

Strengthening Families Together

3rd Edition



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SCHIZOPHRENIA SOCIETY OF CANADA
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Strengthening Families Together

3rd Edition

Helping Canadians Live with Mental Illness

The **Schizophrenia Society of Canada** is interested in hearing from you.
If you find this resource helpful, or if you have any suggestions or questions, please let us know.

E-mail messages can be sent to info@schizophrenia.ca, or phone 905.415.2007.

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In addition, the **Schizophrenia Society of Canada (SSC)** wishes to acknowledge the work of the Schizophrenia Society of Ontario (SSO), who in collaboration with the Mood Disorders Association of Ontario (MDAO) began the work of adapting the SFT material to meet the needs of early intervention families.

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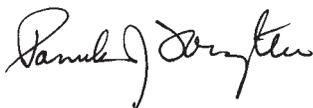
To all of you, we express our sincere appreciation and gratitude. We look forward to the continuing evolution of Strengthening Families Together as the needs of families and their loved ones change, and we remain dedicated to creating a responsive and timely education program.



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Schizophrenia Society of Canada, 2008

Introduction

Introduction

Welcome to the Schizophrenia Society of Canada's Third Edition of the Strengthening Families Together Program.

Helping families and friends find ways to cope with psychosis is important to both the ill person and the family as a whole. Siblings may feel disenfranchised, wondering what is going on at home and why their brother or sister is acting so strangely. Family members and friends often feel overwhelmed, hearing for the first time about anti-psychotic medications, early intervention approaches, and what “being psychotic” really means. They may need to adjust their expectations and lifestyle, learn new information about mental illness, psychosis and recovery, and discover the challenges of navigating the health system.

Participating in an education program, such as Strengthening Families Together, gives families and friends an opportunity to discover the information they are searching for in an environment of mutual support. It teaches them how to reduce their own stress levels, and it better equips them to take on their new responsibilities. And it can show them a future where recovery is possible.

History of the project

In 2003, the Schizophrenia Society of Canada created the first Canadian-based psycho-education program for families and friends of individuals living with schizophrenia. Sponsored by AstraZeneca Canada Inc., **Strengthening Families Together** (SFT) is a 10-session national education program that provides information about living daily with a mental illness for families and friends of individuals with schizophrenia and other related disorders. Strengthening Families Together is about more than education; it is about strengthening family members and friends of individuals with a serious mental illness by providing support, awareness, and tools.

Support: Families have an opportunity to discuss the daily challenges they face; they can learn how to connect with others through membership in the group or through their local provincial society and chapter/branch.

Awareness: Families gain access to reliable and consistent information about mental illness and mental health services; they also develop an understanding of recovery and of the impact of stigma.

Tools: Families are equipped with problem solving, coping, advocacy, and communication skills and the know-how to develop their own local support group.

The primary target group for SFT has traditionally been parents of adult children with schizophrenia. However, with the increase of early psychosis intervention programs throughout Canada, many of our provincial societies are working with more and more families and friends of young people who have recently developed a psychotic illness. The needs of this group are substantially different than the needs of those for whom the original program was developed. Because of the effectiveness of early intervention and our growing understanding of psychotic illnesses, the focus of SFT has shifted from managing illness to recovery.

With appropriate early intervention, the consequences associated with untreated psychosis can be avoided or greatly minimized, and the great majority of people recover well or fully from their initial episode of psychosis.

To reflect this new reality, the SSC, in collaboration with the Schizophrenia Society of Ontario, has created a third edition of the SFT program to meet the needs of all families and friends who are coping with psychotic illness.

What does “recovery” mean?

The recovery process is dynamic, affected by a number of interacting factors. These include the treatment environment, medication and psychological therapies, factors within the person and factors within the person’s family and social environment. The recovery process will vary from person to person and take different lengths of time for each person. Research shows that active family support can have an important impact on the recovery process.

Specific issues to be dealt with in the recovery phase include helping the person and family make sense of the illness experience and helping the person to re-establish a confident sense of themselves, which will allow them to return to the level of functioning they had before their illness.

Following recovery from a first episode, a significant number of people will never experience a recurrence of psychosis. Others will develop recurring episodes of psychosis, but be relatively well in between and continue to live a productive life.

A national program with a local connection

- Strengthening Families Together is adaptable, so it can meet the needs of families and natural supports at the local level.
- Facilitators are encouraged to incorporate local resources (such as inviting area consumers, family members, and professionals to speak with the group) and to adjust the order in which the sessions are delivered to suit their needs.
- Inspired by the peer support movement, Strengthening Families Together encourages chapter/branch family volunteers to become facilitators.

The Program:

Most young people experiencing psychosis for the first time are living in the family home. The family can play a significant role in promoting the recovery of their family member. But, in order to do so, the family too requires education, support, and inclusion in the therapeutic process.

This program has been designed to provide education, skill-building, and support for families with a loved one who is experiencing psychotic illness. It is meant to complement – not replace – early psychosis intervention treatment.

What's inside:

This manual contains the core materials to facilitate the program: facilitation outlines and notes, PowerPoint slides, and participant handouts. The material can also be accessed on the SSC website at www.schizophrenia.ca.

- Introduction to the Program
- Facts about Psychosis
- Psychosis Causes and Treatment
- Coping as a Family
- Self Care
- Communication
- Living with Psychosis
- Recovery
- Understanding the Mental Health System and Advocacy
- Program wrap-up and celebration
- Appendix

How do I use this resource?

The two CDs in this package contain the printed materials and the PowerPoint slides for each session: everything you need to deliver Strengthening Families Together.

We recognize that in different regions of the country, program facilitators will have different levels of access to funding and technology. Printing the participant handouts and creating participant binders can be expensive. Additionally, some facilitators may not have access to an LCD projector and laptop to display the PowerPoint slides. We provide several different options for using the materials, depending on your preferences and the resources at your disposal.

- If you do not have access to an LCD projector, you can print out the PowerPoint slides and make transparencies for an overhead projector.
- Instead of photocopying the handouts and creating complementary participant binders, you could refer participants to the SSC website, where all program materials are available for viewing and downloading.
- You'll have a "meet and greet/participant interview" appointment with each participant, as part of the recruitment process. At that time you could ask participants to help with the costs of creating participant binders (approximately \$15 each – \$10 for photocopying \$5 for the binder).

The program materials

Each 2-hour session covers a specific topic in the area of mental illness. The sessions include a combination of presentation information, group activities, and discussion questions related to the topic.

For each session of the program you will find:

- Facilitation Outline
- PowerPoint slides
- Participant Handouts

Facilitation Outline: A proposed framework for the facilitator to deliver the content and facilitate the activities and discussions; elaborations on the points in the PowerPoint slides.

PowerPoint slides: These can be used to guide the discussion. Information contained in the slides is given more detail in the Facilitation Outline.

Participant Handouts: The main content of each session has been developed into participant handouts, which are to be reviewed by the facilitator with the group during the session. It is recommended that you distribute the handouts at the start of each session. The enclosed CD includes additional handouts that are not part of the main session content. These are mainly resources and supplementary reading material participants can review on their own.

To view and print the materials from the CDs

CD #1 contains all of the PowerPoint presentations for each session, and CD #2 contains the print materials, including facilitator's notes and handouts for participants. To view the contents on the CD, follow these three steps.

STEP 1: To begin, place the CD in the appropriate drive. Your computer should automatically start reading the disk and playing the interactive table of contents. If this does not happen automatically, double-click the My Computer icon on your desktop, then double-click the CD drive icon to manually start playing.

Please note: The documents on the CD require Adobe Acrobat Reader to view and print. The CD includes a link so you can download free software from the Adobe corporate website.

STEP 2: Point and click on the section in the table of contents you wish to view.

STEP 3: Once the requested pages have loaded, review them on your computer screen or print them.

To print and assemble the program materials

You will need:

- the program CD
- a computer (with Adobe Acrobat Reader software) and a printer
- a photocopier
- coloured photocopy paper of your choice
- 3-hole punch
- 2" view binder (with a clear window on the front to slip in printed cover page) for each participant
- binder tabs: 10 per binder

To assemble the program materials for the participants, follow these steps:

STEP 1: Print the Handouts from the enclosed CD, including the Index

STEP 2: Photocopy all the pages you have printed on 3-ring hole-punched paper; make enough copies for every participant.

STEP 3: Before you fill the binders, organize the pages. Make sure Handouts are in their proper order with the index at the front. To fill the binders: place the table of contents and a binder tab in the binder; then add the rest of your organized pages, with a binder tab after each session.

Note: We recommend distributing handouts to participants each week, rather than all at once.

To print the binder covers

The CD also includes a binder cover for the Participant Manual and the Facilitation Outline. The binder covers can be printed using a colour printer. Once printed, slip the binder cover into the view pocket in the Participant Manual.

Facilitating the SFT program

Strengthening Families Together (SFT) is designed to be facilitated by a team of two facilitators for a maximum of 20 people in an interactive group setting.

Who can be a facilitator?

Any consumer, family member/supportive friend who exhibits all or some of the following qualities:

- A desire to facilitate the program and to help other families by sharing information along with personal knowledge and experience.
- An ability to share information from a personal perspective about the issues that friends and family members may face.
- Good communication skills, both as a speaker and a listener.
- An ability to co-lead and share the workload with another facilitator.
- A commitment to facilitating the full program.
- Experience and comfort leading adult groups.

Other individuals who have an interest in supporting families, such as mental health professionals (nurses, social workers) or adult educators, can also facilitate this program.

Facilitation at the community level: flexibility and responsiveness

The program materials for **Strengthening Families Together** have been designed to promote ease of use and flexibility. There are a number of options for delivering this program, depending on the facilitators' comfort with small groups and knowledge about mental illness, the needs of a particular community or group of participants, and the resources available.

We encourage the facilitators to review the information contained in the Facilitation Outlines and Participant Handouts and to add content to personalize the program so it reflects their own community. Facilitators can also choose to teach all 10 sessions, select a subset of sessions, or offer a single session as a public awareness event.

Strengthening Families Together in Your Community

Enlisting the support of local mental health professionals

Developing a good relationship with your local mental health centre, early intervention clinics, psychiatrists, and other front-line staff will help you better promote the program, provide you with a list of potential guest speakers, and help you advertise the program to families. If possible, arrange to give a presentation about the program to local mental health teams.

Promoting the program

In the Appendix – Promotion Tools, you will find some tools (including a sample flyer) you may choose to use in promoting **Strengthening Families Together**. These tools are designed to help you inform potential participants and their referral sources about the program and your upcoming delivery. Keep in mind that word-of-mouth is often the most effective promotion tool.

Some ideas on promoting the program in your community:

- Contact your local community newspaper for an estimate of the cost of placing an ad. Ask if they have a non-profit rate or if you can place an announcement free of charge. Many community newspapers have a section where a notice about the program can be placed without cost.
- Enquire about the possibility of a short Public Service Announcement (PSA) through your local radio stations.
- Get support for the program from medical/mental health professionals. Speak to local doctors.
- Ask if you can put literature about the program in their offices.
- Use the network established through your local and provincial schizophrenia society to advertise. Newsletters are a great way to promote the program.
- Provide your local schizophrenia society chapter/branch with information they can distribute at monthly support meetings.

Contact local mental health and social service organizations such as:

- Mental health centres
- Early intervention programs
- Hospital psychiatric wards
- ACT/PACT teams
- Community centres
- Clubhouses
- Community non-profit organizations
- Libraries
- College and university information boards
- Local hospitals

Obtaining funding

The amount of funding needed in order to offer Strengthening Families Together can vary. Generally, the program can be delivered with minimal funding. We encourage you to find volunteer facilitators and free session space. Remaining costs include printing and copying materials, refreshments, and guest speaker honorariums.

Picking a date

There are three ideal starting times for this program: early fall (September), early winter (January or February), and early spring (March or April). Summer is generally not a good time to offer the program, as families often go away on holidays. Also, consider what other group programs are being offered in your community; finalize your date after consulting community calendars and social service organizations.

Finding space

It is important to find a quiet, private room to hold the sessions. The group will be sharing very private information during the program, and every participant should feel safe in discussing personal matters. Hospitals and mental health centres often have rooms that are large enough to accommodate a group of 15 to 20 people. These rooms may also be free of charge to groups offering educational programs. Churches or schools may also be willing to provide a room free or at low cost.

Arranging for guest speakers

We encourage you to invite guest speakers to add variety and local information to the sessions. Most people are pleased to share their expertise, experiences, and knowledge with others. Remember to contact potential guest speakers while you are in the planning phase to ensure their availability.

When contacting someone about being a guest speaker, begin by explaining what the program is about and when you would like him/her to speak. You will likely want to review the session topic with the speaker so that he/she knows what information to cover. A speaker can discuss the topic set out in the session, or enhance the topic with other information.

Who to invite? There are a variety of potential speakers for this program, depending on the session.

For example:

- **Session 2, 3, 4, or 8:** invite a consumer and/or family member to share how his/her family learned to cope with his/her illness/loved one's illness, and to discuss their recovery
- **Session 2, 3, or 4:** invite your local pharmacist to talk about medications and side effects, or ask a case manager or other health-care professional to explain the psychosocial resources available in your community
- **Session 2, 3, and 7:** invite a psychiatrist, psychiatric nurse, or social worker to bring a service provider's perspective to learning about mental illness
- **Session 5:** invite a family member to discuss their self care plan
- **Session 8:** invite someone who is living with a mental illness to give a first-person account of his/her experiences and recovery
- **Session 9:** invite a representative from the local police branch or Crown counsel to help demystify the Mental Health Act or other related issues
- **Session 9:** invite a representative from the local chapter/branch to provide an update on advocacy activities and initiatives regarding mental illness and other resources available at the chapter/branch level

Guest speakers should be encouraged to write speaker notes prior to the session, and if it is possible, the group facilitators should review the speaker notes to ensure that a positive, hopeful message is interwoven throughout the guest speakers' presentation.

Recruiting Participants

It is often helpful to arrange a meeting with prospective participants before the program begins, to provide information and to make sure that they have a clear understanding of the content and approach of the program.

During the meeting, make sure to address the following issues:

- Who the facilitators will be, and their role
- When and where the program is being offered – dates, times, location
- Any further questions participants may have

You may want to ask potential participants some of the questions we have listed below to ensure that you get a sense of their expectations, their interest in participating, and whether the program will meet their needs.

- What interested you in taking this course?
- Costs for this 10 week course, including readings and all other materials, are covered by the organization presenting it. It is free to you and the only thing we ask of you is that you commit to attending all 10 weeks. How do you feel about this?
- How will it be for you to share your own story and to hear the stories of others?
- Outside of the sessions, who will you talk to during this course when you need some support?
- Is there anything else you want us to know?

If you and the potential participants decide that the program will be appropriate for them, wrap up by asking them to fill out a copy of the registration form included in the Appendix. Let potential participants know that you will be in touch again with a formal invitation and details about location and times.

Information for facilitators

Welcoming the group

It is essential for group facilitators to set up a safe, positive, and predictable group environment from the very first group meeting. This will involve starting and finishing the group on time, and ensuring that time limits during the session are adhered to.

Some of the things to consider before each session:

- Are there enough chairs for each participant, facilitator, and guest speaker, if one has been invited?
- Can group leaders see one another so verbal and non-verbal communication cues can be assessed?
- Can all group members see one another when they're sitting down?
- Do any group members have any special needs, such as mobility, hearing, or visual difficulties?
- Is the room too warm or too cool? Facilitators may want to ask group members at the beginning of the session.
- Are supplies readily at hand? Check for markers, chalkboards, flip-chart paper, overhead machine, computer, and projector.

Ensuring Confidentiality

Because of the stigma and discrimination attached to mental illness, some family members may come to the group concerned that what they say to group members could be communicated to people outside the group. It is important for the facilitators to communicate the seriousness of the confidentiality agreement and also to suggest ways of preventing a violation of the agreement. Before the program begins, facilitators should discuss what should happen if a group member does violate the agreement.

Group members should read, discuss, then sign a written confidentiality agreement. This will eliminate conflict and increase the safe participation of all group members.

When facilitators meet with potential participants before the program begins, the importance of confidentiality should be addressed. In the first session of the program, each participant will sign a confidentiality agreement.

Beginning and ending each session

Check-in

Each group will begin with a check-in. The most common question used in the check-in is, “What is one thing you did to take care of yourself this week?” A question like this conveys the message that self care is important. A check-in time can also provide group members an opportunity to raise questions that have come up during the week.

Check-out

At the end of each session, facilitators should summarize the work and activities completed by the group and the central topics discussed. It is also a good time to acknowledge the commitment and willingness of group members to dedicate their time to the group.

Once that is completed, the facilitators may close the group meeting by asking one focused question. This is a way to look at what members have taken away from the discussion and what ideas could be used in their own lives. Also, since self care and a family members’ recovery are important themes of the program, many of the check-out questions will address these subjects. If group members are not eager to offer a response, the facilitators can respond in a fashion that models for the group an appropriate way to answer the question.

Evaluating the program

Educational programs require continual monitoring to ensure they meet the needs of their participants. To gather this information, we have developed a Participant Feedback Questionnaire, to be completed during the last session. The questionnaire gathers information about the effectiveness of the program and asks participants for their input on strengths and areas for improvement. You will find the evaluation in the Appendix.

Use the participants’ feedback to improve the program the next time it is delivered in your community.

If a group member feels that something is not working for them personally or that the group is not meeting their needs or expectations along the way, facilitators should encourage the group member to speak to them outside of group time.

A primer on facilitation

One of the key skills that you'll need to lead the Strengthening Families Together group successfully is the ability to facilitate effectively.

What is facilitation?

Facilitating means:

- understanding the goals of the meeting and the program;
- keeping the group on the agenda and moving forward;
- including everyone in the meeting, drawing out the quieter participants, and controlling the domineering ones;
- making sure that decisions are made democratically.

Whether it's a meeting (large or small) or a training session, someone has to shape and guide the process of working together so you meet your goals and accomplish what you've set out to do. While a group of people will probably be involved in setting the agenda and figuring out the goals, one person needs to concentrate on how you're going to move through your agenda and meet those goals effectively. This is the person we call the facilitator.

Facilitation has three basic principles:

1. A facilitator is a guide who helps people move through a process together, not the seat of wisdom and knowledge. That means the facilitator isn't there to give opinions, but to draw out opinions and ideas from group members.
2. Facilitation focuses on how people participate in the process of learning or planning, not just what is achieved.
3. A facilitator is neutral and never takes sides.

