Voices of Recovery
Instruction Manual for Clinical Staff
Draft of February 5, 2014

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1. What are the Voices of Recovery videos?

These 24 brief video clips feature individuals telling their stories about who they are and what has been helpful in managing their psychotic disorder. You’ll meet a very diverse group of young adults who all have in common that they have figured out ways to manage their schizophrenia and get on with their lives. These are real people telling their real stories, and we are very grateful to them for sharing their insights. Four of the clips are by parents, describing how they have helped their child and how they have helped themselves be able to help their child. Each clip lasts about 3 minutes. You’ll meet people who are single, married, in school, working, hanging out with old and new friends, and living healthy lives.

Thanks for watching, and please let us know what you think of these videos. We’d love to hear how you use them and any feedback you may have; please just email ontrack@nyspi.columbia.edu.

2. Getting started

You can access these videos several ways. You can access them directly via the web by going to: http://practiceinnovations.org/ConsumersandFamilies/ViewAllContent/tabid/232/Default.aspx. Or, if you would like a copy of the videos on a DVD or flash drive, please contact ontrack@nyspi.columbia.edu. If you access the videos via the web, just click on any face to hear that person’s recovery story. The Voices of Recovery videos sit on the website of the Center for Practice Innovations at Columbia Psychiatry, New York State Psychiatric Institute: http://practiceinnovations.org/. After going to that website, select the “Consumers and Families” tab on the home page, then select “View All Content”. In addition to these recovery videos, you will see a few other videos that may be of interest to consumers and families.

If you’d like to find a recovery story that speaks to a particular topic or treatment domain, you can click the tab marked “Consumers and Families” and then click any of the following domains: Medication and Medication Side Effects, Work with a Treatment Team, Symptom Management, Drugs and Alcohol, School or Work. Once you click on a treatment domain, you’ll see the names, faces and short titles for the clips that speak to that treatment domain.

In case you would like a list of what treatment domains and recovery themes are addressed in each clip, here is a table of which clips address what themes. Toward the end of this manual, you will also find this information in addition to questions for reflection for each clip that you can use for your own reflection or in staff development exercises, plus the complete transcript for each video.
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3. Ways you might use the recovery videos

Introduction. First, watch the videos so that you hear the stories being told. You can watch in a group or individually. The sections below first list possible uses for any staff member. These are followed by suggestions that are specific to particular roles on OnTrackNY teams.

Possible uses.

- **Learn how an intervention offered by OnTrackNY was helpful to the person telling the recovery story.**

- **Staff development!** Watch a video and think about the Questions for Reflection suggested for that clip in the list below that also gives the transcript for each clip. This can be done as a group for discussion, individually before a meeting where the topic of the video will be discussed, or individually.

- **Show one or more of the recovery videos in client or family groups to stimulate discussion on a topic addressed in the clip.** See the list showing the treatment domain(s) and recovery theme(s) addressed in each clip to select which clips might be useful for groups with particular topics.

- **Recommend clips (all or specific ones) to clients or family members or watch some clips with them.** This could be a normalizing way to approach topics such as substance use or managing voices because you'll see and hear real people describe how they have handled various challenges. For example, if you go to the Center for Practice Innovations’ home page (http://practiceinnovations.org/Default.aspx), click the “Consumers and Families” tab, and select “Drugs and Alcohol” from the dropdown menu (or look in the list above), you’ll see that one of the faces for Corey, Tina, and William show, indicating that each of these clips addresses substance use. (You’ll also see two other choices for other, longer videos that the Center for Practice Innovations makes available.) You may want to give one of the flyers showing the thumbnail photos and brief descriptions to the person, perhaps circling one(s) you think might be particularly useful to the client or family member.

At the end of this manual, we’ve included sheets with a thumbnail and brief description that you can tear out to give to someone, perhaps circling particular clips you think the person might like to see.

At the end of the manual you’ll find 4 pages of “tickets” you can give to someone when you suggest that they may want to watch one or more of the recovery videos. These tickets give the web address to access the recovery videos and a space where you can write in particular video clips you may be recommending.
If you would like more of the sheets with the thumbnails or the tickets, you can contact ontrack@nyspi.columbia.edu.

- **Hear success stories.** Hear how others have achieved recovery, managed when things have been difficult, and have pursued their dreams. Hear about what was helpful when people were struggling. Hear how people facilitate their own recovery.

- **Hear people talk about their recovery journeys.** For example:
  
  o Ryan #1 is a recovery story from a very together young man who, during the video, holds up a picture of himself after he had become ill where he is barely recognizable as the same person and talks about then and now.
  
  o Francisco’s recovery story describes how important it is for him to be the boss and what helped him engage with his treatment team and the many things he still uses his team for.
  
  o Melissa’s second video describes very practical examples of how she uses various skills (some examples of CBT) to manage paranoia.

**Suggestions for the Team Leader and Recovery Coach.**

- **Use in Groups.** Select 2 clips that speak to the topic for the month for a Family Group and at least one other group, and show the clips at each group. Use the associated “Questions for Reflection” to help the discussion. Have on hand Tickets and the flyers showing the thumbnails for each video (at the end of this manual) to give to the people who attend the group. After the group, if you are game to give feedback, please email ontrack@nyspi.columbia.edu as well as your supervisor to say which clips you used and how it went (e.g., Did you use the Questions for Reflection and did they prompt discussion?). All feedback and suggestions welcome!

- **Watch with a client.** Think about which individuals receiving services from the team are dealing with some of the issues discussed in one or more of the videos. Watch one or more of these videos with some of those individuals when you meet with them individually. After watching videos with the client, you may want to give the client a Ticket or one of the flyers showing the thumbnails for each video (at the end of this manual) noting/circling any particular clip you might want to recommend (Ryan 1 likely great for almost anyone). After watching a clip with a client, if you are game to give feedback, please email ontrack@nyspi.columbia.edu as well as your supervisor to say which clips you used and how it went (e.g., Did the video engage the client? Prompt any reflection/change talk? Did the person express an interest in watching any more?). All feedback and suggestions welcome!
• **Offer to clients to watch while waiting or before leaving.** Offer a terminal to watch the videos to clients/family who are waiting to speak with a team member or who have finished meeting with you and have some time to spare. Have headphones available as needed. Give the person a ticket or one of the tear sheets showing the thumbnails for each video (at the end of this manual), noting/circling any particular clip you might want to recommend (Ryan 1 likely is great for almost anyone). After referring a client/family member to watch a clip on site, if you are game to give feedback, please email ontrack@nyspi.columbia.edu as well as your supervisor to say which, if any, clips you suggested and how it went (e.g., Did the client/family member watch any clips? Need assistance navigating the site? Appear engaged? Give any feedback?). All feedback and suggestions welcome!

