Practitioner Guidelines for Enhanced IMR for COD

Handout #2: Practical Facts About Mental Illness

There are four handouts to choose from, depending on the client and his or her diagnosis:
2A: Practical Facts About Schizophrenia
2B: Practical Facts About Bipolar Disorder
2C: Practical Facts About Depression
2D: Practical Facts About Mental Illness (this handout covers schizophrenia, bipolar disorder and depression, and is often used in group IMR where clients have more than a single mental health diagnosis)

Reminder: Depending on their stage of change/stage of treatment, some people may move to module 6 (Drug and Alcohol Use) after completing Module 1 (Recovery Strategies). In a group, this decision is based on # of people in the group who have co-occurring disorders and their stage of change/stage of treatment. This means that some people may begin Handout 2 after completing Handout 1 and Handout 6.

Introduction

People are empowered by knowledge. The more they understand the basic facts about their disorder, the better equipped they are to speak for themselves and to take an active role in their treatment and recovery.

Persons with a co-occurring substance use disorder can benefit from learning about symptoms of their mental illnesses and how to manage them effectively. Information about mental illness can provide a chance for people with co-occurring substance use disorders to better
understand how the two illnesses interact with each other and how they should be treated at the same time.

This module provides the opportunity to answer some of the common questions people have about mental illness:

How is mental illness diagnosed?
What are the symptoms?
What are the treatments?
How common is it?
What does the future hold?

Another important question for clients to consider in this module is: How have my symptoms of mental illness affected my substance use, and how has my substance use impacted my mental illness?

This module also provides a chance for people to educate practitioners about what they have experienced. As people develop skills and language to better describe their experiences and symptoms, practitioners should include the new information in future revisions to the person’s functional assessment.

Note: For the practitioner’s convenience, information and strategies that relate to COD are placed in italics. In addition, there is an additional category called “Substance Use Strategies” that provides specific strategies for COD within this particular module.

**Goals:**

- Provide a message of optimism about the future.
- Assure people that having mental illness is nobody’s fault.
- Help people identify examples of symptoms they have experienced.
- Introduce the stress-vulnerability model.
- Familiarize people with examples of individuals who have mental illness and lead productive, meaningful lives.
- Help people identify symptoms of substance use disorders and how they can co-exist with symptoms of mental illness.
• Identify how substance use impacts mental illness symptoms and vice versa (i.e., relapse of mental illness symptoms impacts substance use).

• Identify how treatment of substance use can positively affect mental illness and vice versa (i.e., treating mental illness can positively affect outcomes from substance use treatment).

• Explain that the most effective approach to co-occurring disorders is to treat substance use and mental illness at the same time.

• Identify strategies people could use to that could be helpful in managing both their mental illness and their substance use disorder.

**Number and Pacing of Sessions**

“Practical Facts About Mental Illness” can usually be covered in two to four sessions. Within each session, most people find that covering one or two topics and completing a questionnaire is a comfortable amount.

For people with co-occurring substance use disorders, “Practical Facts About Mental Illness” may require 1-2 extra sessions to discuss how substance use relates to mental illness.

**Structure of Sessions**

1. Informal socializing and identification of any major problems.
2. Review the previous session.
3. Discuss the homework from the previous session. Praise all efforts and problem-solve obstacles to completing homework.
4. Follow-up on goals.
5. Set the agenda for the current session.
6. Teach new material (or review materials from a previous session if necessary).  
   Possible topic starters for Enhanced IMR for COD—“Today we are going to talk about the experience of symptoms of schizophrenia. It can also be helpful to think about how the use of substances can affect the symptoms of schizophrenia.”
   Or,
   “Today we are going to discuss how you may have experienced negative opinions or attitudes that people have about mental illness, called ’stigma.’ You may have experienced this related
to having a diagnosis of depression, schizophrenia, bipolar disorder, or a substance use disorder.”

