My Recovery Journal

This journal belongs to ________________.
# My Recovery Journal

## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>4</td>
</tr>
<tr>
<td>My Daily Assignments</td>
<td>5</td>
</tr>
<tr>
<td>How Do the People on My Treatment Team Help Me?</td>
<td>6</td>
</tr>
<tr>
<td>My Treatment Team</td>
<td>8</td>
</tr>
<tr>
<td>My Goals for Treatment</td>
<td>9</td>
</tr>
<tr>
<td>Why I Came to the Hospital</td>
<td>10</td>
</tr>
<tr>
<td>Dialectical Behavioral Therapy (DBT)</td>
<td>11</td>
</tr>
<tr>
<td>Treatment Themes</td>
<td>12</td>
</tr>
<tr>
<td><strong>My Safety Plan</strong></td>
<td>13</td>
</tr>
<tr>
<td>Coping Skills to Stay Safe</td>
<td>14</td>
</tr>
<tr>
<td>Start by Answering These Questions</td>
<td>15</td>
</tr>
<tr>
<td>Things Not To Do When Feeling Unsafe</td>
<td>16</td>
</tr>
<tr>
<td>Think About</td>
<td>17</td>
</tr>
<tr>
<td>Making a Safety Plan</td>
<td>21</td>
</tr>
<tr>
<td>Mindfulness</td>
<td>29</td>
</tr>
<tr>
<td>Mind States</td>
<td>30</td>
</tr>
<tr>
<td>Emotion Regulation</td>
<td>32</td>
</tr>
<tr>
<td>Emotion Regulation Practice</td>
<td>33</td>
</tr>
<tr>
<td>How I Feel</td>
<td>34</td>
</tr>
<tr>
<td>Distress Tolerance</td>
<td>35</td>
</tr>
<tr>
<td>Self-Soothing</td>
<td>36</td>
</tr>
<tr>
<td>To Tolerate Distress at Home, Distract by Self-Soothing with 5 Senses</td>
<td>37</td>
</tr>
</tbody>
</table>

Talk to your doctor or health care team if you have any questions about your care.

The Library for Health Information is available to help you find more health information at (614) 293-3707 or e-mail: health-info@osu.edu.
Welcome

Welcome to OSU Harding Hospital!

Working through this journal will help you understand yourself better and help you learn things that will help you cope better when you leave the hospital.

This journal is not meant for you to do by yourself. You may do some pages by yourself, but most of this book will be done in group or with a member of your treatment team. You may or may not do this entire book. You and your treatment team will decide what parts will be most helpful to you.

Your treatment team supports you in taking charge of your own recovery. Here are some other resources that you may find helpful:

- The Ohio Department of Mental Health’s Recovery Model “Emerging Best Practice in Mental Health Recovery” is available from ODMH at 30 East Broad Street, Columbus, Ohio.
- Wellness Recovery Action Plan (WRAP) is available at www.mentalhealthrecovery.com. The website shares resources, including support groups to join.
- Recovery is Possible is available at www.mentalhealth.gov/basics/recovery/index.html.

Your treatment team will provide you with information that you can use to develop your own plan of care.

Daily assignments

You will have daily assignments to help you reach the goals on your treatment plan to be ready to leave the hospital. The nursing staff will help you set your assignments each day.

You can keep track of your assignments on the next page.

Take this book with you to your therapist after you leave the hospital. That way you can share the work you have done with your therapist.
# My Daily Assignments

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<tr>
<th>Date</th>
<th>Assignment</th>
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</tbody>
</table>
How Do the People on My Treatment Team Help Me?

There are many people who are part of your treatment team. They will work with you to help you learn about your disease and treatment to help you feel better.

**Family or guardian**
Your family or guardian may take part in your treatment on the unit. They may also:
- Meet with a Social Worker after admission and may be asked to come back for family meetings.
- Meet with you and your treatment team to make a plan for you after leaving the hospital.
- Talk with the team about your diagnosis.
- Give consent for any medicines you are to receive.

**Doctor**
Your doctor leads your treatment team. Your doctor will examine you to decide what is going on with you and how to help you feel better. Your doctor (or someone covering for him/her) will:
- Talk to you every day to see how you are doing.
- Talk with other members of the treatment team about how you are doing in other settings with other people.
- Talk with your family or guardian about your treatment.
- Work with your treatment team to decide when you are ready to go home.

**Resident doctor**
Your Resident is a medical doctor who is specializing in psychiatry. He or she will work closely with your doctor to help you feel better.
Medical students
These are people training to be doctors. They will talk to you and give you support. They will share the information they gather with your doctor and treatment team.

Nurse practitioner
Your nurse practitioner has special training in psychiatric treatment and can prescribe medicines. He or she can also do everything a nurse can to help you learn to manage your symptoms.

Psychiatric care technician (PCT or Tech)
The care technicians work with your nurses to keep you safe. They will teach you healthy coping skills and give you opportunities to practice them on the unit and in group.

Social workers
The social workers will support you and your family while you are in the hospital. They may get in touch with your therapist, caseworker, or any other person that you are working with to help make plans for when you leave the hospital. They can also connect you to outpatient services so that you can continue your work after you leave.

Nurses
Your nurses will keep you safe and make sure you feel well. Nurses will give you your medicines. Your nurses will also teach you about:

- Your medicines and how they may affect you.
- Your diagnosis and how to cope better with your symptoms.
- Healthier coping skills and help you practice them.

The nurses will also work with your family/supports to help them understand your medicines, diagnosis and ways to help you cope better with your symptoms.

Recreational therapists
Recreational activities help you improve your physical, mental, and emotional well-being. They also help reduce depression, stress and anxiety. Treatments may include arts and crafts, sports, games, dance and movement, drama and music.

Recreational therapy improves:

- Movement and strength
- Reasoning and thinking
- Confidence and social skills

Occupational therapists
Occupational therapists work one on one with you, using activities and other therapies to increase your independence to do everyday things. Therapy may focus on self care, good sleep habits, leisure activities, health management, and other skills needed to manage your life. You will work with your therapist to create goals. They can also help you with resources for support.
Your treatment team is all the different people who will be working together to help you get ready to be discharged. These are some of the people on your treatment team. Find out the names of the people on your treatment team.

I, ___________________ (name), am the most important member of the treatment team!