Effective facilitators are able to balance several tasks at once. They ensure that agenda items are covered, that important issues are discussed, decisions made, and actions taken, while at the same time focusing on how the meeting is structured and making sure that everyone can participate.

Why do you need facilitation skills?

If you want to plan effectively, keep members involved, and provide positive leadership for the program, you will need facilitation skills. The more you know about how to shape and run a good learning process, the more your members will feel empowered about their own ideas and participation, take on responsibility and ownership, and stay invested in the program.

Facilitation skills will come in handy in many places: for planning, for “growing” new leaders, for resolving conflicts, and for maintaining good communication among the members of your group.

Being a good facilitator is both a skill and an art. It is a skill in that people can learn certain techniques and can improve their ability with practice. It is an art in that some people just have more of a knack for it than others.



How do you plan a good facilitation process?

A good facilitator is concerned with the outcome of the meeting or session; how the people in the meeting participate and interact; and the overall process. While achieving the goals and outcomes everyone wants is important, a facilitator also wants to make sure that the process is sound, that everyone is engaged, and that the experience is the best it can be for the participants.

To plan a good meeting, the facilitator should focus on ensuring that three areas are addressed: climate and environment, logistics and room arrangements, and group guidelines.

1. Climate and environment

There are many factors that affect how safe and comfortable people feel about interacting with each other and about participating. The environment and general “climate” of a meeting or session set an important tone for participation.

Some of the things you will want to consider are:

- Is the location a familiar place, where people will feel comfortable?
- Is the meeting site accessible to everyone?
- Is the space the right size for the number of people you are expecting?

2. Logistics and room arrangements

The logistics of the meeting should be of great concern to you as a facilitator. The way people are seated, whether they are hungry, and whether they can hear may make or break your planning process.

Some things to consider:

- **Seating arrangements:** Arranging chairs in a circle or around a table encourages discussion, equality, and familiarity.
- **Places to hang flip charts:** You’ll need some space to display the results of brainstorming sessions and other important material.
- **Refreshments:** If people are hungry, they are much less likely to participate fully. Plan to have refreshments, and make the necessary arrangements well before the meeting begins.
- **Microphones and audiovisual equipment:** Will you need any equipment? Arrange for it and make sure that it works before the meeting.

3. Establishing group guidelines

One of the roles of a facilitator is to set a secure environment for a group. At the beginning of the program, facilitators can support the development of guidelines that will help group members feel more comfortable with each other and become more connected and committed to the outcomes of the group. Group guidelines also serve to promote trust and predictable ways of relating to the members and facilitators of the group.

If you establish guidelines as a group, participants feel invested and responsible in the group process and goals. Group guidelines provide for improved communication and for better attendance and participation. Setting group guidelines can also decrease potential competition and conflict.

It's important to elicit ideas from the group about guidelines. Facilitators can also share some of the guidelines or ground rules they find useful.

Some examples of group guidelines:

- being non-judgmental
- respecting differences of opinion and experience
- using "I" statements
- avoiding the word "should"
- not interrupting when others are speaking
- tracking speakers to make sure everyone is heard and that no one dominates
- avoiding private conversations when someone is sharing with the group
- honouring confidentiality or privacy
- not being late
- not being absent

As different items are discussed, it's a good idea to ask the group for examples or situations when the guidelines may be difficult to enforce. Group members will gain a clear understanding of how the guidelines will operate as the group progresses. If issues arise during the life of the group, facilitators can encourage participants to revisit and revise the guidelines.

Remember that group guidelines can help reduce the anxiety and insecurity group participants may feel upon coming into a new environment where sensitive issues or experiences may arise.

Delivery readiness checklist

Use the checklist to plan ahead and put things in place for your delivery of Strengthening Families Together.

3 months before the program begins:

- Determine start date and confirm with local organizations to avoid conflict with other programs
- Confirm group facilitators
- Establish registration procedure
- Book facility/room
- Establish funding needs and pursue funding source(s)
- Begin developing promotional material (ads, flyers, announcements, press releases)
- Print and assemble the material for each facilitator
- Review the material
- Contact potential guest speakers

5 weeks before:

- Finalize promotional flyers and distribute to relevant sources
- Place information ads in community newspapers and with other local media (radio, television)
- Send out press releases to local media; follow up contacts to explore their interest in an article

2 weeks before:

- Check registration list for number of registrants
- Meet with potential participants to review suitability of program and complete registration form (Appendix)
- Confirm date based on registration; assess need for additional promotion
- Confirm guest speakers and meet with them to review what they will be presenting in their session
- Review the content of the sessions with co-facilitator; confirm who will do what and decide on the flow of the program

1 week before:

- Contact group participants to remind them of the start date, time, and location and to confirm their attendance
- Purchase supplementary materials, such as name tags and activity supplies
- Plan for refreshments
- Photocopy participant handouts

Preparing for specific sessions

Session 6

At least 4 sessions before the program is completed, facilitators should begin preparing for it to end. Part of this discussion will involve naming the various ways that people may deal with endings (for example, coming to the group late or prematurely departing the group) and the feelings members have about ending the group (for example anger, pride, loss, or relief). This is a good opportunity for facilitators to remind group members of the skills they developed during the sessions, and of their ability to cope with changes.

Facilitators should also begin talking with the group about ways they can celebrate the ending of the group.

Session 7

Assemble printed booklets/lists from your community mental health or information centre, or other sources on services available in your community.

Session 8

Arrange to meet your potential guest speaker for this session before the beginning of your program. Speakers can include individuals who have experienced psychosis or their friends, family members, or other members of an individual's support community. Below are some questions that guest speakers may use to guide their presentations. Provide these questions to guest speakers as early as possible, to help them prepare their talk. We have allotted 30 minutes for the speaker, but the session schedule can be adapted if the speaker would like to speak for a longer or shorter period.

Questions for guest speakers to address and incorporate during their talk:

- What is your definition of recovery?
- What has been your process of recovery?
- How has self care been instrumental in your process of recovery?
- Who and/or what has been important in your recovery?

Session 9

In preparation for the final session, remember to photocopy the Participant Evaluations and prepare the Certificates of Completion for participants. You will find a copy of these resources at the end of this section, as well as a printable version on the CD with the participant Handouts.

Session 10 – Conclusion

The ending of the group may bring about a range of emotional responses from participants.

The group may have been the primary or sole environment where participants felt safe and comfortable sharing their stories and experiences. Group members may have become dependent on or bonded with other members and with facilitators, and strong emotions may have developed. At the end of the group, encourage members to regain their independence and to seek out alternative ways of continuing the personal and educational growth that has occurred in the group.

Assist group members to establish a list of other sources of support. Facilitators can start the list by including support groups offered through their local Schizophrenia Society chapter or other mental health organization(s). Group members can then be encouraged to add to the list other formal and informal (for example friends or spiritual groups) support systems.

As the group comes to a close, it is important for the members and facilitators to honour and commemorate their time together, as well as summarizing the evolution of the group. There are many ways that this could be done. Each group is unique; the ways a group chooses to celebrate this ending should reflect that group's distinctiveness.

Using the facilitator's guide:

You will notice as you read through the session outlines that some of the text (particularly that which accompanies the content of the slides) is written as a script for the facilitator, and indicated by a triangle. This is to help us ensure that a consistent information and message are delivered in each program.

In other cases, the notes for the facilitator are written as activity steps or instructions, which facilitators can speak to.

End of
Introduction

Session 1: Introduction to the Program

Session 1: Introduction to the Program

facilitator

Objectives

At the end of the session participants will:

- Be more comfortable with one another
- Understand the range of topics that will be covered in the program
- Have been introduced to the context of mental illnesses and the concept of recovery

Session Outline

Activity	Time	Materials
Introduction to the program	10 minutes	Slides 1-5
Icebreaker	10 minutes	Slide 6
Signing of confidentiality agreement/Creation of group guidelines	20 minutes	Confidentiality agreement (appendix)
Break	10 minutes	
Hopes and fears activity	25 minutes	
Brief introduction to psychosis and recovery	35 minutes	Slides 7-20
Wrap-up/Check-out	10 minutes	

Handouts

- Facts about Strengthening Families Together
- Participation guidelines
- Glossary of important terms
- Recommended book list
- Video resource list
- Recommended websites
- Facts about mental illness
- How is mental illness diagnosed?
- Stigma: Misunderstanding mental illness
- Schizophrenia Society
- Confronting the Dark

Suggested Activities

Introduction to the program (Slides 1-5)

 10 minutes

- Welcome participants
 - Briefly explain how or why you became involved in the program as facilitators
 - Describe what participants can expect from program: knowledge about psychosis and related mental illnesses, peer support, a chance to share stories, successes, frustrations, and ideas
 - Explain that information handouts will be distributed at each session
-

Icebreaker (Slide 6)

 10 minutes

The goal of this activity is to provide an opportunity for participants to share a bit about themselves and learn about the other participants in the group.

Activity steps:

- Ask the group members to find a partner – preferably someone they haven't yet met.
 - Ask each person to ask his/her partner the following questions (Slide 6).
 - Give the pairs 5 minutes to ask each other the questions.
 - Bring the group back together after 5 minutes, and ask each person to introduce his/her partner.
-

Signing of confidentiality agreement and creation of group guidelines 20 minutes

During the registration process you will have discussed the need for a confidentiality agreement for members of the group. This is an appropriate time to clarify what that agreement means within the context of the group and to have participants sign their agreement.

Activity steps – confidentiality agreement:

- Lead a brief discussion about the meaning and importance of confidentiality within the program
- Distribute copies of confidentiality agreement (appendix)
- Ask participants to sign their own agreement and to witness each other's agreements

Another important task of the first session is to create group guidelines – a set of “house rules” that everyone can follow during your time together.

Activity steps – group guidelines:

- Ask the group to suggest guidelines they would like for the group.
- Record their ideas on flip chart paper so everyone can see them.
- For ideas, please refer to the primer on facilitation (Intro page 18) for a list of common group guidelines.

Break

 **10 minutes**

Hopes and fears activity

 **25 minutes**

Walking into a new situation can often bring feelings of anxiety and worry. This activity allows group members to share their hopes and fears, expectations, and beliefs regarding the group, and to normalize these feelings. This is also an opportunity for group facilitators to ensure that the group has a common understanding of its tasks and focus.

Activity steps:

- Tape two pieces of flip chart paper to the wall, one for hopes, one for fears.
- Break into 3 or 4 groups, depending on the number of participants. Ask one person in each group to record the responses to the question: What are your hopes and fears about participating in this group?
- Have people discuss their hopes and fears within the smaller groups. (10 minutes)
- Bring the large group back together and ask the recorder in each group to share their responses while you write them on the appropriate flip chart. (10 minutes)
- Wrap-up/summarize the discussion. Build on the shared hopes and try to find ways of addressing people’s fears. (5 minutes)

Short introduction to psychosis (Slides 7–20)

 **35 minutes**

► One of the goals of this program is to provide you with accurate information about psychosis and related mental illness. This short introduction will provide some context for the next two sessions which focus on psychosis.

► Slide 7 What is psychosis?

Many of you are participating in this group because your life has been affected by a psychotic disorder. You may be a family member or friend, a person who has experienced psychosis, or a professional working in the field of mental health.

Psychosis is common to a number of serious mental illnesses, and psychotic symptoms may first call attention to the fact that help is needed. We'll introduce some information about psychosis here, and we'll cover more in-depth information in Sessions 2 & 3, which focus specifically on psychosis.

- Psychosis is a condition that affects the brain, causing a loss of contact with reality.
- Psychosis can lead to changes in mood and thinking, and to abnormal ideas.
- Psychosis involves a change in ability and personality.
- When someone experiences or develops symptoms of psychosis, it is referred to as a psychotic episode.
- Symptoms are highly disturbing and unfamiliar, leaving the person confused and distressed.
- The individual experiencing psychosis is no longer able to tell what is real from what is not real.

► Slide 8 What are the signs of a person experiencing psychosis?

- Talking to voices that are not there
- Talking about a strongly held false belief (delusion) or something they hear, see, or feel that is not there (hallucination)
- Behaving oddly because they have a false belief or are hearing, seeing, or feeling something that is not really there, e.g.: avoiding water because they think it is poisoned
- Believing they are someone else, especially a powerful or religious figure
- Being distracted and unable to concentrate
- Behaving as though they are being followed, tricked, or spied on
- Being overly sensitive and suspicious
- Behaving in a way that goes along with their paranoid belief
- Being irritable
- Being aggressive – they may be afraid of the delusion and may act out of that fear
- Talking in a disorganized way, and not making much sense
- Seeming “spacey” or “not there”
- Having a hard time doing regular things like making meals and keeping themselves clean
- Dressing inappropriately or strangely, e.g. lots of clothes on a hot day
- Expressing little emotional response or inappropriate emotional response
- Avoiding eye contact or looking away

► Slide 9 First-episode psychosis

- “First-episode psychosis” or “first break” refers to the first time someone experiences psychotic symptoms.
- People experiencing a first-episode psychosis may not understand what is happening.

► Slide 10 How common is psychosis?

Most people are surprised to learn how common psychosis is.

- Approximately 3% of people will experience a psychotic episode at some stage in their life.
- Approximately 1% of people with a mood disorder will experience at least 1 psychotic episode in their lifetime.
- First episode usually occurs in adolescence or early adulthood.
- Psychosis occurs across all cultures and levels of socio-economic status and affects males and females.

► Slide 11 Psychotic episodes can occur with

- Bipolar disorder
- Clinical depression
- Schizophrenia
- Schizoaffective disorder
- Schizophreniform disorder
- Some physical illnesses such as: thyroid problems, Alzheimer’s, and brain tumours or trauma to the brain

With mood disorders such as bipolar disorder and clinical depression, the psychotic symptoms tend to fit with the person’s mood. For example, if the person is unusually excited or happy (manic), the person may believe he/she is special and can perform amazing feats. A depressed person may hear voices telling him/her to commit suicide.

► Slide 12 What is the impact of psychosis?

The emergence of a psychotic illness is a distressing and confusing time not only for the young person but also for family and friends. Early detection of psychosis and appropriate treatment for the young adult and the family offer the best chance for full recovery.

The following quote from a prominent researcher and clinician in early psychosis summarizes some of the impacts:

“
The process of becoming psychotic creates profound psychological changes that can be frightening and difficult to comprehend and isolate the person from others. The consequent disruption of social networks, including family and peer relationships, as well as school work and occupational functioning, can be devastating.

”
– McGorry, P. 1996.

► Slide 13 The new mantra

Despite the seriousness of psychosis, with appropriate early intervention, the great majority of people recover well or fully from their initial episode of psychosis. The new mantra of early psychosis intervention is:

“
Psychosis is treatable – recovery is expected.

► Slide 14 What’s it like to have psychosis?

Let’s take a minute to read through the quote on the slide, written by an individual who has experienced psychosis.

“
It was like I was having a million thoughts all at once and yet I was so disorganized, nothing was getting done. I was frightened and anxious because I felt someone was trying to harm me. Increasingly, I spent most of my time alone in my room doing nothing. I didn’t want to be bothered with friends or family. The television started having special messages meant only for me and I was hearing voices commenting on what I was doing. Looking back, I realize things just weren’t making sense anymore. At the time though, it seemed normal and I didn’t mention what was happening with me to anyone. Since getting treatment, I understand that I was experiencing a health problem called psychosis.

► Slide 15 Did you know?

Of the 10 leading causes of disability worldwide, 5 are mental disorders:

- Major depression
- Schizophrenia
- Bipolar disorder
- Substance use disorder
- Obsessive-compulsive disorder

► Slide 16 Impact of psychotic illness in Canada

- Approximately 290,000 Canadians live with schizophrenia.
- People with schizophrenia occupy more hospital beds in Canada (8%) than those with any other illness, except cardiovascular disease.
- One out of every 12 hospital beds in Canada is being used by someone suffering from schizophrenia.
- Other costs, such as loss of individual potential, personal anguish, and family hardships, are impossible to measure.

► Slide 17 Severe mental illnesses ARE

- More prevalent than most people realize. Nearly 6 million Canadians are likely to experience a diagnosable mental illness; 3% of Canadians are likely to have to live with a serious mental illness.
- Treatable! Appropriate medical care and rehabilitation enable many people to recover and live productive lives.

► Slide 18 Severe mental illnesses are NOT

- A life sentence. Great advances have been made in understanding brain functioning, and with appropriate treatments and supports, people can recover.
- Hopeless. These illnesses present difficult challenges, but help is available. Support, education, and a community of friends who understand can make family life satisfying and meaningful again.

► Slide 19 Recovery

We'll touch here on recovery, and we'll explore some of the concepts of recovery in more detail in Session 8.

- Recovery is both a process and a goal. It is learning to successfully manage a disorder, have control over symptoms, and have quality of life.
- Recovery is defined differently for each individual, but is generally thought to include measures such as: hope for the future, renewed meaning and purpose, managing symptoms, living independently, being engaged in meaningful activity, having friends and social support, a feeling of belonging, a feeling that there is some control over the symptoms, rather than the symptoms controlling the person, and quality of life.
- Family members and friends need to know that recovery can be a long road, full of ups and downs.
- Families are on their own journey of recovery as they deal with the personal “chaos” and losses that they experience.
- Families can help by engaging in their own recovery process, while being as supportive, understanding, and patient as possible as their loved one finds his/her way.
- People who are recovering tell how important it is to have someone who believes in them and maintains hope.

► Slide 20 What helps people recover?

People move toward recovery on different paths, so the supports that are needed are different for each individual.

- Love and support from family and friends are key elements in recovery.
- Most people with mental illness report that recovery involves reaching their personal goals in life.
- A range of options such as self-help groups, access to integrated treatment of mental health and substance use problems, and vocational and housing support help to promote recovery.¹
- The first step to recovery can occur in any number of situations, circumstances, and/or events, which may lead a person to seek treatment or a self-help alternative.
- Getting enough exercise and rest and eating well are all essential to maintaining recovery. Light exercise, such as a daily walk, helps people feel better physically and helps counteract the side effects of some medications.
- It is important to note that recovery occurs as a result of a person's internal desire to change his/her life. Service providers may facilitate but not force this process.