7. Summarize progress made in the current session.
8. Agree on homework to be completed before the next session.

**Strategies to be used in each session**

- Motivational strategies
- Educational strategies
- Cognitive-behavioral strategies

**Motivational strategies**

Motivational strategies in this module focus on helping people understand the personal relevance of learning about their disorders. Practitioners can help people identify how knowing more about their mental illness and its treatment can benefit them personally. The overriding question is, “How might the person use the information in this module to improve his or her life in some way?”

The following suggestions may be helpful:

- For each major topic covered in the handout, help the person to identify at least one way that information about that topic might be helpful to him or her. For example, when reading the section “What are the symptoms of schizophrenia?” you might ask a general question, such as “How could it be helpful to you to learn how to recognize symptoms?”

- Keep in mind the goals that the person identified in the first module (“Recovery Strategies”). Continue to help the person identify goals. Also help the person identify information in the handout that could help him or her achieve a personal goal.

- Show an appreciation for the person’s experience and knowledge. Thank the person for his or her comments and clarifications. Show the person that you appreciate what he or she is saying. Recognizing the person’s expertise makes the relationship with the practitioner collaborative, reinforcing and motivating.

- Help people identify how learning about mental health and substance use symptoms might be helpful to them and their progress in recovery.
• Depending on the person’s stage of treatment, consider asking them how learning information about the symptoms of their specific mental illness might help them reduce or stop using substances.

• It can be helpful to discuss how substances have a direct effect on symptoms and that decreasing substance use generally improves symptoms.

• Include examples of famous (and not-so-famous) people with a co-occurring mental illness and substance use problem who are leading meaningful lives, to help people become more hopeful about their future.

• Increase hope about a person’s ability to improve his or her life by discussing steps that a person can take to better manage both symptoms of mental illness and substance use.

**Educational strategies**

Educational strategies for this module focus on ensuring that people understand basic information about their disorder. The best learning will take place when people can relate this information to their own personal experiences. For example, learning more about the specific symptoms of bipolar disorder might help a person to understand a recent manic episode. Learning about hallucinations may help someone understand their experience with hearing voices.

The following strategies were discussed in detail in Module 1:

- Review the contents of the handout by summarizing or taking turns reading.

- Pause at the end of each topic to check for understanding and to learn more about the person’s point-of-view.

- Allow plenty of time for questions and interaction.

- Pause to allow the person to complete the checklists and questionnaires.

- Break down the content into manageable “pieces.”

- Find a pace that is comfortable for the person.
These educational strategies may also be helpful in Module 2:

- **If the person has not completed the drug and alcohol use module and has expressed an interest in learning more about the symptoms and signs of a substance use disorder, it can be helpful to review information about substance use disorder and give the person an opportunity to ask questions and seek clarification.**

- **Especially if the person is in an early stage of change/stage of treatment, it can be helpful to offer information from an informed decision making perspective. For example, asking the person to identify how knowing about the interactions between symptoms and substance use could be helpful to people who have a co-occurring disorder.**

- **When discussing how a diagnosis is made, review the criteria for making a substance use disorder diagnosis. Discuss any similarities and differences of the diagnoses of mental illnesses and substance use.**

- **When discussing stigma, review the experiences that the person has had related to the substance use disorder.**

- **Discuss the similarities and differences of symptoms of mental illness and symptoms of substance use disorder.**

**Cognitive-behavioral strategies**

Cognitive-behavioral strategies focus on helping people learn how to use information in the module to think differently or behave differently about their illness. It is especially helpful for people to think of how learning about mental illness can improve something in their own life or help them achieve personal goals.

- **At the end of each session of this module, help the person identify some key points that he or she found helpful. In addition, help the person think of how he or she could use this information in a practical way.**

  For example, before this module, the person may have believed that something he or she did caused the illness. After finding out
that mental illness is nobody’s fault, he or she could use that information to counteract self-blame. In the session, the practitioner could help the person practice what he or she could say to himself or herself to counteract self-blame, using the following steps:

1. The practitioner can help the person choose an alternative self-statement such as, “No one is to blame for mental illness.”
2. The practitioner can model saying the statement out loud.
3. The person can practice saying the statement out loud.
4. The person can practice saying the statement to him or herself.
5. The statement could be written down and practiced as part of homework.