<table>
<thead>
<tr>
<th>Treatment team</th>
<th>Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family, guardian, supports</td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td></td>
</tr>
<tr>
<td>Resident doctor</td>
<td></td>
</tr>
<tr>
<td>Medical student</td>
<td></td>
</tr>
<tr>
<td>Nurse practitioner</td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td></td>
</tr>
<tr>
<td>Social worker</td>
<td></td>
</tr>
<tr>
<td>Recreational therapists</td>
<td></td>
</tr>
<tr>
<td>PCTs or Techs</td>
<td></td>
</tr>
</tbody>
</table>
My Goals for Treatment

One of the first things your treatment team will do is develop a treatment plan with you. This plan will have goals that will allow you to be discharged. We need to know what your goals are for your hospital stay.

What would you like to accomplish while you are here?

You will have daily assignments in this book during your hospital stay.

Your assignments will help you accomplish your treatment plan goals and help you get ready to leave.

Nursing staff will help you set your assignment each day. You can keep track of your assignments on the My Daily Assignments sheet on page 5 of this book.
Why I Came to the Hospital

What happened that resulted in your coming to the hospital?

What emotions were you feeling during that time?

What were you thinking during that time?

What urges did you feel? What did you want to do during that time?

What did you do during that time because of what you were feeling?
Much of this book is based on the concepts of Dialectical Behavioral Therapy or what we call DBT. DBT includes cognitive behavioral therapy. It is based on the idea that everything is composed of opposites and that change occurs when one opposing force is stronger than the other.

**The goal of DBT is to learn new life skills.** We will help you learn new ways to manage life’s challenges. The skills you will learn in DBT include mindfulness, emotion regulation, distress tolerance and interpersonal effectiveness.

**Mindfulness**
Mindfulness is using your five senses to observe and describe what is going on around you. This is done without judgment. It is a core skill.

**Emotion regulation**
Emotion regulation helps you learn to name your emotions. It helps you recognize what makes the emotions stronger and what helps you to diffuse those emotions. It helps you identify triggers to strong emotions.

**Distress tolerance**
Distress tolerance is for situations you do not like and cannot easily change. It helps you build your emotional tool kit. It helps you develop strategies to use when you are upset that do not include hurting yourself.

**Interpersonal effectiveness**
Interpersonal effectiveness helps you learn to communicate effectively with people who are important to you while maintaining your self respect. It includes learning to identify what and who are important to you. Important people are people that influence your life. You may or may not like these people.
Each day at Harding, we focus on a theme during treatments and group activities.

<table>
<thead>
<tr>
<th>Day</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td>Hope</td>
</tr>
<tr>
<td>Monday</td>
<td>Mindfulness</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Interpersonal effectiveness</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Distress tolerance</td>
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<tr>
<td>Thursday</td>
<td>Emotion regulation</td>
</tr>
<tr>
<td>Friday</td>
<td>Lifestyle education</td>
</tr>
<tr>
<td>Saturday</td>
<td>Strengths focused</td>
</tr>
</tbody>
</table>
My Safety Plan
Coping Skills to Stay Safe

In this section, we will focus on how to cope with thoughts and urges to harm yourself or someone else. Mostly we will focus on what you can do to stay safe and to keep others safe. We will briefly talk about what you should not do when you are feeling unsafe.

As you work through this section, notice how many activities you consider doing as coping strategies to stay safe that are also healthy activities to do anytime.
Start by Answering These Questions

Have you had any thoughts about harming yourself or someone else?

What kind of unsafe behaviors have you had in the past?

People often have a physical feeling when they are upset enough to think about harming themselves or others. Some get headaches. Other people feel tightness in their stomach or back.

Describe or draw how your body feels when you are feeling unsafe.
Things **Not To Do When Feeling Unsafe**

**DON’T HURT YOURSELF OR ANYONE ELSE.**

**DON’T** stay away from helpful people.

**DON’T** keep your feelings bottled up. Talk with someone you trust.

**DON’T** spend a lot of time thinking about bad things that have happened to you.

**DON’T** take your problems out on other people.

**DON’T** spend a lot of time listening to sad or violent music.

**DON’T** spend a lot of time with friends who will bring you down.

**DON’T** destroy property.
Think About...

**Things that decrease harmful thoughts or behaviors**

There are certain people, places, things, activities and situations that may *decrease* your thoughts and urges to harm yourself and others.

- **Who** makes your thoughts/urges of harming yourself or others *decrease*?
- **What** makes your thoughts or urges of harming yourself or others *decrease*?
- **When** are your thoughts or urges of harming yourself or others *decreased*?
- **Where** are the thoughts or urges of harming yourself or others *decreased*?

Now make your own list of people you should be around, places you are safer, and times you know you will feel better. It might also be helpful to get input from your treatment team, guardian, supports or caregivers.

1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________
5. ________________________________________________
6. ________________________________________________
7. ________________________________________________
8. ________________________________________________
Feedback from your treatment team
Ask at least 3 treatment team members to give you some ideas on things that may decrease your harmful thoughts. At least 1 of these people should be a nurse. Have them write their suggestions here and sign them.

1. ______________________________________________________________
   Signature: ______________________________________________________

2. ______________________________________________________________
   Signature: ______________________________________________________

3. ______________________________________________________________
   Signature: ______________________________________________________

4. ______________________________________________________________
   Signature: ______________________________________________________
Things that trigger harmful thoughts or behaviors

Are there certain people, things, situations, or places that trigger your harmful thoughts or behaviors or make them worse?

- **Who** makes your thoughts or urges of harming yourself or others increase?
- **What** makes your thoughts or urges of harming yourself or others increase?
- **When** are your thoughts or urges of harming yourself or others increased?
- **Where** are the thoughts or urges of harming yourself or others the worst?

Now make your own list of people you should not be around, things you should not do, situations you should not be in, and places you should not be when you are feeling unsafe. It might also be helpful to get input from your treatment team, guardian, supports or caregivers.

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________
5. __________________________________________________________
6. __________________________________________________________
7. __________________________________________________________
8. __________________________________________________________
Feedback from your treatment team

Ask at least 3 treatment team members to give you some ideas on things that may **decrease your harmful thoughts**. At least 1 of these people should be a nurse. Have them write their suggestions here and sign them.

1. ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   Signature: ______________________________________________________

2. ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   Signature: ______________________________________________________

3. ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   Signature: ______________________________________________________

4. ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   Signature: ______________________________________________________

Now let’s focus on **what makes you feel better** when you are having harmful thoughts and urges. This is where your **DBT** (Dialectical Behavioral Therapy) skills will help you.

As we identify these skills, keep in mind the lists you made.
Making a Safety Plan

Your Safety Plan is a tool that you can use when you are having thoughts and urges to harm yourself or others. It will help you choose healthy ways to cope with those thoughts and feelings and keep you and those around you safe.

