for Psychiatric Symptoms and Medical Disorders

The medications and their benefits for psychiatric symptoms and common medical disorders are summarized on the following chart:



Medications and their benefits

Category	Medication I used	Possible benefits
Antipsychotics		Can reduce symptoms of psychosis: <ul style="list-style-type: none"> • Hallucinations • Delusions • Disorganized speech or behavior
Mood Stabilizers		Can help reduce extremes of moods: <ul style="list-style-type: none"> • Mania • Depression
Antidepressants		Can reduce the symptoms of depression: <ul style="list-style-type: none"> • Low mood • Poor appetite • Sleep problems • Low energy • Difficulty concentrating • Helpful in treating anxiety disorders
Antianxiety or sedatives		Can reduce: <ul style="list-style-type: none"> • Anxiety • Feeling over-stimulated • Difficulty sleeping
Antihypertensives		Can lower blood pressure
Cholesterol-lowering medications		<ul style="list-style-type: none"> • Can raise HDL, "good cholesterol" • Lower LDL, "bad cholesterol" • Lower triglycerides
COPD medicines		<ul style="list-style-type: none"> • Helps open the airway and bronchial tubes • Reduce swelling and inflammation
Diabetes medicines and Insulin		<ul style="list-style-type: none"> • Can increase the amount of insulin in the body • Helps the cells use insulin more effectively • Helps the body's cells to release more insulin • Decreases the amount of sugar (glucose) released by the liver • Increases the sensitivity of the body's tissue to insulin, increasing absorption
Pain medicines (Appendix #9)		<ul style="list-style-type: none"> • Can reduce: • Inflammation (swelling) and pain
Other category:		

At the end of this handout there are handouts with information about each type of medication. Review the sheets that relate to the illnesses you have. Keep in mind, however, that new medications are being developed all the time. Therefore, it is important to talk to your doctor about what may have become available since these materials were printed.

Let's Discuss!

What are "side effects" of medication?

Medications for mental illness and medical disorders can cause "side effects," which are undesired physical feelings that can be mild or severe. In most cases, side effects are temporary, and improve over time as your body adjusts to medication. Some side effects are very serious. If you recognize that you are having side effects, it is important to contact your doctor as soon as possible. After evaluating how serious they are, your doctor may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. There is also a handout with a list of strategies for coping with side effects. The following table lists common side effects associated with medications (more information about specific side effects is included in the information sheets on specific types of medications).

Common side effects associated with medication

Medication Category	Possible side effects	Plan to cope with side effect(s)
Antipsychotics	<ul style="list-style-type: none"> • Muscle stiffness • Mild tremors • Restlessness • Weight gain • Diabetes 	<ul style="list-style-type: none"> • Discuss with Prescriber • Other:
Mood Stabilizers	<ul style="list-style-type: none"> • Mild tremors • Fatigue • Nausea • Muscle achiness • Dry mouth • Headaches • Dizziness 	<ul style="list-style-type: none"> • Discuss with Prescriber • Other:
Antidepressants	<ul style="list-style-type: none"> • Nausea • Excitement • Sexual problems • Dry mouth • Weight gain • Dizziness 	<ul style="list-style-type: none"> • Discuss with Prescriber • Other:
Antianxiety or sedatives	<ul style="list-style-type: none"> • Over-sedation • Fatigue • Problems with memory 	<ul style="list-style-type: none"> • Discuss with Prescriber • Other:

Antihypertensives	<ul style="list-style-type: none"> • Dehydration • Fatigue • Weakness • Changes in sleep • Sexual problems • Cold hands/feet • Headache • Cough • Constipation 	<ul style="list-style-type: none"> • Discuss with Prescriber • Other:
Cholesterol-lowering medicines	<ul style="list-style-type: none"> • Gas • Upset stomach • Constipation • Muscle problems • Elevated liver enzymes 	<ul style="list-style-type: none"> • Discuss with Prescriber • Other:
Chronic obstructive pulmonary disease medicines	<ul style="list-style-type: none"> • Rapid heartbeat • Stomach upset • Dry mouth • Headache • Increase in appetite • Changes in blood sugar • Retention of fluid • Depression 	<ul style="list-style-type: none"> • Discuss with Prescriber • Other:
Diabetes medicines and Insulin	<ul style="list-style-type: none"> • Weight gain • Headache • Stomach upset • Low blood sugar • Metallic taste in mouth • Gas 	<ul style="list-style-type: none"> • Discuss with Prescriber • Other:
Pain medicines	<ul style="list-style-type: none"> • Stomach upset • Bleeding problems • Ulcers 	<ul style="list-style-type: none"> • Discuss with Prescriber • Other:
Other category:		<ul style="list-style-type: none"> • Discuss with Prescriber • Other:

Getting the most from your medications

Learning more about the medications you take is an important part of making good decisions about your treatment. Working together with your doctor as in a partnership can be helpful in making progress towards your recovery.

You should use you and your doctor's expertise to make decisions about your medications and your treatment. It helps to have some questions in mind when you are deciding about taking medication or switching medications.

Review the questions below and check off which questions you would like to bring with you to your next meeting with your prescriber.

- How will this medication benefit me? What will it help me with?
- How long does it take the medication to work?
- What side effects might I get from the medicine?
- What should I do if I notice side effects?
- Is it ok to use the medicine for a long time (years)?
- Why am I taking more than one medication for the same problem?
- What if the medication doesn't work for me?

Review the list of questions you want to ask your doctor then practice having the conversation with your IMR practitioner or another group member. Follow these steps:

1. Make a list of the questions you want to ask your doctor
2. Tell your doctor that you want to talk about your medications
3. Tell your doctor about the medications you are taking
4. Ask the doctor the questions you have written down or talk about concerns that you have about your medications
5. Thank your doctor for listening and helping

Let's Discuss!

Now that you have reviewed the benefits of medications, potential side effects, and discussed questions you have about medications with your prescriber, it can be helpful to summarize all of the information you have learned.

What are the most important things you have learned about your medication?

It can be helpful to think about how your medications are working well for you and ways that they might not be working for you so that you can provide the best possible feedback to your doctor. Fill out the chart below to summarize how your medications are working/not working.

Ways medications are working for me	Ways medications are not working for me

Many people find that it can be difficult to remember to take medications regularly. Below are some strategies that can help you to take medications as part of your regular routine.

Simplify your medication schedule as much as possible.

When you take several medications several times each day, it is hard 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 (such as switching to a long-acting medicine that is injected).



Take medications at the same time every day.

Taking medications at the same time (or times) every day makes it easier to remember.

Build taking medication into your daily routine.

It is often easier to remember to take medication if you do it right before or after another daily activity. Examples of daily activities include brushing your teeth, showering, eating breakfast, and getting ready to go to work.

Use cues to help yourself remember.

Many people have developed their own ways to help remember to take their medications regularly. Examples include: using a pill container that is organized into daily doses, using a calendar, making notes to yourself, asking a relative or other supporter to help you remember.

Make a plan to use a strategy to help you get the best results from your medications. Share your strategy with a friend or family member and ask him or her to help you over the next week to use your strategy. Keep track of how often you remember to take your medication as prescribed.

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Antipsychotic medications

Antipsychotic medications are sometimes called “major tranquilizers” or “neuroleptics.” They reduce the symptoms of psychosis, including hearing or seeing things that aren’t there (hallucinations), mistaken beliefs (delusions), and confused thinking (thought disorders).

Antipsychotic medications are not addictive. They not only help reduce psychotic symptoms during and after a relapse, but also help prevent relapses and rehospitalizations. Some of the newer medications also help reduce negative symptoms, including lack of energy, motivation, pleasure, and emotional expressiveness. More medications are being developed all the time, so it is important to keep up to-date with your doctor about what medications are available.

The following chart contains the brand names and chemical names of the antipsychotic medications that are currently available. Blank spaces are provided to write in the names of new medications as they become available.



Antipsychotic medications

Brand name	Chemical name
Abilify	aripiprazole
Clozaril	clozapine
Geodon	ziprasidone
Haldol	haloperidol
Loxitane	loxapine
Mellaril	thioridazine
Moban	molindone
Navane	thiothixene
Prolixin	fluphenazine
Risperdal	risperidone
Serentil	mesoridazine
Seroquel	quetiapine
Stelazine	trifluoperazine
Thorazine	chlorpromazine
Trilafon	perphenazine
Zyprexa	olanzapine

Side effects of antipsychotic medications

People have very different reactions to medications. Some people who take antipsychotic medications have side effects and some do not. Some antipsychotics cause muscle stiffness, mild tremors, restlessness, and muscle spasms. Some can also cause sexual problems or irregular menstrual periods. Many can cause weight gain, high blood sugar, and diabetes.

"Tardive dyskinesia" is an undesirable side effect that involves muscle movements, primarily in the face, mouth, tongue and hands, that cannot be controlled. Tardive dyskinesia ranges from mild to severe. Let your doctor know if you notice any abnormal muscle movements, so that he or she can evaluate for tardive dyskinesia. Not all antipsychotics cause this.

"Agranulocytosis" is when people stop making white blood cells, which your body needs to fight infections. It is a dangerous side effect of clozaril. Luckily, most people do not get this side effect. People who take clozaril have regular blood tests to monitor white blood cell levels.

Treatment of side effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See the "Coping with Medication Side Effects" handout for other ideas.

Mood stabilizers

Mood stabilizing medications help treat problems with very low (depression) and very high (mania) moods. They help to reduce symptoms and to prevent relapses and re-hospitalizations. They are not addictive. The following chart lists the most common mood stabilizers.

Mood stabilizing medications

Brand Name	Chemical Name
Eskalith, Eskalith controlled release	Lithium carbonate
Tegretol	carbamazepine
Depakote, Depakene	valproic acid
Lamictal	lamotrigine

Side effects of mood stabilizers

Not everyone who takes mood stabilizers experiences side effects. However, it is important to be aware of possible side effects and to contact your doctor as soon as you notice them.

Lithium

Possible side effects include nausea, stomach cramps, thirst, fatigue, headache, and mild tremors. More serious side effects include: vomiting, diarrhea, extreme thirst, muscle twitching, slurred speech, confusion, dizziness, or stupor.

Although lithium is a natural chemical element, like oxygen or iron, it can be harmful if there is too much of it in your body. To prevent this, the doctor must monitor the amount of lithium in the body by taking regular blood tests.

It is also important to have enough salt in your diet while taking lithium, because the sodium in salt helps to get rid of excess lithium. This means you should avoid prescription and over-the-counter medications that get rid of excess water in your body (diuretics) such as Fluidex with Pamabrom, Aqua-Ban, Tri-Aqua, or Aqua-rid.

Tegretol and Depakote

Possible side effects include: fatigue, muscle ache or weakness, dry mouth, constipation or diarrhea, loss of appetite, nausea, skin rash, headache, dizziness, decreased sexual interest, and temporary hair loss.

Some side effects are more serious, including: confusion, fever, jaundice, abnormal bruising or bleeding, swelling of lymph glands, vomiting, and vision problems (such as double vision). It is important to have regular blood tests to monitor the level of these medications, and to check for any changes in blood cells and liver function.

Lamictal

Possible side effects of Lamictal include dizziness, headaches, double vision, unsteadiness, nausea, blurred vision, sleepiness, vomiting and a mild rash. These symptoms usually occur when first starting the medication and shortly after an increase in dosage and then often fade. A severe rash should be reported to your doctor immediately.

Because these medications can cause sleepiness, you must be cautious when driving or using heavy machinery. It is recommended to limit drinking to one alcoholic drink per week.

Treatment for side effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See the "Coping with Medication Side Effects" handout for other ideas.

Antidepressants

Antidepressants treat the symptoms of depression, including low mood, low energy, appetite problems, sleep problems, and poor concentration. They help to reduce symptoms and prevent relapses and hospitalizations. Antidepressants can also be effective for the treatment of anxiety disorders such as panic disorder, obsessive compulsive disorder and phobias. They are not addictive. The following chart lists the most common antidepressants.