- Before this module, people may not have understood that some of their experiences were caused by symptoms. For example, people may have thought that their lack of energy and motivation was caused by personal weakness or “laziness” or that the voices they heard were some kind of “punishment.” The practitioner can help people practice reminding themselves that certain experiences are the result of symptoms of their mental illness. Using the model above, the practitioner can start by helping the person choose and practice an alternative self-statement such as, “The voices I’m hearing are a symptom of my illness.”

- After completing the topic “What are the symptoms of mental illness?” the practitioner could ask the person if it might be helpful to be able to describe his or her symptoms to someone in their support system, such as another practitioner or a family member. For example, the person might find it helpful to talk to someone on their treatment team about the symptoms he or she has experienced. In the session, the person can practice what her or she might say to the treatment team member. Or it might be helpful to talk to a family member about symptoms so that he or she can better understand what the person’s experience has been. Talking to the practitioner or family member or another member of the person’s support system might be a relevant homework assignment.

- After learning about mental illness symptoms and discussing how substance use has affected the person’s experiences, the person may find it helpful to talk to a supportive person and inquire about their experiences and whether or not the
supportive person has noticed a connection between substance use and mental illness symptoms.

- When learning about mental illness symptoms, identify negative or distorted thoughts that the person may have around mental illness symptoms and substance use. Use information in the handouts and additional information about substance use disorders to help them re-evaluate their beliefs. Review the evidence for and against the person’s thought and help come up with a more realistic thought.

- For people who have decided to make a change in substance use, ask them to identify a strategy they may be already doing to manage their substance use and explore how they could expand that strategy or try a new strategy.

- If people are interested in trying a new strategy for managing their substance use, practice one of the strategies that they are using or want to use in session. For example, if the person is going for a walk each day at a time when he would usually smoke marijuana, it may be helpful to expand his support system by asking a friend to go on the walk with him. In the session, he could practice in a role-play asking the friend to go with him.

- Explore negative beliefs that people may have around mental illness and substance use. Role-play using positive self-statements to counteract the person’s negative beliefs about mental illness or substance use.

**Substance Use Strategies**

As noted in the introduction to the Practitioners’ Guidelines for COD-Enhanced IMR, there are 8 principles of COD Treatment. It is helpful for practitioners to keep all of the principles in mind when they deliver each module. It is also important to note that some modules offer more opportunities than others to apply specific principles. In addition, the principles are applied in different ways, depending on the client’s stage of treatment.

Here is a review of the COD principles:

1. Integration of mental health and substance use services including mental health and substance abuse treatment and relapse prevention planning.
2. Access to comprehensive assessment of mental health and
substance use.
3. Comprehensive variety of services offered to clients such as family therapy, medications, supported employment, use of self-help services such as Dual Recovery. Providing a full array of services.
4. An assertive approach to treatment (i.e., not waiting for client to request treatment but using engagement strategies such as assertive outreach).
5. Using a harm reduction approach.
7. Long-term perspective of treatment or time-unlimited services.
8. Providing multiple psychotherapeutic modalities.

Here are a few examples of opportunities for practitioners to use the COD principles in Module 2, “Practical Facts about Mental Illness.”

**Principle 1:** Practitioners can integrate the discussion of mental health and substance use services and how substance use can increase symptoms of mental illness and increased symptoms can lead to substance use.

**Principle 2:** Practitioners can offer access to a comprehensive assessment of mental health and substance use and to provide information to the client and providers about interaction between substance use and psychiatric symptoms.

**Principle 6:** Practitioners can use motivation-based treatment and stage wise Interventions, including helping people in the persuasion stage of substance use but who recognize their mental illness make a list of what symptoms are affected by their substance use.

**Principle 7:** In this module, practitioners provide information using a long-term perspective of treatment when educating people about their illness reassuring them and offering hope that they will be supported throughout their recovery process.