Your Safety Plan is intended to be used like a recipe. The only decision you should have to make is the decision to use your Safety Plan. Your Safety Plan needs to be very specific so you have steps to follow.

For example:

- If you say you are going to call your supports, list their names and phone numbers.
- If you are going to read a book, what type of book or author will you choose?
- If you are going to listen to music, what music will you pick and where will you find it?

You should find all the things that you want to put on your Safety Plan in the pages you have already done. Review the work you have done up to this point before you start on your Safety Plan.

Remember that your Safety Plan will only be as good as the effort you put into it!
Safety Plan draft

Using your Mindfulness and Distress Tolerance Skills, pick 9 activities you want to use when you are feeling unsafe. Refer to pages 25, 34, 36 and 38 for ideas.

1.
2.
3.
4.
5.
6.
7.
8.
9.

Now arrange these 9 activities in order with number 1 being the one you think will help you the most and number 9 being the one you think will help you the least.

1.
2.
3.
4.
5.
6.
7.
8.
9.
List the people you **should not** be around, places you **should not** go, and activities you **should not** do when you are feeling unsafe.

1.

2.

3.

4.

5.

List **2 adults** that you can call for support when you are feeling unsafe. **Make sure you tell these people that they are on your safety plan.**

- Name:
  - Phone Number:
  - Relationship to you:

- Name:
  - Phone Number:
  - Relationship to you:

The number for the **Suicide Prevention Hotline** is 1-800-273-TALK or 614-221-5445.

You can also always **call 911 in an emergency**.
What is a goal you have for yourself 1 month from now?

What is a goal you have for yourself 1 year from now?

What is a goal you have for yourself 5 years from now?

Feedback from your treatment team

Ask at least 3 treatment team members to give you some ideas on how to make your Safety Plan draft better. At least 1 of these people should be a nurse. Have them write their suggestions here and sign them.

1. ______________________________________________________________
   Signature: ______________________________________________________

2. ______________________________________________________________
   Signature: ______________________________________________________

3. ______________________________________________________________
   Signature: ______________________________________________________

4. ______________________________________________________________
   Signature: ______________________________________________________

Next use your Safety Plan draft and this feedback to write your final Safety Plan.
My Safety Plan

I will do the following things when I am feeling unsafe:

1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________
7. ______________________________________________________________
8. ______________________________________________________________
9. ______________________________________________________________

10. If I am still feeling unsafe, I will call one of the numbers on my list and go back to number 1!

I will call the following people when I am feeling unsafe:

Name: ________________________________ Number: ____________________
Name: ________________________________ Number: ____________________

The number for the Suicide Prevention Hotline is 1-800-273-TALK or 614-221-5445.

In an emergency, I can also call 911.
I will not do the following things, be in the following places, or be with the following people when I am feeling unsafe:

1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________

My future goals are:

In **1 month** to ________________________________________________

In **1 year** to ________________________________________________

In **5 years** to ________________________________________________

Feedback from My Treatment Team: __________________________________________

_____________________________________

_____________________________________

_____________________________________

Doctor: __________________________________________
Family Member: ______________________________________
Nurse: __________________________________________
PCT: __________________________________________
Social Worker: ______________________________________
Other: __________________________________________
Keep your Safety Plan handy so you can easily use it when you need it. Ask a staff member to make at least 5 copies of your plan for you. Tape one up in your room. Take the other copies home and place them in places where you will see them. For example: on the refrigerator or on your dresser. You may want to have a copy at school or work. Make sure your family or supports also have a copy.

**Where will you keep your safety plan at home? ___________________________**

It is very important that your outpatient therapist knows what you worked on in the hospital. In particular, he or she will want to know what is on your Safety Plan. Be sure to take a copy of your Safety Plan to your first appointment with your therapist.

---

**Make a tool box**

Now that you know what kinds of things you will do to stay safe, consider making a Tool Box. A Tool Box should contain the items that you will need in order to use your Safety Plan. For example: pictures, books, paper, a journal, colors, paints, pen, pencil or bubble bath. Collect these items and place them in a container of your choosing. Consider decorating your Tool Box. If you have a Safe Spot consider storing your Tool Box in your Safe Spot. Make a list of the items you will need to collect in order to use your Safety Plan.
It is important to remember that your Safety Plan, like you, is an evolving thing. As you use your Safety Plan, you may learn that some of the activities you listed on it don’t work as well as you had hoped. Maybe you would like to change the way you have prioritized your activities. Perhaps your tastes and preferences will simply change over time. As you learn new Mindfulness and Distress Tolerance activities, you may want to add them to your Safety Plan.

Each time you use your Safety Plan, think about how well it worked and whether or not you would like to make any changes. Ask a staff member to give you 2 or 3 blank copies of the Safety Plan so you can make revisions when you want to. Always keep a blank one that you can copy.

It is also important for you to practice your Safety Plan. Many of the Mindfulness and Distress Tolerance activities you have identified on your Safety Plan work better when you practice them. For example, many relaxation techniques work better the more you use them. Yoga may be easier the more you do it. Crocheting goes faster the more you practice.

Pick at least one activity you have listed on your Safety Plan and practice it twice a day. The activities you have chosen to do to stay safe are activities that are good to do anytime. Keep working to add new Mindfulness and Distress Tolerance activities into your daily life.

Remember...

Healthy coping = Healthy living
Mindfulness

Mindfulness is paying attention to what you are doing and using your senses to observe and describe without judgment. It is an important skill you can use to cope with harmful thoughts and impulses. **A good way to do this is to get involved in an activity that you enjoy.** Perhaps you have a hobby you have always enjoyed, or you have learned a new activity you enjoy in Recreational Therapy or on the unit.

**Activities I enjoy**

1. Check the activities below that you know work for you.
2. Put a star next to the activities you would like or are willing to try.
3. If there are activities not listed that you know work for you or you would like to try, write them in the blanks.

- Do yoga
- Dance
- Ride a bike
- Walk, run or jog
- Play an instrument
- Cook
- Draw, paint or color
- Crochet
- Play cards
- Write a letter
- Work on a puzzle
- Look at pictures
- Listen to music
- Play with a pet
- Do relaxation techniques
- Take a bubble bath
- Take a soothing shower
- ________________________________
- ________________________________
- ________________________________
Mind States

Each of us has mind states that can impact our thoughts and behaviors at different times. We call these mind states **Reasonable Mind**, **Emotional Mind**, and **Wise Mind**.

Learn about the mind states, and how you can best use your mind to help control your behaviors.

**Reasonable Mind**

You use your Reasonable Mind when you study for a test or look up information online.