• **Use in team meetings (Team Leader).**
  
  o Hand out the tear sheets showing the thumbnails for each video and, **when reviewing each client on the team**, think of which video clips might be particularly relevant for that client or client’s family and decide who will use the clip(s), when, with the client or client’s family. For example:
    
    ▪ Clients being referred to the employment coach may like seeing Ryan 1, “Fulfilling my dream”.
    
    ▪ Clients who are using substances, including those who aren’t yet expressing any desire to cut back or quit (precontemplation) might like seeing Tina 1, “Clearing my mind”; Corey 2, “When I wanted to get sober” and William 1, “Managing my recovery”.
    
    ▪ Clients who have paranoid thoughts may like to watch Melissa 2, “Dealing with paranoia”.
    
    ▪ Clients who are uncertain whether to try medication might like seeing Raquea, ”Finding what works”; Corey 1, “Tools for getting better”; or Sherry 2, “Learning what helps”.
    
    ▪ See the brief descriptions in the table above to identify recovery videos addressing particular treatment domains and recovery themes of interest to you, your clients, and clients’ families.

  o **Use for staff development**, as described above under “Possible Uses”.

  o **When a client is being referred to the employment specialist for help returning to school or help with employment**, you may want to point the client to particular videos touching on school or work and circle those faces on the tear sheet showing thumbnails of each person in a video clip.

  o And, you guessed it, if you have any feedback to share, please email ontrack@nyspi.columbia.edu with any **suggestions**.
Instructions for the employment Specialist.

- Start by watching the video clips having to do with school and work (e.g., Ryan 1, Corey 2, Melissa 1, Tina 2). Think about which clients you are helping might find particular video clips relevant and hopeful and suggest that the client watch those clips. Have on hand Tickets and the flyers showing the thumbnails for each video (at the end of this manual) so that you can note which clips addressing school or work you think would be helpful to a given client.

- If you are game to give feedback, please email ontrack@nyspi.columbia.edu as well as your supervisor to say which clips you suggested, whether the client seemed receptive, and whether the client reported having watched any clips, and any comments the client made. All feedback and suggestions welcome!

Instructions for Team Psychiatrist and Nurse.

- **Review the videos and suggest clips to particular clients/family members.** Give clients/family members Tickets or the flyers showing the thumbnails for each video (at the end of this manual) noting/circling any particular clip you might want to recommend (Ryan 1 likely great for almost anyone). Individuals in several of the clips talk about their ambivalence about taking medication and what, ultimately, made them decide to find a medication that worked for them (e.g., William 1 talks about how, ultimately, medication was a part of his recovery; Raquea 1 describes dealing with medication side effects and the importance of finding a medication that fits). After referring a client/family member to watch a clip on site, if you are game to give feedback, please email ontrack@nyspi.columbia.edu as well as your supervisor to say which, if any, clips you suggested how it went (e.g., Did the client/family member watch any clips? Need assistance navigating the site? Appear engaged? Give any feedback?). All feedback and suggestions welcome!

Instructions for Supervisors.

- **Use during supervision.** Prior to a supervision call/meeting, select one or more videos and ask staff to watch these prior to the supervision meeting, keeping in mind the associated Questions for Reflection. During supervision, identify particular clients with issues discussed in the clips and discuss one or more of the Questions for Reflection with a particular client in mind. After such a supervision session, if you are game to provide feedback, please email ontrack@nyspi.columbia.edu to say how it went and offer any suggestions.

- **Review the instructions for staff, above, with the staff person.** Discuss what worked/didn’t work/what to try next time. Any surprises? After such a supervision session, if you are game to provide feedback, please email ontrack@nyspi.columbia.edu to describe how the staff person is incorporating
the videos into the intervention, your sense of where the videos are a useful aid, and offer any suggestions.

4. Issues to consider

While each video tells the individual consumer’s story of recovery, it is critically important to anticipate that OnTrackNY clients will view the videos in their own unique ways. Where we as mental health providers may see a story of hope, a current consumer might focus on the decade of disability that preceded the turnaround being described. Where an individual telling his/her recovery story may focus medication as a recovery tool, the OnTrackNY consumer might watch the same video and focus on the person’s comments about medication side effects. These videos have only been used by 2 treatment programs before incorporating them into OnTrackNY, and we do not yet know the range of their impacts. When reviewing them and also showing them to OnTrackNY consumers, be open to and track expected and unexpected responses. This kind of input will be critically important to optimizing the utility of the videos. Please be generous with providing feedback and email any comments/suggestions to ontrack@nyspi.columbia.edu.

5. Descriptions and transcripts for the 24 videos plus Questions for Reflection

The following pages give, for each video clip, a brief description of the video, Questions for Reflection prompted by the video, and the full transcript of the video. Pat Deegan, Ph.D., an eloquent psychologist who is herself a consumer, wrote these Questions for Reflection in 2012 when these videos were used as part of staff development for the RAISE Connection Program.

Ryan #1
Treatment Domain(s): Education/Employment.
Recovery Theme(s): Returning to school/work. How my family/friends support my recovery.
Description: Ryan discusses overcoming hopelessness, finishing school and returning to work.

Questions for Reflection:

1. In this video we meet Ryan as an attractive and articulate young man. When he holds up the older photograph of a bearded, disheveled man showing up for the first day of college, it’s hard to believe it’s the same Ryan. If we are honest, most of us would agree that our expectations of Ryan today, versus in the past, would be different. Spend some time exploring your reactions to the 2 images of Ryan. How does the way a person looks inform our clinical work? How do looks misinform our clinical work? How should we manage biases caused by first impressions?