Antidepressant medications

Brand Name	Chemical Name
Anafranil	clomipramine
Celexa	citalopram hydrobromide
Cymbalta	duloxetine
Desyrel	trazodone
Effexor	venlafaxine
Elavil	amitriptyline
Lexapro	escitalopram oxalate
Ludiomil	maprotiline
Luvox	fluvoxamine
Marplan	isocarboxazid
Nardil	phenelzine
Norpramin	desipramine
Pamelor, Aventyl	nortriptyline
Paxil	paroxetine
Prozac	fluoxetine
Serzone	nefazadone
Sinequan, Adapin	doxepin
Tofranil	imipramine
Vivactil	protriptyline
Wellbutrin	bupropion
Zoloft	sertraline

Side effects of antidepressants

Not everyone has side effects from antidepressants. Tell your doctor about any of the following side effects: nausea, vomiting, excitement, agitation, headache, sexual problems, dry mouth, dizziness, sleepiness, weight gain, constipation, heart palpitations, insomnia, memory problems, overstimulation, extremely high blood pressure.

Hypomania, mania and antidepressants

A small percentage of people who take antidepressants develop symptoms of hypomania or mania, including irritability, argumentativeness, agitation, decreased need for sleep,

excessive talking, grandiosity, euphoria, hostility, extreme goal-directed behavior, and behaving in ways that could be risky (hitchhiking, unprotected sex, spending more money than you have). If you experience these symptoms, notify your doctor immediately. He or she may lower your dosage of medication or stop it altogether.

Precautions when taking Marplan and Nardil

There are many foods and drugs that should be avoided when taking Marplan and Nardil, including foods that are high in tyramine, such as aged cheeses, aged meats (like salami and pepperoni), and yeast extracts (except when they are baked into breads). You should also avoid drinking beer, Chianti wine, sherry wine and vermouth and taking certain medications such as Tegretol, Dopar, Sinemet, Demerol, Aldomet, Ritalin, decongestants and stimulants. It is important to obtain a complete list from your doctor of drugs and foods to avoid. Although it is unusual, occasionally people develop carpal tunnel syndrome when they take Marplan or Nardil. This can be corrected by appropriate vitamin supplements.



Treatment of side effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See the "Coping with Medication Side Effects" handout for other ideas.

Antianxiety and sleep medications

Antianxiety and sleep medications help reduce anxiety. Some of these medications also help people sleep. Unlike other psychiatric medications, these medications take only 1-2 hours to work. Some antianxiety and sleep medications can be addictive and you should try not to use them for months or years. Your doctor will carefully monitor your use of these medicines.

The following chart lists the most common antianxiety and sleep medications. Some of the medications can be used to help both anxiety and sleep problems, while others are used to help only one of these problems. Some of these medications are addictive, while others are not.



Antianxiety and sleep medications

Brand Name	Chemical Name
Ativan	lorazepam
Benadryl	diphenhydramine
Buspar	bupirone
Centrax	prazepam
Dalmane	flurazepam
Halcion	triazolam
Klonopin	clonazepam
Librium	chlordiazepoxide
Noctec	Chloral hydrate
Restoril	temazepam
Serax	oxazepam
Valium	diazepam
Xanax	alprazolam

Side effects of antianxiety and sleep medications

Not everyone has side effects of these medications. The most common side effects are sleepiness, fatigue, and poor memory (or other thinking problems). Because these medicines cause sleepiness, limit drinking (no more than one drink /week). Also, be careful when driving.

Treatment of side effects

If you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See the "Coping with Medication Side Effects" handout for other ideas.

Antihypertensive medications

The main purpose of antihypertensive medications is to lower blood pressure, however there are several categories of these medications (listed below) and they work in different ways.

- Diuretics
- Beta-blockers
- Angiotensin receptor blockers
- Angiotensin converting enzyme (ACE) inhibitors
- Calcium channel blockers
- Alpha-blockers⁹⁹



Diuretics

- These medications get rid of water and salt from the body, making it easier for the heart to pump your blood.
- Side effects are not having enough water in your body, weakness, and fatigue. Sometimes the doctor will prescribe potassium pills to treat this side effect.

Beta-blockers

- These medications slow the rate that the heart beats.
- Side effects include: changes in sleep patterns, cold hands/feet, dry eyes/mouth, impotence, fatigue, and occasionally depression.

Angiotensin antagonists

- These medications protect blood vessels from the hormone angiotensin II. This keeps blood vessels wider which lowers pressure in the blood vessels.
- Side effects include: headache, cough, sore throat and swelling.

Angiotensin converting enzyme (ACE) inhibitors

- These medications prevent the production of hormone angiotensin II, a hormone that causes narrowing of the blood vessels.
- Side effects include: skin rash, cough, decreased ability to taste food and, rarely, kidney damage.

Calcium channel blockers

- These medications prevent calcium from entering the cells. This lowers blood pressure by relaxing blood vessels.
- Side effects include: constipation, dizziness/headache, and increased or irregular heart rate.

Alpha-blockers

- These medications allow blood to pass easily through the vessels by reducing the nerve impulses to the blood vessels.
- Side effects include: change in heart rate and dizziness.

Antihypertensive Medications

Brand Name	Chemical Name	Category
Tenormin	Atenolol	Beta-blocker
Sectraol	Acebutolol	Beta-blocker
Zestril	Lisinopril	ACE inhibitor
Lozol	Indapamide	Diuretic
Lasix	Furosemide	Diuretic
Vasotec	Enalapril Maleate	ACE inhibitor
Altace	Ramipril	ACE inhibitor
Avapro	Irbesarten	Angiotensin reception blocker
Cardizem	Diltiazem Hydrochloride	Calcium channel blocker
Plendil	Felodipine	Calcium channel blocker
Lotensin	Benazepril Hydrochloride	ACE inhibitor
Capoten	Captopril	ACE inhibitor

Treatment of side effects

If you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See the "Coping with Medication Side Effects" handout for other ideas.

Cholesterol-lowering medications

Medications for cholesterol do three things: raise HDL, "good cholesterol," lower LDL, "bad cholesterol," and lower triglycerides (another type of fat in the blood).

Statins

These medications lower low-density lipoprotein, LDL, by lowering cholesterol production.

Bile acid sequestrates

These medications lower LDL by helping to eliminate cholesterol in the bowels.

Fibrates

These medications lower triglyceride and may increase HDL.

Niacin (nicotinic acid)

This is a B-vitamin that your doctor might prescribe in a higher amount than what is found in over-the-counter pills. Niacin can lower LDL and triglycerides as well as increase HDL. High doses of niacin can have many side effects such as hot flashes, gastrointestinal symptoms such as nausea, gas, vomiting, peptic ulcers, and diarrhea, liver problems, gout, and high blood sugar. Doctors try not to prescribe niacin to lower cholesterol because it can raise blood sugar.

Side effects of cholesterol-lowering medications

Side effects include: gas, upset stomach, cramps and constipation, elevated liver enzymes, muscle problems, and increased risk for cholesterol gall stones.

Medications for high cholesterol

Brand Name	Chemical Name	Category
Lipitor	Atorvastatin	Statin
Lescol	Fluvastatin	HMG CoA reductase inhibitor
Crestor	Rosuvastatin	Statin
Tricor	Fenofibrate	Bile acid sequestrants
Welchol	Colesevelam	Bile acid sequestrants
Colestid	Colestipol	Bile acid sequestrants
Lopid	Gemfibrozil	Fibrates
Questran	Cholestyramine	Bile acid sequestrants
Niacin/Nicotonic Acid	Niacin/Nicotonic Acid	RX strength B-vitamin

Treatment of side effects

If you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See the "Coping with Medication Side Effects" handout for other ideas.

COPD medications

There are two main types of medications used for the treatment of COPD: bronchodilators and corticosteroids. Both can be taken in the form of a pill or inhaled through an inhaler or nebulizer.

Bronchodilators work to open the airway, bronchial tubes, to the lungs. Side effects differ depending on the type of bronchodilator but may include: rapid heartbeat, stomach upset, dry mouth (inhaled anticholinergic), headache, high blood pressure and hand tremors.



Corticosteroids reduce swelling and inflammation. Side effects of inhaled corticosteroids include thrush (yeast overgrowth in the mouth) and dry mouth. Side effects of oral corticosteroids can be serious and should be reported to your doctor. Effects of short-term use include: stomach upset, increase in appetite, changes in blood sugar, too much fluid in the body (swelling), depression, irritability, and insomnia. Long-term effects include: high blood pressure, softening of the bones, cataracts (clouding of the lens in your eye), and reduced ability to heal (skin wounds).

In addition, expectorants or mucolytics may be prescribed to reduce the amount of mucus in the airways and lungs.

COPD medications

Brand Name	Chemical Name	Category
Flovent	Fluticasone	Inhaled Corticosteroid
Xopenex	Levalbuterol	Bronchodilator
Serevent	Salmeterol Xinafoate	Bronchodilator
Theo-Dur, Respid	Theophylline	Broncodilator
Prednisone	Prednisone	Oral Corticosteroid
Mucomyst	Acetylcysteine	Mucolytic

Treatment of side effects

If you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See the "Coping with Medication Side Effects" handout for other ideas.

Diabetes medications and insulin

For people with Type 2 diabetes, treatment always involves increasing exercise and changing eating habits. If blood glucose is still too high, medication is prescribed in addition to maintaining healthy exercise and eating habits. These medications help with one of two problems associated with Type 2 diabetes:

1. The body may not make enough insulin.
2. The cells don't take in glucose as quickly and easily as they should.

There are six classes of medications for type 2 diabetes.

Sulfonylureas

- Increase the amount of insulin made in the body and help the cells use insulin better.
- Side effects include: weight gain, headache, gastrointestinal problems and low blood sugar

Meglitinides

- Help the body's cells to release more insulin.
- The most important side effect to watch for is low blood sugar.

Biguanides

- These medications, including metformin (or *Glucophage*), decrease the amount of sugar (glucose) released by the liver and help the body's tissue to use insulin, increasing absorption. Metformin sometimes helps with weight loss.
- Side effects include belly problems and a metallic taste in the mouth. Lactic acidosis (build-up of lactic acid in the blood) is a rare but serious side effect that may also occur. Symptoms of lactic acidosis are nausea, vomiting, tiredness, or irregular heart rate.

Alpha-glucosidase inhibitors

- These medications cause the body to absorb starches (like bread and potatoes), and other carbohydrates (found in sugar, fruit, vegetables) more slowly.
- These medications need to be taken with food and may cause gas and diarrhea.

Thiazolidinediones or glitazones

- These medications help the body's cells to use insulin. Before taking these medications, people need to have liver function tests to check for any liver problems.

Insulin

People with type 1 diabetes have to take insulin injections because their bodies do not make insulin (the hormone that helps people use blood sugar for energy). People with type 2 diabetes may or may not need insulin shots. There are different types of insulin: fast-acting, short-acting, intermediate acting, and long-acting. The different types of insulin vary in the time they take to start working and in how long their effects last. People may use more than one type of insulin in different situations.



New medication for diabetes

The Federal Drug Administration has recently approved a new medication for diabetes. Pramlintide or Symlin is a synthetic form of Amylin, a hormone that works with insulin to maintain blood glucose levels. Symlin, which must be used in addition to insulin but must be injected separately, improves hemoglobin A1C tests (a measure of the long-term control of sugar in the blood), reduces the risk of very low blood sugar, and may help with weight loss.

Diabetes medications

Brand Name	Chemical Name	Category
Actos	Pioglitazone	Thiazolidinediones
Glucotrol	Glipizide	Sulfonylureas
Micronase	Glyburide	Sulfonylureas
Glyset	Miglitol	Alpha-glucosidase inhibitors
Starlix	Nateglinide	Meglitinides
Glucophage	Metformin	Biguanides
Prandin	Repaglinide	Meglitinides

Treatment of side effects

If you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See the "Coping with Medication Side Effects" handout for other ideas.