**Your Reasonable Mind:**

- Thinks logically
- Plans behavior
- Pays attention to facts
- Focuses attention
- Not emotional in its approach to solving problems
- “Cold” thoughts

**Emotional Mind**

You use your Emotional Mind when you make emotional decisions about who you like or love. It helps you decide what is important to you and what you care about. It is the caring part of your mind.

**Your Emotional Mind:**

- Allows your emotions to control your thoughts and behaviors
- Makes logical thinking and planning difficult
- May cause you to make facts larger or more important
- Causes the energy of the behavior to match the intensity of the feeling
- “Hot” thoughts
Wise Mind

Important decisions need both reason and emotion. The Wise Mind is the coming together, the overlap between the Reasonable Mind and the Emotional Mind. But when they come together, they produce something bigger than either of them was separately.

Your Wise Mind:

- Uses your feelings and brain to make a decision that feels right to you
- “Warm” thoughts

You know you are in Wise Mind when you don’t have any sense of dread or anxiety over a decision you make, you just know it is absolutely the right thing to do. There is absolutely no doubt. It takes a long time to develop your wise mind.

Reasonable Mind + Emotional Mind = Wise Mind

Reasonable Mind gives you a way to solve your problems and Emotional Mind gives you a reason (motivation) to solve them.

Everyone has a Wise Mind!
Emotion Regulation

Emotion regulation is taking charge of your emotions or feelings so they don’t take charge of you!

It is a process where you develop the ability to name your emotions. The short term goal is to make better decisions when you are feeling intensely emotional. The long term goal is to feel better more often. This process involves recognizing how your emotions, thoughts and behaviors interact with each other.

Taking charge of your emotions is important because:

- People often have intense emotions. These can include anger, frustration, sadness or anxiety.
- Having problems controlling intense emotions can lead to impulsive or ineffective behaviors or actions.
- Impulsive or ineffective actions are often behavioral solutions to very painful emotions that may have long term negative consequences.

Emotions are important

They communicate to us that something is happening. For example, I feel nervous when I am alone.

They communicate to and influence others. For example, a sad facial expression may cause another person to ask if you are okay and offer you some support.

They prepare us for action. For example, if you step into traffic and hear a car horn, you automatically step back.
Emotion Regulation Practice

This exercise will help you see how your thoughts, emotions and behaviors are connected.

Start by describing an emotional time you had in the last week:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Fill in the event, your thoughts, emotions and behaviors, and the actions in the chart below to see how they are linked.
How I Feel

Circle or add words that describe how you feel.

Hopeful  Confident  Exhausted  Happy
Confused  Lonely  Embarrased  Upset
Shocked  Bored  Depressed  Enraged
Guilty  Frustrated  Anxious  Mischievous
Ashamed  Tired  Overwhelmed  Disgusted
Sad  Homesick  Angry  Cautious
Frightened  Suspicious  Surprised  Shy
Crisis survival strategies

Use Distress Tolerance skills to cope with painful events and emotions or difficult situations that you cannot make better right away. Like Mindfulness, you can use these skills to cope with thoughts and urges to harm yourself or others. The following outline describes the different skills of Distress Tolerance.

We will describe these skills in more detail in the following pages.

- Self-Soothe with 5 Senses
- Distract with ACCEPTS
- IMPROVE the Moment
- PROS and CONS
Distract by self-soothing is another group of Distress Tolerance skills that uses your 5 senses to help you survive a crisis.

A good way to remember this set of skills is to trace your hand on a piece of paper. Assign a sense to each finger (see, hear, smell, taste and touch) and write your favorite coping skill for that sense on that finger. When you are in crisis, go through each finger over and over using the coping skill you assigned to it.

For example:
To Tolerate Distress at Home, Distract by Self-Soothing with 5 Senses

Sooth each of your 5 senses:
- See
- Hear
- Smell
- Taste
- Touch

Activity
On the next page:
1. Check the activities you know will help you.
2. Star the the activities you are willing to try.
3. Add your own ideas in the blanks.
<table>
<thead>
<tr>
<th>See</th>
<th>look at nature around you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>polish your nails and admire them</td>
</tr>
<tr>
<td></td>
<td>people watch</td>
</tr>
<tr>
<td></td>
<td>gaze at falling snow or rainfall</td>
</tr>
<tr>
<td></td>
<td>be mindful of each sight that passes you</td>
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<td></td>
<td>______________________________________________</td>
</tr>
<tr>
<td>Hear</td>
<td>listen to your iPod</td>
</tr>
<tr>
<td></td>
<td>listen to sounds of nature such as birds, rainfall or rustling leaves</td>
</tr>
<tr>
<td></td>
<td>hum a soothing tune</td>
</tr>
<tr>
<td></td>
<td>be mindful of the sounds around you</td>
</tr>
<tr>
<td></td>
<td>______________________________________________</td>
</tr>
<tr>
<td>Smell</td>
<td>Use your favorite perfume or aftershave</td>
</tr>
<tr>
<td></td>
<td>spray your room with a favorite air freshener</td>
</tr>
<tr>
<td></td>
<td>spray your favorite fragrance on a pillow</td>
</tr>
<tr>
<td></td>
<td>mindfully breathe the fresh smells of nature</td>
</tr>
<tr>
<td></td>
<td>______________________________________________</td>
</tr>
<tr>
<td>Taste</td>
<td>have a favorite drink, herbal tea or hot chocolate</td>
</tr>
<tr>
<td></td>
<td>savor a piece of peppermint candy</td>
</tr>
<tr>
<td></td>
<td>chew a piece of gum</td>
</tr>
<tr>
<td></td>
<td>treat yourself to a dessert</td>
</tr>
<tr>
<td></td>
<td>be mindful of the taste of the food you eat</td>
</tr>
<tr>
<td></td>
<td>______________________________________________</td>
</tr>
<tr>
<td>Touch</td>
<td>carry a piece of soft or furry fabric</td>
</tr>
<tr>
<td></td>
<td>rub your favorite lotion on your hands and arms</td>
</tr>
<tr>
<td></td>
<td>comb your hair</td>
</tr>
<tr>
<td></td>
<td>hug a friend</td>
</tr>
<tr>
<td></td>
<td>use a permanent red marker to write what you would say if you feel you have to do something to your body</td>
</tr>
<tr>
<td></td>
<td>experience whatever you are touching</td>
</tr>
<tr>
<td></td>
<td>be mindful of touch that is soothing</td>
</tr>
<tr>
<td></td>
<td>______________________________________________</td>
</tr>
</tbody>
</table>
To Tolerate Distress at Home, Distract with ACCEPTS