¹Source: Drake, R. Ten-year recovery outcomes for clients with co-occurring Schizophrenia and Substance Use Disorders. *Schizophrenia Bulletin*, July 2006

Wrap-up/Check-out

 10 minutes

Ask participants to share:

- What is *one* way to take care of yourself this week?
 - Close your eyes and think of something that went well for you today.
- ▶ Thank you for joining us for today's/tonight's session. We hope the information we presented has been helpful. Additional handouts for today's/tonight's session include some articles for you to read on your own. If you have any questions regarding these, please bring them next time. We have a lot more to share with you in the weeks to come, and hope to see you next week.



End of
Session 1

Session 2: Facts about Psychosis

Session 2: Facts about Psychosis

facilitator

Objectives

At the end of this session participants will:

- Have a thorough understanding of the signs, symptoms, and natural history of psychotic illnesses
- Recognize the impact of psychosis on the family
- Understand the principles of early intervention in psychosis

Session Outline

Activity	Time	Materials
Welcome, Agenda, Check-in	10 minutes	Slide 1
The basics of psychosis	30 minutes	Slides 2-13
Discussion	10 minutes	Questions
Break	10 minutes	
Psychosis and caregivers	10 minutes	Slides 14-15
Early intervention	10 minutes	Slides 16-17
Voices activity	20 minutes	4 volunteer readers Blank paper for group Voices activity handouts
Wrap-up/Check-out	10 minutes	

Handouts

- Facts about psychosis
- Facts about schizophrenia
- Facts about clinical depression
- Facts about bipolar disorder
- Facts about anxiety disorder
- Facts about obsessive compulsive disorder
- 5 steps to help a family member
- Voices from the shadows
- Voices activity

Suggested Activities

Welcome, Agenda, Check-in (Slide 1)

 10 minutes

► Welcome to Session 2. Today/tonight we will talk about psychosis. We will look at some of the following issues: What is psychosis? Who experiences psychosis? What are the symptoms/types and phases of psychotic illness? Who does psychosis affect? What is early intervention in psychosis, and what are the outcomes of this type of intervention?

Before we get into today's material, let's think about the past week. What is one way you took care of yourself last week?

- Give participants a few minutes to offer their responses.

The Basics of Psychosis (Slides 2-13)

 30 minutes

► Psychosis is common to a number of serious mental illnesses, and psychotic symptoms may first call attention to the fact that help is needed.

In discussing any illness, there is a whole new language to learn. There may be words that you find hard to pronounce and difficult to understand. Please feel free to ask for an explanation, or refer to your glossary from Session 1.

► Slide 2 What is psychosis?

Psychosis is a medical condition that affects the brain, causing a loss of contact with reality.

- The person has difficulty distinguishing between what is real and what is not real.
- Psychosis can lead to changes in mood and thinking; it can lead to abnormal ideas; and it involves a change in habits, capacity, and personality.
- When someone experiences or develops symptoms of psychosis, it is referred to as a psychotic episode.
- With appropriate early intervention, psychosis is treatable, and recovery is expected.

► Slide 3 Who experiences psychosis?

- Typically psychosis is first seen between the ages of 15 and 25 years of age for males, and between the ages of 20 and 35 for females; however, it can also affect people on either side of those age ranges.
- This gender difference has implications for how the illness will manifest itself. Females tend to be older and at a more advanced developmental stage when psychosis first appears.
- Three out of 100 people will experience psychosis at some stage in their life.
- Historically it was believed that psychosis occurred evenly across every cultural group and every economic class, and affected males and females equally.
- However there is now emerging evidence to suggest our understanding may need to evolve to reflect newer data that show:
 - psychosis affects more males than females.
 - visible minorities have higher rates of psychosis than non-visible minorities, as do refugees and people living in urban areas.
 - trauma may play a role in the high rates of psychosis among refugees.
 - in vulnerable individuals, cannabis (marijuana) use has been shown to make people four times more likely to develop psychosis.

► Slide 4 What are the symptoms of psychosis?

The symptoms of psychosis may develop slowly, over a period of years, or rapidly, over a period of days or weeks. People usually experience a combination of symptoms, the most common of which fall into three categories:

“Positive” symptoms

“Positive” symptoms in which the person experiences “too much” of something. For example, hallucinations (experiencing things that are not actually there), delusions (fixed and false beliefs), paranoia (an enhanced sense of suspiciousness in the absence of threat), or grandiosity (believing that he/she has special powers or is very intelligent or wealthy).

Hallucinations

In psychosis, the person may see, hear, feel, smell, or taste things that are not actually there. For example, he/she may see things or hear voices that aren't there. These voices are referred to as auditory hallucinations. Hallucinations are very difficult to understand for those who have not experienced them.

Hallucinations occur more frequently during what is known as the relapse or active phase, which we will address more thoroughly in a few minutes. During this phase, some individuals also experience heightened senses. This is not the same as a hallucination. In some cases, senses can become so acute that the individual experiences great discomfort.

Delusions

It is common for a person experiencing a psychotic episode to hold false beliefs, known as delusions. People can be so convinced of their delusion that even the most logical argument cannot make them change their mind. For example, they may be convinced that the cars parked outside their house indicate that the police are watching them.

“Negative” symptoms

“Negative” symptoms, in which the person experiences “too little” of something, such as *anergia* (the lack of energy), *avolition* (the lack of drive or initiative), *apathy* (the lack of interest), *anhedonia* (the lack of pleasure), *alogia* (the lack of speech, sometimes referred to as poverty of thought), or *asociality* (social withdrawal or the lack of social contact).

- Negative symptoms are described as an absence of normal responses and can include inexpressive faces, blank looks, monotone and monosyllabic speech, few gestures, seeming lack of interest in the world and other people, inability to feel pleasure, and inability to act spontaneously. This reduction in emotional expressiveness does not mean that the individual is not experiencing emotions, but he/she is unable to express emotions.
- Individuals often lose interest in and enjoyment of activities that they otherwise would have enjoyed.
- Social and emotional withdrawal may occur because of preoccupation with their own thoughts, depression, or because they might feel they cannot handle social activities.

“Disorganized” symptoms

“Disorganized” symptoms, in which the person experiences difficulty in organizing his/her thoughts (being unable to “think straight”), emotions (responding with “inappropriate” affect, for example, laughing in the face of tragedy), communication (difficulty following a conversation and responding appropriately), or the activities of daily living (such as personal hygiene or dressing appropriately for the weather, for example wearing shorts in the winter or a heavy coat in the summer).

Everyday thoughts become confused or do not connect properly. Ideas are unclear or don’t make sense. A person may have difficulty concentrating, following a conversation, or remembering things. Thoughts seem speeded up or slowed down. He/she may be unable to plan or make decisions.

Generally:

- People with psychosis no longer behave the way they used to. They may be extremely active or very lethargic, just sitting around all day. They may laugh inappropriately, or become angry without any apparent cause.
- Behavioural changes are often associated with these symptoms. For example, a person may call the police or be too scared to sleep because of what he/she believes he/she has seen or heard. He/she may stop eating, thinking the food is poisoned. Someone who believes he/she is Jesus Christ may spend all day preaching in the streets.
- Symptoms vary from person to person and can change over time.
- Someone who is experiencing such frightening changes will often try to keep the changes a secret.
- People often have a strong need to deny what is happening, and try to avoid other people and situations, to avoid discovery.
- These intense misperceptions of reality can cause feelings of dread, panic, fear, and anxiety – all natural reactions to such terrifying experiences. The distress is intense, but often the individual may try to keep it hidden because of a strong sense of denial or fear.

► Slide 5 What are the symptoms of psychosis?

In addition to the positive and negative symptoms of psychosis, many areas of a person's life may be affected. These can include both social and cognitive functioning.

- Social functioning
 - Isolation from families and friends
 - Damage to social and working relationships
 - Difficulty completing education
- Cognitive functioning
 - Poor concentration and memory
 - Difficulty with abstract concepts
 - Difficulty with attention
 - Speed of processing information

► Slide 6 Other important symptoms

Other important symptoms may include:

- Anxiety
- Depression
- Suicidal thoughts
- Concerns about physical health
- Poor concentration and memory
- Lack of insight and understanding of the illness

► Slide 7 Types of psychosis

When someone has psychosis, a diagnosis of a particular psychotic illness is usually given. Diagnosis involves identifying an illness by its symptoms, so the diagnosis will depend on what symptoms are present, what brought on the illness, and how long the symptoms last.

When someone is experiencing psychosis for the first time, it can be difficult to make an exact diagnosis because many of the factors of the illness may remain unclear.

Some diagnostic labels you might hear:

Drug-induced psychosis

Using or withdrawing from drugs and alcohol can sometimes cause psychotic symptoms. Often these symptoms rapidly disappear as the substance wears off. In other cases, the illness may persist after beginning with a drug-induced psychosis, often because the individual has a genetic vulnerability to an illness, and the drugs set off the psychosis.

Organic psychosis

- Psychotic symptoms may appear as a result of a head injury or a physical illness that disrupts brain functioning, such as encephalitis, AIDS, Alzheimer's disease, or a tumour.
- There are usually other symptoms, such as memory problems or confusion.

Brief reactive psychosis

- Psychotic symptoms may appear quickly in response to a major stress or trauma in someone's life, such as a death in the family, divorce, or a change of circumstances, such as being laid off.
- Symptoms can be severe, but the person usually recovers in a few days.

Schizophrenia

- Schizophrenia is an illness in which the psychotic symptoms have been present for a period of at least six months.
- Symptoms, severity, and length of illness vary from person to person.
- There is significant loss of ability in social and occupational settings.

Schizophreniform disorder

- This diagnosis is usually given when symptoms have lasted for less than six months.

Bipolar disorder (manic depression)

- Since bipolar disorder is a mood disorder, psychosis appears as part of a more general disturbance in mood.
- The mood disturbance is characterized by extreme highs (mania) and lows (depression).
- Psychotic symptoms tend to fit in with people's mood.
- If they are unusually excited or happy, they may believe they are special and can perform amazing feats.
- If they are depressed, they may hear voices telling them to commit suicide.

Clinical depression, major depression

- This mood disorder is severe and can include psychotic symptoms such as auditory hallucinations.
- The psychotic symptoms usually suit the mood, so people with clinical depression may hear voices telling them that they are ruined, or that they are worthless individuals with nothing to contribute.

Schizoaffective disorder

- This diagnosis is made when the clinical picture is not typical of either a mood disorder or schizophrenia; the person has concurrent or consecutive symptoms of both illnesses, in other words, schizophrenia with a mood component.

► Slide 8 Phases of psychotic illness

Like other physical illnesses, psychosis occurs in stages. These are referred to as the phases of illness.

- Psychosis has four phases: the prodromal phase, the relapse or active phase, the residual phase, and the recovery phase.
- It is important to remember: psychosis is episodic and recurrent; although it has phases, it is not a "linear" illness that proceeds in a logical order as these phases might suggest.

► Slide 9 Phases of psychotic illness: prodrome phase

The prodromal phase is the early stage of the illness.

- During this phase, the early signs are vague and hardly noticeable. There may be changes in the way people describe their feelings, thoughts, and perceptions.
- The individual may withdraw socially and may begin to display signs of poor personal hygiene (not bathing, brushing teeth, or combing hair regularly).
- Often the changes in behaviour seen during this phase are dismissed as “teenage angst.”
- Awareness of the early warning signs is very important because prompt treatment can assist with recovery at this stage.
- Generally, the most noticeable symptom is withdrawal from friends and from social activities. One mother noted that her son became antisocial, hostile, and angry.

“
He would give me these ‘drop dead looks’ in response to some of my requests. They were cold, reptilian, lizard-like looks which gave one the shivers. Only later, in hindsight, did I learn those looks were indicators of the illness.

► Slide 10 Phases of psychotic illness: relapse/active phase

During this phase the illness is most obvious; this is the easiest stage to recognize and diagnose.

- During this phase the “positive” symptoms begin to appear. These symptoms are most effectively treated with medication. The featured symptoms of this phase are: delusions, hallucinations, disordered thinking, and agitated or bizarre behaviour.

Positive symptoms

- **Delusions:** being followed or monitored, being plotted against, having special abilities or “powers,” having one’s thoughts broadcast so others can hear them
- **Hallucinations:** people with psychosis may hear, see, or less commonly taste, smell, or feel things that are not there
- **Disorganized speech or behaviour:** difficulties performing activities of daily living (self care, cooking); displaying inappropriate behaviour responses

The writer Anne Deveson noted this sensory distortion in her book *Tell Me, I'm Here*:

“
Sounds may seem louder or sharper, colours brighter, touch unexpected, smells more pungent. Sometimes objects become distorted and frightening. The steering wheel of a car might turn into a snake. There might be a growing sensation that everyone is watching you. Noises might follow you. Time can seem to disappear, slow down or speed up.
”

► **Slide 11 Phases of psychotic illness: residual (early recovery) phase**

- This phase constitutes the first six months following acute treatment. The focus for intervention during this phase is on developing a psychosocial framework to support further recovery as positive symptoms recede.
- During the residual phase, the “negative” symptoms of psychosis are more apparent. These include: social withdrawal, blunted emotions, reduced motivation, reduced social functioning, difficulties in thinking or coming up with ideas, poor speech or thought, and poor hygiene.

► **Slide 12 Recovery**

The concept of recovery emerged in the mid 1980s. Today, recovery from mental illness continues to evolve as a concept and a reality. Recovery has been described from the perspective and understanding first and foremost of consumers, but also of clinicians, friends, and family members. Recovery has been described as a process, a vision, and an outcome.

“
Recovery is a deeply personal process of changing one’s attitudes, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful life even with the limitations imposed by disability. It involves developing new meaning and purpose in life as one grows beyond the catastrophic effects of illness/injury.
”

– William Anthony

► **Slide 13 Recovery from psychosis**

- Psychosis is treatable, and recovery is possible for everyone.
- Symptoms are treatable, although some symptoms may linger after treatment has begun, or return after a period of remission.
- People have recovered from first-episode psychosis and not experienced another episode.
- During the recovery phase, the illness becomes more stable. The ill individual's ability to function increases. The individual may be able to consider increasing his/her level of functioning by returning to school, work, or a life skills training program.
- Generally, the first five years following onset of psychosis are viewed as a critical period for recovery. The overall goal of treatment during the recovery phase is to help clients understand their illness as they develop the skills they will need to move ahead with life goals.
- The pattern of recovery varies from person to person. However, it is broadly defined as the ability to live well in the presence or absence of a mental illness.

Discussion

 **10 minutes**

Activity steps:

Ask the group the following questions:

- In what phase was your loved one when you realized that he/she may be ill and encouraged him/her to seek treatment?
- What did you learn from the information presented today?

Tell the group that after the break you will begin to explore the impact of psychosis on families, friends, and other caregivers.

Break

 **10 minutes**

Psychosis and Caregivers

 10 minutes

► Slide 14 Who does psychosis affect?

When someone in a family is ill, everyone is affected, not just the person with the illness.

- It is natural for family members to feel worried and stressed.
- Family members may:
 - feel a sense of loss triggered by a newly diagnosed mental health problem in the family
 - be exhausted with trying to help their family member
 - sacrifice their own needs being met
- Siblings may be embarrassed to bring friends over after school.
- It is common for family members to feel confused or fearful about what the future holds—or angry or guilty about times they have spent with their ill family member.
- Society is also affected by the economic costs of caring for people with serious mental illness. For example increased stress on the health care system and lost productivity due to absenteeism on the part of the caregiver.
- Overall, one of the greatest impacts is on caregivers.

► Slide 15 Impact on caregivers

Caregivers

- Because caregivers often live with the individual, they are usually first to recognize the signs of psychosis.
- They usually shoulder most of the responsibility of caring for the loved one who is experiencing psychotic symptoms.
- Research has shown that being in this caregiving role can lead to feelings of burden, distress, anxiety, depression, and economic stress (Addington, Colham, Jones, Ko & Addington, 2003).
- As a result, caregivers may also experience loss of employment, a social life, and general well-being (World Health Organization, 2005).

Early Intervention (Slides 16-17)

 10 minutes

► Slide 16 What is early psychosis intervention?

In recent years a lot of research has focused on treating psychosis early.

- The phrase “early psychosis intervention” refers to the detection of the onset of psychosis and an immediate response to it, which usually includes assessment, treatment, and the provision of supports (SSC, 2005).
- Early intervention is important because the longer the duration of untreated psychosis (DUP), the longer it will take for the individual to respond to treatment. (Loebel et al., 1992).
- Early intervention has become “the model” of treatment for psychosis. It involves a multidisciplinary approach. This can include psychiatry, social work, case management, occupational therapy, psychology, cognitive behavioural therapy, and psychoeducation (education about the illness).
- Depending on the community, most of these services are available outside of early intervention programs.

► Slide 17 Outcomes of early psychosis intervention

As with all illnesses, there are many reasons it is important to intervene early. These include:

- increased speed of recovery
- minimized family disruption
- reduced relapse risk
- decreased risk of social and socioeconomic consequences to individuals
- reduced secondary mental health issues
- lower use of hospitalization and health care costs

(Lines & Mulder, 2005; Ehmann, Gilbert & Hanson, 2004; Norman & Malla, 2001)

Voices Activity

 20 minutes

This exercise is designed to help participants understand the impact of auditory hallucinations on people with schizophrenia.

Activity steps:

- Explain to participants that this exercise is designed to simulate how it feels to hear voices, and how difficult it is to cope with them.
- For this activity, you will need 4 volunteer readers. Provide each volunteer with a copy of the “Voices handout”, and assign them a number from 1-4.
- Give everyone else a blank sheet of paper and pen, and tell them to write numbers 1 to 22 on their sheet of paper.
- Have the first volunteer begin reading sheet #1 for about 10 seconds (that will allow the participants to get the first answer (\$100).
- Then a second reader reads sheet #2, then the third reads sheet #3 after 15 more seconds, then the final reader begins sheet # 4 after another 15 seconds. In this way shortly after all the volunteers have begun reading, they will all be speaking at the same time.
- Start asking the questions below after all the readers have begun reading— roughly 15 seconds after.
- After the activity, ask participants the following questions:
 - How much money did Robert Rhodes lose?
 - How old is the dog?
 - When did they move to Whitehorse?
 - What is the name of the neighbourhood?
 - Who is Lillian?
 - Did the dog have a leash on her?
 - How cold was it?
 - What was Glenbrook named after?
 - Who is Lillian’s mother?
 - What did Rhodes say to the SPCA officers?
 - How long did it take to walk to school?
 - What was the original name of 6th Street?
 - Who takes care of Lillian?
 - Who called the RCMP?
 - Which door was stuck?
 - How many houses were there in 1913?
 - Who did Willy know?
 - How many police cars were on the scene?