Medications for chronic pain

There are many different kinds of prescription and over-the-counter medications used to treat pain. Most of these medications aim to reduce inflammation (swelling). Although medications can provide relief, they have side effects and are most effective when used with other treatments such as weight reduction, exercise, physical therapy, etc.

Analgesics

Analgesics are often recommended by doctors as the first medication to try for pain because they are well-tolerated and have minimal side effects if taken properly.

Salicylates

Salicylates are medications containing aspirin. Aspirin reduces pain AND inflammation however, it does have side effects such as stomach upset and bleeding problems. Doctors consider a person's medical history and other medications before recommending aspirin.

Non-steroidal anti-inflammatory drugs (NSAID)s

NSAIDs are the most commonly prescribed medication for reducing pain and inflammation. Prostaglandins are substances in the body that make inflammation and pain worse. Prostaglandins are blocked by NSAIDS, causing pain and inflammation to decrease. Side effects can include: stomach problems, ulcers, and bleeding (if used for a long period of time).

Opioids

Opioids are sometimes used to treat severe chronic pain. These medications need to be taken as prescribed because there is a risk of addiction, tolerance, and dependence.

Medications for chronic pain

Brand Name	Chemical Name	Category
Aspirin (i.e. Bayer)	Acetylsalicylic Acid	Salicylate
Tylenol	Acetaminophen	Analgesic
Advil, Motrin, etc	Ibuprofen	NSAID
Feldene	Piroxicam	NSAID
Celebrex	Celecoxib	NSAID
Vicodin	Hydrocodone	Opioid
Oxycontin	Oxycodone	Opioid

Treatment of side effects

If you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See the "Coping with Medication Side Effects" handout for other ideas

Coping with medication side effects

The following charts list some of the common side effects of different categories of medications and some suggestions for coping with them or counteracting them. Blank spaces are provided for additional strategies that you find useful.

Side effect	Strategy
Drowsiness	<ul style="list-style-type: none"> • Schedule a brief nap during the day. • Get some mild, outdoor exercise, such as walking. • Ask your doctor about taking medication in the evening
Increased appetite and weight gain	<ul style="list-style-type: none"> • Eat healthy foods, such as fruits, vegetables and grains. • Cut down on sodas, desserts and fast foods. • Engage in regular exercise. • Join a weight reduction program.
Extreme restlessness	<ul style="list-style-type: none"> • Find a vigorous activity that you enjoy, such as jogging, skating, aerobics, sports, outdoor gardening, swimming, bicycling
Muscle stiffness	<ul style="list-style-type: none"> • Do regular stretching exercises, yoga, or isometric exercises
Dizziness	<ul style="list-style-type: none"> • Avoid getting up quickly from a sitting or lying down position.
Blurry vision	<ul style="list-style-type: none"> • Talk to your doctor about getting reading glasses, which you can buy without a prescription at a local drug store.
Sensitivity to the sun	<ul style="list-style-type: none"> • Stay in the shade, use sunscreen and wear protective clothing. • Avoid going out at the sunniest time of day.
Shakiness or tremors	<ul style="list-style-type: none"> • Ask your doctor about medications to treat tremors. Avoid filling cups and glasses to the brim.
Dry mouth	<ul style="list-style-type: none"> • Chew sugarless gum, suck on sugarless hard candy, or take frequent sips of water.
Constipation	<ul style="list-style-type: none"> • Drink 6-8 glasses of water daily. • Eat high fiber foods such as bran cereals, whole grain breads, fruits and vegetables. • Do light exercise daily. • Take Senna (vegetable laxative) and/or Colace (docusate sodium), which you can buy at a drug store.
Other:	
Other:	

Select a strategy you would like to practice to help cope with a side effect that you are experiencing. Make a plan with your doctor for trying out this strategy. Ask a friend or family member to help you with this coping strategy such as eating healthier, spending time outdoors, or taking a short walk.

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

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Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Practitioner Guidelines for Handout #6:

Social Support

Goals

This topic area can be covered in 2-3 sessions. The purpose of this topic is to help people identify and practice strategies for connecting with people we see they see. This topic area will also address asking for help and support for working towards a healthier life. Many consumers will identify goals related to expanding social networks or enhancing their existing relationships. If a social support goal is identified, covering the additional curriculum from Illness Management and Recovery is recommended.

Suggestions for Teaching

- Explore how increasing social support may be helpful in improving mental and physical health. Ask people how increasing social support may be helpful in making a lifestyle change. For example, it can be helpful to have someone to talk to about the difficulties of changing eating habits or inviting someone to be a “walking buddy.”
- Explore how joining an organization such as the local senior center or the YMCA can be a great way to work towards multiple goals. Organizations that offer exercise, dance or other physical activities can be great places to meet new people, to spend time with people, and to help them reach health goals.
- If people would like to try talking to someone that they see, review the common situations where they may encounter people and also consider how they might be encountering new people as part of making a change in their healthy behavior. For example, they may be interested in taking an exercise or cooking class or joining a new support group. You could help the person make a plan for going to the place and initiating a conversation.
- If clients identify an organization that they would like to join to meet people and work on wellness goals, develop a plan for how they will start the activity.
- Use role-plays to help clients practice asking for help from others to accomplish health-related activities, i.e. getting a ride to a doctor’s appointment. If people enroll in an exercise class in order to meet others, you could set up a role-plays to help them practice starting a conversation with someone from class.
- Many people may have experienced a loss or losses in their social network and may have difficulty thinking about expanding or strengthening their social network. Explore with people how expanding their social network may help them reach their goals for wellness. Discuss ways that relationships with friends and family can be strengthened by asking them to help with wellness goals.

Review Questions

How might your friends or family be helpful in helping you reach your wellness goals or make lifestyle changes?

How might engaging in a healthy lifestyle activity also be a good way to meet new people?

Suggestions for Home Practice

1. Clients could compile a list of wellness activities that they could do with other people or might be good activities for meeting new people.
2. Make a list of activities or areas that would be helpful to ask for a helping hand. Consider areas related to both mental and physical health.
3. Client could identify organizations that offer group exercise and make phone calls to obtain information about joining.

Additional Resources

A Step-by-Step to Planning and Conducting a Successful Health Fair. Suggestions for conducting a health fair that could be useful in promoting healthy activities and encouraging support among people interested in making healthy lifestyle changes. http://www.integration.samhsa.gov/health-wellness/wellness-strategies/uic_cspnj_health_fair_manual.pdf

Integrated Illness Management and Recovery

Handout #6: Social Support

Having social support means that you feel connected and cared for by other people. This is especially important for helping you to live a healthier and happier life.

There are two main topics in this section:

1. Recognizing the importance of social support and talking to people you see
2. Asking for a helping hand

Let's Discuss!

What social support do you have?

How can social support help with physical health?

How can social support help with mental health?

How can social support help you reach your life goals?

Recognizing the importance of social support and talking to people you see

The Mind-Body Connection:

The mind-body connection focuses on how emotions, mental health, relationships, spirituality, and health are inter-connected. There are several ways that having social support can improve mental and physical health:

1. Talking to a supportive person when you are feeling down because of mental health or physical health problems can reduce stress and make you feel better and more able to cope.
2. Developing a network of support can provide support for making and maintaining a lifestyle change.
3. Having people in your life who are willing to help you do things such as take you to appointments, pick up medications at the pharmacy, help change a dressing on a wound, can make it easier for you to manage your illnesses.



What is social support?

"Social support" refers to having relationships that are rewarding, enriching and helpful. The best relationships are those in which each person gives something to the relationship and each person receives something from it. Social support can come from relationships with many different people. Check each box where you have relationships.

Family members

Friends

Peers

Spouses

Boyfriends/girlfriends

Co-workers



Members of religious or other spiritual groups

Classmates

Mental health professionals

Peer support group members

Topic 1: Talking to people you see

During times of stress, illness, or relapse, people may spend more time alone because they don't feel like socializing. If this happens for a long time, people can lose touch with people. Most people see others as they go about their daily lives, although they may not be in the habit of talking to them. Talking with other people, even for very short periods, can be a good way to build conversation skills and become more social. This can eventually lead to forming relationships that can become supportive.

Here are some situations where you may encounter people you can talk to:

- at home (family members, roommates)
- at school or in a class
- in programs or groups you attend
- at work
- at church or other religious/spiritual gatherings
- as you go about your business (for example, coffee shop or appointments)

Let's Discuss!



What help managing your mental illness would you like to have from a supportive person (such as help remembering to take medications)?

What help managing your medical problems would you like to have from a supportive person (such as help cooking healthy recipes)?

It's common to worry that you may have nothing to talk about. Some topics that are relatively easy to talk about include:

Weather	Pets
Sports	Food
The activity that you are both doing	Music
Television or movies	Business you are taking care of

Steps that may be helpful in starting conversations with people you see:

- Find someone who isn't occupied.
- Choose an interesting topic.
- Look at the person.
- Smile and nod your head to show you are listening.
- Tune in to what the other person is saying.
- Avoid telling very personal things about yourself.

He waits till Jack's eyes look at his eyes



Let's Discuss!

Are you interested in having more conversations with people you see regularly?

If so, who is the person, and when and where do you usually see him or her?

Re-connecting with friends and family members

It's up to you how much personal information you want to share. When you first reconnect with friends, it's often better to start off sharing things that are not highly personal such as where you are living, classes you are taking, your job, or what you like to do in your spare time.

You might have lost contact because of something unpleasant that happened in the past. Here are a couple of suggestions for dealing with unpleasant events:



1. If the unpleasant event was minor, you may choose to discuss it briefly and move on, or you may not need to discuss it in detail.
2. Speak openly about what happened. It is often best to apologize for something such as losing your temper and then tell the person about the positive things in your life.
3. Keep in mind that not everyone will be interested in reconnecting. That's okay. Some people may be very busy or at a different place in their lives. Don't get discouraged.

Topic 2: Asking for a helping hand

Being able to ask for help is as important to successfully managing medical problems as it is to managing emotional challenges. Below is a list of different ways you may consider asking for a helping hand. Review the list and circle any of the examples that you may be helpful to you.

- Remembering to take medication for mental illness or medical problems
- Joining in activities associated with a lifestyle change such as walking buddy
- Talking to someone when you feel down or frustrated about your mental or physical illness
- Providing encouragement for a lifestyle change such as stopping smoking
- Bringing someone along to medical or psychiatric appointments to help remember instructions and information
- Understanding technology tools associated with a lifestyle change such as searching the internet for healthy recipes
- Completing tasks that you may not be able to do because of physical limitations or worsening of a medical condition
- Attending a group or meeting supporting your mental health or healthy lifestyle such as transportation to a Dual Recovery Group or Weight Watchers
- Introducing yourself or speaking at a support group
- Supporting you in weighing the pros and cons of an important treatment decision
- Providing transportation to a medical or psychiatric appointment



Steps for making a request

Making a request is often necessary to ask a person for help to do something or help to complete a task. Making a request in a positive way can result in receiving help from another person and strengthen a relationship between two people.

1. Find someone who could help you with your request. Choose someone who isn't 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 to you.
2. Look at the person. Eye contact is important when you are talking to people. If you feel uncomfortable looking into someone's eyes, you can look somewhere close to their eyes, such as their forehead or nose.
3. Say what you would like the person to do for you and why you need help. It can be helpful to let the person know exactly what help you are requesting. Telling the person why you need help allows the person to understand the reasons why their help is so important to you.
4. Tell the person how it would make you feel. Telling the person how it would make you feel can increase the chance that the person will say yes.

Let's Discuss!

How do you feel about making requests?

Do you follow these steps when making a request?

Do a role-play to practice making a request. Practicing helps you feel more prepared.