Activity
On the next page:
1. Check the activities you know will help you.
2. Star the activities you are willing to try.
3. Add your own ideas in the blanks.
Activities
- talk with someone you trust that will listen
- ask a friend to go to the movies
- do safe things on the computer
- do any of the activities you marked on the Mindfulness Page

Contributing
- do something nice for someone to make them smile
- write a “Thank You” to someone
- do a chore around the house that you don’t normally do

Comparisons
- compare yourself to someone who is coping well
- think about others less fortunate than you
- think about other people who are suffering

Emotions
- collect motivational sayings and affirmations
- think of words and deeds of someone who loves you
- think of someone you love
- read cards and letters from people who are special to you

Pushing Away
- push the situation away by putting it aside
- build an imaginary wall between you and “it”
- put the pain in a box and put it away

Thoughts
- contain negative thoughts by counting to 10 or by 2’s
- journal or write song lyrics
- remind yourself you’ve made it through the last 10 minutes
- practice saying positive self-statements

Sensations
- squeeze a stress ball very hard
- put a rubber band on your wrist, snap it and let go
- pet your dog or cat
To Tolerate Distress at Home, IMPROVE the Moment

**Activity**

On the next pages:
1. **Check** the activities you know will help you.
2. **Star** the activities you are willing to try.
3. **Add your own ideas** in the blanks.
Imagery
- daydream
- imagine very relaxing scenes of your favorite places
- imagine coping well
- imagine everything going well
- imagine hurtful emotions draining out of you

Meaning
- find meaning and value of purpose in the pain
- make “lemonade out of lemons”
- start a Joy Journal or Dream Log, something to remind you that happiness is also a part of life

Prayer
- remember spiritual values
- open your mind to your Wise Mind
- ask for strength to bear the pain in this moment

Relaxation
- massage your neck and scalp
- stretch
- tense and relax each large muscle group (progressive muscle relaxation)
- breathe deeply, in through your nose and out through your mouth slowly

One thing at a time
- do mindful awareness exercises
- be here and now, focus on just what you are doing now
- focus attention on physical sensations that you feel when you walk, breathe, listen or do other tasks
<table>
<thead>
<tr>
<th>Vacation</th>
<th>Encouragement</th>
</tr>
</thead>
<tbody>
<tr>
<td>take a nap</td>
<td>be your own cheerleader</td>
</tr>
<tr>
<td>take a bubble bath</td>
<td>think of all of your good qualities</td>
</tr>
<tr>
<td>turn off your cell phone</td>
<td>it won’t go anywhere until you do it</td>
</tr>
<tr>
<td>have some “alone time”</td>
<td>“If you think you can, you will”</td>
</tr>
<tr>
<td>take a short breather from</td>
<td>“I am doing the best I can” (and no one expects more)</td>
</tr>
<tr>
<td>hard work that must be done</td>
<td>Talk to your own image in the mirror</td>
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</table>
Thinking of the pros (positives) and cons (negatives) of a particular situation is a crisis survival skill used in Distress Tolerance. When in the Emotional Mind, focus on:

- **the pros of resisting your impulses to harm yourself or others**
- **the cons of acting on the impulse**

Remember to **consider both short term and long term pros and cons.**

You may find it helpful to write out your Pros and Cons:

Urge or impulse: ________________________________

- **Pros:**
  ______________________________________________________
  ______________________________________________________
  ______________________________________________________

- **Cons:**
  ______________________________________________________
  ______________________________________________________
  ______________________________________________________
Make a Safe Spot

A coping skill you may choose to use is to create a **Safe Spot**. If you are going to use a Safe Spot, there are two things you must do:

1. Make a promise that you will **never hurt yourself** while you are in your Safe Spot.
2. Never break this promise.

**How to create a Safe Spot**

Pick a place in your house that you enjoy, such as a comfortable chair by a window to see outside. Pick a place close to a phone. Make sure your supports are aware of where your Safe Spot is.

When you have chosen your place, remove all items that you could use to harm yourself. Next, fill your Safe Spot with items that are comforting and life-giving. The first thing you want there is a **copy of your Safety Plan**.

**Spend time in your Safe Spot when you start to feel unsafe!**

**Items to include**

Think of items that you find comforting and life-giving, such as:

- Pictures of loved ones and friends
- A plant
- Cards or sentimental notes from people you love
- A journal and pen
- Music
- A favorite book
- Pictures of happy times
- Letters of encouragement from people you care about
- A favorite blanket
- A snack
- A book of affirmations
- Anything that is meaningful to you
Relating with others

Interpersonal Effectiveness refers to being able to communicate well with people who are important to you. This may or may not be someone you like, such as a co-worker or family member.

You use Interpersonal Effectiveness in a situation that you do not like and that you can change by your communication.

You want to have a balance between:

- What you are asking or negotiating for,
- The relationship with the person you are asking something of, and
- Your self respect.

One tool you can use to help you negotiate or ask for something effectively is DEAR MAN.

The following pages will explain how to use DEAR MAN.
Use DEAR MAN to Ask for Something Effectively

A way to remember these skills is to remember DEAR MAN

D - Describe the situation. Stick to the facts.

E - Express your feelings about the situation. “I feel...about the situation”.

A - Assert yourself by asking for what you want or saying “no” clearly. Remember the other person cannot read your mind. “I would like...”

R - Reward the other person ahead of time by explaining the positive effects of getting what you want. Think about how it would benefit the other person as well. Follow through with the reward.

Take hold of your M ind. Keep your focus on what you want. Don’t be distracted.

A - Appear confident. Use a confident tone of voice. Make good eye contact.

N - Negotiate. Be willing to give to get. Offer other solutions to a problem. Ask for others’ input on how to solve the problem.
The following is an example of how you might use DEAR MAN:

1. **The problem:** I have to get out of here, I have to pay my rent and my job is on the line.

2. **What I want to be different:** I would like to follow up with my outpatient provider and ask my family to help me until I get it together.

<table>
<thead>
<tr>
<th>Describe</th>
<th>I was brought to the hospital and ended up on this unit.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Express</strong></td>
<td>I was very upset, but I calmed down, so not sure why I am still here and several people here are stressing me out.</td>
</tr>
<tr>
<td><strong>Assert</strong></td>
<td>I would like to be discharged.</td>
</tr>
<tr>
<td><strong>Reward</strong></td>
<td>Thank you for listening to me, I know you feel responsible concerning my safety, but I promise you I will follow up and see my outpatient provider.</td>
</tr>
<tr>
<td><strong>Mind</strong></td>
<td>I am doing well even under the stress of having a very loud roommate.</td>
</tr>
<tr>
<td><strong>Appear confident</strong></td>
<td>I feel confident today, I am clean and groomed and practiced “power pose” before meeting with my treatment team.</td>
</tr>
<tr>
<td><strong>Negotiate</strong></td>
<td>Doctor, what will assure you of my ability to manage outside of this hospital?</td>
</tr>
</tbody>
</table>
Now it's your turn. **Identify a situation you dislike or want to change.** Write the problem below and what you would like to be different about the situation.