2. Ryan reveals a very subtle but important strategy that helped him get back to school. He had bought into the myth that people with major mental illness can’t work. So he carefully framed his project of returning to school as a quest
for knowledge for knowledge’s sake (rather than as a way to eventually get a job). Give examples of other resilient strategies you have seen clients use.

3. Ryan makes a distinction between two kinds of stress. He says the stress of going back to school was NOT what led to a hospitalization. Rather, the stress of believing that a diagnosis of mental illness meant he could not achieve at school, led to a hospitalization. What is the difference between these two types of stress? In your own personal life, have you experienced these two different types of stress? Is it wise to advise clients to “avoid stress”? Is there such a thing as “good stress” and “bad stress”? We talk about a stress-vulnerability model in psychosis. How does Ryan’s experience with good and bad stress inform your understanding of that model?

Text appearing at the beginning of the video: Fulfilling My Dream

Hi, my name is Ryan. I’m 34 years old. I work full time as a civil rights advocate for individuals with mental disabilities in a state psychiatric hospital. I recently graduated with a master’s degree. I happen to drive a nice automobile. I’m single and enjoy dating. And I’m also in recovery from a form of schizophrenia. Today I’d like to talk to you about how I returned to school. This is a picture of me when I showed up to school on the first day of classes to have my student I.D. taken — overweight, disheveled, poorly groomed — and the thing that strikes me most about this picture is in my eyes, I can see I can feel what it was like back then. I can see the hopelessness, sort of despair in the picture. I definitely wasn’t happy. On many days I sort of wished that life would just go away, that I were dead. It was too painful. Well, one of my main fears was that I would be never able to work, just the possibility of going to school, “Is it futile being a person with a major mental disorder to actually go through this process of going back to school?” But, I made the decision that I was going to go and study what I wanted to study and pursue my own education and actually to pursue knowledge for knowledge’s sake, despite the fact that I believe that I couldn’t work. In the midst of that 7 years that I was in college, I was hospitalized at my most ill moment. I had teachers that were very supportive and allowed me to make up the work. I was able to take incompletes for those semesters. And, basically, the support of my family, friends and my professors was enough when I was hospitalized to allow me to believe that that wasn’t the end of the road. Actually, the stress of school never put me in the hospital. I’d say the stress of believing I couldn’t achieve at school, because I’m a person with a mental illness, probably was more stressing to me than the stress of finals, final papers and things like that. I didn’t think I was able to work and so I didn’t, it was sort of a self-fulfilling prophecy. After I finished my bachelor’s degree, I worked successfully for a year before I started a master’s program and I actually completed the master’s program in 2½ years, which was the standard time as opposed to the length, the extra length it took for me to finish the bachelor’s degree. And, I worked full-time and went to school full-time at the master’s level and completed that in a timely fashion. From my experience, I guess I would encourage anyone to go back to school who’s thinking about it. It’s such a crucial aspect of my recovery that I think education can be an arena where anyone can sort of discover who they are — discover what they’re
passionate about. And, I’d say, like through the process of education we sort of become more ourselves by learning what we’re able to do. I guess I didn’t know who or what I could be until I started learning exactly what I could do in the world and doing it.

**Ryan #2**  
**Treatment Domain(s):** FEP Illness Recognition and Management. Trauma-Informed Treatment.  
**Recovery Theme(s):** Experience of first-episode psychosis. Coping with trauma.  
**Description:** Ryan talks about coming to terms with his illness.  

**Questions for Reflection:**

1. Ryan mentions a history of trauma contributing to his psychosis. He says there is a lot of pressure to stay silent about that. When someone you are working with discloses a trauma history, what do you do? What helps? What have you learned not to do?

2. Ryan says psychosis was not simply a biochemical imbalance. For him it was a deeply personal experience that served as a wakeup call to end his isolation and reconnect with the human community. The clinicians that were helpful to Ryan were the ones who were “validating” i.e., they could work within Ryan’s understanding of his experience, without superimposing an illness/biomedical interpretation on it. What is your understanding of psychosis and why it happens? How do you talk with clients about psychosis? Do you frame it as an illness? Are you open to different understandings your clients might suggest? Coming to an understanding of psychosis and what it means is an existential process. How have you seen clients grow and change in their understanding of their psychosis? How do you support folks in coming to an understanding of their experience with psychosis?

3. Ryan says that hearing about recovery was a positive turning point for him. How do talk about recovery in your work with clients?

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**Text appearing at the beginning of the video:** Turning Points

So, I was going through my first psychotic episode and I hid it as best I could. There were some friends that I told. I felt safe talking to friends about it but I didn’t tell anyone with any authority. I didn’t seek treatment. I thought that having psychosis was something that society shunned, something that made you undesirable and that if I told anyone I’d be locked up and they’d throw away the key. I think the isolation actually made the psychotic experience worse. And yet when I finally sought treatment and was told that I had a permanent brain disease that this was never going to go away but that perhaps I could find the proper treatment and have a normal life, that actually made me really hopeless, made me feel that I had no future.
The reason why I thought that being diagnosed was a death sentence was because things didn’t get better for a long time. Things didn’t get better actually until I first learned about recovery. I’ve gone from viewing my psychosis as this chemical imbalance to something that’s deeply rooted in my experience as a person. Being someone that’s a survivor of some really serious trauma, I’ve come to realize that the content of my psychosis and even the psychosis being present was something that served as a wake-up call for me to reconnect to people and the world around me. I was so isolated. I was filled with shame and guilt. I was taught not to talk about the abuse that I went through in the same respect I was taught not to talk about my psychosis. So I guess if I had any message to deliver to clinicians who are watching this is that the act of invalidating us or validating us in the treatment process can be really pivotal in terms of how we come to view ourselves. When I viewed myself as a dysfunctional person, and had my experiences invalidated as someone who suffered from a major mental disorder, things just got worse. But when I worked with clinicians who validated my experience, when I worked with a psychologist who told me the experiences I was having that I needed to confront them, and that it was ok, that was another crucial turning point in my recovery.