Making a connection to support a healthy lifestyle behavior

Having support can be incredibly helpful when trying to make a healthy lifestyle change such as quitting smoking, beginning to exercise more regularly, or cooking more healthy recipes. Use the following table to think about ways you might use social supports to take a step forward in living a happier and healthier life.

Topic	I might try this	What I could say when I see the person?
Fun things to do		
Support in starting a new hobby or lifestyle change		
Asking for someone's opinion		
Mutual support for a lifestyle change		
Feedback about solving a problem		
Sharing common interests		
Sharing a common goal		
Other:		

Practice how you might bring up a topic of interest you selected from the Common Areas of Interest Table. This can help you feel more prepared and confident when strengthening your connections with other people.

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Practitioner Guidelines for Handout #7:

Managing Stress

Goals

This topic can be covered in 2 sessions. The purpose of this topic area is to help people identify things that can cause them stress. Learn and practice strategies for preventing some sources of stress and strategies for reducing the effects of stress.

Suggestions for Teaching

- Practitioners should keep in mind the recovery or health related goals identified by people in earlier sessions. For many people, reducing stress may facilitate the ability to pursue personal or healthy lifestyle goals.
- If someone wanted to try the strategy of talking to someone else about feeling stressed out, the practitioner could help him choose whom he would talk to and role-play how he might approach the person.
- If someone wanted to practice maintaining her sense of humor, the practitioner could help her decide if she wanted to watch a particular television show or video or if she liked to read funny books or comics. If she wanted to spend time with someone who has a good sense of humor, the practitioner could help her role-play how she might approach the person.
- If someone wanted to use relaxation techniques to cope with stress, the practitioner could help her practice one or more of the techniques described in the Appendix (relaxed breathing, muscle relaxation, and imagining a peaceful scene.)
- When someone can't identify signs of stress, it may be helpful for the person to talk to family members or other supportive people about what signs they noticed in the past when the person was under stress. For example, family members might have noticed that the person had a decrease in appetite, slept more, or was more irritable over small things that happened.

Review Questions

What are the signs you experience that help you know you are “under” stress?

What is the difference between preventing stress and coping with stress?

How do you think stress affects your physical health? Mental health?

Suggestions for Home Practice

1. Asking family members, friends and other supportive people to play a role in a prevention or coping strategy. For example, a person might like someone to join her on a daily walk as part of a plan for reducing stress.
2. Practicing a strategy for preventing stress, such as scheduling time for relaxation, and keeping track of how it affects the person's stress level.
3. Practicing a coping strategy, such as listening to music, and keeping track of how it affects the person's stress level.

Additional Resources

Positive Coping with Health Conditions-Relaxation Worksheet-tips for teaching relaxation associated with a medical health condition

http://www.comh.ca/publications/resources/pub_pchc/PCHC%20Skills%2001%20Relaxation.pdf

Integrated Illness Management and Recovery

Handout #7: Managing Stress

In order to cope effectively with stress, it is important to know what situations you find stressful and what the experience of stress is like for you. Specific strategies for dealing with stress are suggested, such as using relaxation techniques, talking with others, exercising, and creative expression.

There are two main topics in this section:

1. Understanding and preventing stress for medical problems and mental illness
2. Strategies for coping with stress

Topic 1: Understanding and preventing stress for medical problems and mental illness

What is stress?

"Stress" is a term people use to describe a feeling of pressure, strain, or tension. People often say they are "under stress" or feel "stressed out" when they are dealing with challenging situations or events. Stress is a normal part of life. Everyone encounters stressful situations. Stress can come from something positive (like moving to a new apartment, getting a new job or being in a new relationship), or from something negative (like worsening medical problems, getting into an argument with someone or being the victim of a crime).



Let's Discuss!



What kinds of situations make you feel stressed?

Why is stress relevant to medical problems and mental illness?

According to the stress-vulnerability model, stress is an important factor in mental and medical illnesses because it can worsen symptoms and lead to relapses. In addition, medical problems and symptoms of mental illness can cause stress that makes it more difficult to deal with everyday life situations. However, if you can decrease stress, you can decrease symptoms.



- Nobody has a stress-free life. Stress is a natural part of life.
- When people are under stress, it affects them physically and emotionally. Some people show only physical signs of stress, such as tense muscles, headaches or sleep problems. Others have trouble concentrating or become irritable, anxious or depressed.
- Being able to cope effectively with stressful situations can minimize the effects of stress on you and your symptoms. This can enable you to continue to pursue your goals and enjoy life.

Let's Discuss!

Have you noticed any signs of stress in the past week?

What makes you feel stressed?

Different people find different things stressful. For example, some people enjoy the hustle and bustle of a big city, while others don't like the crowds and noise and find it stressful. Some people experience a lot of physical symptoms from a medical condition such as arthritis while others may have very few symptoms that interfere in their daily lives. Knowing what you personally find stressful will help you cope better.

Let's Discuss!

What is the most stressful life event you have experienced in the past year?

What are the most stressful daily hassles you have experienced in the past week?

How can you prevent stress?

Putting energy into preventing stress can pay off. If you get rid of some of the stress in your life, it frees you up to enjoy yourself more and to accomplish more of your goals.

There are many things people can do to prevent stress from developing in the first place. This handout provides four examples of strategies you can use to prevent stress.

1. Figuring out strategies for situations that caused stress in the past

If you found a situation stressful in the past, it will probably cause problems in the future. It's a good idea to think of different ways to handle stressful situations so that they won't be as stressful in the future.

Examples:

- If you get irritable when riding the bus at rush hour, try catching it at a less busy time.
- If you feel nervous before going to a doctor's office, you could try practicing deep breathing.

Let's Discuss!

What is an example of a situation that caused stress for you in the past?

What strategies can you use so that it won't be as stressful in the future?

2. Developing a routine of doing activities that you enjoy

Having activities that you enjoy on a regular basis helps to prevent stress from building up. Different people enjoy different things, so it's important to find out what you like doing.

Examples:

- Exercise, such as taking a walk or lifting weights
- Listening to music
- Doing artwork
- Reading
- Cooking
- Hobbies, such as knitting or building models or putting together puzzles

Make a plan to do things you enjoy regularly, either daily or 2-3 times per week.

Let's Discuss! 

What activities on the list do you enjoy doing or find relaxing?

How can you participate in this activity once a week or more often?

3. Taking care of your health

Eating well, getting enough sleep, exercising regularly, and avoiding alcohol or drug abuse help prevent stress. These habits are not easy to maintain, but they pay off.

Examples:

- Watching what you eat such as including fruits and vegetables with every meal
- Planning your sleep schedule to get enough sleep

Let's Discuss! 

What is one way you could take better care of your health to help you prevent stress.

4. Using relaxation techniques on a regular basis

When people practice relaxation techniques regularly they can keep stress from building up. Three relaxation exercises that you can try are:

- Relaxed breathing
- Muscle relaxation
- Imagining a peaceful scene



Let's Discuss!

Which stress prevention strategies would be most helpful to you?

It can be helpful to make a plan and to demonstrate how you can use a stress prevention strategy in your daily life. Select a prevention strategy and make a plan to use it in the next few days. Practice the prevention strategy in session if you are able.

Topic 2: Strategies for coping with stress

How can you cope with stress effectively?

Coping effectively with stress is a key to living a successful and rewarding life and being able to pursue your personal goals. Use the following table to review common strategies for coping with stress and place a check next to strategies you already use and strategies you would like to try.

Strategies for coping with stress checklist

Strategy	I already use this strategy	I would like to try this strategy or develop it further
Talking to someone		
Using relaxation techniques		
Using positive self-talk		
Participating in religion or other form of spirituality		
Exercising		
Listening to music		
Doing artwork or going to see artwork		
Participating in a hobby		
Other:		
Other:		

Let's Discuss!

What strategies do you use to cope with stress?

What strategies help you cope better with your physical or mental illness?

What you can do if you notice you are under stress?

The first step is to figure out whether you are experiencing a sign of stress or a symptom of an illness (a medical or a psychiatric illness). Stress often affects the body so it can feel the same as some physical symptoms like chest pain, fatigue, or even muscle ache. Take some time to try to determine what is causing your distress. Try using stress reduction strategies if you conclude that what you are experiencing is NOT a physical symptom of a medical problem. Ask someone you trust if you have difficulty figuring out whether you are having a medical symptom or stress.

Relaxation techniques

Three types of relaxation techniques are described below:

- Relaxed breathing
- Muscle relaxation
- Imagining a peaceful scene

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

Relaxed breathing

The goal of this exercise is to slow down your breathing, especially your exhaling.

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

Muscle relaxation

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



- **Shoulder shrugs.** Lift both shoulders in a shrugging motion. Try to touch your ears with your shoulders. Let your shoulders drop down after each shrug. Repeat 3-5 times.
- **Overhead arm stretches.** Raise both arms straight above your head. Interlace your fingers, like you're making a basket, with your palms facing down (towards the floor). Stretch your arms towards the ceiling. Then, keeping your fingers interlaced, rotate your palms to face upwards (towards the ceiling). Stretch towards the ceiling. Repeat 3-5 times.

- **Stomach tension.** Pull your stomach muscles toward your back as tight as you can tolerate. Feel the tension and hold on to it for ten seconds. Then let go of the muscles and let your stomach relax, further and further. Then focus on the release from the tension. Notice the heavy yet comfortable sensation in your stomach.
- **Knee raises.** Reach down and grab your right knee with one or both hands. Pull your knee up towards your chest (as close to your chest as is comfortable). Hold your knee there for a few seconds, before returning your foot to the floor. Reach down and grab your left knee with one or both hands and bring it up towards your chest. Hold it there for a few seconds. Repeat the sequence 3-5 times.
- **Foot and ankle rolls.** Lift your feet and stretch your legs out. Rotate your ankles and feet, 3-5 times in one direction, then 3-5 times in the other direction.

Imagining a peaceful scene

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

1. Choose a scene that you find peaceful, calm and restful. If you have trouble thinking of a scene, consider the following:

<ul style="list-style-type: none"> • the beach • a walk in the woods • a park • a mountain path • a canoe or sailboat on the water 		<ul style="list-style-type: none"> • a river • a farm • a log cabin • a waterfall • a meadow 	
---	---	---	---
2. After choosing a peaceful scene, imagine as many details as possible, using all your senses.
3. What does the scene look like?
 What are the colors? Is it light or dark? What shapes are in the scene?
 If it's a nature scene, what kinds of trees or flowers do you see?
 If it's a city scene, what kind of buildings? What kind of vehicles?
4. What sounds are in your peaceful scene?
 Can you hear water or the sounds of waves?
 Are there sounds from animals or birds?
 From the breeze? From people?
5. What could you feel with your sense of touch?
 Are there textures?
 Is it cool or warm? Can you feel a breeze?
6. What smells are there in your peaceful scene?
 Could you smell flowers? The smell of the ocean? The smell of food cooking?
7. Disregard any stressful thoughts and keep your attention on the peaceful scene.
8. Allow at least five minutes for this relaxation technique.



Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Practitioner Guidelines for Handout #8:

Managing Physical and Mental Health

Goals

Topic 8 should be covered in 2-3 sessions. The handouts introduce strategies for coping with symptoms that are causing distress and interfering with management of mental/health problems, ultimately getting in the way of progress towards goals.

Suggestions for Teaching

- Discuss the definition of a symptom and how symptoms have interfered with functioning?
- Use role-plays to practice positive self-talk and/or sharing experiences of symptoms with a family member or friend.
- Practice a relaxation technique or mindfulness exercise in session and develop a plan for practicing the technique as a home practice.
- Using a role-play, practice paraphrasing and reflection in conversation as a strategy to reducing forgetfulness when conversing with others.
- During discussion of the topic, explore the relationship between physical symptoms and the impact of poor management on mental health. Conversely, discuss how psychiatric symptoms might impact management of health issues.