1. **The problem:**

   ___________________________________________________
   ___________________________________________________

2. **What I want to be different:**

   ___________________________________________________
   ___________________________________________________

<table>
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<tr>
<th><strong>Describe</strong></th>
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<tr>
<th><strong>Assert</strong></th>
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<table>
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<tr>
<th><strong>Reward</strong></th>
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</table>

<table>
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<tr>
<th><strong>Mind</strong></th>
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<table>
<thead>
<tr>
<th><strong>Appear confident</strong></th>
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</table>

<table>
<thead>
<tr>
<th><strong>Negotiate</strong></th>
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</table>
How to keep your Emotional Mind in check

To protect yourself from your Emotional Mind, remember ABC Please.

Accumulate positive experiences

**In the short term:** Do pleasant things that are possible right now.
- Increase pleasant activities that lead to positive emotions.
- Do a pleasant activity every day.

**In the long term:** Make changes in your life so positive events will occur more often; build a life worth living.
- Work towards goals:
  - Make a list of positive events you want
  - List small steps towards goals
  - Take the first step
- Pay attention to relationships:
  - Repair old relationships
  - Reach out for new relationships
  - Work on current relationships

Build mastery

Schedule one or more activities each day to build a sense of accomplishment.

Cope ahead of time with emotional situations

Create a plan ahead of time so that you are prepared to cope skillfully with emotional situations. Imagine yourself coping effectively.
My Anger Plan
Anger Management

Until you learn to identify and regulate your emotions, you may find that you have problems with managing your anger.

List any unsafe behaviors you have had while you were angry in the past.

What “triggers” or starts up your anger?

Some people get hot when they are angry. Some feel their muscles get tight. Some feel sick to their stomachs. Some get a headache.
Describe or draw how your body feels when you are angry.

The next page lists some things that are harmful to do when you are angry.
What things have you noticed make your anger worse?
Things Not To Do When Feeling Angry

DON’T HURT YOURSELF OR ANYONE ELSE.

DON’T destroy property when you are feeling angry unless it is something you planned ahead of time to destroy.

DON’T isolate yourself for a long time. If you need a “time out,” make it brief, about 5 to 10 minutes.

DON’T bottle up your feelings. Express them in a positive way as soon as you can.

DON’T stay away from helpful people.

DON’T spend a lot of time with friends who are angry and hostile most of the time.
What things have you tried in the past that have helped you calm down when you were feeling angry?

What things would you like to try in the future? Use your Mindfulness page and Distress Tolerance pages, along with the following page, for ideas.

Everyone feels angry sometimes. Feeling angry is not bad. What we do with our angry feelings can be good or bad.

Some people do not act out their anger. Instead, they stuff it inside. They do not get in trouble at home, work or with the law for anger-related issues. However, this is also not a healthy way to deal with anger. People who stuff their angry feelings inside are prone to stress related illnesses like headaches, stomach aches, ulcers, high blood pressure, and even more serious things. Sometimes people who stuff their anger do it for a long time. Eventually they are like a pressure cooker that just explodes. When they finally let go a little, all the feelings they have been stuffing come out too. They overreact to the situation.

Everyone needs to be aware of their angry feelings and have healthy outlets for their anger!
Things **To Do** When Feeling Angry

- Try a brief “time out”. Go to your room to cool down, or just get away from the situation to collect your thoughts.

- Use a “time out signal” with your family, so they will know that you need 10 minutes to calm down.

- Count to 10. If you are still angry, keep counting.

- Punch or yell into a pillow or a punching bag.

- Take a deep breath before you say anything.

- Use “I statements”. Practice using this formula:
  - I feel: (state your feeling)
  - when: (state the behavior that is bothering you)
  - because: (this is optional, but you can explain why if you wish)
  - Please: (state the behavior you want instead)

- Think of assertive ways to say what you want to say.

- Figure out “your piece of the action”. What might you have done that got others responding to you in a negative way?

- Practice deep breathing or other relaxation techniques.

- Try some physical activity like exercising or dancing to music.

- Look at your **Mindfulness** page and try any activity that interests you.

- Look at your **Distress Tolerance** pages. Are there any activities on these pages that you think would help you calm down when you are angry?
Anger Plan Draft

I know I am angry when this happens to my body:

Healthy ways I can let other people know I am angry include:

When I am feeling angry, I will do the following things:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________
7. ______________________________________________________________

When I am feeling angry, I will not do the following things:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
Feedback from your treatment team

Ask at least 1 nurse, 1 support, and 2 other staff members to give you feedback on your Anger Plan Draft. This “feedback” includes ideas on how to make your anger plan better. Have them write their suggestions here and sign them.

1. ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   Signature: __________________________________________________________

2. ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   Signature: __________________________________________________________

3. ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   Signature: __________________________________________________________

4. ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   Signature: __________________________________________________________

Now use your Anger Plan Draft and your feedback to write your final Anger Plan on the next page.
My Anger Plan

I know I am angry when my body feels:

Healthy ways I can let other people know I am angry include:

When I am feeling angry, I will do the following things:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________
7. ______________________________________________________________

When I am feeling angry, I will not do the following things:
1. Hurt or kill myself.
2. Hurt or kill anyone else.
3. Destroy property.
4. ______________________________________________________________
5. ______________________________________________________________

Keep your Anger Plan handy where you can easily use it. Hang a copy in your room. Make sure your support has a copy. Where will you keep your Anger Plan at home? _____________________________________________

Signatures: Doctor: __________________________ Support: __________________________
Nurse: __________________________ PCT: ___________________________
Social Worker: ____________________ Other: ____________________________
My Anxiety Plan
Anxiety can be an intense emotion that is difficult to identify and manage for some people. It can be so painful that it can lead to impulsive or unsafe behaviors.

Think about times in the past that you have felt very anxious. **What, if anything, have you done during these times that was not helpful or unsafe?**

Anxiety often causes physical feelings. Some people describe feeling “butterflies” in their stomachs. Other people feel tightness in their stomach. Some get headaches or backaches. **Describe or draw how your body feels when you are feeling anxious.**

Sometime people feel compelled to do certain things when they are feeling anxious like excessively wash their hands or clean things. Sometimes they feel like they have to do these things to prevent something bad from happening. **Have you ever felt this way? If so, describe how you felt and what you felt compelled to do.**
Sometimes certain people, things, situations, or places can start up or “trigger” anxiety. If you are already feeling anxious, certain people, things, situations or places may make your **anxiety increase**.