**Ryan #3**

**Treatment Domain(s):** Family/Friends Support. FEP Illness Recognition and Management.

**Recovery Theme(s):** How my family/friends support my recovery.

**Description:** Ryan talks about the profound impact that peers had on him during his recovery journey.

**Questions for Reflection:**

1. Ryan describes being acutely psychotic when he first heard a hope-filled message about recovery and the power of peer support. Sometimes we assume that during periods of acute psychosis, people are too disorganized or “out of it” to learn or understand. Have you ever heard of a person learning something important while in psychosis? How do you relate to someone who is acutely psychotic? What seems to help?

2. Ryan suggests that hearing a message of recovery from peers as early as possible brings hope and is healing. At what point do clients you work with hear about recovery from peers? Do you have a resource list of peer run programs and services in your area to refer folks to?

3. During this video, Ryan shows 2 sides of a treatment plan. Side 1 lists the things he thought his team would like to hear such as “finding the right treatment” and “take my meds”. On the back of the paper are other, more personal and passionate goals such as clear up my fines, finish my PhD, and work related goals. Why do you think Ryan had two sets of goals? Why might Ryan have been reluctant to share page 2 goals with his treatment team? When working with clients, have you ever sensed that they are holding back some of their more heartfelt, passionate goals? Why might that be? What, if anything, have you said about that?
Hi, my name is Ryan. I'm 34. I work full time as a civil rights advocate for individuals with disabilities. I recently graduated with a master’s degree. I drive a nice car. I'm single, I enjoy dating and I’m also in recovery from a form of schizophrenia. Today I want to talk about how crucial peer support was for me in my recovery. When I met the first peer I was in a psychiatric hospital, a crisis unit, and I was at a moment of my most severely psychotic when I first heard the message of recovery. Up until that point, I was so hopeless and didn’t think that there were any kind of, I didn’t think there were any kinds of roles for me. I didn’t think there was any hope. I didn’t think I had the ability to work, I was in an inpatient day room and a fellow walked in and he asked the staff to leave and told us that he was there to do a group, that he didn’t work for the hospital, and he proceeded to talk about his recovery, that he was a person who struggled with severe mental illness and alcoholism. He’d been homeless, and in and out of institutions, and one day, he heard a message of hope and a promise of freedom that led him to develop a life where he now holds the key to the very same hospital that he had been hospitalized at. When I heard this person talk about recovery and what he does for a living, I was so inspired that it gave me a vision of something better for myself. So I started working with a peer and developed goals. And we wrote up this plan and I listed 6 or 8 long-term goals, a vision to get a PhD, to write books and movies that sort of contributed to a better world. One of the goals was to work for an agency that implemented my values. And, I had never really believed that any of those things could come true before but it was at that moment that I was filled with such hope that I believed like in my whole heart that I could accomplish each one of those goals on that sheet. For the first time I thought that I could become the person that I was meant to be. This is my independent living plan. On the front side I wrote down what I thought the treatment teams would want to hear if they read this, you know, to take my meds and find the right treatment; though part of me definitely wanted to find the right treatment; though part of me definitely wanted to find the right treatment. But, on the other side, while I was in the hospital and at my most ill, I wrote a list of long-term goals and aspirations that I really didn’t believe were possible until I started on my recovery journey. I didn’t believe I had the potential to make a film or write a book or work for an important civil rights agency, I didn’t believe any of that stuff about me until I believed in me. I’d like to say to the clinical staff that having a peer deliver the message that we each have the potential to recover at very critical times, particularly in our first episode, can be a defining moment. I believe having a peer to support us in our recovery as early as possible can really be the difference between a full recovery and a life in and out of various treatment programs and mental institutions.

Corey #1
Treatment Domain(s):  Medication Treatment. Family support.
Recovery Theme(s):  Dealing with side effects.  How my family/friends support my recovery.  How medication helps me.
Description: Corey talks about his experience taking psychiatric medication, working through the side effects, discovering how the medication helps him, and describing how his family/friends support him in his recovery.

Questions for Reflection:

1. Corey describes troubling side effects from the medications he took as a teenager: nausea, headaches and sedation. It’s understandable that he resisted taking meds with these unwanted effects. If you were diagnosed with schizophrenia, would you take antipsychotic medicine? If so, which side effects and risks would you, personally, be willing to live with?
   - Weight gain?
   - Sexual dysfunction?
   - Sedation?
   - Tardive dyskinesia?
   - Lactation (in men or women)?
   - Apathy/indifference?
   - Pregnancy contraindications?
   - Elevated lipids?
   - Hypersalivation?
   - Increased risk for diabetes?
   - High cholesterol?

2. Corey advises practitioners to offer hope for recovery when prescribing. Why is that important? How do you, personally, offer hope when prescribing or supporting people in the use of psychiatric medicine?

3. Sometimes practitioners pair a message of chronicity with the message to use psychiatric medicine for the rest of one’s life. For instance they say, “You have an illness that will probably last for the rest of your life and you should continue to use antipsychotic medicine (with its unwanted risks and side effects) for the rest of your life.” Have you ever heard the pairing of these two messages? How do you think that sounds to clients? How might the message be revised to promote hope for recovery?

Text appearing at the beginning of the video: Tools for Getting Better

Hi, my name is Corey. I’m 32 years old. I’ve been diagnosed with schizoaffective bipolar disorder since the age of 19. Since then it’s been an up and down roller coaster, but I’ve managed to overcome it. I’m looking to change my life. I’m in recovery right as we speak. When I was 19 and the psychiatrist offered me
Corey #2

**Treatment Domain(s):** Education/Employment.

**Recovery Theme(s):** Returning to school/work. How my family/friends support my recovery.

**Description:** Corey talks about when he first became ill in college, and how he was able to return to school and achieve his goals.

**Questions for Reflection:**

1. Corey describes troubling side effects from the medications he took as a teenager: nausea, headaches, sedation. It’s understandable that he resisted taking meds with these unwanted effects. If you were diagnosed with a schizophrenia, would you take medicine? Here’s a list of side effects – and risks. Which ones would you, personally, be willing to live with?
   
   - Weight gain?
   - Sexual dysfunction?
Sedation?
Tardive dyskinesia?
Lactation (in men or women)?
Apathy/indifference?
Pregnancy contraindications?
Elevated lipids?
Hypersalivation?
Increased risk for diabetes?
High cholesterol?