- Where was the ice rink?
- What cost five cents?
- How old is Miriam?
- After you have finished with the list of questions, pose the following discussion questions:
 - How many people have 10 or more answers? How about 5, or 4?
 - How difficult was it to focus on one story when there were three other stories being read?
- Allow a few minutes for people to share their experiences. Remind participants that people with psychosis do not have the option of making the auditory hallucinations stop; nor can they block them out.

Wrap-up/Check-out

 10 minutes

Let participants know that in the next session you will be spending more time looking at psychosis, its causes and treatment, and that Session 5 will focus on practical strategies for coping with symptoms and promoting recovery. Before wrapping up, ask participants the following check-out question:

- ▶ What is one way you will take care of yourself this week?



End of
Session 2

Session 3: Psychosis Causes and Treatment

Session 3: Psychosis Causes and Treatment

facilitator

Objectives

By the end of this session participants will:

- Understand the current knowledge on the causes and treatment options for psychosis
- Understand the risk factors for relapse, and how to plan so they can prevent relapse

Session Outline

Activity	Time	Materials
Welcome, Agenda, Check-in	10 minutes	Slide 1
Causes and treatment	45 minutes	Slides 2-8
Break	10 minutes	
Preventing relapse	15 minutes	Slide 9
Discussion	30 minutes	Discussion question Flip chart paper Tape and markers
Wrap-up/Check-out	10 minutes	

Handouts

- Facts about the causes of mental illness
- Facts about treating psychosis
- Facts about medication
- Facts about psychosocial interventions

Suggested Activities

Welcome, Agenda, Check-in (Slide 1)

 10 minutes

► Welcome everyone. In this session we will be expanding on last week's session about psychosis. Today/tonight we will be looking at the causes and treatment of psychosis.

Before Check-in Question

- What is one thing you did to take care of yourself last week?
-

Psychosis: Causes and Treatment (Slides 2-8)

 45 minutes

► Slide 2 Explanatory models

The exact cause of psychosis remains unknown. However, changes in brain functions, such as perception, emotions, and behaviour, indicate that the brain is the biological site of psychosis. There are several possibilities to explain this, which we will explore.

Genetic Factors

It has been known for a long time that psychosis can seem to run in families. This could easily lead people to believe that psychosis is simply inherited through genes. While genes do play a role, they are certainly not the only factor contributing to psychosis.

- Psychosis occurs at a risk of approximately 1% of the population, but the risk is increased if a relative is affected.
- There is a 10-15% chance of developing a psychotic illness when a sibling or one parent has schizophrenia.
- When both parents have schizophrenia the risk rises to approximately 40-50%.
- Nieces, nephews, or grandchildren of someone with schizophrenia have about a 3% chance of developing the disorder.

Stress/Vulnerability

- The role of stress in psychosis is unclear.
- Stress does not cause the illness, but emotional or physical stress can trigger the symptoms or worsen the symptoms when the illness is already present.

Other possibilities include:

- Prenatal complications or trauma
- Viruses

► Slide 3 Effective approaches

There are several effective interventions and approaches for psychosis.

- Although medication is almost always necessary in the treatment of psychosis, research has shown that medication is more effective in combination with psychosocial interventions. It is important to seek out additional resources, such as talking therapies, social and employment rehabilitation services, and supportive living arrangements that may be helpful at various stages of recovery.
- This combination of approaches will reduce the need for readmission to hospital, reduce the severity of symptoms, and reduce distress caused by any residual symptoms.
- Having access to a range of supports will also improve quality of life for both the individual with the illness and his/her family.

► Slide 4 Psychosocial interventions

A variety of different psychosocial interventions for psychosis have been proven to be effective.

Case management

- Case managers are clinicians who are trained in psychosocial rehabilitation. Ideally, they link people to agencies and services, communicate with families and other caregivers, and they monitor the individual's satisfaction and progress toward recovery.
- They address a wide range of needs to help their clients achieve the best possible quality of life within the community.
- Their work may include help with housing, vocational, social, educational, and financial needs, or crisis intervention – depending on their clients' needs at any given time.
- In addition to coordinating these services, case managers may also act as counsellors and therapists.
- They may also be a link with medical services, to address issues such as medication and other medical needs.

Cognitive-behaviour therapy (CBT)

- First developed for anxiety and depression.
- Helps people learn to change their thoughts, feelings, and behaviour.

Psychosocial intervention for families

- Involves helping family members develop effective ways of coping with the illness, improvement of communication skills, relapse prevention strategies, stress management training, and learning ways to support each other in times of crisis.
- Has been shown to have a positive impact on measures such as: family-member well-being, increased client participation in rehabilitation, substantially increased employment rates, decreased psychiatric symptoms, improved social functioning, and decreased family distress.¹

Group therapy

- Can include: psychosis education, recovery group, moving on group, health and wellness modules, substance abuse, coping with psychotic symptoms.

Peer support

- Research is showing that peer support is very important to recovery.
- Persons living with psychotic illness need to be closely involved in their rehabilitation; this means they need to stabilize their symptoms, but also regain their ability to function in society and improve the quality of their life.
- Peer-led programs provide supports that go well beyond standard health care. Some research shows that peer support can help people improve their self-esteem and their self-worth and help them develop social networks.
- Peer support promotes the inclusion of people with psychotic illness into our society.
- Peer support can help people develop practical skills and “street smarts.”

¹ Moran, M. Psychosocial Interventions Beneficial in Schizophrenia <http://pn.psychiatryonline.org/cgi/content/full/42/23/22>

► Slide 5 Treatment with medications

A physician may prescribe different medications, depending on the symptoms the individual is exhibiting. These can include antipsychotics, antidepressants, mood stabilizers, and sedative or anti-anxiety medications. Speak with a physician and/or a pharmacist for detailed information about medication.

- **Mood stabilizing medications** are generally used in the treatment of bipolar disorder. These medications keep an individual's mood on an "even keel" and stop the extremes of mood on both the depressed and the manic sides. One of the most common mood stabilizers is lithium. Other medications include Epival and Tegretol, which are also anticonvulsant drugs used in the treatment of seizure disorders.
- **Antidepressant medications** aid in bringing a depressed mood up to a normal level. It is important to note that most antidepressants take 4-6 weeks to take full effect, although some people may notice some improvements sooner. Some examples of antidepressants are Paxil, Celexa, and Prozac.
- **Anti-anxiety or anxiolytic medications** are commonly prescribed. They help relieve symptoms of anxiety such as shortness of breath and racing heart. They may also have a sedating effect. One of the most commonly prescribed anti-anxiety medication is Ativan (also called lorazepam). Other anxiolytic medications, which have a longer effect, include Clonazepam and Alprazolam.

► Slide 6 Treatment with medications

Antipsychotic medication has been divided into two classes: first generation (known as "typical") and second generation (known as "atypical").

- First generation antipsychotics were introduced from 1955 until 1980, and treat the positive symptoms of psychosis. Some examples are Chlorpromazine and Haldol.
- Second generation antipsychotics were introduced in the 1990s and treat both negative and positive symptoms. Some examples are Risperidone, Olanzapine, Quetiapine, and Clozapine.
- Most times when an individual is experiencing a first episode of psychosis, physicians will treat the illness with a second generation antipsychotic medication because of their efficacy in treating negative symptoms, and also because they tend to have fewer side effects than first generation antipsychotics.
- However, every individual responds differently to different medications, and sometimes a physician will prescribe first generation antipsychotics if the second generation antipsychotics aren't working effectively.
- Some antipsychotic medications are swallowed; others are placed under the tongue and dissolve. It is extremely important that antipsychotic medication be taken daily as prescribed.
- Sometimes a physician will prescribe the medication as an injection if the individual prefers, or if they can't or won't take the medication regularly.

► Slide 7 Treatment with medications – Risk of side effects

- All medications have the potential to cause side effects.
- To avoid serious side effects, the rule of thumb is “start low, go slow.” In other words, start at a low dose and slowly work up to optimal levels. The current trend in prescribing medications is for lower doses.
- Although there are some common signs to look out for, different people will react in different ways to medication.
- It is important to take side effects seriously as they can potentially be life threatening, and if bothersome may impact the individual’s willingness to participate in treatment. This in turn may interfere with a person’s ability to reach his or her personal goals.
- Some side effects are short term and depend on the dose given. Sometimes these subside in time, and it is just a matter of “waiting it out.”
- Other side effects can be long term and do not go away after the medication is stopped. One example of this is the involuntary muscle movements of tardive dyskinesia.
- Neuroleptic malignant syndrome (NMS) is an acute life-threatening side effect that can occur early in the treatment process or if dosage levels are rapidly increased. Rigidity, high fever, and delirium are indicators. If you see these signs, take the person to your local emergency department immediately.



► Slide 8 Common side effects to antipsychotic medications

Here are a few common side effects to watch out for:

Side Effect	Suggested Solution
<ul style="list-style-type: none"> • Increased appetite and weight gain • Diabetes/Hyperglycemia 	<ul style="list-style-type: none"> • Maintain proper nutrition • Regular exercise • Work with a dietician • Monitor blood glucose regularly
<ul style="list-style-type: none"> • Muscle problems, stiffness, prolonged tension, or muscle spasms • Movement problems: shakiness or jerkiness • Blurred vision • Urinary retention 	<ul style="list-style-type: none"> • Treat with anticholinergics (e.g. Benztropine, Artane)
<ul style="list-style-type: none"> • Restless legs (akathesia) 	<ul style="list-style-type: none"> • Treat with benzodiazapines (e.g. Clonazepam)
<ul style="list-style-type: none"> • Constipation 	<ul style="list-style-type: none"> • Dietary modifications • Consult your doctor
<ul style="list-style-type: none"> • Sexual dysfunction • Decrease in libido • Changes in hormones • Loss of menstrual periods 	<ul style="list-style-type: none"> • Consult your doctor
<ul style="list-style-type: none"> • Dizziness when sitting up or standing up quickly (postural hypotension) 	<ul style="list-style-type: none"> • Avoid standing up quickly
<ul style="list-style-type: none"> • Drowsiness • Lack of energy 	<ul style="list-style-type: none"> • It can be difficult to assess whether drowsiness is part of the illness (i.e. negative symptoms) or a side effect • Often will subside in time
<ul style="list-style-type: none"> • Dry mouth • Increased saliva production 	<ul style="list-style-type: none"> • Drink plenty of water • Suck on hard candy or chew gum

It is important to discuss all side effects with a physician or pharmacist.

Break

 10 minutes

Preventing Relapse

 15 minutes

► Slide 9 Preventing relapse

It is possible for a person to experience a relapse of psychosis, which means a return or flare-up of symptoms. There are a number of things that individuals and families can do to help prevent relapse.

Family education and support

- By understanding the illness and getting support for yourself as a family member (which you are doing by participating in this group!) you are helping prevent your loved one from having a relapse.
- Research shows that a knowledgeable and supportive family is a major factor in supporting recovery – both your own and you ill family member's.

Early warning signs

- Knowing the early warning signs of psychosis is an important way to prevent relapse. Some people find that keeping a journal can assist them in keeping track of their symptoms and knowing when they need to seek assistance.
- You can help by encouraging your family member to keep track of his/her symptoms and by recording information on the symptoms you notice.

Stress management

- Encourage your loved one to avoid possible sources of stress. This might mean working part-time rather than full-time or avoiding people who make him/her tense.
- It is also a good idea to moderate stimulation. Too much stimuli can increase stress. However, too little may encourage apathy.
- The individual should be encouraged to be active but not so much that the activity becomes overwhelming. Good activities might be going for a walk or listening to soft music.
- Developing positive coping skills can help everyone manage stress.

Adherence to medications

- Taking medications regularly, as prescribed, is crucial in preventing relapse. Encourage your loved one to stick to a medication routine. We will talk more about this in Session 4.

Avoidance of street drugs and alcohol

- Although street drugs and alcohol do not necessarily cause psychosis, they can exacerbate symptoms in someone with a predisposition to psychosis.
- Encourage your loved one to abstain from using drugs other than those prescribed, and to avoid alcohol.

Supportive relationships

- Social and emotional support are key in preventing relapse. It is important for the family to maintain a supportive stance, even if this means being at a distance.
- As with all people, it is important to offer encouragement, praise, recognition of even minor accomplishments, and optimism.

Social support

- Having a healthy group of peers to interact with and have friendships with is essential for everyone's mental health.
- Encourage your loved one to maintain a social life, and don't forget that it is equally important for you to socialize and seek support from friends, other family members, and the broader community.

Effective help-seeking strategies

- Knowing when and how to seek assistance when needed will provide reassurance for the individual.

Discussion

 30 minutes

Activity steps

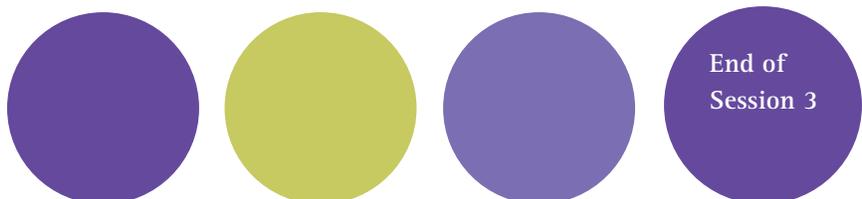
- Ask the group to consider how the illness of their friend or family member has affected them in the following four areas: physical, emotional, social, and spiritual.
 - Ask the participants to form four smaller groups. Give each group a large piece of paper and ask them to focus on one of the four areas, so that each group is covering a different area. For 15 minutes, ask participants to identify and record their ideas about how the illness has impacted on their area.
 - After 15 minutes ask each small group to present its ideas to the larger group.
-

Wrap-up/Check-out

 10 minutes

As the session comes to an end, remind participants that in next week's session you will be talking about ways of coping with symptoms and making day-to-day life easier with their loved one.

Before wrapping up, ask participants to share what they found to be the most important piece of information or experience from today's session.



Session 4: Coping as a Family

Session 4: Coping as a Family

facilitator

Objectives

At the end of the session participants will:

- Have concrete tools and coping strategies to help them cope with their loved one's illness
- Know how to support their loved one in making healthy choices about lifestyle and medication
- Learn helpful and practical strategies for interacting with service providers

Session Outline

Activity	Time	Materials
Welcome, Agenda, Check-in	10 minutes	Slide 1
Exploring the issues families face	20 minutes	Slides 2-3
Discussion	15 minutes	Flip chart paper and pens
Managing symptoms at home: what can family and friends do?	25 minutes	Slides 4-10
Break	10 minutes	
Supporting a medication plan	20 minutes	Slides 11-12
Helpful hints for family members for working with service providers	10 minutes	Slide 13
Wrap-up/Check-out	10 minutes	

Handouts

- The challenges and needs facing family members
- Loss and grief
- Article: "Leave my stuff alone!"

Suggested Activities

Welcome, Agenda, Check-in (Slide 1)

 10 minutes

► Welcome to our session, “Coping as a Family.” Today/tonight we’re going to cover the challenges involved in dealing with mental illness from the perspectives of family members and friends.

There are many difficulties involved in living with a psychotic illness, both for the person with the illness and for the members of the support team.

You were probably shocked, confused, and deeply saddened when you found out your loved one was experiencing psychosis. Because these disorders have been misunderstood for a long time, you may also feel guilty and wonder what you did wrong.

Serious mental illnesses are brain disorders and are not caused by parenting. As a family member you can play a significant role in helping your relative achieve the best possible outcome.

Being here and learning more about mental illness and the supports available is a positive step in the road to recovery, both for your loved one and yourself.

Exploring the issues families face (Slides 2-3)

 20 minutes

► Slide 2 What are the issues for families?

Let’s talk about some of the issues and difficulties that come up when you’re dealing with psychosis.

- When a member of the family is experiencing psychosis, the family is often left in a state of confusion and shock. Many of the emotions involved can be intense and difficult to deal with.
- Some of the feelings and thoughts experienced by family members and friends include guilt, shame, anxiety, anger, blame, isolation, and denial of the illness.
- Each member of the family is affected in a unique manner, depending on his/her position and role in the family, as well as his/her individual personality.
- Parents of someone with a mental illness will naturally have different concerns than siblings, spouses, or offspring.
- It can be a struggle to love someone who at times “hates” you, or refuses to take medication, or just isn’t in the same reality as you. Your personal health and coping skills can be a big factor in your family member’s recovery process

► **Slide 3 What are common needs for families?**

According to research and what families tell us directly, the things that help the most are:

- Information and education
- Support
- Skills to increase coping ability
- Hope that recovery can/will occur

Discussion

 **15 minutes**

Activity steps:

- Ask participants to find a partner for this next discussion, perhaps someone they have not had a chance to speak with yet.
- Using the list the group just reviewed, ask participants to discuss the following questions:
 - What are some of the reactions you and/or your other family members have experienced with your loved one's illness?
 - What has helped you cope with them? For example, what emotions have you experienced in your grieving process? And what strategies have helped you?
- After 10 minutes, bring the larger group back together.
- Ask participants to share the experiences and coping strategies they discussed. Write down the coping skills identified by the participants and make links, where appropriate, with strategies offered by the group.

Managing symptoms at home: what can family and friends do? (Slides 4-10)

 **25 minutes**

► Slide 4 Coping with symptoms

Symptoms of psychosis can vary from person to person and can change over time. Some common symptoms include:

- **Changes in thinking patterns.** For example, people may have difficulty concentrating, following a conversation, or remembering things. They may become confused or they may not seem to connect or make sense to others.
- **Unusual or false beliefs.** These are often called delusions. A person may be truly convinced of a belief that is not shared by others, and even the most logical argument cannot change his/her mind. Common delusions include the belief that a person is being followed or monitored by cameras, or that his/her thoughts are being controlled by an outside force.
- **Changes in perception.** During psychosis, people may hear, see, smell, taste, or feel something that is not actually there. They may hear voices or noises that no one else hears, see things no one else sees, or experience unusual physical sensations. These changes in perceptions are called hallucinations.
- **Changes in feelings or mood.** Mood swings are often experienced during a psychotic episode. A person may feel unusually excited, depressed, or anxious. He/she may feel very little emotion or show less emotion than would be appropriate to the circumstance.

► Slide 5 Managing symptoms at home: hallucinations

What is “normal” for someone who has experienced a psychotic episode is quite different from what is normal for a person who has not. Families may need to adjust their expectations in light of their loved one’s responses to hallucinations.