**Think about...**

- **Who?** Is there anyone that makes your anxious thought or feelings **increase**?
- **What?** Is there something or a situation that makes your anxious thoughts or feelings **increase**?
- **When?** Is there a time that your anxious thoughts or feelings are **increased**?
- **Where?** Is there a place that your anxious thoughts or feelings are **increased**?

There are also certain people, places, things, activities or situations that may **decrease your anxious thoughts or feelings**.

**Think about...**

- **Who?** Is there anyone that makes your anxious thoughts or feelings **decrease**?
- **What?** Is there something or a situation that makes your anxious thoughts or feelings **decrease**?
- **When?** Is there a time that your anxious thoughts or feelings are **decreased**?
- **Where?** Is there a place that your anxious thoughts or feelings are **decreased**?
Activities to Help with Anxiety

1. Review your Mindfulness activities on pages 29 to 31.
   - List a few Mindfulness activities you would like to try:

2. Review your Distress Tolerance activities on pages 35 to 44.
   - List a few Distress Tolerance activities you would like to try:

3. Positive Thinking – Blocking the Negative Thoughts – remember anxiety can be both triggered and relieved by what we think.

4. Do something routine that doesn’t require a lot of concentration. For example, take the dog for a walk or do some yard work.

5. Be able to laugh at yourself, especially if you feel you didn’t do something perfectly. Remind yourself of things like “I’m only human” or “I did the best I could”.

6. Plan ahead when you know you have to do things that will increase your anxiety. For example, if it makes you anxious to go to the dentist, and you know there is usually a long wait before your appointment, consider taking your iPod or something to read.

7. Squeeze a stress ball.
Anxiety Plan Draft

I know I am getting anxious when I start to have the following thoughts and/or my body feels the following way:

When I am feeling anxious, I **will do** the following things to make myself feel better (include ways you will think and activities you will do):

1.
2.
3.
4.
5.

When I am feeling anxious, I **will not do** the following things:

1.
2.
3.
4.
5.

People I can call for help:

Name: _________________________________ Number: ___________________
Name: _________________________________ Number: ___________________
Name: _________________________________ Number: ___________________
Name: _________________________________ Number: ___________________
Feedback from your treatment team

Ask at least 1 nurse, 1 support, and 2 other staff members to give you feedback on your Anxiety Plan Draft. This “feedback” includes ideas on how to make your anxiety plan better. Have them write their suggestions here and sign them.

1. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Signature: ______________________________________________________________

2. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Signature: ______________________________________________________________

3. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Signature: ______________________________________________________________

4. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Signature: ______________________________________________________________

Now use your Anxiety Plan Draft and your feedback to write your final Anxiety Plan on the next page.
My Anxiety Plan

I know I am getting anxious when I start to have the following thoughts and/or my body feels the following way:

When I am feeling anxious, I will do the following things to make myself feel better (include ways you will think and activities you will do):
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________

When I am feeling anxious, I will not do the following things:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________

People I can call for help:
Name: _________________________________ Number: ___________________
Name: _________________________________ Number: ___________________
Name: _________________________________ Number: ___________________

Signatures:  
Doctor: ________________________________ Support: ________________________________
Nurse: ________________________________  PCT: ________________________________
Social Worker: __________________________ Other: ____________________________
My Plan to Cope with Hallucinations
Hallucinations

Hallucinations are a symptom that can trigger both anger and thoughts of harming yourself or others.

Hallucinations happen when one or more of your five senses play tricks on your brain. They are very real to the person experiencing them.

Types of hallucinations

- **Visual hallucinations**: Seeing things that other people do not see.
- **Auditory hallucinations**: Hearing things that other people do not hear.
- **Tactile hallucinations**: Feeling things like tingling or pain that has no real cause.
- **Olfactory hallucinations**: Smelling things that others do not smell.
- **Gustatory hallucinations**: Tasting something that has no real cause.

Triggers

Certain things may trigger or start up hallucinations. It is important to know what triggers your hallucinations if you have them.

Some common examples of triggers include:

- Illness
- Stress
- Anxiety
- Street drugs
- Not getting enough sleep
- Frightening things from the past
- Frightening things happening now
- Not taking your prescribed medicine

Command hallucinations

These are hallucinations that tell you to do something. Often what they tell you to do is harmful to you or someone else.

If you have command hallucinations, let someone know right away and use your plan to cope. You will be creating a plan to cope with hallucinations on the next pages.
Coping with Hallucinations

These are some ideas you can use to cope with hallucinations. Everyone is different. It is important to find the things that are helpful to you.

- **Take your medicine the way your doctor prescribes it.** This is very important if you have hallucinations. There are medicines that specifically target hallucinations, but they may not work if you do not take them correctly.

- “Reality Test” – Since hallucinations are very real to the person experiencing them, it is important to have someone you trust that can tell you if they are experiencing the same things you are. This technique of checking to see if others see, hear, feel, smell or taste what you do is called reality testing.

- Tell the voice “You are not real and you have no power over me!”

- Tell yourself you won’t listen to the voice.

- Talk to a helpful person like your counselor, a family member or your doctor.

- Focus on something else. Use your **Mindfulness** and **Distress Tolerance** skills.

- Go to a different place to change your environment.

- Listen to the radio or an iPod.

- Watch TV or a movie.

- Hum.

- Do some physical activity.

- Avoid things that you know trigger your hallucinations.
My Plan to Cope with Hallucinations

The following things help me to cope with my hallucinations:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________
7. ______________________________________________________________

The following things make my hallucinations worse:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________

I can call the following people to help me cope with my hallucinations:

Name: _________________________________________________________
Number: ___________________ Relationship: __________________________

Name: _________________________________________________________
Number: ___________________ Relationship: __________________________

Name: _________________________________________________________
Number: ___________________ Relationship: __________________________

Signatures:  
Doctor: __________________________ Support: ________________________
Nurse: __________________________ PCT: ____________________________
Social Worker: ____________________ Other: __________________________
Simply put, your diagnosis is the name given to the collection of symptoms that you have. The most important part of knowing your diagnosis is knowing all your symptoms and how to manage them.

Since you are the most important person on the treatment team, your outpatient psychiatrist will rely on you to report on how each of your symptoms is changing after you go home.