2. Corey advises practitioners to offer hope for recovery when prescribing. Why is that important? How do you offer hope when prescribing or supporting people in the use of psychiatric medicines?

3. Sometimes practitioners pair a message of chronicity with the message to use psychiatric medicine for the rest of one’s life. For instance, they say, “You have a lifelong illness and you must continue to use antipsychotic medicine (with its side effects) for the rest of your life.” Have you ever heard the pairing of these two messages? How do you think that sounds to clients? How might the message be revised to promote hope for recovery?

4. Corey tells a powerful story of how, during his first episode of psychosis, the door to his college basketball career closed and with it his hopes and dreams. After many years of turmoil, a new door has opened for him. He is a certified peer specialist and now has the skills to get and keep a job helping others. This theme of doors closing and new doors opening is a common one in the recovery process. This is why recovery has been called a journey of transformation. One may not be able to go backwards in time to reclaim prior roles and activities. But one can move forward into a new life, with new possibilities. What are some examples from your clinical experience, of doors closing, only to find new doors opening through recovery?

5. Corey was 19 when the door on his college basketball career closed. He was 32 at the time of the video and had just received his certification as a peer specialist. That’s a long time between one door closing and another opening. What, in your opinion, can be done to help folks shorten the time between doors closing and opening in the recovery process?

6. Corey shares an important insight when he reminds us that a new door may open, but, in addition, he had to reach out and grasp it. What does this mean to you? Have you ever seen a door open for a client, but they failed to reach out and grasp it? In your experience, what are the things a person needs in order to grasp hold of new doors that open? How can you support that?
Hello, my name is Corey. I’m 32 years old. I’ve been diagnosed with schizoaffective bipolar disorder since I was 19 years old. I was a high school basketball star from 1993-1997. I had a partial scholarship for Livingstone College and I used to exercise with the school and the team but I didn’t get a chance to play — not one game. The reason why I didn’t get a chance to play not one game was because I had a nervous breakdown. At that time I did feel like the door was shutting on me as far as basketball, but I had to realize once doors closed, new doors do open and once new doors opened for me I had to grasp it and I know I wanted it. So, I was an all-day class. It got real intense at times, when it’s time to take the exams, so I had to go home early at night and leave my boys behind and go do some studying, do some homework. It was like college all over again. Once I got the swing of things, everything started to come natural, I began to get more interested in certain classes — the writing classes. I began to get more interested in learning how to write case notes. It felt very good. You, know, accomplishment. My support group helped me out a lot. They just gave me their advice, “Keep striving, Corey. You can do it. Don’t sell yourself short. Don’t settle for less. Be a productive member in society. Don’t let a mental illness stop you from becoming successful.” It’s like, the encouraging words they gave me is like, I didn’t want to turn back. I wanted to do more. I wanted to become successful. The professionals, I felt like they have insight on seeing a person’s potential before the person could possibly see their own potential. You know? And tell it to them, go ahead, “You can do it.” You know, just have that positive voice in the back of your mind, “You could do it, you could do it, Corey.” That’s something to motivate you. Well this key right here symbolizes me entering a new door after another door closed out on me and it means a lot to me because I never thought another door would open for me after my basketball career came to an end. And once the new door opened for me, it was special.

Corey #3
Treatment Domain(s): Substance Abuse.
Recovery Theme(s): How I stopped using drugs/alcohol. How my family/friends support my recovery.
Description: Corey tells how he stopped using drugs and alcohol, and how the support of his friends and family were a critical part of his recovery.

Questions for Reflection:

1. For some time, drugs and alcohol helped Corey escape his psychosis, if only temporarily. In the early years, drugs and alcohol were not so much of a problem from his point of view. In fact, from his point of view substance use was a solution at that time in his life. How do you approach working with someone who perceives substance use as a solution, rather than a problem?

Text appearing at the beginning of the video: When I Wanted to Get Sober
Hello, my name is Corey. I’m 32 years old. I’ve been diagnosed with schizoaffective bipolar disorder since the age of 19. I went on two job interviews and I’m striving to become successful and productive in today’s society. I’ve been sober for almost a year now. What helped me to stop drinking and drugging is my support group and my family. They always been on my back. They always been on my side. They always want a brighter future for me. They give me advice, let me know it’s not good for me, it’s only holding me back, slowing me down. So, I started making N.A./A.A. meetings. I went to rehabilitation centers before. So all these things helped out. It wasn’t easy, but it helped out, it helped out. Something I wanted to do to try to get away from the anxiety, the agony of the irritable, hearing the voices in my head and the mental illness aspects side of it, I just wanted to escape that world, the mental illness. But it didn’t help, drinking and drugging didn’t help. It just made me feel good for that moment. Coming down off the high was always a miserable thing. “Why did I do this again? I know better than this, I’m letting myself down, letting my support group down.” What let me get straight, I had a little problem with the law and my support group, so having the problem with the law and my support group both on my back and my family, my mother, I had to straighten up. And it was the best thing for me. When I get tempted to use, drink or drugs, I try to call up a friend, see what they doing, they watching the basketball game, if they want to play poker. That’s my thing, I love playing poker. I won’t drink and drug for the rest of my life. Let’s just sit at the table and play poker. Right now I’m slowly progressing in my 5-year goals. Hasn’t been easy but I’m slowly progressing in my five-year goals. And one of them was to be living on my own; another one was to be working. I mean goals is something every productive person in life sets out for themselves. For the young people going through their first psychotic episode, I would tell them be honest with their parents and their psychiatrist about what they’ve been doing in the streets with their friends. You have to be open about this because weed and alcohol, these could be triggers for mental illness. So I would tell them to be honest with their parents and their psychiatrist about what they’ve been doing with their friends and seek for help because it’s out there.

Francisco #1


Recovery Theme(s): How I work with my treatment team.

Description: Francisco describes the challenges he initially faced working with his treatment team and how he developed a better, working relationship with them.