**Below are some additional examples of using the COD principles in this module.**

- It may be helpful for persons with co-occurring disorders to review how different classes of substances can affect a person’s mood and behaviors before beginning of this module. This information can trigger more discussion around the impact of substance use on symptoms of mental illness.
• **Elicit positive and negative aspects of substance use and symptoms of mental illness including aspects that may differ around periods of abstinence.**

**Homework**

- As described above under “cognitive-behavioral strategies,” help the person identify situations outside the sessions where newly learned information about mental illness could be applied. Developing homework involves helping the person plan how the information can be applied before the next session.

- For homework, you could help the person select a specific individual to talk to about the symptoms he or she has experienced. You could also go over a list of symptoms from the educational handout to help the person plan what they will cover. Some people find it helpful to role-play their conversation in the session before they approach someone outside the session.

- You could also help the person plan how he or she can practice positive self-statements based on new information to combat self-blame.

- Encourage homework that involves family members and other support persons. This might include asking people to review the handout (or a section of the handout) with someone from their support system.

- Follow up on the homework by asking how it went. For example, you could ask, “Were you able to talk to someone on your treatment team about specific symptoms as you had planned? How did it go?” Or “Were you able to practice self-statements as you had planned?”

- If people do not complete the homework, you can gently ask what got in the way. You can role-play ways of overcoming obstacles to completing the homework.

- **Help identify situations where the person could apply the information about mental illness and substance use, especially related to the person’s recovery goal. Help a person track how substance use may be interfering in taking a step towards a goal.**
Practice teaching a supportive person about the symptoms of mental illness and the effects of substance use. If possible, role-play in session with the person, how to approach the supportive person and begin the conversation.

After completing the section on stigma, ask the person if he would be willing to share an experience where he felt stigmatized, with a supportive person who has a mental illness and/or substance use disorder himself or herself. Role-play how to approach the person and introduce the topic into the conversation. Ask the supportive person if he has ever experienced stigma, and how he has coped with the experience.

**Special Issues for Group IMR**

- Encourage group members to share experiences they have had with symptoms and diagnoses and how symptoms were affected by substance use. Look for similarities among symptoms, diagnoses and substance use.

- Encourage group members to share experiences that they have had related to stigma around their mental illness and substance abuse. Explore similarities and differences around stigma related to mental illness and substance abuse.

- Identify strategies that group members have used to respond to stigma and different approaches used for responding to stigma related to mental illness versus substance abuse.

**Tips for common problems**

- People may be reluctant to acknowledge that they have a specific mental illness, that they have particular symptoms, or that they have any mental illness.

- Recognizing that one has a mental illness or a specific type of mental illness can be helpful, but is not a prerequisite for participating in the Illness Management and Recovery Program. The practitioner should respect the person’s opinion and seek common ground to facilitate working together.
• Practitioners can point out that psychiatric diagnoses are just a way of describing a group of symptoms that occur together. Practitioners may choose to use different words or phrases that are acceptable to the person, such as “having problems with stress,” “having a nervous condition,” or “having problems with anxiety.”

• At times it may be more effective to link learning the contents of the module to a goal that the person has previously identified. For example, you could say, “I think working together on this handout will help you with your goal of staying out of the hospital.”

• Some people already know a great deal about their mental illness.

• It is still desirable to go over the handout to check the person’s understanding and to explore for opportunities to make sure that he or she is able to use the information effectively. Sometimes people have received information in a piecemeal fashion; going through this handout may help people synthesize what they have previously learned. It may be possible to review the module in a short period of time if people are already very familiar with the contents.

• Some persons may not recognize that they have a mental illness while others may not recognize that they have a substance use disorder. It can be helpful to seek common ground around about what the person is willing to review and discuss. It also can be helpful to use the person’s language for describing experiences related to mental illness and substance use.