My diagnosis is: __________________________________________________________

My symptoms include:

1. _________________________________________________________________
2. _________________________________________________________________
3. _________________________________________________________________
4. _________________________________________________________________
5. _________________________________________________________________
6. _________________________________________________________________
7. _________________________________________________________________

I can do the following things to help myself stay well.

1. _________________________________________________________________
2. _________________________________________________________________
3. _________________________________________________________________
Taking medicine can be an important way to stay well. If your doctor decides that you need medicine, ask what symptoms he or she expects to improve with the medicine.

The way your symptoms change is how your doctor judges how well the medicine is working. In the hospital, your care team will be watching your symptoms. When you go home, your outpatient doctor will rely on you to report changes in your symptoms. Your family or supports can report on what they see, but you are the expert on you.

It is also important to know that:

- You are responsible for taking your medicines at home.
- You need to take your medicine exactly as the doctor prescribes it. If your medicine has a special instruction like “take with food”, it is important to follow it, or your medicine might not work as well for you.
- If you feel your dose isn’t right, talk to your doctor before you change anything. If you want to stop taking your medicine, talk to your doctor first. It can be dangerous to suddenly stop taking some medicines.
- If you feel the medicine is harming you in any way, tell your doctor, treatment team, guardian, support or caregiver right away.
- Now that you are taking prescription medicine, it is wise to check with your pharmacist before using over-the-counter medicines to be sure they do not interact with your medicine.
- Make sure all of your doctors know all of the medicines you are taking.
- It can be dangerous to mix street drugs and alcohol with prescription medicines.
# My Medicines

Fill in the following table with your medicines.

<table>
<thead>
<tr>
<th>Medicine name</th>
<th>What it can help</th>
<th>When to take and special instructions</th>
<th>Possible side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
The brain is made up of billions of tiny cells. For the brain to function, these cells talk to each other by using a chemical relay system. Tiny chemicals called neurotransmitters carry messages back and forth from one brain cell to the next. These chemicals also affect how a person thinks, feels and acts. If these chemicals change, a person’s emotional state may change. If these chemicals become imbalanced, a person can suffer from symptoms of mental illness.

Psychotropic medicines are a group of medicines that affect thinking, mood, and behavior by helping to restore balance to the chemicals in the brain.
Recreational Therapy

Use the list on this page to help complete the next two pages. Feel free to add other activities you enjoy to this list.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Activities</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apples to Apples</td>
<td>Fuse beads</td>
<td>Pillow making</td>
</tr>
<tr>
<td>Arts and crafts</td>
<td>Going outdoors</td>
<td>Relaxation</td>
</tr>
<tr>
<td>Battleship</td>
<td>Guided imagery</td>
<td>Sand pictures</td>
</tr>
<tr>
<td>Beaded animals</td>
<td>Gym</td>
<td>Scattergories</td>
</tr>
<tr>
<td>Beading</td>
<td>Hat making</td>
<td>Scene It</td>
</tr>
<tr>
<td>Bingo</td>
<td>Holiday activities</td>
<td>Scrabble</td>
</tr>
<tr>
<td>Boggle</td>
<td>Holiday decorating</td>
<td>Scrabble Slam</td>
</tr>
<tr>
<td>Bracelet making</td>
<td>I Spy</td>
<td>Scratch art</td>
</tr>
<tr>
<td>Cards</td>
<td>Ice cream making</td>
<td>Self-Esteem Group</td>
</tr>
<tr>
<td>Categories</td>
<td>Imagine If</td>
<td>Sequence</td>
</tr>
<tr>
<td>Checkers</td>
<td>Jewelry making</td>
<td>Socialization Group</td>
</tr>
<tr>
<td>Chess</td>
<td>Jigsaw puzzles</td>
<td>Spoons</td>
</tr>
<tr>
<td>Collages</td>
<td>Jingo</td>
<td>Stained glass window</td>
</tr>
<tr>
<td>Coloring</td>
<td>Journaling</td>
<td>Stretching</td>
</tr>
<tr>
<td>Communication Group</td>
<td>Karaoke</td>
<td>Suncatchers</td>
</tr>
<tr>
<td>Connect Four</td>
<td>Legos</td>
<td>Totika/Jenga</td>
</tr>
<tr>
<td>Cooking</td>
<td>Life</td>
<td>Uno</td>
</tr>
<tr>
<td>Coping Skills Group</td>
<td>Mastermind</td>
<td>Weight lifting</td>
</tr>
<tr>
<td>Copper projects</td>
<td>Model magic</td>
<td>Wii</td>
</tr>
<tr>
<td>Creative writing</td>
<td>Monopoly</td>
<td>Woodworking</td>
</tr>
<tr>
<td>Dance group</td>
<td>Movies</td>
<td>Yoga</td>
</tr>
<tr>
<td>Discussion Group</td>
<td>Musical Instrument Group</td>
<td></td>
</tr>
<tr>
<td>Dominos</td>
<td>Muscle relaxation</td>
<td></td>
</tr>
<tr>
<td>Drawing</td>
<td>Name that Tune</td>
<td></td>
</tr>
<tr>
<td>Dream interpretation</td>
<td>Operation</td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
<td>Outburst</td>
<td></td>
</tr>
<tr>
<td>Football helmets</td>
<td>Painting</td>
<td></td>
</tr>
</tbody>
</table>
What activities did I do in Recreational Therapy group?

What activities did I like?

Safe activities that calm me down/help me feel better:

Activities I can do by myself:

Activities I can do with a friend or friends:

Activities I can do with my family:

Activities I am going to continue when I leave the hospital:
Things that get in the way of me doing activities that help me:

A new activity that I would like to try or learn more about:

An activity that I can do that is free to me:

If there is an activity that I enjoy but I lack support with that activity, what can I do?

My Signature: ________________________________________________________________

Nurse's Signature: _____________________________________________________________

Recreational Therapist's Signature: ______________________________________________

Other Staff Signatures: _________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
My Personal Discharge Plan
My Personal Discharge Plan

Look back at page 9. Review the goals you set for your hospital stay. Did you accomplish your goals? If the answer is yes, how does it feel? If the answer is no, what kept you from reaching your goal(s)?

What things do you plan to do to take care of yourself at home?
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________

What would you like to learn more about?
What people and places can you go to for help and support?
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________
7. ______________________________________________________________
8. ______________________________________________________________
9. ______________________________________________________________
10. ______________________________________________________________

After discharge from the hospital, what things will you not do?
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________

If your symptoms get worse, what will you do?
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________

Signatures:  
Doctor: __________________________ Support: __________________________
Nurse: __________________________ PCT: __________________________
Social Worker: ____________________ Other: __________________________