Questions for Reflection:

1. Student, athlete on the handball and fencing teams, and a part time job – that is how Francisco knew himself prior to diagnosis. He was a young person in charge of his life. Then along came a treatment team that wanted to help him direct his life. When the team would do things for him, Francisco experienced that as “taking away a part of myself”. When the team did things for Francisco, it alienated him and made things worse. It can be hard to find the right balance between doing things for people, and doing things with people. Tell a story from your clinical experience where
you got the right balance between support and independence.

2. Francisco says that teams that are condescending to him did not earn his trust or respect. When the team approached him as an equal, there was a chance for successful engagement. Describe a time when you witnessed a staff person being condescending to a client (no need to mention names). How do you, personally, convey respect and equality with the clients you work with?

Text appearing at the beginning of the video: How a Treatment Team Can Help

Hi, my name is Francisco, and I’m diagnosed with schizophrenia, but now I’ve gained independence. And I’m here to talk about my recovery. Well, today I would like to talk about how I get along with my treatment team. I was told by the doctor when I was diagnosed that the reason why I was going through the frustrations that I was going through, was because I was suffering from a problem with the chemicals in my mind was unbalanced. And I need to take medication in order to balance the chemicals within my mind. At first I didn’t know what to believe. At first I was skeptical. At the age of 16, 17, 18 during high school I was working I was going to school, I was on the handball team. I was on the fencing team. I was, and I was doing so good. And they’re telling me this. The beginning was hard for me when the treatment team came to my place because I usually was the type of person that would like to stay independent and I’d take care of it on my own. And then here comes these peoples telling me, “You’re not on your own, buddy. We’re here to push you through this and get you along through this with you.” And it wasn’t really working together. It was the pride. And it also was the fact that I’m the boss. I like always to say when it comes to initiative, when it comes to incentive, I’m the first person to take charge at it. And when somebody else does it for me, it was as if, though, that part of me was taken away from me. When I started first talking to them, it was as if, though, I was being condescended, and I wasn’t seen as an equal. I don’t know whether it was because that’s how my first judgment of that was, or because whether or not I have to accept more peoples into my life. But in a sense it was as if, though, I’m saying to myself I didn’t need them. And now I see it as if, though, I don’t know what I’d do without them. I’ve been working with them hand in hand, speaking to them about my side effects, what I’m going through with my symptom management, and as far as keeping track of my pill count, and keeping track of my appointments — it’s partly due to the fact that I’m so closely tightly knitted with my support system and my therapists and my doctors as one team. In the times where I felt I need to skip out, or take a break, they didn’t stop doing their job. They would find me the next day, during the week, the point is they would never give up. For the young people who’s just getting on the treatment team, I’ll tell them, “Give it a chance, give it a shot. Find out what they have to offer.”

Melissa #1
Treatment Domain(s): Education/Employment.
Recovery Theme(s): Returning to school/work.
Description: Melissa talks about how she successfully finished college and went back to work.

Questions for Reflection:

1. Melissa mentions using reasonable accommodations in order to be successful at work. Are you familiar with the Americans with Disabilities Act (ADA)? What are some other accommodations that can help people with psychiatric disabilities successfully hold a job?

2. It used to be thought that people had to be symptom free and “well”, in order to return to work. However, research shows that that is not the case. The best predictor of being able to work is an expressed desire to work. Melissa describes successfully holding a full time job even though she still has rough times. Have you ever worked with someone who was very symptomatic or who was still using substances, but who was successful at work anyway? Describe.

3. Melissa mentions that medication side effects were disabling in her early recovery and interfered with school and work. Maintenance psychopharmacology targets symptom reduction, sometimes at the expense of functioning. Recovery oriented psychopharmacology targets functional outcomes like work and school. Sometimes that means learning to manage residual symptoms using various types of self-care strategies. What has been your experience with maintenance vs. recovery-oriented prescribers? What’s the best way to help clients advocate for medication changes/reductions that support functional, recovery-oriented outcomes like work and school?

Text appearing at the beginning of the video: Working

Hi, my name is Melissa. I’m a peer in recovery. I have suffered with paranoia and I’ve heard voices. Right now I’m in recovery for a few years and I’m doing very well. I have a full-time job that I really enjoy and I also have a bachelor’s degree. When I was first hospitalized, I was only 18 years old so that was the summer that I was going into college. So, basically it took me a couple of years to graduate college — it took me a longer time because I had symptoms and side effects of the medicine, but I did it and I didn’t give up and eventually I graduated. In the beginning, I thought the stress of working full-time would be too much because I had been working part-time for so many years. For me it wasn’t easy to go full-time because I wasn’t a morning person. It was difficult for me to get up in the morning, but eventually I did it for so long and I didn’t give up that, for me, I can do it now. And, there’s something called the Americans with Disabilities Act that you can get reasonable accommodations for your impairments basically, and you shouldn’t give up on that goal. I have trouble sometimes waking up in the morning, so I asked for an accommodation to come in later, but I would have to stay later. And, I didn’t do it that often, but on some days when it was really hard for me to get out of bed, I would have that. Every day when I get up to go to work I don’t only get up to earn a paycheck, I also go to help people
basically, and even if there are some days when I’m not really feeling too well and if somebody has like a need that’s very pressing, I’ll go in anyway and help them. I think the practitioners are wrong to tell their patients not to work because it’s too stressful. Because there’s so many benefits that come to working. First of all, monetary benefit is the first one, and second of all, people learn to adjust and get better when they have a routine. If you have a desire to go to college and to go to work, you should complete that goal.

Melissa #2
Treatment Domain(s):  FEP Illness Recognition and Management.  Skills Training.
Recovery Theme(s):  How I manage my symptoms.
Description:  Melissa describes the strategies she uses to help her deal with paranoid thoughts.

Questions for Reflection:

1. Melissa “uses her logic” to reality test upsetting thoughts. Have you met other people who have effectively learned to manage psychotic symptoms?

2. Melissa says that it can really help to talk to others including friends, family and her therapist about her fearful thoughts and suspicions. How comfortable do you feel talking with a person experiencing psychosis? In your opinion, what is the best way to listen to a person discuss fearful or suspicious beliefs and thoughts? What helps to reassure the person? What have you learned NOT to say?

3. Melissa talks about learning, over time, to manage distressing experiences, thoughts and beliefs. It has taken time, but now she is an expert in her self-care. In your work with people, how do you help them learn, over time, to manage symptoms? Are there some symptoms that you feel more confident helping people with than others?