Review Questions

What is a symptom? How might symptoms interfere with progress towards goals?

What are some examples of effective coping strategies? Ineffective coping strategies?

What is positive self-talk? How can it be used to cope with symptoms?

What is mindfulness? How can mindfulness techniques be used as a coping strategy?

How can a family member or other supportive person be part of a relapse prevention plan?

Suggestions for Home Practice

1. Brainstorm a list of the symptoms you are experience or have experienced in the past that have interfered the most with management of a health issue or progress towards a goal.
2. Practice using positive self-talk and monitor your experience. Write some notes and bring to next session for discussion.
3. Practice a relaxation technique or a mindfulness exercise as a strategy for coping with an identified symptom. Think about the symptom and if the coping strategy was effective.
4. Schedule a rest break over the week during a project or at work to see if periodic breaks can help with concentration and focus.

Integrated Illness Management and Recovery

Handout #8: Managing Persistent Physical and Mental Health Symptoms

Common symptoms or problems such as depression, anxiety, sleep problems, pain, and fatigue can be distressing. Coping strategies can be effective at reducing distressing symptoms, and helping people live a healthier and happier life.

There are two main topics for this module:

1. Identifying distressing symptoms and improving overall coping.
2. Specific coping strategies for symptoms and other problems.

Topic 1: Identifying distressing symptoms and improving management

Let's Discuss! 

What are "symptoms"?

What symptoms do you have?

"Symptoms" are physical or mental problems that are related to having a disease or illness. For example, pain is a common symptom of many physical illnesses, such as some heart conditions (angina or cardiac pain) or arthritis. Depression is a common symptom in many mental illnesses, which can include problems such as feeling sad or blue, low self-esteem, hopelessness, thoughts about death or dying, loss of energy and concentration, and difficulties with appetite and sleep (either too much or too little). Sometimes it is hard to figure out whether a symptom is caused by a medical or a mental health problem.

Symptoms can be distressing. They can also interfere with day-to-day functioning. Dealing with symptoms effectively can improve the quality of your life.

Let's Discuss! 

What kinds of symptoms do you find upsetting or interfere with your functioning?

Mental health symptoms? Physical symptoms?

Interactions between physical and mental health symptoms

Just as the body and mind are connected, the symptoms of physical and mental health condition can interact with one-another. This means that the symptoms of one type of illness can affect the other illness. Consider these examples:

- Pain related to arthritis can lead to restricted movement, and engaging less often in enjoyable activities, such as going on nature walks or visiting friends and relatives. If people stop participating in enjoyable activities, they can experience depression from the loss of fun in their lives.
- Persistent feelings of anxiety, or having anxiety attacks, can be very distressing, and can distract people from other important things, including managing a physical condition. For example, in someone with diabetes, anxiety can interfere with monitoring one's blood sugar level or following their diet, increasing their risk of negative consequences.

Let's Discuss!

Have you noticed any interactions between the symptoms of your physical and mental disorders?

What symptoms or problems interfere most with your life?

Although everybody with a physical or mental health condition experiences some symptoms at some point, people differ in the specific symptoms they have, how often they have them, and how troubling they are. Some symptoms may come and go, and may only be a problem sometimes. Other symptoms may be more constant. One person may find that a particular symptom is very distressing or interferes with functioning, but another person may not be so bothered.

In order to cope more effectively with symptoms, it can be helpful to identify which symptoms are most troubling to you. Use the Problematic Symptoms Checklist below to indicate with of the following symptoms you experience and which ones you find most upsetting or disruptive.

Problematic symptoms checklist

Symptom	I experience this symptom	This symptom is distressing or interferes with my functioning
Physical pain		
Restricted movement		
Fatigue/easily tired/ low motivation		
Shortness of breath		
Depression		
Anxiety fear, worry		
Upsetting memories		
Attention/concentration problems		
Difficulty sleeping		
Hallucinations (hearing voices, seeing things)		
Paranoid thoughts or feelings		
Other:		
Other:		

Let's Discuss!

What symptoms or other problems do you experience related to your physical and mental health conditions?

Which of these are distressing or interfere with your functioning?

Coping with symptoms and problems

When people are troubled by symptoms or other problems related to a mental health or physical condition, they try to find different ways of coping with them. Some strategies may be more effective than others. Effective coping can reduce the burden of symptoms or problems. But ineffective coping can actually make things worse.

Ineffective coping strategies

Ineffective coping strategies often provide immediate relief, or escape from the problem, but in the long run are not helpful. Consider the following strategies people sometimes use to cope with symptoms or problems:

- Drinking or using drugs to cope with pain, depression, anxiety, or hallucinations.
- Not moving or leaving the house to try to cope with pain, reduced energy, shortness of breath, or becoming easily fatigued.



First, Let's Discuss!

Which of these strategies have you tried to use to cope with symptoms or problems?

What happened in the short-term? What happened over the long-run?

What other strategies have you tried to use for symptoms or problems that were not effective?

Effective coping strategies

Effective strategies for coping with symptoms or problems can have many positive effects, including:

- Reducing the severity of the symptom itself
- Reducing distress related to the symptom
- Improving functioning by eliminating interference caused by the symptom or problem

The more effective strategies that a person has for coping with their symptoms or problems, the more effective their overall coping will be. Some coping strategies can be helpful when dealing with any symptom or problem. These coping strategies are addressed below. Other coping strategies may be effective for dealing with specific symptoms or problems. These strategies are addressed in the next topic.

Positive self-talk

People are often too hard on themselves—they are often their own worst critics! Having compassion towards yourself is as important as having understanding for other people. Positive Self-talk (what you say to yourself, about yourself) can reduce distress related to symptoms and problems by reminding you of your strengths.

- Remind yourself of what you have accomplished and steps you have taken rather than focusing only on setbacks
- Identify several of your strengths
- Be your own coach or cheerleader by telling yourself that you are strong, that you can handle challenges, that you can accomplish your goals, that you are in charge of your own life
- Give yourself credit, and a pat on the back, for trying your very best
- Tell yourself that you will not allow your symptoms to control you or your life



Let's Discuss!

Do you use positive self-talk to cope with symptoms or problems? Which ones?

How does it work?

Would you like to use positive self-talk more often, or use it to address other symptoms or problems?

Getting social support

Talking to other people can be a huge source of support when coping with distressing symptoms or problems. Other people can help by letting you know they care, suggesting useful strategies for dealing with symptoms, or distracting you from your worries. Module 6 provides strategies for building social supports.



Ways people can help:

- Talk to someone and express your feelings about your concerns
- Arrange to do something fun with someone
- Show the person you appreciate them for caring
- Take your mind off yourself by thinking about what might please the other person
- Ask for suggestions about how to deal with symptoms or problem

Let's Discuss!

Do you use social support to help you cope with symptoms or problems? How does it work?

Would you like to use social support more often, or to address other symptoms or problems?

Relaxation and stress management techniques

As reviewed in the Stress-Vulnerability module of this program, stress can increase symptoms of both mental and physical illnesses. Thus, effective skills for coping with stress can also reduce distress and the severity of symptoms and related problems. Module 7 in this program describes relaxation techniques for coping with stress, including relaxed breathing, positive imagery, and muscular relaxation. Some tips for using relaxation to cope with symptoms include:

- Select a relaxation strategy (such as one of the above or your own combination of methods) that you will be able to use in situations in which you experience distressing symptoms or problems

- Practice this relaxation strategy **DAILY** in calm situations in order to be good at it **BEFORE** trying to use it to cope with symptoms or other problems
- Give yourself time and practice for relaxation strategies to work when you are experiencing a symptom or problem—remember, “practice makes perfect!”

Let's Discuss!



Do you use relaxation strategies to help you cope with symptoms or problems?

Which ones? Do they work?

Would you like to use relaxation strategies more often, or to address other symptoms or problems?

Topic 2: Coping strategies for specific symptoms

In addition to the coping strategies described in Topic 1, which can be used to deal with almost any distressing symptom or problem, there are many coping strategies that are especially helpful with particular symptoms. Several of these strategies are described in the next section.

Unwanted thoughts, feelings, memories, or sensations

Two general strategies are effective at reducing distress and interference caused by frequent unwanted thoughts, feelings, memories, or sensations (such as pain or discomfort) that are hard to ignore: 1) distraction and 2) mindfulness/acceptance.

1. Distraction

Sometimes the worst thing people can do is to pay it too much attention to distressing symptoms or problems — to dwell on them too much. For example, focusing on pain, depressive thoughts and feelings, worry or anxious thoughts and feelings, or hallucinations (such as hearing voices) can actually make those symptoms worse, and increase distress. Learning how to distract yourself from distressing symptoms can be a healthy coping strategy that provides much relief.

Some tips for distracting yourself:

- Work on a puzzle or word game, reading a magazine or book, listen to music or talk radio, or have a conversation with someone
- Engage in something invigorating that stimulates your body, such as taking a walk or jog, doing some household chores, participating in an exercise or dance class, or doing calisthenics
- Participate in fun activities, things that you enjoy and will give you a deserved break—consider scheduling enjoyable time for yourself every day, and every week to do something fun with someone else

Let's Discuss!

Have you ever used distraction to help you cope with symptoms or problems?

How did it work?

Would you like to use distraction more often, or to address another symptom or problem?

2. Mindfulness/acceptance techniques

While distraction can often be helpful, trying not to think about something can sometimes be downright impossible! Mindfulness or acceptance techniques are based on the fact that you can't control everything that goes on in your mind or body, but you don't have to let your mind or body control you. That means you don't have to let your thoughts, feelings, or senses, such as pain, dominate your life. These techniques can be useful for the same types of symptoms as distraction methods.

Some tips on mindfulness/acceptance strategies:

- Accept that you can't control everything that goes on in your mind or your body, but that's OK, you're the one in charge of your own life.
- Practice "just noticing" distressing thoughts, feelings, or sensations without dwelling on them and instead moving on with your day.
- Come up with something you can say to yourself in good humor that recognizes the thought, feeling, or sensation, but doesn't give it power over your life (such as "thanking your brain/body" for that thought/feeling/sensation)
- Imagine your thoughts, feelings, or sensations as a river or stream, always flowing down and past you, rather than something fixed in time.

Let's Discuss!

Have you ever used mindfulness/acceptance techniques to help you cope with symptoms or problems? Which ones? How did they work?

Would you like to use mindfulness/acceptance techniques more often, or to address another symptom or problem?

Improving attention and concentration

Being able to focus one's attention and concentrate on something is an important skill when interacting with people, getting things done, and getting the full enjoyment out of activities. You can improve your concentration through a combination of removing distractions, repeating or paraphrasing verbal information, and scheduling rest breaks.

Minimize distractions

It is easier to concentrate on something when there are fewer things around that can distract your attention.

- Avoid trying to "multitask"—it's often inefficient because one or both tasks are poorly done and have to be done again.
- Turn the radio or TV off in order to concentrate when having a conversation, reading, or doing another important task.
- If you are trying to do something on the computer, close down programs you are not using (such as e-mail) and turn off automatic reminders (such as chimes for new email, appointment reminders).
- Remove distractions when you are concentrating on something, such as noises in the room, other papers on the desk, your cell phone, to help focus your attention

Paraphrase or repeat back verbal information

Difficulty remembering things when talking with people is often due to lapses in attention where the information was never processed or attended to in the first place. To help you pay attention to important information, try:

- When you meet a new person and first hear their name, use their name as soon as possible when you respond:
Person #1: Hi, my name is John. It's nice to meet you.
Person #2: Hi, nice to meet you John. My name is Mary.
- Repeat back or paraphrase something someone tells you to make sure you got it right:
Person #1: When you go to the store, I'd like you to get tissues, bananas, and ice.
Person #2: OK, so you want me to get bananas, ice, and tissues at the store?
Person #1: Right!