Signs that someone may be experiencing a hallucination are:

- pacing
- restlessness
- increased social withdrawal
- increased sleep
 - Experiencing a psychotic break is exhausting, and the mind and body need time to recuperate.
 - A side effect of some medications is drowsiness.
 - The effect of the medication combined with the need for the mind and body to recover from the psychotic break may cause the need for sleep.
 - Families may need to adjust “norms” to allow for this illness.
- increased preoccupation with own thoughts
- irritability
- talking to oneself, muttering

► Slide 6 Coping strategies: hallucinations

What works?

- provide comfort and reassurance
- lower stimulation in person's environment: turn off TV, radio
- provide distractions such as activities, discussion, relaxation exercises, chores
- empathize with the fear, anxiety, or distress

What doesn't work?

- attempts to reason or to debate with the voices

► Slide 7 Managing symptoms at home: delusions

Signs that someone may be experiencing a delusion:

- fearfulness
- suspiciousness
- irritability
- restlessness
- pacing
- refusal to maintain routine/activities

► Slide 8 Coping strategies: delusions

What works?

- provide comfort and reassurance
- lower stimulation in person's environment: turn off TV, radio
- acknowledge the person's distress
- speak about how the person is feeling: "This is making you feel really anxious. What can we do to help that?"

What doesn't work?

- debate, reasoning
- collusion (joining in on the delusion)
- interpreting the delusion

► Slide 9 Managing symptoms at home: thought disorder

Psychosis also affects cognitive skills, specifically the executive functions of the brain.

Signs that someone may be experiencing a thought disorder:

- confusion
- difficulty communicating (you may have trouble following their line of thought)
- lack of logic
- inappropriate emotional response
- pacing
- restlessness
- irritability
- preoccupation
- long silences during conversation

► Slide 10 Coping strategies: thought disorder

Skills like memory and concentration, along with sequencing, organization, and planning, take time to recover. Here are some of the strategies people have found helpful in coping with thought disorder:

- structuring routines
- using simple words, short sentences
- asking the person to repeat the instructions you give
- lowering the stimulation in the person's environment
- providing fewer choices

Break



10 minutes

Supporting a medication plan (Slides 11-12)

 20 minutes

► Slide 11 Supporting a medication plan

The best chance you have to help your loved one take his/her medications consistently is to first find out why they doesn't want to take them. There are many reasons which, in the mind of the person refusing the medication, can be quite valid.

Many people may be ambivalent about taking medication because:

- medications have side effects
- they fear losing control
- they fear the stigma associated with medications for mental illness
- they start feeling better, and don't think they need the medications any more
- the medications remind them of their illness
- medication routine may be too complicated or confusing
- they may forget
- they may enjoy their symptoms and miss them when they are gone
- the prospect of a lifetime taking medications or of having to make lifestyle changes because of medications is hard to accept
- the person taking the medications may feel that they are not working, or that they are "well" now and don't need them any more

If you can find out the reason your loved one is not taking his/her medications, then you are on the way to solving the problem.



► Slide 12 Coping strategies

Helping your loved one remember to take their medication

- Help your loved one remember by setting out their medication for them, or suggesting that they use a daily dispenser.
- Some pharmacies supply bubble packs, with daily medication separated into individual doses.
- Try not to nag – nagging is annoying and can make people feel inadequate.

Dealing with side effects

- The side effects issue may be solved by negotiation with the doctor, who may be able to prescribe a different medication with fewer (or more manageable) side effects, change dosages, or prescribe additional medication to counteract.

Other issues

- Some of the other reasons for not taking medications are more complex and will need to be handled individually.
- In some cases it may take time and hospitalizations before your loved one realizes the importance of the medications.

Working with service providers (Slide 13)



10 minutes

► Slide 13 Helpful hints for family members

The following suggestions will help you work effectively with your loved one's service providers.

- Educate yourself about the illness.
- Write down exactly what has been happening and what you have observed. Include what actions you may have taken up to now.
- Write down questions you may have for the professionals who are helping you and your family member. Be persistent in asking your questions.
- Take paper and a pen with you to meetings. Be sure to ask for clarity about anything you hear, for example test results or follow ups, and take notes for yourself to refer to later.
- Keep a list of who you see, when, why, what they said, and what happens.

Wrap-up/Check-out

 10 minutes

- Ask participants to think about what kind of coping strategies they think they will be able to use over the next week to help themselves and their friend/family member.
- Inform participants that in the following session there will be a choice of activities. Participants can decide whether they want to do a creative collage-making activity, or alternatively, focus on drafting a self care plan. Ask participants for a show of hands as to their preference. The group does not have to come to consensus – both activities can run simultaneously.
- Thank participants for sharing their feelings and thoughts during the session, and remind them that you welcome any questions. Ask them to take notes of issues or questions that arise over the course of the week, and to bring them to the next session.

End of
Session 4

Session 5: Self Care

Session 5: Self Care

facilitator

Objectives

At the end of this session participants will:

- Recognize the importance of self care
- Have useful tools to develop a personal self care plan

Session Outline

Activity	Time	Materials
Welcome, Agenda, Check-in	10 minutes	Slide 1
Understanding self care	20 minutes	Slides 2-5
Building support systems	20 minutes	Slides 6-10
Break	10 minutes	
Collage activity or self care plan	50 minutes	Pictures from magazines, construction paper, scissors, glue/ Self care plan handout
Wrap-up/Check-out	10 minutes	

Handouts

- Facts about caregiving
- Facts about self care
- Tools: caregiver burnout
- Stress in the caregiving family
- Learning to handle stress
- Self care planning
- Tense-o-meter
- Support systems and respite

Suggested Activities

Welcome, Agenda, Check-in (Slide 1)

 10 minutes

► Slide 1 Welcome and agenda

Welcome to our session on self care. Today/tonight we will be looking at more strategies and techniques to help you and your family cope with the changes mental illness brings.

We will talk about coping strategies, but also practice some of them. Let's begin by checking in. Given that today's session is all about self care, let's think about what we did to take care of ourselves this past week. Does anyone want to share?

Understanding self care (Slides 2-5)

 20 minutes

► Slide 2 What is self care?

Self care can mean different things to different people, but overall, it is defined as:



the right and responsibility to take care of your physical, emotional and spiritual well-being



– Salvucci, 2001

Self care can also be seen as anything that contributes to our *emotional, spiritual, physical, and/or social rejuvenation*, enabling us to create balance in our lives while providing care for someone who is experiencing a mental illness.

► Slide 3 What can stop us from taking care of ourselves?

A number of things can stop us from expressing our needs and caring for ourselves:

Discomfort

- Sometimes people feel awkward or uncomfortable stating a need and asking for support.
- In stating your need, you become vulnerable to the possibility that the listener may say no.

Fear of being selfish

- You may think it is too selfish to think about your own needs rather than the needs of your loved one, which may be much greater.
- You may be uncertain that your request is “reasonable.”
- You may convince yourself that your needs are somehow less important than those of your loved one.
- You may be tempted to give all of your energy (resources, time, money) to your loved one. In so doing, you can lose yourself, and that strategy will eventually backfire.
- You may even forget that you have personal needs you are neglecting.

The result of ignoring your own needs

- Guilt can drive you to ignore your own needs.
- The consequences of ignoring your own needs over time usually are anger and resentment. These emotions can be expressed in different ways:
 - You may displace them onto children, co-workers, other family members, or even the family dog.
 - You might directly express them to your loved one, or express them in a passive-aggressive way, such as coming home late with no explanation, or making meals that you know he/she dislikes.
 - Some people turn their anger inward on themselves, which can result in depression or self-destructive behaviour.

► Slide 4 Assessing your self care

Three effective tools to help with stress management are: support networks, personal boundaries, and respite.

- Just as your relative living with mental illness has a treatment plan for recovery, your self care plan can prevent burnout and help you maintain emotional and physical health.
- Please refer to the handouts for a blank copy of the self care plan. We may begin working on your self care plans today, but for those of you who would prefer to complete the collage activity, we strongly encourage you to complete this plan on your own at home.
- The first step is taking stock of your current caregiving activities, other responsibilities, and your self care activities.
- The goal is to achieve a balance between the responsibilities and stresses, and those things that help you “recharge” and maintain your health and quality of life.

► Slide 5 Creating a self care plan

Your self care plan can include:

- Continuing to do those things you are already doing that rejuvenate you and positively contribute to your health and quality of life.
- Starting new activities or accessing services that will enable you to recharge and achieve greater balance in your life.
- Not doing those things that are optional and that add to your current responsibilities and stresses.
- Not doing those things for which you can enlist the help of others to lighten your load.

Building support systems (Slides 6-10)

 20 minutes

► Slide 6 Support systems

Each member of the family will need a support system and healthy coping skills. The following list outlines what a support system can include.

- A **self-help/support group** that focuses on coping with problems and that will help you solve problems instead of talking about them
- **Healthy friendships.** You will learn over time who can support and empathize with you and who cannot
- A **professional counsellor.** This can be a temporary relationship, but you should feel that you can rely on it during difficult transition periods
- **Recreation** time with others at least once a week
- **Involvement in a group or activity** that caters to your personal interests, for example, adult education classes, hobbies, sports, volunteer work. Take a moment to think about how many of these support systems are in place for you and your family. If you feel you don't have a strong support system, make it a priority to create one. Remember there are others who will be searching for a support system, as well.

► Slide 7 Respite

Broadly defined, “respite” simply means a break or reprieve. Respite care is defined as temporary, short-term care designed to give relief or support to a primary unpaid caregiver who has accepted responsibility for the ongoing care and supervision of an individual. Most respite care services will plan outings with the person who is ill or take care of them at home, so you can have a break from caregiving.

Respite has been proven to be beneficial to both caregivers and care receivers; using respite services can improve the well-being of the family unit and keep caregivers from becoming overwhelmed.

Some reasons for using respite services:

- alleviating tension that builds up in the home
- taking a worry-free vacation
- feeling independent again
- refuelling your energy
- attending to your own personal needs

► Slide 8 Accessing respite

- Accessing respite services can be a challenge, and most respite is done informally through friends or family members.
- Some organizations do provide respite care, but finding them can be a challenge.
- Ask your friends; look on the internet; ask a mental health professional.

► Slide 9 What does respite look like?

The Schizophrenia Society of Canada recently conducted a nationwide survey of 362 caregivers of people with schizophrenia. Findings revealed that three-quarters of participants had difficulty coping with their caregiving role. The participants were asked what respite meant to them. Overwhelmingly, they said rest and renewal without fear – a worry-free breather. This can take the form of:

- An escort for outings with the person who is ill (walking, swimming, going for coffee or lunch, going for a drive)
- A person who is willing to stay/visit with the person who is ill (depending on the extent of the disability) while the primary caregiver goes away for a vacation
- An escort for doctor's appointments or to groups offering social or community services

► Slide 10 Your recovery plan

- Remember that your loved one is not the only one who is in recovery.
- Family members and friends are on their own journey of recovery.
- Consider your own recovery plan: what will help you regain your sense of hope and control, and keep you well as you journey forward with your loved one?

Break



10 minutes

Choice of Activities

 50 minutes

In last session you will have polled the group as to whether they would prefer to create a self care collage or create a self care plan. Depending on what participants decide, you will need to bring enough magazines, scissors, large paper, and glue for each person.

Collage activity

Using images from magazines for inspiration, ask participants to create a collage that depicts the support system they need, incorporating what the group has discussed during the session.

Self care plan

If the group chooses not to complete the collage activity, they can use the handouts to begin their own self care plans. Participants can work individually or in pairs if they prefer. Circulate among the participants to see if you can help answer questions or clarify the activity.

Allow approximately 50 minutes for either activity.

Wrap-up/Check-out

 10 minutes

► We hope that today's session has underlined the importance of taking care of your own needs, as well as those of your loved one. With support, you can ensure that you do not deplete your "emotional bank account." It is essential for your health that you nurture your needs. To end today's session, let's think about the last activity:

- What is one thing you will take from the exercise of creating your collage or self care plan?

End of
Session 5

Session 6: Communication

Session 6: Communication

facilitator

Objectives

At the end of the session participants will:

- Have strategies and techniques to help them cope with the changes mental illness brings, such as communication and problem-solving techniques
- Understand the communication strategies used by mental health professionals to encourage change when working with a person experiencing a mental illness and/or substance use issues

Session Outline

Activity	Time	Materials
Welcome, Agenda, Check-in	10 minutes	Slides 1-2
Communication presentation	50 minutes	Slides 3-11
Break	10 minutes	
Communication exercise	40 minutes	Slide 12
Wrap-up/Check-out	10 minutes	

Handouts

- Effective communication skills
 - Communication do's & don'ts
 - "I" messages
 - Expressing negative feelings
 - Making positive requests
 - Communicating with a person with a mental illness
- Talking to others about mental illness
- IDEAL method of problem solving
- Fixing people – when they're ready

Suggested Activities

Welcome, Agenda, Check-in (Slides 1-2)



10 minutes

► Slide 1 Agenda

Welcome to our session on communication. Communication is one of the activities we engage in most frequently on a day-to-day basis. Success in communicating depends on the choices we make and our awareness of the factors that can influence how messages are delivered and received by others.

Communicating effectively can be challenging at the best of times. It can become even more challenging with someone living with a mental illness. Not only do the symptoms of psychosis often involve additional challenges, but the disorder can affect the person's ability to think clearly and concentrate. The goal of this session is to provide you with some of the skills you need to communicate effectively with your loved one.

► Slide 2 Good communication can

- help you express your concerns and worries about your loved one in a non-threatening way
- reduce the risk of relapse by creating a positive environment at home
- enhance relationships with professionals involved in your loved one's care
- clarify what each member of the family can do to help facilitate recovery

(Source: Toolkit for Families. www.heretohelp.bc.ca)

Communication presentation (Slides 3-11)



50 minutes

When a friend or family member has psychosis, effective communication is more important than usual. Your loved one can experience stress when they have difficulty understanding what is said or what is expected of them. The following presentation addresses a number of practical tips and strategies that will help you communicate clearly and effectively with your loved one.

► Slides 3-4 Communication do's and don'ts

- Developing effective communication skills means finding ways to express yourself and your needs in a clear, respectful manner.
- Sometimes it's not what you say but how you say it that's important. Everyone can feel alienated by remarks that can be interpreted as blaming, belittling, accusing, or ridiculing.
- On the other hand, sending a message that you believe in a person and his/her potential for recovery can make all the difference for your friend or family member with psychosis.

► Slide 3 Communication do's

- Be respectful
- Be hopeful
- Be straightforward and brief
- Stay calm
- Listen carefully
- Minimize distractions
- Acknowledge what is being said
- Stick to one topic at a time
- Repeat questions or statements when necessary
- Empathize
- Use "I" messages to communicate your feelings
- Keep your statements brief; saying too much at a time makes it challenging to respond

► Slide 4 Communication don'ts

- Don't criticize
- Don't focus on the illness
- Don't argue about past events
- Don't interrupt
- Avoid name-calling
- Avoid being judgmental
- Don't tease or belittle your family member about his/her symptoms
- Don't raise your voice; yelling or shouting will never help you communicate your thoughts
- Don't generalize – be specific; words like "always" or "never" are loaded and unhelpful
- Avoid patronizing, authoritative statements such as "You're acting like a child" and "You'll do as I say, young lady"

► Slide 5 Listening

Communication is composed of two main skills: listening and speaking. One way to help remember to listen well and to speak more clearly is use the acronyms LISTEN and SPEAK.

LISTENing is to:

Listen attentively to the words (verbal) and expressions (non-verbal)

Involve yourself – be interested in what is said

Show respect – treat adults as adults

Take time to reflect on what is said

Empathize – respect how others feel

Never accuse, blame, or belittle

► Slide 6 Speaking

SPEAKing is to:

Share your feelings honestly by using “I” messages

Present issues and concerns, not past ones

Express your thoughts and concerns, both negative and positive

Acknowledge the other person’s feelings

Keep it simple and clear

► Slide 7 Problem-solving

We will encounter many communication challenges and problems that we will need to solve. Research indicates that people who cope effectively do the following when faced with problems:

- Work on one problem at a time
- Try new approaches to the problem
- Stay open to suggestions from others
- Use flexible and creative thinking

When you are confronted with a problem, try the **IDEAL** problem-solving technique:

IDENTIFY: Define the problem before trying to tackle it. Start with the most urgent or the simplest problem – focus on that problem.

DESCRIBE: List everything you might try to solve the problem.

EVALUATE: Once you have a list, evaluate each option. Consider the consequences (both positive and negative) of each option.

ACT: Once you have selected the best solution, take action.

LEARN: Learn from the choices you have made.

Remember... When the problem seems too difficult to manage, use your support system and get help.

► Slide 8 Stages of Behavioural Change model

(Source: www.heretohelp.bc.ca)

The Stages of Change model outlines the different stages that people move through when contemplating a change in their behaviour. Although it was originally developed in relation to smoking cessation, the model has relevance for many areas, including weight control, problem substance use, and for those experiencing mental illness.

- The idea behind this model is that behaviour change does not happen in one step. Instead, the model proposes that a person progresses through different stages on his/her way to successful change. Each person progresses through the stages at his/her own individual rate and may go back and forth between stages.
- A person's readiness to change depends in part on what stage he/she is in. In the early stages the person may not be ready for change, so expecting a certain behaviour change within a certain period of time is not realistic (and may be counterproductive). The decision to change must come from within the person. Stable, long-term change cannot be externally imposed by another person.

The model is used by mental health professionals to assist a person in changing certain behaviours, but can also offer insights for family members and friends who are trying to support loved ones to make a change. Understanding where your family member is in the process can help you identify what you can do to assist him/her.

► Slide 9 The stages

In each of the stages, a person has to grapple with a different set of issues and tasks that relate to changing the target behaviour. People tend to progress through different stages on their way to successful change. There are five basic stages a person progresses through to make a behavioural change.

Stage 1: Pre-contemplation

- The person has no intention to change and may not have even thought about changing.
- The person may not acknowledge that there is even a problem.
- The person in this stage is not interested in any kind of help.

Stage 2: Contemplation

- The person is thinking about changing and has an intention to change but is not ready to make a commitment to change.
- The person may be ambivalent about changing and will weigh the pros and cons of changing.
- The person is more open to receive information about his/her behaviour.

Stage 3: Preparation

- The person is getting ready to take some action to change his/her behaviour and has made a commitment to change.
- The person may be taking small steps to change his/her behaviour, such as gathering information on different strategies.
- Some people skip this phase and move directly to action, however these people are more likely to relapse and resume their old behaviours.