Text appearing at the beginning of the video: Dealing with Paranoia

Hi, my name is Melissa. I’ve experienced paranoia and I’ve heard voices, but right now I’m in recovery and I have a full-time job and I have a bachelor’s degree and I’m doing good. My family tried to help me when I was paranoid, they would try to tell me basically to do what I do now, to use logic and to say to myself, “Why would this person be talking to me? What does this person have to gain by laughing at me or trying to come after me or something like that?” and I would listen to the advice and eventually I was able to reason it out. Every time I had these episodes of paranoia, I learned from it — it was like a learning experience, and then the next episode I would have wasn’t as bad. Then, eventually, I just learned to talk myself out of having the paranoid thoughts. Plus, I think the medication also helps, too. Journaling is a great way to get your thoughts out, if you don’t want to tell somebody what you’re thinking. I’ve actually looked at a journal about a year ago, or six months ago, and I really saw how much I’ve evolved since then as well. I feel it’s important to talk to somebody about paranoia, because that’s the way I dealt
with it. I talked to basically friends and family members that I was close to and I talked to therapists about it as well, and to me it kind of helped me to reframe my thinking. Well, even yesterday I had a little experience. There were these teenagers on the bus and you know sometimes they can trigger me and they like started pointing and laughing, and first I got a little scared. And, then I really, you know, used my logic, and I said, “Oh, well they’re not laughing at me, they’re just, you know, going about their own business.” And I realized how much gain I had made because, if this happened to me like 10 years ago, I probably would have been a lot worse and right now it didn’t even faze me.

Raquea #1
Treatment Domain(s): Medication Treatment.
Recovery Theme(s): Handling stigma. Dealing with side effects. How medication helps me.
Description: Raquea talks about her experience overcoming stigma, taking psychiatric medication and figuring out what works best for her

Questions for Reflection:

1. Raquea struggled for a long time with sedation and other medication side effects. Her pattern was to go off medications until she was in crisis again. That pattern can be frustrating for a clinician to witness. Have you ever felt frustrated when a person repeated a pattern of going off medicine and going back into crisis? What did you do? How do you remain engaged with a person who has a pattern of going off of medicine and going back into crisis?

2. Have you ever a met person who experienced psychosis and was eventually able to get off medicine with no relapse?

3. Raquea talks eloquently about her experience being stigmatized after her diagnosis. How do you talk with clients about stigma? What advice do you have for them? Describe some of the effective and non-effective ways you have seen people manage stigma.

Text appearing at the beginning of the video: Finding What Works

My name is Raquea. I'm 30 years old and I've been diagnosed with bipolar schizophrenia. And today, I just completed a 6-month training program for becoming a direct service worker. My hopes and dreams is to continue having a career, be able to go on vacation, family, new home, vehicles, get married and have children. At first, I wasn’t ready to express myself as far as having a diagnosis for mental illness. When people, family, friends or just anyone you have a discussion with hears that you have a mental illness, they feel like, they stereotype you. They feel that it’s bad, it’s negative. It’s like being stigmatized. It’s very hard to explain that I am a normal person. At first I wasn’t taking medication. After a few hospitalizations, I had to take medications. It was pretty hard for me. I was very drowsy. The side effects were very strong — sleepiness, drowsiness, craving for eating snacks, food in the middle of the morning. When I went back to school after I was diagnosed, I tell you
the truth I did not take the medication. I was having side effects, but it wasn't to the point where I needed to be hospitalized. So I'm not encouraging anyone not to take medication. I explained to the doctors and nurses that the medication was too strong. So my medication was less or changed. I've been on several medications for quite a handful of years. And now the medication I'm taking, I hardly have any side effects. I'm more alert. I'm not as aggressive, like triggers, nothing has really triggered me. I'm more calmer, my thoughts, my thinking process is clearer. I learned to drink lots of liquids. I've learned that I need to do more exercise, and I've been taking my medication. My advice is to never give up. Continue taking the medication. Keep open communication with family and friends.

Linda #1
Treatment Domain(s): Family Support. FEP Illness Recognition and Management. Recovery Theme(s): Connecting with supports in the community. How my family/friends support my recovery. Description: Linda describes how she found support when her son was first diagnosed.

Text appearing at the beginning of the video: Finding Supports: A Parent’s Story

Hi, my name is Linda. I have a son who’s dealing with mental illness. He was diagnosed at the age of 19. It has been a challenging process for the past 10 years. I’m a single parent living with Corey; me and Corey live together. I go kick-boxing, exercise class to relieve stress, you know. The first time I connected with a support group was, Corey was admitted into a hospital facility and he was going through a bad crisis at that time, you know. I was so stressed out, don’t know what to do. Didn't know what would happen to my son because he was really going through it. So a doctor told me, gave me an address, said “You need for yourself, for yourself, to go talk to someone,” you know. “And a support group would be good, where you can be around other parents, other people that have children suffering from the same illness.” I go to them, sit with other people, talk about it — was amazed... the stories! They must know what I’m going through because they’re feeling the same, crying, depressed their child is going through the same thing — Corey’s symptoms, everything. Because you think your child is the only one, you’re closed, you don’t want to share. But it wasn’t a good thing to hide because I had my family involved. Because when he went through it, my family went through it. So my first support group really is my family because they’re the ones that’s around when he’s over there in the projects. My brother, my sisters, they’re there. So when they see signs, we all got, we know him down pat now. He don’t even know. We know when the signs are coming, they call me up, something’s wrong, Corey’s going through a crisis. He’s laughing, he’s talking loud, things that out of the ordinary he does. You have to be healthy enough. You have to have the energy because it’s draining, it’s overwhelming. I could never explain to you how draining, the running, the hospital, the doctors, the streets, the courts, everything. It’s very draining so you have to keep yourself up, your health up as well. We are here for each other, and that’s what’s good because without a support group in your life, can’t do it, can’t do it! I don’t know, all I do is be the best parent that I can be for Corey.
Linda #2  
**Treatment Domain(s):** FEP Illness Recognition and Management  
**Recovery Theme(s):** Experience of first-episode psychosis  
**Description:** Linda talks about when her son first became ill and how she learned the signs of mental illness.