Schedule rest breaks

It can be frustrating and tiring to work on something until you lose your concentration. Working for a set period of time (such as 15 minutes) and then taking a brief break (such as 5 minutes) can help you maintain good attention and concentration. You may be able to gradually increase the periods of time you spend concentrating.

Let's Discuss!

Have you ever used any of these techniques to improve your attention or concentration? Which ones? How did they work?

Would you like to use some of these techniques more often to improve your attention or concentration?

Coping with fatigue, low energy, or reduced motivation

Getting tired easily, or having low energy or motivation, can be discouraging and can get in the way of getting things done and enjoying life. Effective coping strategies can help you accomplish things at a pace that feels comfortable to you.

- Focus on taking one step at a time.
- "Program for success" by making your short-term goals or steps small enough that you are confident you will succeed if you try.
- Congratulate yourself when you achieve a step towards a goal
- Invite people to do things with you, such as shopping, taking a walk, or going to the movies. People are often more likely to go somewhere if they know someone else will be there.
- Plan for breaks if you are going to engage in a long activity that could be tiring.
- Be patient and recognize that change will come slowly if you stick to it

Let's Discuss!

Have you ever used any of these techniques to deal with fatigue, low energy, or reduced motivation? Which ones? How did they work?

Would you like to use some of these techniques more often to improve your energy or motivation?

Improving sleep

Difficulty getting a good night's sleep can make a big difference in feeling rested and ready to take on a new day. Although it may feel like your sleep is not under your control, you can actually improve your sleep by changing your habits. Scientific research has shown that a developing a set of habits can improve sleep and restfulness. It takes time and patience to change your habits, but it's worth it in the long run. Revisit the handouts about Healthy Lifestyle to learn more about improving your sleep.



Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

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With Whom: _____

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Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Practitioner Guidelines for Handout #9:

Relapse Prevention

Goals

This topic area helps people examine their previous experience with relapse in order to develop a relapse prevention plan. Help people identify triggers, early warning signs, and steps they can take to help prevent relapses and hospitalizations. Though past negative experiences are discussed, the overriding question is “What can be done so that you will have better health in the future?”

Suggestions for Teaching

- Help people to identify what their own experiences have been so they can identify important early warning signs. The checklists can help people relate the information to their own experience.
- Connect relapses of psychiatric and medical illness. Encourage people to talk about how a relapse in one (medical or psychiatric illness) can cause a relapse in the other.
- For diabetes, COPD, and chronic pain, in particular, help people learn to identify exacerbations of these medical problems when they are happening.
- Keep in mind the recovery goals identified by people in earlier sessions. Help people to connect relapse prevention with goal achievement. There are also opportunities to set new goals.
- If people have difficulty identifying triggering events or early warning signs of relapse, encourage them to get input from family members or other supportive people. Help people role-play what kinds of questions they might ask someone to find out information about early warning signs and triggers.
- People may find that talking about relapses brings back unpleasant memories. Focus the discussion on identifying important information for the future, and help people avoid self-blame. If people berate themselves, remind them that it can be very difficult to predict relapse, point out their strengths in managing their illness, and praise them for developing a relapse prevention plan.
- Use cognitive-behavioral strategies when helping people develop their relapse prevention plans. For example, if people decide that decreasing stress is part of their relapse prevention plan, practitioners can help them role-play deep breathing or muscle relaxation. If calling a friend is part of their plan, they can role-play what they would say when they made the call. If increasing medication is part of their plan, they can role-play talking to their doctor.

Review Questions

What is an example of a something that might trigger a relapse?

What is an early warning sign?

What can people do to prevent an early warning sign from becoming a relapse?

How can a family member or other supportive person be part of a relapse prevention plan?

Suggestions for Home Practice

1. Talking to family members and supporters about early warning signs of relapse they have observed.
2. Reviewing what helped and what did not help during past relapses or impending relapses.
3. Drafting or revising a Relapse Prevention Plan.
4. Asking family members, friends and others to play a specific role in the Relapse Prevention Plan.
5. Collecting necessary phone numbers or other needed resources for the Relapse Prevention Plan.
6. Posting a copy of the person's Relapse Prevention Plan in an accessible (but private) place.
7. Initiating a component of the Relapse Prevention Plan that is more effective if done on a regular basis, such as going to a support group.
8. Develop a plan to monitor increases in symptoms and to minimize exacerbating factors.

Integrated Illness Management and Recovery

Handout #9: Relapse Prevention

What is a “relapse”?

Symptoms of mental and physical illnesses can change over time. Sometimes symptoms may be gone; sometimes they may be mild or moderate. Sometimes they may be severe; this is usually called a “relapse.” Some relapses can be managed at home, but other relapses require hospitalization.

When was the last time you had a relapse of your medical symptoms?

When was the last time you had a relapse of your mental health symptoms?

What effect have relapses had on your ability to work on your personal goals?

What causes relapse?

It is sometimes hard to know why people have relapses of their mental or physical illnesses. Research shows, however, that relapses are more likely to occur when people:

- Are under more stress (money problems, changing jobs or losing a job, having a new baby, relationship problems)
- Stop taking their medications
- Stop monitoring the signs of their illness
- Use alcohol or drugs
- Are not managing their illnesses the way they are supposed to

What has caused your illnesses to relapse in the past?

How do relapses in psychiatric and medical illnesses affect each other?

- Poor physical health can lead to increased stress, anxiety, and/or depression, making the mental illness worse.
 - For example, an increase in back pain could cause someone to become depressed or very irritated, potentially causing a psychiatric relapse.
- An increase in mental illness symptoms makes it harder to take care of physical illnesses.
 - For example, an increase in the negative symptoms of schizophrenia may cause someone to stop monitoring blood sugars properly, increasing symptoms of diabetes or causing even more serious problems (for example, poor kidney functioning).

How have relapses in your psychiatric and medical illness affected each other?

How can you prevent or reduce the number of relapses you have?

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

What are “early warning signs”?

The slight changes in behavior or feelings that often start to happen several weeks or days before a relapse. Some early warning signs are relatively common, such as:

- Feeling tense or nervous
- Eating less or eating more
- Trouble sleeping or sleeping too much
- Decreased need for sleep
- Feeling depressed or low
- Feeling like not being around people
- Feeling irritable
- Stopping treatment
- Trouble concentrating
- Increased drug or alcohol use or abuse

Have you experienced any of these common early warning signs? Which ones?

Some early warning signs are quite unusual, such as:

- “Before my last two episodes of depression, I cut my hair very, very short.”
- “My brother noticed that I was whistling all the time.”
- “I started buying lottery tickets two or three times a day.”
- “I started wearing the same clothes every day.”

Have you experienced early warning signs that were relatively unique?

Do you always recognize your early warning signs?

You are not always aware when your behavior has changed and you are experiencing an early warning sign of relapse. For example, you might not realize that you are feeling unusually irritable. But, people around you may notice this. Friends, family members, co-workers, healthcare practitioners and other supportive people often notice when someone seems different or is acting out of character. They can help you recognize early warning signs of both mental and physical illness. You could tell them what early warning signs to look for, and let them know that you would like them to inform you when they notice these signs.

Whom would you like to help you recognize early warning signs?

How can you make 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 details about what helped in past situations. After you have identified a situation that caused a relapse in the past, think about how you might handle the situation differently in the future. For example, if you notice that you have relapses of your depression whenever you are not getting enough sleep or when you are not making time to get out for your daily walk, you should make sure to get extra sleep and perhaps ask a friend to walk with you so that you will be sure to get in the habit of doing it again. If you notice that being under stress tends to cause a relapse of your chronic back pain, you could plan to use a specific relaxation technique, such as guided imagery, or a yoga DVD to reduce stress.

What would you include in your Relapse Prevention Plan?

The next page has a form you can use to write your Relapse Prevention Plan.

Relapse Prevention Plan

Reminder of events or situations that triggered relapses in the past:

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

Reminder of early warning signs that I experienced in the past:

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

What I think would help me if I am experiencing an early warning sign:

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

Who I would like to assist me, and what I would like them to do:

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

Who would I like to be contacted in case of an emergency?

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

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Practitioner Guidelines for Handout #10:

Getting Your Needs Met in the Health Care System

Goals

This topic area, which can usually be covered in 2 sessions, focuses on getting resources needed for optimal health care. It covers a description of services offered at community mental health centers and how to advocate for services the client wants and needs. It also addresses getting primary care needs met as part of self-managing medical issues. Finally, accessing resources for building a healthy lifestyle is covered in more detail in follow-up to Topic 4.

Suggestions for Teaching

- After discussion of services/resources (mental health, medical, or lifestyle) clients may want to develop a plan in session for accessing a new service. Review the list of resources in the handout for guidance.
- Role-play a conversation between client advocating for a service and a professional at the mental health center
- Practice making an appointment through a role-play and developing a list of questions for the doctor in session.
- It is possible that visiting a gym or fitness center for a tour with the client may help him or her feel comfortable enough to return to the facility on their own.

Review Questions

What does it mean to “advocate” for services?

What are some examples of health concerns that would require a visit to the emergency room?

Why is it best to see your primary care physician for non-emergency health concerns?

How can you find out about resources in your area for exercise, nutrition, etc.?

Suggestions for Home Practice

1. Think about the services currently being received at the community mental health centers. Brainstorm a list of other services that the client might be interested in and why.
2. Develop a list of questions for an upcoming primary care doctor appointment or a first-time appointment with a new provider.
3. Call exercise centers in the community and compare prices and other features such as hours of operation and group exercise opportunities. Write down the options and details down and bring the list to next session for discussion.
4. Attend a nutrition class in the community. Write down back 2 or 3 pieces of new information to share during the next session.

Integrated Illness Management and Recovery

Handout #10: Getting Your Needs Met in the Health Care System

Because physical and mental health are so inter-connected and crucial to achieving recovery and wellness, it is very important for you to receive regular, on-going care for BOTH your mental and physical health problems. Some mental health centers also offer medical services so you can receive care in one place, but many do not. If you do not have a regular medical doctor, you should make it a priority to find one and to have an appointment with him or her as soon as possible.

Steps for finding a medical doctor (Primary Care Provider)

Your relationship with your regular doctor is important and will hopefully last for many years so it is crucial to work with someone you like and respect. There are several possible ways to find a good doctor.

1. **Ask someone to suggest a good doctor:** Get a recommendation from someone you trust such as a friend, family member, or another care provider. Think about the qualities you would like in a good doctor (kind, smart, good listener, easy to talk to). Ask the person questions about the doctor and the experience of working with him or her in order to have a good idea of what the doctor is like (for example, "How much time does he/she spend with you during appointments?" "Does he/she involve you in treatment decisions?" "Does he/she explain things well?")
2. **Look for clinics in your neighborhood:** If transportation will limit where you can get medical care, observe what medical clinics are within walking distance. You can walk into a clinic and tell the receptionist that you are looking for a primary care doctor. He or she will tell you whether any of the clinic doctors are taking new patients and may also be able to give you a brochure with the names of the doctors and possibly information about each one. You could then go online to look for more information.
3. **Call your insurance company:** Your insurance company may require you to choose a medical doctor from a list of the primary care providers that are covered under your insurance plan. Or, you might be able to get a suggestion from the representatives on the phone. There is usually a telephone number for your insurance company on the back of your insurance card. Even if you get a recommendation from a friend you should call your insurance company to make sure the doctor is on your company's approved list of doctors.

Getting healthcare or services for specific problems or needs

It seems like health care and community services in the United States change a lot. It is easy to get confused about what services are available, who is eligible for them, and how to get access to them. Case managers and social workers usually have current information, so ask them if you are unsure. There is also information on the internet, but make sure it is from a trustworthy source. Having a doctor who takes care of general medical health issues is a basic necessity for everyone; however, you might have specific problems or needs that require specialty health care or services.

What health care and/or services are you currently receiving? How helpful are they?
 What other health care or services do you think would be helpful?