• Some people may report that a strategy to manage symptoms of mental illness or substance did not help them. Explore their concerns and encourage them to keep an open mind about strategies that may not have worked in the past but could be helpful in the present. Discuss how these topics can be re-visited later in IMR and acknowledge every person is different. Developing strategies that work for each person is an individual process.

**Additional Resources**

- In the *Integrated Treatment for Dual Disorders* book:
  - Educational topics for Persuasion Groups, Chapter 9-page 149-150.
  - Educational Handouts, pages 355-415.
Type in www.treatmentteam.com, click on “learn more for team solutions”, and scroll down to download the following in Workbook 7: Making Choices: Substances and You and download session 2.

For additional free facts sheets that are integrated with information about substance use please see the following website from Behavioral Health Evolution:
http://www.bhevolution.org/public/co-occurring_disorders.page
  - Post-traumatic stress disorder
  - Panic disorder
  - Social anxiety disorder
  - Generalized anxiety disorder
  - Obsessive compulsive disorder
  - Depression
  - Dysthymia
  - Bipolar disorder
  - Schizophrenia
  - Schizoaffective disorder

COD-Clinical Vignette

During the Practical Facts module, Lynette continued to follow-up with George on his goal of playing his guitar and check in with him about his alcohol use. George made a list of 4 reasons that allowing him to play his guitar would be helpful to the center. George was excited so he and Lynette decided to practice a short role-play on how he might present these reasons to the office manager. George decided his next step would be to continue to prepare for the presentation by making another list of the possible questions that the office manager might ask him. George made this modification to his goal tracking sheet. George did count the number of bottles he was drinking and wasn’t too surprised by the number of 7 bottles of vodka a week. He agreed to find out the price he was paying per bottle for next week.

When learning about the practical facts about his mental illness and substance use, George was very interested in the causes of mental illness. He was very open about his diagnosis of bipolar disorder and discussed previous experiences when his symptoms became severe and he had to go to the hospital. He reported that over the last five years his main concern has been with his symptoms of depression and the withdrawal symptoms. Specifically, he identified with feeling down, sleeping too much, feeling tired and low energy, and trouble concentrating at times. He did know that alcohol was a depressant, and so he began to see that the alcohol that he was drinking every day might be contributing to his ongoing depressions. He also learned
some other things he could do to improve his symptoms such as exercise and increasing activities that he enjoyed like his music. For his home assignment, George decided to try and put together some music to help him express feelings and to make a list of some ideas he could use to cut down. He also reported that maybe going to the Dual Recovery group could help him come up with some ideas to cut down his alcohol use.

Review Questions

At the end of this module, you can use either open-ended questions or multiple choice questions to assess knowledge of the main points. The following questions need to be modified depending on the diagnosis covered in the module (schizophrenia, bipolar disorder, major depression).

Open-ended questions

1. What are some of the symptoms of ____________

2. Does everyone who ____________ has have the same experience with symptoms?

3. What causes ____________

4. Who is a famous person that had ____________

5. What information would be helpful to someone who just received a diagnosis of ____________

6. What are some ways that substance use impacts symptoms of a mental illness?

Multiple choice and true/false questions

1. Which of the following is NOT a symptom of schizophrenia:
   - Being violent
   - Hearing voices that other people can’t hear
   - Having strong beliefs that no one else shares

   OR

   Which of the following is NOT a symptom of bipolar disorder:
   - being violent
   - feeling extremely happy or excited
   - feeling very sad
OR

Which of the following is NOT a symptom of depression
• being violent
• feeling very sad
• low energy level

2. Everyone who has ___________ has symptoms all the time. True or false.

3. Scientists believe that ___________ is caused by
• chemical imbalance in the brain
• poor education
• weather conditions

4. A famous person who had ________________________________ is ________________________________

5. If someone receives a diagnosis of mental illness, it is very helpful to know:
   1. How to recognize the symptoms
   2. Who to blame
   3. What it is called in other languages

6. If someone has a diagnosis of a mental illness and a substance use disorder, it can be helpful to join a support group such as Dual Recovery. True or False.