Stage 4: Action

- The person is aware of the problem and actually takes the necessary steps to change his/her behaviour.
- The person is at greatest risk for relapse and therefore it is the least stable stage.
- The person in this stage is open to receiving help and may also seek the support of others.
- This stage requires sustained effort to make a lasting change.

Stage 5: Maintenance

- A new pattern of behaviour is being maintained and is in the process of being firmly established.
- The person in this stage may prepare coping strategies to help deal with situations in which a relapse may occur.

Relapse

- Relapse is not an official stage in the model, but it is a normal stage that most people experience before making a permanent change.
- During this phase the person returns to his/her old behaviours and abandons the new changes.
- The person may feel discouraged and see himself or herself in a negative light.
- The person should be encouraged to return to the preparation stage and to reflect on how and why the relapse happened. The lessons learned can be used to detect situations in which a relapse is more likely to occur in the future.

► Slide 10 Motivational interviewing

Motivational interviewing is an effective counselling technique and is based on the Stages of Change model. The technique of motivational interviewing has four basic principles:

- **Expressing empathy:** clinicians are first encouraged to listen rather than talk to clients about their issue. It is also important for the clinician to be non-judgmental and non-confrontational.
- **Developing a discrepancy:** clinicians in a non-confrontational way should help a client understand where the client is and where he/she wants to be. Together, the client and counsellor look at the needs that are met by the problem behaviour, and the conflicts that are created by the behaviour. The counsellor then invites the client to use his/her personal values to decide how to resolve these conflicts.
- **Rolling with resistance:** clinicians should accept a client's unwillingness to change.
- **Supporting self-efficacy:** clinicians should note and encourage even small changes clients make to their behaviour. By talking with a client about his/her strengths, the counsellor reinforces the client's confidence in his/her ability to change.

► Slide 11 Motivating your friend or family member to make a change

(Source: Family Toolkit www.heretohelp.bc.ca)

Express empathy

When talking to your family member or friend try to:

- Listen without judging
- Accept his/her point of view and let him/her know that it's normal to have mixed feelings about wanting to make a change

Avoid argument

All of us want to be able to have a say in how we behave. The more someone tells us how things are or what to do, the more defensive we may become.

- Instead of taking an authoritative approach ("You need to...") it is more helpful to help your loved one focus on the negative consequences of continuing to engage in the behaviour and devalue the positive aspects of the problem behaviour.
- The person does not have to admit to the behaviour. The goal here is for the person to begin to see the benefits of change and to develop arguments in support of moving toward the desired behaviour.

Roll with resistance

Your family member may have mixed feelings about making a change – this is a normal part of the change process.

- Help your friend/family member explore these feelings – the feelings often contain the seeds of actual change.
- It's okay to offer new ideas, but they may be rejected or resisted by your family member or friend.
- Reinforce any positive steps your friend or family member is taking, however small.

Support self-efficacy

Having a feeling of self-efficacy is particularly important for recovery.

- People are motivated to change when they believe they have the ability and capacity to make the change.
- Encourage your family member or friend, and show that you believe in his/her abilities.

Break



10 minutes

Communication activity: Learning to “be present” (Slide 12)



40 minutes

► Communication should always include consideration of whether we are responding with the appropriate sensitivity to the well-being of the person who is receiving our message. This is a complex task, and requires us to be aware of our own style, approach, and limitations.

Many things can get in the way of or prevent us from being the effective communicators we would like to be – especially distractions, preconceived notions, and certain types of body language. In this exercise, we will focus on identifying the factors and habits that help and hinder good communication.

Activity steps:

- Break up larger group into two smaller groups.
- Suggest that each group pick one person to record the group's answers on a piece of paper.
- In small groups, brainstorm ideas about the following two questions: (Slide 12)
 - “What makes it challenging to be a good listener/communicator with my friend / family member?”
 - “What can help me become a more empathetic, attentive and supportive communicator?”
- Give the small groups 20 minutes to discuss the two questions.
- After 20 minutes, ask each group to present their answers to the questions.
- Try to find the similarities in the responses of both groups.
- Remind participants that the symptoms of psychosis can make communication especially difficult and that the handouts include more information on practical strategies to help them improve their communication with their loved one.

Wrap-up/Check-out



10 minutes

- Ask the members of the group to suggest one thing they plan to do to improve communication with their loved one. Remind participants that it's okay to “pass” if they don't feel like sharing.
- Remind participants that you are now more than halfway through the program and that at next week's session you will discuss options for celebrating/observing the end of the program together.

End of
Session 6

Session 7: Living with Psychosis

Session 7: Living with Psychosis

facilitator

Objectives

At the end of this session participants will:

- Have useful ideas for coping with the impact of mental illness in the family
- Understand the risk factors and warning signs for suicide
- Have tools to help prevent relapse and to plan in the event of a crisis

Session Outline

Activity	Time	Materials
Welcome, Agenda, Check-in	10 minutes	Slide 1
Living with psychotic illness	20 minutes	Slides 2-12
Preventing and dealing with relapse	10 minutes	Slides 13-17
Handling crisis situations	10 minutes	Slides 18-22
Break	10 minutes	
Guest speaker	25 minutes	Invited speaker
Questions and discussion	25 minutes	
Wrap-up/Check-out	10 minutes	

Handouts

- Facts about housing
- Living at home – setting limits
- Facts about concurrent disorders
- Concurrent disorders: do's and don't's
- Dual diagnosis
- Estate planning
- Parents create legacies of love
- Daily living tips
- Setting goals and expectations
- Relapse prevention planning
- Dealing with a crisis situation
- Family crisis plan form
- Facts about suicide
- Hospitalization through involuntary admission

Suggested Activities

Welcome, Agenda, Check-in (Slide 1)

 10 minutes

► Slide 1 Agenda

Today's/tonight's session is about coping with the impact of your loved one's illness on you as well as your family. Specifically, we will be focusing on tips for daily living, how to prevent relapse, and how to intervene in times of crisis.

- There are many issues that arise when a friend or family member develops a mental illness, and some of these topics may be difficult to discuss. Remember that during this session, at all times, we would like you to feel comfortable.
- If a topic comes up this afternoon/evening that is too much for you, we will respect your wishes should you want to take a break and leave the room. Please do not feel obligated to contribute to the discussion or the topic if you are feeling overwhelmed. And please let us know if we can assist you.

Living with psychotic illness (Slides 2-12)

 20 minutes

► Slide 2 Living with psychosis

To briefly review some of what we have covered in the previous sessions, we know that dealing with psychotic illness tends to involve:

- Changes in your friend's or family member's behaviour
- Working with mental health professionals
- Dealing with the side effects of medication experienced by your friend/relative
- Developing new skills for coping and communication
- Learning new problem-solving techniques

► Slide 3 Daily living tips for living with your loved one's psychosis

(Source: Toolkit for families www.heretohelp.bc.ca)

You will need to make decisions about the extent of the support you can provide your loved one and the conditions under which you provide that support.

- You can't force your loved one to seek treatment or change his/her behaviour, but you can set standards and boundaries for what you can and will live with when your friend or family member has a psychotic illness.
- It's okay to expect everyone to follow basic rules of conduct and cooperation. We all require these to get along with each other.
- Be aware of the feelings of guilt that may prevent you from effectively setting limits and realistic expectations for your loved one.

Recognize your limits:

- Decide what level of support and care you are realistically able to provide. Explain this to your friend or relative and the health professionals involved in his/her care. This will ensure that the type of support you are unable to provide can be arranged in another way.
- Discuss options for future care with health professionals and other family members and friends. This will ensure continuity of care if and when you are unable to fulfill your role as a caregiver.

Define clear expectations for every family member:

- Families function smoothly when expectations for each person are clear and consistent. For example, delegation of household chores should be made explicit and reviewed periodically.
- Consequences for failure to meet expectations should be clear and appropriate.

Develop plans to manage on a day-to-day basis:

It is important to encourage a sense of structure in the life of a person with a mental illness. You can:

- Develop predictable routines – for example, regular times to get up and eat. Introduce gradual changes to prevent boredom.
- Break tasks into small steps – for example, encourage someone to shower more by helping him/her put out towels and choose clean clothes.
- Try to overcome a lack of motivation – for example, encourage and include the person in activities.
- Allow the person to make decisions – even though it can sometimes be difficult and they may keep changing their mind; try to resist the temptation to make decisions for them.

Maintain a calm atmosphere in the home:

- Avoid excessive stimulation, such as having frequent company, loud music, and violent television programming.
- You and your loved one may discover and practise calming activities (e.g., playing quiet music, reading, or gardening).
- Ignore the “annoying but unimportant” things. The concept of “picking your battles” can be very helpful, as some issues just aren’t worth arguing about!

Report aggressive behaviour:

- Aggressive or violent behaviour may be associated with psychotic symptoms or alcohol or drug abuse. Involve health professionals promptly.
- For aggressive behaviour associated with stress, try to develop an atmosphere that is open and relaxed.
- If someone is persistently aggressive, report actual or threatened violence to the treating health professionals (and the police, if necessary) immediately.
- If you live with someone who is persistently aggressive, seriously consider ways you can live apart. It is very likely that living apart will work out better for both of you.

► Slide 4 Facts about suicide

Our next topic is certainly a challenging one to discuss. While suicide is a difficult subject to deal with, it is one that needs to be addressed, especially when you are caring for someone who is living with a serious mental illness. That said, keep in mind that not everyone who develops a serious mental illness will consider suicide, but the risks are higher.

Individuals who are experiencing suicidal ideation need immediate support and professional intervention.

Here are some brief facts about suicide:

- 90% of suicide victims have a diagnosable psychiatric illness
- 80% of suicides are carried out by persons who have a depressive illness
- Women make 3-4 times more suicide attempts than men, but men complete suicide more often, probably because they choose more lethal methods
- 40% of people with schizophrenia attempt suicide, and 10% complete the act
- Thoughts of taking one’s own life are so common in people with mood disorders that they are considered a symptom of the disorder
- Suicide is primarily about losses and feeling alone

► Slides 5-7 Warning signs of suicide

The first step in prevention is to know the warning signs. Most suicides are methodically planned and deliberately committed.

At other times, what may appear to be suicide is actually an accidental death – that is, the victim is acting out a hallucination or delusion when in a psychotic state.

- People experiencing psychosis may be unaware that they are endangering themselves.
- Some individuals have walked out onto busy highways late at night or jumped off balconies believing that no harm would befall them.

Whether the action is deliberate or accidental, there are some preventive measures you can take, although you can never guard completely against the possibility of suicide.

Your friend or family member may be at risk of suicide if he/she:

- Exhibits feelings of worthlessness
- Expresses hopelessness about the future
- Hears voices instructing him/her to hurt or kill himself or herself
- Expresses a sense of powerlessness to change his/her situation
- Abuses drugs or alcohol
- Has recently experienced the death of a relative or friend, a separation, or the loss of job, home, money, status, self-esteem, or health
- Talks about killing himself/herself (“Everyone would be better off without me”)
- Has access to lethal means (such as weapons or pills)
- Has a specific plan for how he/she would kill himself/herself
- Neglects his/her physical appearance and personal welfare
- Makes “goodbye” gestures, making out a will, giving away favourite possessions
- Has made previous attempts, or makes suicidal gestures (cutting his/her wrists, taking too many pills)
- Exhibits sudden changes in mood from severe depression to inexplicable happiness
- Feels indestructible when in a manic or delusional state

► Slide 8 Assessing the level of risk

- **Ideation:** thoughts or feelings a person has about harming or killing himself/herself without any immediate plan or intention of acting on the feelings
- **Gestures:** self-destructive acts that a person connects with feelings or thoughts of suicide (taking 10 aspirins); these are often a way for the person to communicate his/her feelings to others and should be taken seriously
- **Attempts:** actions with potentially lethal outcomes

► Slide 9 What to do if someone is suicidal

Talk about it

- Many people do not want to broach the subject for fear that talking about suicide may give someone an idea and that this would make a tense situation worse. It's more likely that the individual may feel relieved to be able to talk about it.
- Talking about it will also help inform you about the steps you can take to aid the individual, and will allow you the opportunity to urge him/her to seek professional help.

Get help immediately

- It's important to take the threat seriously. People sometimes mistakenly think that those who talk about suicide don't do it. Do not assume that the individual is being melodramatic, or making a big deal out of something you think is insignificant.
- It is extremely important to get help as soon as possible. An individual who feels suicidal may be afraid to admit it for fear of being told he/she is stupid, foolish, or manipulative. When people do come forth with their honest feelings, it is vital that they are met with help.
- Contact the individual's doctor, family, and friends to build a stronger support network. If you don't know what to do, get professional help by calling a community mental health service agency or a suicide hotline.

Be supportive

- Listen in a non-judgmental, compassionate manner. This way you can give the individual an opportunity to vent their feelings and offer them relief from being alone with their pain.
- Reassure the person that there is help for his/her problems and that the person is not "bad" or "stupid" because he/she is thinking about suicide.
- Ask the individual to make an agreement not to act on any possible plans he/she may have made without first talking to you, to a mental health professional, or to someone at a hotline.
- Remove any objects the individual could use to harm himself/herself.
- Remind the person of recent accomplishments.
- Patience and empathy are necessary. Express your concern and care, and your willingness to help.

► Slide 10 An important note

Occasionally, a suicide occurs without warning, and nothing can prevent it from happening. Consider seeking help for yourself, as you may have experienced intense anxiety and worry from this incredibly stressful situation.

► Slide 11 Hospitalization through involuntary admission

A person hospitalized for suicidal ideation or behaviour may be admitted involuntarily.

There are two reasons for a person to be held as an involuntary patient:

- The person is a danger to himself/herself, or another person.
- The person's condition is deteriorating and he/she requires hospitalization. In most provinces and territories, physicians have the legal authority to commit a person to an in-patient ward.

What happens during an involuntary admission?

- The first priority is to ensure a patient's safety. To do so, hospital staff needs to know the person's medical and psychiatric history, including a complete history of medication and allergic reactions.
- If the immediate safety of the person who is ill is at risk, he/she will likely be medicated promptly. It is best if the individual who is ill agrees to take oral medication, giving him/her a sense of participation in resolving the crisis. If the person cannot be convinced, however, the physician can insist on an injectable medicine.
- Once safety is established, a full assessment begins. The first steps are often a thorough psychiatric examination, physical checkup, and a psychosocial assessment regarding the patient's entire life circumstances.
- Family members or close friends can provide crucial information, both about the circumstances leading up to the current episode and about relevant personal history.
- The results of the full assessment should provide a diagnosis and a preliminary treatment plan. For in-patients, that plan almost always includes daily medication. It should also include good nursing care and emotional support provided by hospital staff.
- In the first few days of the acute phase of illness, the medication together with a therapeutic environment make up the bulk of treatment efforts.
- A number of treatment activities can be added in the later stages of hospitalization (or at home) once the worst of the episode is over.
- When the person is admitted to a hospital, his/her valuables and money will normally be locked up for safekeeping until discharge. It is worth making a list of these, and any items of clothing and other personal effects that the ill person takes to the hospital.

To the degree that the individual who is ill becomes able, he/she can:

- learn more about the illness
- if it was a relapse, try to figure out what may have triggered it
- negotiate a more long-term treatment plan with the mental health staff
- communicate with friends and family
- plan for a gradual return to work or school
- begin to resume recreational activities

► Slide 12 Dealing with betrayal

Even if you believe seeking a commitment to hospital is the best thing for your family member, it doesn't mean you won't have emotional fallout. The person who is ill is likely to feel betrayed and may not be very receptive to talking with you.

These are some of the recommendations to help mend the relationship:

Do

- Acknowledge the feelings of betrayal
- Explain why you felt you had to do what you did
- Be honest that you would do it again if you had no other choice

Don't

- Deny the feeling of betrayal
- Expect to be forgiven right away
- Blame your loved one for what you felt you had to do
- Be misleading about what you would do in the future

From I Am Not Sick, I Don't Need Help by X. Amador with A. Johanson (NY: Vida Press, 2000)
ISBN-0967718902

Preventing and dealing with relapse (Slides 13-17)



10 minutes

► Slide 13 Relapse

- Brain disorders such as schizophrenia, bipolar disorder, clinical depression, and obsessive-compulsive disorder are episodic illnesses, meaning that symptoms or periods of illness come and go. So it makes sense to expect, and be prepared for, the possible return of acute symptoms, even when the individual has been doing fine.
- The signs of a relapse usually include a return of the most acute symptoms, such as hallucinations and drastic change in mood.

► Slide 14 Possible risk factors for relapse

- The individual may have discontinued taking medication, have a dosage that is not high enough to prevent the return of acute symptoms, or even have medication that has stopped working.
- The individual may have a poor doctor-patient relationship, or may not be receiving enough support from community services.
- The individual may have recently experienced severe mental stress – the death of a loved one, the loss of a job, a move to a new home.
- The individual is physically exhausted, or is using alcohol or street drugs to feel better.
- The individual is experiencing a lack of engagement with his/her social support and services.

Keep in mind...

The signs and symptoms of relapse tend to be constant for the individual, so the changes that announced the relapse last time are likely to be the same ones that will signal a relapse next time.

► Slide 15 Common warning signs of relapse

- Anxiety and tension
- Trouble concentrating
- Trouble sleeping
- Restlessness
- Depression
- Not being able to remember things
- Not being able to enjoy things, or loss of interest in things
- Preoccupation with one thing
- Denial of illness
- Talking in a nonsensical way
- Negative thoughts about self
- Negative beliefs about others
- Changes in expression of feelings (more hostile or increase episodes of euphoria; extreme moods)
- Changes in personal care (stops bathing or changing clothes)
- Changes in appetite (usually eating less)
- Changes in level of activity (increases or decreases)
- Changes in sexual activity
- Changes in social activity (refuses to see friends, withdraws)

► Slide 16 Relapse prevention planning

Things that will help your loved one avoid relapse

- Getting more rest
- Reducing stress (work or other obligations)
- Exercising
- Structured routine
- Changing medication dosages
- Increasing visits with the doctor or psychiatrist
- Education and awareness about relapse
- Developing an individual prevention plan, and following this plan when symptoms of relapse begin to emerge

(The Wellness Recovery Action Plan is an excellent tool for recognizing and avoiding relapse and planning for recovery. It can be accessed at <http://www.mentalhealthrecovery.com>)

► Slide 17 Personal Relapse Prevention Plan

In the handouts for this session, participants will find a Relapse Prevention Planning Worksheet. Encourage participants to work with their loved one to complete the worksheet.