Complete the checklist below to make sure you are getting what you need and make a plan to get the care or services you need.

Health Care and Community Services Checklist

Type of Health Care or Service	I need
Mental Health Care	
Case management	
Medication management	
Peer support/consumer-led programs	
Individual therapy	
Group therapy	
Skills training	
Family services	
Day treatment	
Support groups	
Integrated substance use treatment	
Employment services	
Assertive Community Treatment (ACT)	
Crisis Line	
Medical Care or Services	
Primary Care Physician	
Specialist Provider (such as endocrinologist, cardiologist, podiatrist, sleep specialist)	
Optometrist or Ophthalmologist	
Dental Care	
Nutritionist	
Community Services	
Smoking Cessation Support	
Gym or Exercise Facility	
Occupational therapy	
Recreational therapy	
Housing assistance	
Other:	

Making an appointment

Making an appointment for a health care visits is an important skill to have so that you can be more in charge of your own health. Before making an appointment with a health care professional, think about the reason for the appointment and collect some things you will need for the phone call including:

- Pen and paper - To take notes and write down appointment date/time.
- Calendar or Appointment Book - To check when you are available.
- Phone number and name of doctor



Steps for making an appointment

1. Say your first and last name and the reason for your call.
For example: "Hello. This is Susan Jones. I need an appointment with Dr. Smith for a new patient appointment."
2. Listen to the appointment date/time offered and repeat it.
For example: "Ok, Dr. Smith could see me on Monday July 10 at 9:00 am? Let me check..."
3. Check your calendar for availability.
4. Write down the date, time and special instructions for the appointment.
5. Repeat information back to the person.
For example: "So, that's Monday July 10 at 9:00 am and I should not eat for 12 hours before the appointment so you can do a blood test?"
6. Thank the person for making the appointment.
For example: "Thanks very much."

Steps for preparing for a health care appointment

1. **Make a list of concerns or questions:** Before going to a health care appointment, think about your goals for the visit and make a list of concerns and questions for your health care provider. Put the most important concerns or questions at the top of the list in case you there is not enough time to address every item. Bring a list of your medications for you and your doctor to review. Look at your medications before the appointment and think about any side effects you may need to report to the doctor. If you are having a problem with a medication it is important to tell the doctor because he or she may need to make a change.
2. **Gather important items:** Put all the things you will need for the appointment (list of concerns, medication list, glasses or hearing aid, insurance card, pen and paper) together in an obvious place so that you won't leave for the appointment without them.
3. **Ask for help:** Ask a family member or friend to come to the appointment if you need support or help. If you think you might have trouble remembering or hearing, having someone accompany you can be helpful. After the appointment review what the doctor said with the person to make sure you have all the information you need.



4. **Arrange for Transportation:** Make sure you have a ride if you need one so that you can arrive at your appointment on time or even a little early. Some transportation services require advance notice so make arrangements ahead of time.

Sharing health information with your doctor

An important part of getting the best health care possible is knowing how to share health information with your doctor or other health care providers.

Let's Discuss! 

Why is it important to be skilled at sharing health information with your doctor? What are the types of information your doctor needs to know to diagnose a problem or recommend a treatment? Tell me about the last time you shared health information with your doctor.

Steps for sharing health information

1. At the beginning of an appointment, tell the doctor that you have a concern.
2. Describe in detail your concern or question and stay on topic. See below for what details to provide.
3. Listen to the doctor's recommendations and repeat back the information.
4. Thank the doctor.

Details to mention when you are reporting concerns or symptoms:

- Location - Say where the problem is. For example, "I have pain in my right knee."
- Duration and frequency - Tell the doctor how long you have been having the symptom and how often. For example, "I have had the pain every morning for the past two weeks."
- Severity - Describe how bad the pain is. For example, "I would rate the pain an 8 on a scale of 1-10."
- Timing - Say when the symptom happens. For example, "I always have the pain when I try to stand up after I have been sitting for more than an hour."
- Things that make it better or worse - Tell the doctor what you have tried to cope with the symptom or what makes the symptom worse. For example, "If I take two ibuprofen in the morning it keeps the pain at about a 6 versus an 8 during the day, however at night the ibuprofen doesn't seem to help."
- Functioning - Explain the impact that the symptoms is having on your functioning. For example: "The pain is making it hard for me to sleep and to carry anything heavy."

Use the chart on the following page to track symptoms and record details for the doctor. It may be helpful to bring the chart to the appointment with the doctor.

Practice Sharing Health Information with Your Doctor

Symptom	How long?	How often?	How severe?	Where?	Effect on Functioning?	What makes it better/worse?
HEADACHE	TWO WEEKS	EVERYDAY	7 on a SCALE from 1-10	MIDDLE OF FOREHEAD		ADVIL HELPS. BRIGHT LIGHT MAKES IT WORSE

Let's Discuss!

Have you encountered problems getting the health care or services you needed? How did you handle the problem? How would learning to advocate for yourself help you to reach your personal goals?

Advocating for yourself and solving problems in the health care system

- **Seek out someone who has a lot of experience with this type of problem.**
For example, imagine that your doctor prescribed a medicine for an infection but when you went to the pharmacy to get it, the clerk told you your Medicaid was not open and it would cost you \$150. In this situation, you might talk to a case manager or a benefits specialist because they usually know a lot about insurance coverage. You could also talk to a family member or friend (if they also have Medicaid).
 - **Talk about your concerns calmly and clearly.**
Even if your problem is the result of someone else's mistake, you will get the situation fixed much faster, and it will cause you less stress, if you try to remain calm and use a polite, even tone to talk about it. If you raise your voice or say negative things about the person who might have made a mistake, you could make other people mad and then they might be less likely to help you right away. It is also important to be very clear and to try to talk only about the problem you want help with, not other problems you might be having. It helps to practice what you are going to say before you say it.
 - **If you are not satisfied after talking to the first person, take additional action.**
If your problem does not get solved after talking to the first person, talk to someone else. In the example above, you might have to speak to your case manager's supervisor or you might have to call a consumer advocacy group such as the National Alliance for Mental Illness.
 - **Take responsibility for things you can do to solve the problem.**
If there are things you can do to solve the problem, offer to do them. In the example above, you might have to send some paperwork to the local Medicaid office or you might have to call the number on the back of your Medicaid card to get information about why your insurance coverage is not active.
 - **Let people know that you appreciate their efforts.**
When people try to help you solve your problem, remember to thank them sincerely for their efforts. This will make them want to help in the future.
 - **Keep a record of the details of the problem and what you tried to do about it.**
Keep whatever documents relate to the problem in a folder. Make notes of conversations you have with people about the problem.
 - **If at first you don't succeed, try, try again.**
Obstacles are a part of life, but sticking with a problem can pay off in a good way!
- *Practice Advocating for Yourself and Solving Health Care Problems*

Let's Discuss!

When do you go to the doctor's office versus urgent care versus the emergency room? What is an example of a medical emergency?

Making decisions about where to seek care when you don't feel well

Most medical concerns, with the exception of emergencies (which are discussed below), should be handled by your regular doctor. This is because they know you and your health history. Doctors and other health care providers can usually schedule an appointment on the same day or the following day if you suddenly need to see someone. Even if it is after hours (after 5pm) or a weekend day (Sat or Sun), you can still call your doctor or psychiatrist. Most health care offices have someone answering the phone and have a nurse and/or doctor on call who can be reached and who will call you back to discuss your problem.

Emergencies that require immediate care

There are a limited number of symptoms or problems that cannot wait for a doctor's appointment. These include:

1. Serious chest pain
2. Bleeding that will not stop from a serious cut
3. Serious plan to harm or kill yourself or someone else
4. Coughing up blood
5. Severe burn that is causing swelling or blistering
6. Extreme difficulty breathing (allergic reaction, COPD, Asthma)
7. Symptoms of stroke (arm weakness, drooping face, slurred speech, difficulty talking)

If you experience one of these 7 symptoms and you live with someone (or there is someone in your building) who can drive you to the emergency room, you should immediately go. Do not wait for someone who lives in a different place to come and pick you up. If you do not have someone to drive you to the ER, you will have to call 911 and they will send an ambulance.

Preventive health care

Preventive healthcare involves getting tests and exams to prevent medical problems from developing or getting worse. The tests you should receive depend on your age, gender, and medical history. Talk to a nurse or doctor or your I-IMR Specialist about which ones you need.

Physical exam: Everyone should have a physical exam every year at their primary care office. At the exam, your provider may order blood work, and will take your weight and blood pressure and will listen to your heart and lungs and discuss any concerns you have about your health.

Screening for HIV/Sexually Transmitted Infections (STIs): Sexually active people should be screened for HIV/STIs whenever they have a new partner and once a year. Depending on sexual behaviors and number of partners, your provider may do screening more or less often.

Cholesterol test: This is a blood test that checks for levels of lipids (fats). It is recommended for both women and men, but the frequency of the test depends on your age, gender, and medical history. The test includes Total Cholesterol, which should be <200, LDL, which should be <100, HDL, which should be >50, and Triglycerides, which should be <150.

Diabetes screening. If you have risk factors for diabetes such as high cholesterol, high blood pressure, or if you are overweight or obese, a provider may order a fasting blood sugar (glucose) test to check for diabetes. If you have diabetes, you will likely have a hemoglobin A1c blood test 4 times a year. This test measures average blood sugar for the past 3 months.

Flu shot: protects people from the influenza virus and is recommended to everyone over the age of 6 months. You should get it yearly and early in the flu season if possible such as September or October.

Pneumonia vaccine: helps prevent getting certain kinds of pneumonia. Talk to your doctor about whether you need to get this vaccine.

Tetanus shot: Everyone should have a shot to protect against tetanus at least every 10 years or if you have a serious cut or injury. Tetanus is a serious disease that causes painful tightening of the muscles all over the body.

Eye exam: Everyone should have an eye exam by an optometrist or ophthalmologist every 2-3 years. You might need exams more often if you don't see well, you wear contacts, or you have a diagnosed eye condition like glaucoma or macular degeneration. In an eye exam, the doctor will see how healthy your eye is and also look for problems with near and farsightedness.

Hearing exam: a basic hearing test should be done as part of your yearly physical exam or a more detailed hearing test may be done for older adults or if you are having trouble hearing.

Dental exam: Everyone should have a visit to the dentist at least once a year, even if you do not have teeth or wear dentures. Dentists will check for mouth cancer, gingivitis, and periodontitis.

Bone density screening: Women age 65 or older should have a bone density scan, which is a special kind of x-ray, usually of the hips and back bone and forearm. This tests for osteopenia and osteoporosis, which involves thinning of the bones in the body.

Cancer screening: Everyone should have a colonoscopy when they turn 50 to check for colon cancer. People need to prepare for this test by drinking a special drink that helps move the bowels. A doctor places a scope into the rectum that allows him/her to see the inside walls of the colon. You are asleep for this test. Women age 21-65 should have PAP smear tests regularly, but the frequency varies depending on your age, sexual practices, and results of prior tests. This is where the doctor takes some cells from the cervix, inside the vagina. Women age 50-74 should get a mammogram, a special x-ray of the breasts, at least every 2 years. But, all women should do self breast exams monthly to check for lumps. If you do not know how to do a self exam, ask your doctor or nurse. If you feel a lump your doctor may send you for further testing including an ultrasound or a mammogram. Men who are 50 or older should talk to their doctor about getting a PSA test to screen for prostate cancer. The prostate is a gland behind the bladder that only males have.

Building a healthy lifestyle

Changes to lifestyle such as getting more exercise, eating healthier, quitting or reducing smoking, and avoiding alcohol and drugs are an important part of managing your overall health, reaching your personal goals and living the best life possible. There are resources in the community that might help you with these lifestyle changes.