Handling crisis situations (Slides 18-22)



10 minutes

► Slide 18 What is a family crisis plan?

As we have discussed, psychotic illnesses tend to be episodic. One of the most difficult aspects of living with a serious mental illness may be dealing with repeated crises.

- Periods of extreme tension and chaos, for the individual or the family, may not be uncommon.
- During a crisis episode, an individual may exhibit some or all of the following symptoms: hallucinations, delusions, thought disorder, disturbances in behaviour and emotions, and suicide attempt.
- Crisis plans are designed by the person who experiences mental illness and his/her family to assist in the management of a crisis if and when it occurs.
- It is helpful to have a plan to follow, and support teams in place to help you according to your wishes, in the event of a crisis.

► Slide 19 Developing a family crisis plan

Who are these plans for?

Crisis plans are for people with a mental illness and their family members who have no case manager support and no formal community supports from the mental health system.

Your family crisis plan form

- Prepare your plan when your family member is well and thinking clearly.
- Discuss your plan with your family and members of your support team.
- You may wish to have them assist you in the design of your plan.
- Be sure to sign and date your family crisis plan form.

► Slide 20 Family Crisis Plan: How it works

When you phone any member of your support team(s) because your family is in a crisis caused by the mental illness of a family member or loved one, these forms ensure that everyone:

- Knows your plan as you have laid it out
- Can help according to your wishes
- Knows who else is on your support team and can work with them to help you
- Knows they are legally protected as they work to help you resolve your crisis

Emergency phone numbers to keep on hand to call in a crisis:

- Support team members
- Family members
- Parents
- Mental health crisis line
- Family doctor
- Psychiatrist
- Babysitter
- Friend
- Others

► Slide 21 Family crisis plan

When your family crisis plan may not work:

If your crisis situation is life-threatening or could possibly cause you or others bodily harm, the family's wishes as outlined in the family crisis plan may not be respected.

► **Slide 22 If you need to call police**

Some police officers have little knowledge of mental illness and little experience in dealing with this sort of crisis, whereas some police forces have specially trained officers who know how to handle psychiatric emergencies. If you need to call the police:

- Explain that the individual is in urgent need of medical help, and he/she has been diagnosed as having a mental illness (if this is the case).
- Briefly describe what the individual is doing (making threats, damaging property); state that you need police assistance to get the person to a hospital.
- Make sure that the police know whether the individual is armed, or if there are accessible weapons nearby.
- Once they have arrived, the police will try to assess the situation and decide what should be done.
- While the police are present, you may have the chance to phone the individual's doctor or psychiatrist to ask for advice. Inform the police if you have been advised by the doctor to take the person to a particular hospital.
- After the police have the information they need, they may take your relative to a hospital emergency department. If you are not able to go with them to the hospital, ask the police to phone you and let you know what has happened. You will want to find out if your relative has been admitted to the hospital, and whether or not treatment is being given. Keep a record of all of the information.

Break

 **10 minutes**

Guest Speaker

 **25 minutes**

You will have arranged for a guest speaker in your planning for this session. Please see page 10 of the introduction for further information and ideas on arranging and working with guest speakers.

Welcome the speaker and introduce him/her to the group.

Discussion Questions (Alternate activity)

 25 minutes

If you are unable to find a guest speaker, these discussion questions can be used as an alternative:

- Who is your supportive listener?
- Do you have someone you can talk to about the emotional challenges of caring for your friend/relative?
- How has the person demonstrated his/her support?

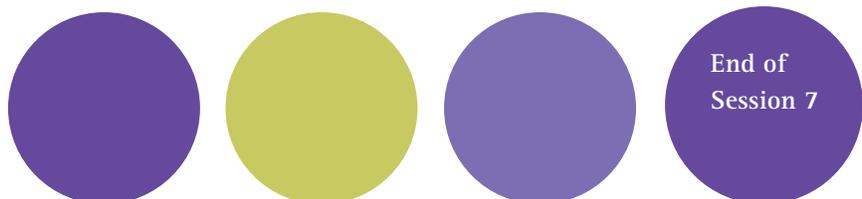
Given the nature of this discussion, consider splitting the group into smaller discussion groups to encourage sharing.

Wrap-up/Check-out

 10 minutes

► Thank the group for their participation and remind them that the next session will focus on Recovery: how to support their loved one in recovery, and what their own journey of recovery will involve.

Before the session ends, ask participants if there was one thing in particular that they found useful from today's session.



Session 8: Recovery

Session 8: Recovery

facilitator

Objectives

At the end of the session participants will:

- Understand that recovery is based on the values of self-determination, choice, hope, and empowerment
- Recognize that family members and friends experience their own process of recovery
- Explore the factors that contribute to and support recovery

Session Outline

Activity	Time	Materials
Welcome, Agenda, Check-in	10 minutes	Slide 1
Recovery presentation	35 minutes	Slides 2-14
Break	10 minutes	
Guest speaker: Recovery journey	30 minutes	Guest speaker
Recovery activity	25 minutes	Flip chart paper Markers Tape
Wrap-up/Check-out	10 minutes	

Handouts

- What does recovery from mental illness mean?
- Recovery
- Approaches to recovery

Suggested Activities

Welcome, Agenda, Check-in (Slide 1)

 10 minutes

► Slide 1 Agenda

Welcome to our session on recovery, one of the key issues in any discussion of mental illness. In today's/tonight's session, we'll explore what recovery means for those experiencing psychosis, as well as for the friend and family members who provide support.

Before we begin does anyone want to share any questions that might have come up since the last session.

Recovery Presentation (Slides 2-14)

 35 minutes

► Slide 2 What does recovery mean?

The Oxford Dictionary offers one definition of recovery: “to regain possession or use or control of; come back to health; retrieve or make up for (loss or setback etc.); recover oneself; regain calmness.”

► Slide 3 What does recovery from mental illness mean?

Emerging in the mid 1980s, recovery from mental illness continues to evolve as a concept and a reality.

- Recovery has been described first and foremost from the perspective and understanding of consumers, but also clinicians, and family members.
- Recovery has been described as a process; a vision; and an outcome.
- The publication of first-person recovery narratives in professional journals, consumer and family organization newsletters, newsmagazines, newspapers, and on the Internet provides us with a rich resource to gain knowledge about this concept.
- Clinical research studies also provide a wealth of information.

Despite the growing body of literature, and many excellent descriptions of recovery, a clear, concise, all-encompassing definition has yet to be offered. The best definition at this point may come from William Anthony of Boston University (1993). He tells us:

“*Recovery is a deeply personal process of changing one’s attitudes, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful life even with the limitations imposed by disability. It involves developing new meaning and purpose in life as one grows beyond the catastrophic effects of illness/injury.*”

(Source: CMHA National Office, www.cmha.ca)

► Slide 4 Understanding recovery

Patricia Deegan, a pioneer in the mental health recovery field, completed a doctoral degree after years of coping with major mental illness. Deegan emphasizes that people with mental illness are not passive recipients of rehabilitation services. They do not “get rehabilitated” in the sense that cars “get tuned up” or televisions “get repaired.” Rather, they are courageous participants in a way of life that includes employment, social interaction, sports, community service, and other activities.

- “Recovery” does not mean “cure.” Rather, it is a hopeful attitude, a way of approaching the day. Practitioners and caregivers working with people with mental illness need to see the person as more than the illness, and understand that:
 - recovery goes beyond rehabilitation; it may involve a kind of transformation
 - recovery is a unique (individual) journey
 - recovery may not mean symptom free
- Recovery from the illness is only one part of the process. Many individuals with mental illness must also rebuild a sense of self-worth and recover from the side effects of unemployment, long periods in treatment settings, and the stigma and discrimination attached to mental disorders.
- Reclaiming these aspects of life can be more difficult than recovering from the illness itself. Crushed dreams may take a long time to mend, especially if the person has had few opportunities to direct his/her own life.

(Source: Deegan, P. (2005). *Recovery as a journey of the heart*. In L. Davidson, C. Harding & L. Spaniol (Eds.), *Recovery from severe mental illnesses: Research evidence and implications for practice, Volume 1* (pp. 57-68). Boston: Boston University Center for Psychiatric Rehabilitation.)

► Slide 5 Other definitions

Some others have offered other definitions of what recovery is.



A recovery paradigm is each person's unique experience of their road to recovery... My recovery paradigm included my reconnection which included the following four ingredients: connection, safety, hope and acknowledgment of my spiritual self.



(A.K. Long, "Reflections on Recovery." In Recovery: The new force in mental health, 1994).

► Slide 6 Recovery is

- a complex process that takes time
- a unique individualized experience – each person has his/her own pathway to recovery
- rebuilding self-esteem and developing strong support systems
- aided by utilizing various treatment options such as family and community support, clinical services, and rehabilitation help
- about reclaiming hope and purpose

► Slide 7 Dimensions of recovery

Although recovery is a complex and individual process, there are three broad dimensions that are generally part of everyone's recovery journey:

- **Functions:** the ability to read, to sleep restfully, to work, to have coherent conversations, to raise children, and to drive a car
- **External factors:** a place to live, a job, a social life, recreational activities, family relationships, and going back to school
- **Internal states:** feeling good about yourself, satisfaction, self-confidence, spiritual peace, self-identity other than "mentally ill," and self-responsibility

► Slide 8 Phases of Recovery – Phase 1

Some researchers have looked at recovery as occurring in phases.

Overcoming stuckness

- Acknowledging and accepting the illness
- Having desire and motivation to change
- Finding/having a source of hope and inspiration

► Slide 9 Phases of Recovery – Phase 2

Regaining what was lost and moving forward

- Recovery as a process of learning and empowerment
- Recovery as a process of learning and redefinition
- Recovery as a process of reaching a level of functioning that is acceptable to the individual

► Slide 10 Phases of Recovery – Phase 3

Improving quality of life

- Striving to attain an overall sense of well-being
- Striving to reach new potential and higher functioning

► Slide 11 Activities that support recovery

- Opportunities to express one's true feelings
- Social interaction with friends and colleagues with and without mental illness
- Sports and leisure activities
- Opportunities to resume education and learn new skills
- Opportunities to join the workforce
- Participation in community events and volunteer activities
- Continued access to recovery programs, depending on need

(Source: Recovery from Mental Disorder <http://www.heretohelp.bc.ca/publications/factsheets/recovery-md>)

► Slide 12 Assumptions that promote recovery from mental illness

- Recovery is not accomplished alone, it can be everyone's business: professional help, friends and family, self-help groups, adult education, meaningful employment, adequate housing, and self care are key factors.
- Recovery is about hope, commitment, and taking responsibility: it's about taking ownership for transformation, for making choices, for focusing on strengths, for being actively engaged in treatment and support decisions.
- Recovery may occur whether a person views the illness as biological or not.
- Recovery accepts limitations: acknowledging and accepting limitations allows a person to pursue and discover talents, gifts, and possibilities.
- Recovery reduces the frequency and duration of symptoms; more of a person's life is lived symptom-free.
- Recovery is not a linear process; it's possible even though symptoms may reoccur: because mental illness is episodic by nature, recovery involves periods of good and difficult times, setbacks and accomplishments; a relapse does not mean progress is suddenly undone.
- Recovery from the consequences of mental illness is as important and often more difficult than recovering from the illness itself: the impact of stigma, lowered self-esteem, discrimination in employment and housing.
- Recovery is about redefining a person's sense of self: it's about seeing the illness as only one part of a multi-dimensional identity and remembering other valued roles like mother, son, taxpayer, friend, advocate.

(Source: Recovery from Mental Disorder <http://www.heretohelp.bc.ca/publications/factsheets/recovery-md>)

► Slide 13 Recovery from psychosis

- The pattern of recovery from psychosis varies from person to person and can depend on whether or not the person has a diagnosed illness, and what that diagnosis is.
- Some people recover quickly with very little intervention. Others may benefit from support over a longer period.
- With a psychotic illness such as schizophrenia, one in four will have one or two episodes and then experience no further episodes.
- For some people with bipolar disorder, months or years can pass between psychotic episodes.

► **Slides 14-15 Families supporting recovery**

- Try to be as supportive, understanding, and patient as possible.
- Express your love for the person with affectionate words and warm hugs (unless the person does not want to be touched).
- Let your loved one know that you believe in his/her abilities and in his/her recovery.
- Decide with your family member on appropriate routines, and keep routines simple.
- Give support and encouragement to help your relative or friend feel more comfortable and included in social situations.
- Remember that if your family member or friend is experiencing negative symptoms such as depression or apathy, he/she may wish to spend most of his/her time alone.
- Encourage your friend or loved one to stick to a medication routine and keep track of the side effects he/she is experiencing.
- Take notes: keep a recovery journal, recording your loved one's symptoms, side effects of medications, use of substances, and other observations about general health and well-being.
- Look after your own health. Do not allow yourself to become rundown and fragile. Ask for help from friends and community sources. Your loved one depends on you to be his/her guide through dark times, and you need to be in peak condition to do this.
- Join a parent/spouse or other family/peer support group to work through your own emotions; get help from others.

Break

 **10 minutes**

Guest speaker presentation – Recovery journey

 **30 minutes**

You will have met with the guest speaker prior to this session and will have reviewed with the speaker the questions he/she may use to guide the presentation. (Please see page 10 of the introduction to this guide).

Welcome the speaker, and introduce him/her to the group.

Recovery activity: “What do you need for your recovery?”

 25 minutes

Action steps:

- Ask participants to arrange themselves in groups of 3 or 4. Give each group a large piece of paper to record their ideas.
- Ask group members to discuss and write down what they as caregivers need to recover when their loved one is recovering from mental illness.
- Give the groups 15 minutes for discussion.
- After 15 minutes, ask each group to post their list on the wall. Encourage the larger group to talk about the process of naming their recovery needs, as well as what similarities and differences they can find on the different lists.

Wrap-up/Check-out

 10 minutes

Thank the group for their participation and remind them that the next session will focus on understanding the mental health system and advocacy. Before the session ends, ask participants what they plan to do in the week ahead to get started on their recovery plan.



End of
Session 8

Session 9: Understanding the Mental Health System and Advocacy

facilitator

Objectives

At the end of this session participants will:

- Be introduced to the basics of the Canadian mental health system
- Understand the concept of advocacy and how personal and systems-level advocacy can be used to bring about positive change for individuals and communities

Session Outline

Activity	Time	Materials
Welcome, Agenda, Check-in	10 minutes	Slide 1
Discussion	15 minutes	Slide 2
The basics of the Canadian mental health “system”	10 minutes	Slides 3-7
Guest speaker/Discussion	20 minutes	Guest speaker
Break	10 minutes	
Role of families and friends in the system	5 minutes	Slides 8-10
Advocacy: What can families and friends do?	20 minutes	Slides 11-16
The Advocacy Toolkit	20 minutes	Flip chart paper and pens
Wrap up/Check-out	10 minutes	

Handouts

- Demystifying mental health legislation
- Practical things you can do
- How families can advocate for systems change
- The Advocacy Toolkit: A step-by-step guide to effective advocacy

Suggested Activities

Welcome, Agenda, Check-in

 10 minutes

► Slide 1 Agenda

Welcome to our session on understanding the mental health system and advocacy. In this session we will provide a general overview of some basic mental health legislation. Most people with a mental illness will never need to be placed under a Mental Health Act; but for those few who will, family members and friends will need to be familiar with the legislation.

Before we begin with the content of the session, let's begin by reflecting on the week that has gone by since we last met. How many people managed to follow through with part of their recovery plan?

► Discussion (Slide 2)

 15 minutes

Let's begin today's/tonight's session by thinking about our own experiences with the mental health system. Let's take some time to discuss what you have experienced in helping your relative identify what services and supports are needed and in connecting with the services available.

- What services have you found helpful in addressing some of your friend's or relative's needs?
- What has been your experience in accessing those services?

For the second question, keep in mind that some participants may feel they have not had many positive experiences. Ask them to consider anyone who may have been sympathetic or helpful. Also acknowledge that negative experiences can occur.

The basics of the Canadian mental health “system” (Slides 3-7) 🕒 10 minutes

▶ Slide 3 Challenges for families

This quote from the recently published report *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada* sums up the dilemma faced by many family members and friends in taking care of their loved ones.

“
Family members who provide care and support to relatives living with mental illness and addiction face a two-fold challenge. First, they must suffer with their loved ones through their daily hardships and use their limited personal resources to try to alleviate them. Second, they must contend with a mental health system that often excludes them from involvement in the information-gathering and decision-making processes while simultaneously leaving them to serve as the fail-safe mechanism to provide unlimited, unpaid care, filling in the cracks that open when any part of the so-called system fails.

(Source: “*Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada,*” 2007)

Let’s talk now about the mental health system.



► Slide 4 The mental health “system”

As noted in our discussion, the needs and issues facing individuals and families living with mental illness are diverse. In previous sessions we have discussed the roles of different services and supports that can help people achieve recovery and live meaningful and productive lives in the community.

To be truly responsive, a mental health system must therefore be varied.

- In an ideal world a wide range of services and supports would be available and accessible to those who need them.
- In the real world, however, what is available will depend on many factors that are unique to the history and circumstances of each community; each will have its own particular mix of services and supports. These will vary not only from province to province, but from region to region and municipality to municipality.
- In Canada, the organization of publicly funded mental health services and supports to the general population is the responsibility of each provincial and territorial government.
- In each province, there is different legislation. There are three main acts that govern people’s rights to mental health services, how people are admitted to psychiatric facilities, how their mental health records are kept and accessed, how their financial affairs are handled, and how people can be released into the community:
 - Provincial Mental Health Acts
 - The Health Care Consent Act
 - The Substitute Decisions Act

► Slide 5 The Mental Health Act

The Mental Health Act is a set of rules that gives doctors and psychiatric facilities certain powers and gives patients particular rights. These laws apply in general hospital psychiatric units and psychiatric hospitals but not in mental health clinics.

The Act deals with many in-patient issues, including:

- When someone can be taken and admitted to a psychiatric facility involuntarily
- How a person can be kept in the hospital
- Who can see a patient’s records in the facility, and how to arrange to see them
- A patient’s right to information and his/her right to appeal being involuntarily admitted, held in a facility, denied access to records, and so on.

► Slide 6 The Health Care Consent Act

The Health Care Consent Act deals with how people are treated or cared for in various facilities, and how decisions are made about their care.

► **Slide 7 The Substitute Decisions Act**

The Substitute Decisions Act deals with guardianship, “substitute decision makers,” and Powers of Attorney – issues related to making health care decisions for people deemed “incapable.”