Exercise and physical activity resources

Gyms and fitness centers can help you get more exercise if you live in a part of the country where cold weather would prevent you from exercising outside many months of the year. Gyms also have things like special exercise equipment, swimming pools, and basketball courts if you are someone who likes variety in exercise. Gyms require a membership fee that may range from \$8 - \$200 per month. Some gyms, such as the YMCA, offer reduced rates or even scholarships for people on a limited income. Or, you can talk with someone at the fitness center in your community to see if there are ways to get a break on the membership fee in exchange for a service, such as cleaning, at the facility.

Community recreation centers and senior centers offer affordable or even free access to exercise equipment, basketball courts, and possibly other facilities such as swimming pools. These types of facilities may not be available in every community, but if available, might be the first place to start to find an inexpensive indoor option for exercise and physical activity.

Yoga studios, martial arts studios, and other private exercise studios sometimes offer exchange for service programs. For example, you may be able to clean a yoga studio once a week in exchange for free classes. Call the studio owner to find out about such opportunities.

Hospitals in your community may offer classes aimed at improving fitness such as yoga, or Zumba, or strength training. These classes are not usually offered for free, but may be covered by your insurance. Hospitals may also offer scholarships.



Healthy eating and diet resources

Weight Watchers has a meeting or multiple meetings in most areas. Membership costs around \$44 a month and includes in-person meetings and access to the online resources. It costs around \$20 per month to use only the online resources. Weight Watchers does not offer scholarships, but you may be able to find a special offer or sale.

Overeaters Anonymous may have meetings in your area. This organization focuses on support and recovery for people who are struggling with uncontrolled overeating. Check the website <http://www.aa.org> or call 505-891-2664 for information.

Grocery store nutrition classes are available at some grocery stores and are often offered for free. Topics may include: reading nutrition labels, shopping on a budget, and healthy cooking demonstrations.

Food banks often partner with other local organizations to provide free nutrition education.

Farmer's markets are great places to find fresh and local fruits and vegetables. Many farmer's markets accept food assistance cards for fresh produce, but it varies by state.

Websites that might be helpful:

www.nutrition.gov

www.choosemyplate.gov

<http://www.hsph.harvard.edu/nutritionsource/>

Tobacco dependence treatment resources

Hospitals and health clinics may offer counseling for people interested in reducing or quitting smoking. These resources are often described on the hospital/clinic website or by calling the organization.

Quitlines are available in every state. Quitlines offer counseling and support by people trained in helping people quit smoking. You can be directed to the quitline in your state by calling 1-800-QUIT-NOW (1-800-784-8669).

Websites that might be helpful:

<http://smokefree.gov/>

www.lung.gov

<http://www.nicotine-anonymous.org/>

Making a plan for a healthy lifestyle change

After you have identified a healthy lifestyle change or goal that you want to achieve, develop a plan to take the first step toward reaching it. For example, if you want to lose weight so that you can feel more comfortable in social situations, making a plan to get the resources and support you need may increase the likelihood that you will be successful.

1. What is the goal you have set?

2. What is the first step?

3. What resources do I need?

Cost. _____

Transportation. _____

Time. _____

Personal Support. _____

Other. _____

4. When will you take the first step? Date ___/___/___

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Integrated Illness Management and Recovery

Home Practice Sheet

My home practice for this week is:

To complete this home practice, I will use the following plan:

When: _____

Where: _____

With Whom: _____

What do I need to do the practice? _____

Today's Date: __ / __ / _____

Participant: _____ IIMR Specialist: _____

Appendix

- A. Guide to Thoughts and Feelings**
- B. Common Styles of Thinking**
- C. The 5 Steps of Cognitive Restructuring Worksheet**
- D. Action Planning Worksheet**
- E. The 5 Steps of CR Note Card**
- F. Readiness Ruler for Changes in Behavior**

Guide To Thoughts And Feelings

Directions

If you are having a negative or upsetting feeling, first find the feeling on the chart. Then ask yourself whether any of the questions in the second column apply to your thinking about the upsetting situation. If so, see the third column for some specific examples of thoughts that may apply to your upsetting situation. If the questions in the second column don't match up with your current thought process, then perhaps you may be experiencing a different emotion after all. This sheet can help you hone in on which feelings are most distressing to you and help you understand the thoughts that may be connected to those feelings.

Negative Feeling	Examples of questions you can ask yourself to identify your own underlying thoughts or beliefs	Examples of thoughts or beliefs related to the feeling
Fear or anxiety	<p>What bad things do I expect to happen?</p> <p>What am I scared is going to happen?</p> <p>Am I afraid I am going to lose control or go crazy?</p>	<p>Thoughts that something bad will happen, such as:</p> <ul style="list-style-type: none"> • Some terrible thing is going to happen • I am going to be attacked or hurt • I am going to be rejected or abandoned • I am going to lose control or go crazy
Sadness or depression	<p>What have I lost in my life?</p> <p>What is missing in me or in my life?</p>	<p>Thoughts of loss, such as:</p> <ul style="list-style-type: none"> • I am worthless • I don't have anyone I can depend on • Nothing will ever get better
Guilt or shame	<p>What bad thing have I done?</p> <p>What is wrong with me?</p>	<p>Thoughts of having done something wrong or being lacking in some way, such as:</p> <ul style="list-style-type: none"> • I am a failure • I am to blame for what happened to me • I am a bad person
Anger	<p>What is unfair about this situation?</p> <p>Who has wronged me?</p>	<p>Thoughts of being treated unfairly or having been wronged, such as:</p> <ul style="list-style-type: none"> • I am being treated unfairly • I am being taken advantage of • Someone has done something wrong to me

Common Styles of Thinking

(Adapted from Burns, 1989 and Davidson et al., 1999)

Overgeneralization – A single distressing event is seen as a never-ending pattern. When something bad happens, it is assumed that it will happen again and again.

Examples – My wife didn't smile and say hello when she came home last night. She must be unhappy.

He was really nice to me today. This means he's a wonderful person and I can trust him completely.

Mental Filter or Focus on the negative (“doom and gloom”) – A person selectively attends to negative information; this is the “glass-half-empty” view of the world. By focusing on the negative, the person does not see the “whole picture” and feels worse than necessary.

Examples – Jane focuses on the 5 items she missed on a 100-item exam and feels like a total failure.

Emotional reasoning – This occurs when the person's feelings determine what he or she thinks or believes, even when there is no ‘hard’ evidence to support it. Just because a person feels something, it doesn't mean it's true.

Examples – A person who is afraid of elevators concludes on the basis of his fear reaction when he gets in an elevator that elevators are dangerous.

A depressed client who concludes from his feelings of hopelessness about recovery from his illness that he is hopeless and will never get better

All-or-nothing thinking (also “dichotomous thinking”) – A person who views things in extremes or “black and white” terms, ignoring the “grays”.

Examples – Joe didn't return my call promptly. He's a totally unreliable person

I got a mediocre grade on my first case conceptualization write up; I fail at everything I try

“Must”, “Should”, and “Never” statements – translating one's wishes and preferences into moral imperatives for oneself and others

Examples – She should be on time for meetings with me. If she's not, she's not a responsible, professional person

People should drive courteously. If they don't, they shouldn't be allowed to drive.

I should always be on time.

I must finish this task. If not, I will never be able to do anything.

I will never be good enough to be her friend.

Catastrophizing – drawing conclusions, usually about the future, that involve exaggerated horrendous outcomes

Examples – I overdrew my checking account. This means my credit rating will be ruined.

I failed that exam. That means I'll fail out of graduate school.

Overestimation of Risk – The person thinks the risk of something is much greater than the evidence supports.

Example – I'm not going to take a walk because I might be attacked.

Inaccurate or Excessive Self-Blame – The person blames himself or herself for something he or she had little or no control over or responsibility for.

Example – It's all my fault that I am alone and have no friends.

The 5 Steps Of Cognitive Restructuring Worksheet

(Adapted and modified from Mueser, Rosenberg, and Rosenberg 2009)

1. Situation

Ask yourself, “What happened that made me upset?” Write down a brief description of the situation.

Situation:

2. Feeling

Circle your strongest feeling (if more than one, use a separate sheet for each feeling):

Fear/Anxiety

Sadness/Depression

Guilt/Shame

Anger

3. Thought

Ask yourself, “What am I thinking that is leading me to feel this way?” Use your Guide to Thoughts and Feelings handout to identify thoughts related to the feeling circled above. You may identify more than one thought related to the feeling. Write down your thoughts below, and circle the thought most strongly related to the feeling.

Thoughts:

Is this thought a Common Style of Thinking? If yes, circle the one:

All-or-Nothing

Over-Generalizing

Must/Should/Never

Catastrophizing

Emotional Reasoning

Overestimation of Risk

Self-Blame

Mental Filter

4. Evaluate Your Thought

Now ask yourself, “What evidence do I have for this thought?” “Is there an alternative way to look at this situation?” “How would someone else think about the situation?” Write down the answers that do support your thought and the answers that do not support your thought.

Things that DO support my thought:

Things that DO NOT support my thought:

5. Take Action!

Next, ask yourself, “Do things mostly support my thought or do things mostly NOT support my thought?”

NO, the evidence does not support my thought.

If the evidence does NOT support your thought, come up with a new thought that is supported by the evidence. These thoughts are usually more balanced and helpful. Write your new, more helpful thought in the space below. And remember, when you think of this upsetting situation in the future, replace your unhelpful (“automatic”) thought with the new, more accurate thought.

New Thought:

YES, the evidence does support my thought.

If the evidence DOES support your thought, decide what you need to do next in order to deal with the situation. Ask yourself, “Do I need to get more information about what to do?” “Do I need to get some help?” “Do I need to take steps to make sure I am safe?” Write down your action plan for dealing with the upsetting situation below or complete the Action Plan Worksheet.

Action Plan:

Action Planning Worksheet

1. Define the Goal

What situation requires action?

Consider what change you would like to see in your situation. Be as specific as possible.

2. Brainstorm Possible Strategies

What can you do to change the situation?

Using your problem-solving skills, think of all the possible ways of effectively achieving your goal. Be creative.

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

3. Evaluate each solution

After you have identified a list of different strategies in step 2, evaluate each one and place a + next to the best ones on the list. Consider the following:

What information do you need?

Do you need help to implement the strategy?

Who is going to support you in taking this action?

What obstacles could interfere with the plan?

How could I prevent or deal with these obstacles?

4. Choose a solution

5. Plan how to implement the strategies you chose

I will take the following actions (Describe your plan):

6. Set a time or situation to follow up your plan

When and how are you going to take this action?

When do you want to use your plan?

The 5 Steps of CR Note Card

The 5 Steps of CR:

What is:

1. The Situation?
 2. My upsetting Feeling?
 3. My upsetting Thought?
 4. Evidence FOR the thought?
Evidence AGAINST the thought?
-

5. Take Action!
Does the Evidence support thought?
NO: What is a more accurate Thought?
YES: Make an Action Plan for situation.

The 5 Steps of CR:

What is:

1. The Situation?
 2. My upsetting Feeling?
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NO: What is a more accurate Thought?
YES: Make an Action Plan for situation.

Using the Readiness Ruler to Explore Changes in Behavior

How important would you say it is to make this change?

Not at all Important				Somewhat Important					Extremely Important
1	2	3	4	5	6	7	8	9	10

- Why did you pick a ____ and not a lower number?
- What would it take for you to be at a higher number?
- What concerns do you have about changing your behavior?

If you were to decide right now to make a change in your behavior, how confident are you that you could succeed?

Not at all Important				Somewhat Important					Extremely Important
1	2	3	4	5	6	7	8	9	10

- Why did you pick a ____ and not a lower number?
- What would help you to have a higher number?

How ready are you right now to make a change in your behavior?

Not at all Ready				Unsure					Ready Trying to Change
1	2	3	4	5	6	7	8	9	10

- What changes are you interested in making?
- Please list your goal for making a change.
- Is there a first step you can take now that could take now to make the change you identified? If so, what is it and when could you do it?