You will receive handouts that provide more information about these topics.

Guest speaker: The mental health system

 **20 minutes**

You will have arranged for a guest speaker in your planning for this session. Please see page 10 of the introduction for further information and ideas on arranging and working with guest speakers.

Welcome the speaker and introduce him/her to the group.

Break

 **10 minutes**

Role of families and friends in the system (Slides 8-10)

 **5 minutes**

► **Slides 8-9 Role of families and friends in the “system”**

Families and friends play a vital role in the recovery of a consumer, as well as a number of roles in the mental health system. They may:

- Act as informal case managers, encouraging and supporting treatment; identifying and securing housing; and arranging for income assistance
- Provide crisis intervention
- Assist with system navigation
- Advocate on behalf of their relative/friend
- Monitor systems and support adherence to treatment plans to lessen risk of relapse
- Provide housing and assist with activities of daily living, including paying bills
- Maintain records of treatments, medications, and hospitalizations
- Provide information on the content of the loved one’s life, to assist service providers in understanding them as a whole person

(Source: Caring Together: Families as partners in the mental health and addictions systems. Family Mental Health Alliance. 2006 <http://www.fameforfamilies.com>)

► Slide 10 Experiences of families

As we've discussed, it can be difficult to get access to the kinds of services and supports our loved ones need so they can recover. This reality was underlined in the 2007 report of the Standing Senate Committee on Social Affairs, Science and Technology.



Unfortunately, access to care is a daily struggle. All the services you get in terms of your child with a psychiatric illness are as a result of hard-fought, hard-won battles.



(Source: Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada, 2007)

Advocacy: What can families and friends do? (Slides 11-16) 20 minutes

► Slide 11 What is advocacy?

Advocacy is a process of working to improve your own situation, or the situation of someone you know, or the situation of a group of people.

- There are many different ways that family members and friends can be involved in advocating on behalf of individuals living with mental illness.

► Slide 12 Advocacy

The following quote from a family member reflects the importance of taking an active role in advocating for appropriate services:



You have to be active with the health care system when you're trying to get help for your family member... The dynamic is not that the system is serving you. The dynamic is that you're getting what you need out of the system – and that takes effort.



(Source: Concurrent Disorders: A Resource for Families. Centre for Addiction and Mental Health, 2007)

► Slide 13 What can families and friends do?

Families and friends can be effective agents of change in mental health systems:

- They can advocate for recovery-oriented mental health systems and services.
- They bring knowledge, energy, determination, and a commitment to helping their loved ones.
- To be effective, family members and friends need to learn what changes are needed, and how to take an active role in implementing system changes.

► Slides 14-15 Individual advocacy for your loved one

- Get a comprehensive evaluation.
- Insist on the best.
- Ask lots of questions about any diagnosis or proposed treatment.
- Encourage your loved one to ask questions.
- Make sure you and your loved one understand the full range of treatment options available so you can make a truly informed decision.
- Insist on care that is “client centred” and that builds on your loved one’s strengths.
- Ask about specific goals and objectives. How will you know if treatment is helping? If the problems persist or worsen, what options and alternatives are available?
- Ask about comprehensive “wraparound” or individualized services, geared specifically to the needs of your loved one and your family.
- Be prepared – keep track of all information, including past consultation and treatment reports.
- Seek a second opinion.
- Help and support your loved one in his/her efforts to learn about his/her illness.
- Insist on access to appropriate mental health consultation services.

► Slide 16 National or provincial/territorial advocacy

To be an effective advocate, family members and friends need to learn what system changes are needed, and how they can take an active role in implementing system changes for their loved one and others living with mental illness.

The following are some ways of taking action at a provincial/territorial level:

- Become politically active.
- Gather evidence.
- Build coalitions.
- Support your relative's involvement in self-advocacy.
- Fight stigma.
- Use the media.
- Work with local professional organizations.
- Talk to other families.
- Attend regional and national conferences.
- Don't give up!

The Advocacy Toolkit



20 minutes

The Advocacy Toolkit provides tools to help people advocate on an individual basis. It provides step-by-step instructions on how to speak out (on behalf of yourself or someone else) and stand up for the rights of a person with mental illness.

Today/tonight we are going to do a brief overview of this handout and spend some time working on an advocacy issue. We would encourage you to take the time later on to go through the handout more thoroughly, especially if you are planning an advocacy intervention.

All of us have probably faced obstacles at one time or other when dealing with mental illness. We've probably felt helpless at times. If we were lucky, others have intervened and acted on our behalf or helped us get what we were entitled to. To illustrate the steps involved in effective advocacy, let's first brainstorm a list of issues related to living with mental illness.

Activity steps

Ask participants to brainstorm answers to the following question:

- What issue related to living with mental illness in your community is in need of advocacy?
- On the board, list all the answers given by group participants.
- Ask the group to choose one of the issues that was named.
- Work through the steps to effective advocacy together as outlined in the Advocacy Toolkit.

Wrap up/Check-out

 10 minutes

This is an opportunity for you as a facilitator to offer your reflections and thoughts on the program. For example: you may want to tell the group what teaching Strengthening Families Together has meant to you, and your parting thoughts and reflections on the discussions that transpired.

Remind the participants that the next session will be the last, and ask how they'd like to celebrate. If you choose to host a celebration, you can invite the participants to each bring an item for the refreshment table. Participants often want to demonstrate their appreciation for the support they have received in a group, and this is an easy way for many people to contribute.

The celebration portion of the last session is optional. Suggestions for the remaining time of Session 10 include: inviting a guest speaker on a topic not covered in the previous sessions; answering questions; or simply ending the session early.

End of
Session 9

Session 10: Program wrap-up and celebration

Session 10: Program wrap-up and celebration

facilitator

Objectives

At the end of this session participants will:

- Have completed the entire program
- Have had an opportunity to evaluate the program
- Have enjoyed a celebration to mark the end of the program

Session Outline

Activity	Time	Materials
Welcome, Agenda, Check-in	5 minutes	
Program evaluation	15 minutes	Evaluation handout
Distribution of Certificates of Completion	5 minutes	Certificates of Completion
Closing comments	10-20 minutes	
Celebration	30-60 minutes	

Handouts

- Program evaluation
- Certificates of Completion

Suggested Activities

► Welcome, Agenda, Check-in



5 minutes

Welcome to our final session. In the first 30-minutes of today's/tonight's session we will complete an evaluation and feedback questionnaire. After we give you your certificates, we will wrap up the formal part of the program to leave time for our celebration.

► Evaluation of Program



20 minutes

Explain to participants that the feedback they provide us will help to improve the program and evaluate its usefulness to future participants.

Action steps:

- Distribute the evaluation forms (found in the Appendix) to the participants.
 - Give participants 10-15 minutes to complete the evaluations before collecting them.
-

► Distribution of Certificates of Completion



5 minutes

The last item is to hand out your certificate for successfully completing this program. We are pleased that you were able to attend these sessions and hope that they will assist you in caring for your loved one, your other family members, and yourself.

We urge you to consider joining a support group in your community. Not only will it enable you to continue learning, but it will also provide a way for you to share your knowledge and experience with those who may just be beginning to learn about how to deal with mental illness in their family.

► **Closing Comments**

🕒 10-20 minutes

Thank you all for participating in this program, for sharing your time and your stories with us. It has been quite a commitment of time and energy to be part of this group, and we hope that you continue to benefit well into the future from having attended.

Before we wrap up, would anyone like to share their thoughts on the end of the group and their plans for finding support in the community?

End of formal session

Celebration

🕒 30-60 minutes

If the group has chosen to mark the end of the group with a celebration, you can ask participants for help setting up the refreshments. **Enjoy!**



End of
Session 10

Appendix

Schizophrenia Society of Canada Appendix



Table of contents:

Facilitation tip sheet # 1: Facilitation checklist.....	2
Facilitation tip sheet # 2: Facilitating discussions	3
Facilitation tip sheet # 3: Intervention techniques	4
Promotion tools.....	5
Program evaluation	6
Registration form	14
Confidentiality agreement	16
Advertising flyer	17
Certificate of completion.....	18

Facilitation tip sheet # 1: Facilitation checklist

Things to keep in mind while you are facilitating each week:

- Greet the participants warmly at each session, making an effort to greet them by name
- Ensure your voice is clear and understandable
- Encourage the participants to ask questions, and listen to their questions
- Ensure the equitable participation of all present
- Treat all participants with respect and patience
- Manage group time effectively, being mindful of start, break, and finish times
- Slow down when discussing complex and difficult topics; use questions to verify comprehension
- Be well-prepared and organized for each session, and familiar with the activities, handouts, and discussion topics
- Be aware of what material has been covered in previous sessions
- Take time to clarify difficult topics
- Help families learn from one another by encouraging them to come up with solutions to shared problems
- Clearly stress the main points at the end of each session
- Share your stories and experiences wisely, always maintaining the focus on your role as a facilitator and not a participant
- Create a safe environment by ensuring that everyone has an understanding and agreement on the importance of confidentiality
- Make sure to provide refreshments – coffee/tea, juices, water, and a healthy snack

Facilitation tip sheet # 2: Facilitating discussions

Suggestions to assist you in facilitating group discussions:

Getting more information

- Does anybody else have an idea?
- What did you wish would happen?
- Let's get other people's ideas on that...

Interpretation

- How do people feel about that?
- How was that good/bad?
- How is that significant?

Generalizing

- What led you to expect that?
- Have you considered other alternatives?
- What does that say to you about _____, in general?

Summarizing /Checking out

- I think we had some excellent comments today (list a few).
- Let's go around the room and state what we gained from or will take away from this session.

Facilitation tip sheet # 3: Intervention techniques

Behaviour	Motivation	What to do
Overly talkative/interrupting	May be a show-off or “eager beaver.” May be well-informed	Interrupt by acknowledging his/her point, then turn it over to the group
Argumentative or hostile	May have a gruff personality, May be naturally good-natured but upset by a particular problem	Keep your cool. Find merit in one of his/her points and move on. Talk to the person privately during a break to find out what is really bothering him/her. Turn discussion back to group, Does anyone else have some thoughts on this?
Overly helpful	Really trying to help. Keeps others out of the conversation	Thank the person. Use his/her points to summarize discussions
Rambling	Talks about everything except topic at hand. Uses unusual analogies and gets lost	When the person stops, refocus on the relevant points and move forward. Indicate that while his/her point is interesting, it is a bit off track
Personality clashes within the group	Two or more participants clash. Can divide the group into factions	Emphasize points of agreement and minimize points of disagreement. Ask that people set aside personal differences
Won't participate	Bored, indifferent, timid, shy, or feels superior	Arouse interest by asking for the person's opinion. Ask all participants one-by-one to comment
Negativity/complainer	Everything is wrong or bad	Ask if person can find anything positive in the situation and how to cope with issue

Promotion tools

Advertising flyer

To assist you with promotion, we have developed a flyer that can be printed and photocopied for distribution.

Available as an interactive PDF on the CD, the flyer can be edited electronically or manually to include information about your chapter/branch, start date, and contact information.

Two different versions of the flyer are available—colour or black and white. The black and white version is recommended if you plan to photocopy the flyer onto coloured paper.

Newspaper notice/advertisement

Some ideas about information you could place in a newspaper or newsletter announcements section:

Do you have a relative or friend who is experiencing psychosis or serious mental illness? Would you like to learn more about his/her illness? Strengthening Families Together, a 10-session group for families and friends, can help. Learn the facts about mental illness, new medications, and treatments, and discover how others cope and move toward recovery. (Name of Chapter) is hosting the next session starting (date). Call and register today. Space is limited. Contact (name/number) for more information or to register.

“Strengthening Families Together”

Program evaluation

(Printable version available on Handout CD)

Your responses to the following statements will provide useful feedback to help presenters and organizers improve future programs.

Section I:

For each statement below, please circle the number that best fits your experience.

	Very low	Moderate			Very high
Question 1					
Before this course, my general knowledge of mental illness was:	1	2	3	4	5
As a result of this course, my general knowledge of mental illness is now:	1	2	3	4	5
Question 2					
Before this course, my understanding of the brain and medical terminology was:	1	2	3	4	5
As a result of this course, my understanding of the brain and medical terminology is now:	1	2	3	4	5
Question 3					
Before this course, my confidence in speaking to medical professionals was:	1	2	3	4	5
As a result of this course, my confidence in speaking to medical professionals is now:	1	2	3	4	5

	Very low	Moderate			Very high
Question 4					
Before this course, my ability to understand and empathize with my ill friend/family member was:	1	2	3	4	5
As a result of this course, my ability to understand and empathize with my ill friend/family member is now:	1	2	3	4	5
Question 5					
Before this course, I would describe my communication skills with my friend/family member as:	1	2	3	4	5
As a result of this course, I would describe my communication skills with my friend/family member as:	1	2	3	4	5
Question 6					
Before this course, my ability to cope with mental illness in my friend/family was:	1	2	3	4	5
As a result of this course, my ability to cope with mental illness in my friend/family is now:	1	2	3	4	5
Question 7					
Before this course, my understanding of and belief in the concept of recovery was:	1	2	3	4	5
As a result of this course, my understanding of and belief in the concept of recovery is now:	1	2	3	4	5

Section II:

Please rate your assessment of each session by circling the statement that best fits your experience

Question 8			
Session 1: Introduction			
Relevance	not relevant	somewhat relevant	very relevant
Quantity of information	too little	just right	too much
Understandability	too simplistic	just right	too difficult

I would suggest the following changes:

Session 2: Facts about psychosis			
Relevance	not relevant	somewhat relevant	very relevant
Quantity of information	too little	just right	too much
Understandability	too simplistic	just right	too difficult

I would suggest the following changes:

Session 3: Causes and treatment

Relevance	not relevant	somewhat relevant	very relevant
Quantity of information	too little	just right	too much
Understandability	too simplistic	just right	too difficult

I would suggest the following changes:

Session 4: Coping as a family

Relevance	not relevant	somewhat relevant	very relevant
Quantity of information	too little	just right	too much
Understandability	too simplistic	just right	too difficult

I would suggest the following changes:

Session 5: Self care			
Relevance	not relevant	somewhat relevant	very relevant
Quantity of information	too little	just right	too much
Understandability	too simplistic	just right	too difficult

I would suggest the following changes:

Session 6: Communication			
Relevance	not relevant	somewhat relevant	very relevant
Quantity of information	too little	just right	too much
Understandability	too simplistic	just right	too difficult

I would suggest the following changes:

Session 7: Living with mental illness

Relevance	not relevant	somewhat relevant	very relevant
Quantity of information	too little	just right	too much
Understandability	too simplistic	just right	too difficult

I would suggest the following changes:

Session 8: Recovery

Relevance	not relevant	somewhat relevant	very relevant
Quantity of information	too little	just right	too much
Understandability	too simplistic	just right	too difficult

I would suggest the following changes:

Session 9: Advocacy & understanding the mental health system			
Relevance	not relevant	somewhat relevant	very relevant
Quantity of information	too little	just right	too much
Understandability	too simplistic	just right	too difficult

I would suggest the following changes:

Session 10: Conclusion			
Relevance	not relevant	somewhat relevant	very relevant
Quantity of information	too little	just right	too much
Understandability	too simplistic	just right	too difficult

I would suggest the following changes:

Section III:

Question 9

On a scale of 1 to 10, what is your overall rating of this course?

1 2 3 4 5 6 7 8 9 10

Question 10

Would you recommend this course to other people who have a family member or friend with a mental illness? Why or why not?

Question 11

Would you be interested in any follow-up activities to this course? Yes No

Why or why not?

What activities would you be interested in (e.g. support group, further education courses)?

Question 12

Any additional comments:

Strengthening Families Together

Registration form

(Printable version available on Handout CD)

Personal information

Surname: _____

First name: _____

Address: _____

Phone: W: _____ H: _____ Cell: _____

Can we leave a message?: Yes No

E-mail: _____

Who is the relative or friend?

Daughter

Son

Mother

Father

Sister

Brother

Husband

Wife

Friend

Other (specify):

Friend or relative's age: _____





What is the diagnosis?

- Psychosis
- Schizophrenia
- Schizo-affective disorder
- Bipolar (manic depression)
- Major depression
- Obsessive compulsive disorder
- Panic disorder
- Anxiety disorder
- No diagnosis – please describe symptoms:

How long has the person shown the symptoms of the illness?

Will you be attending with other relatives (or friends)? Yes No

If yes, then with whom?

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

How did you hear about the course? (check all that apply)

- Newsletter
- Referral by a family doctor
- Referral by a psychiatrist
- Website – which organization?
- Poster
- Hospital
- Someone I know (e.g. friend, family member)
- Referral by a mental health professional
- Media (newspaper, radio, TV)
- Other (specify):

For office use only

Date received:

Confidentiality agreement

(Printable version available on Handout CD)

I _____ agree that I will keep confidential the personal information of other group participants taking part in the *Strengthening Families Together* program, which is to begin on _____ (date) until _____ (date). Personal information refers to that information which may be used to determine the identity of another group member, such as the name of a group member, the name of other family members, home address, or phone number.

I also understand that once the group has ended I must continue to abide by this confidentiality agreement.

Confidentiality may be breached by the group facilitators under the following situations:

- If it is disclosed that a minor, which is defined as a child who is 16 years of age or younger, has been or is at risk of being physically, sexually, or emotionally injured by another individual;
- If it is disclosed that one of the group members intends to physically, sexually, or emotionally injure another individual; or
- If it is disclosed that a group member intends to inflict personal injury on himself or herself.

I have read and fully understand the information provided above about the risks of this group. I understand that if this agreement is breached I may be asked to leave the group. By signing this document, I agree to accept the risks listed in this form.

Signature of group member

Date

Signature of group facilitator

Date

Signature of witness

Date

Thank you

Strengthening Families Together

Helping Canadians Live with Mental Illness

Do you have a relative or friend with a serious mental illness?
Would you like to learn more about his/her illness?

Strengthening Families Together, a 10-session group for families and friends, provides information, skill building and support.

You will learn about:

- Early intervention and recovery
- Treatments and supports
- Coping with challenges of daily living
- Navigating the mental health system
- The importance of taking care of yourself, too

is hosting the next group

Sessions start

Register today.

Phone



awards this

Certificate of Completion

to

for participating in the program **Strengthening Families Together**

Group Facilitator

Date

Group Facilitator



A REASON TO HOPE. THE MEANS TO COPE.
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