Text appearing at the beginning of the video: Advice from a Parent  

Hi, my name is Linda. I have a son who’s dealing with mental illness. Corey was diagnosed at the age of 19. He was away at college and he was a very good basketball player. He went there on a scholarship in North Carolina. I got a call from school that he was having some problems the first year, the first semester. So he came home for Thanksgiving. I was like “Who are you?” He was talking nonsense, I was like “Oh no, what is wrong with you Corey?” Because the first thing I thought that he was on some kind of drug or something. I said “You in that college, going to college taking drugs?” “What? What are you talking about?” But it wasn’t drugs. It didn’t seem like drugs. So finally I took him to the Emergency Room. Got there, he’s out of his mind talking all this stuff at me, angry with me. So at that time they didn’t know what he was diagnosed with, what to diagnose with. “What is wrong with him? What is going on? Did he take some drugs?” This and that, wasn’t that. Years and years now, he’s out of college, he’s not going back because I’ve got to watch him now. I’ve got to see what’s going on. So we was in different institutions going through it and finally they diagnosed him. They saying that he had a nervous breakdown in school. Now we moving on with this. Medication, changing it, different kinds, and trying to see how it’s going to work for him. Corey’s not accepting this, “Nothing’s wrong with me! Why you got me on this medication? There’s nothing wrong with me!” He’s not accepting that he’s sick. He’s around his friends, they’re partying, doing their thing. I get a call, “Oh Miss Linda, you’ve got to come pick Corey up.” OK, I get out my bed, I don’t care what time it is, I’m coming to get him. Try to work, because he’s not in school now, on medication. So we back and forth now, this is a back and forth process. Because we just learning it. We don’t know what to expect. That’s what I want Corey to get to the point of knowing when the signs come. You must know your signs of this mental illness. There’s no shame to it, it’s no shame. Don’t look at yourself as a bad person, you did something wrong to deserve this illness. You didn’t. It’s not your fault, it’s not your parents’ fault. Get the help that you need. Because it’s out there. There’s a lot of support groups for you, a lot of people out there suffering from the same thing. Confide in your parent, your family. Don’t be ashamed. Don’t be ashamed.

Sherri #1  
**Treatment Domain(s):** Medication Treatment. Shared-Decision Making  
**Recovery Theme(s):** How I work with my psychiatrist. Dealing with side effects. How medication helps me.
Description: Sherri comes to realize how her medication helps her and how to work with her doctor more effectively.

Questions for Reflection:

1. During childhood, Sherri was repeatedly raped by her mother’s boyfriend. Sometimes the people we work with come from horrific life situations. How do you stay open and compassionate to so many who hurt so much? How do you avoid compassion fatigue?

2. Sometimes what gets called a breakdown is actually a breakthrough. Sherri’s “breakdown” helped her breakthrough and get connected with help. Have you worked with clients whose “breakdown” was actually a “breakthrough”? Describe.

3. Sherri describes an important turning point when her therapist asked her, “How do you feel”. No one had asked Sherri that before and it became a powerful healing experience for her. Describe a healing experience you have experienced with a client.

Text appearing at the beginning of the video: Learning What Helps

Hi, my name is Sherri. I was diagnosed in 2004 with schizoaffective disorder. In the beginning I used to think that medication was bad for me but I just didn’t want to admit that it was working for me because I didn’t want to believe that anybody was right about what they said about me. They would call me crazy or call me a nutcase. And that hurt me so much. And it affected me mentally. But I continued on to get therapy. My therapist assured me that I was not crazy. That I was intelligent. That I was a nice person that had a lot to offer, to give back to other people, if I’d just give myself the chance. I was able to accept using the medication once I heard a different message that I was a normal human being, but I had a sickness that needed to be well taken care of. And medication was the best way to help with the illness. At one time I was taking medication as prescribed and it caused me to have sensitive ears. I have ringing in my ears, as I rode on the trains I would become like dizzy. I would have headaches. So I told my therapist about the medication, and she spoke to my psychiatrist, and I also spoke to my psychiatrist, and she changed my medication. I’m starting to appreciate my medication today because it has helped me benefit and stay in focus on my goals, and on my well being, and taking care of myself, and taking care of my family. Around the same time that I committed a suicide attempt, that’s when I wasn’t on my medications. Once I was released from the hospital, I continued taking my medication as prescribed because it was a routine that I learned. And, I knew that I needed the help, no matter how much I hated it at the time, I knew I needed the help. Today, I’m taking my medicine regularly, every day, twice a day. My advice to young people who are, who have a mental illness and who wants to get off the medication and give up, I will say it’s not the end of the whole world. You can still finish school. You can still have a career. You can still have a family, and you can be a help to someone else who is suffering worse than you are. I would also suggest that young people advocate for themselves to their doctors, to
their peers, like their friends and to their families, because that’s the only way you’re going to continue to get the best care. And you have to speak up for yourself. No one else is going to do it for you. No one else, no one else knows how you feel. No one else knows what you’re thinking inside your head. Speak up for yourself. And if it’s too hard to speak up for yourself, write it down, and then hand it to your doctor.

Sherri #2
Treatment Domain(s): Suicide Prevention. Trauma-Informed Treatment.
Recovery Theme(s): Managing suicidal thoughts. Coping with trauma.
Description: Sherri shares what led to her suicide attempt and how her therapist helped her manage her feelings.

Questions for Reflection:

1. Sherri refused to take medicine when her understanding or frame for using it was, “I need it because I’m a nutcase and crazy”. She deeply resented the identity of “crazy and nutcase”. By rejecting the medicine, she rejected the pejorative labels. A re-frame by her therapist – you are a normal person with a sickness that requires medicine – seemed to be a much better fit for Sherri.
   Have you ever known a client that rejected the medicine in order to reject pejorative connotations that went with it? What did you do?

2. Sherri mentions that her therapist sometimes talked directly to the psychiatrist about the medication. Have you done that? Does it undermine clients’ sense of empowerment with the doctor?

3. Sherri tells us about the power of positive affirmations and how they supported her recovery. Her therapist reminded her of her worth. In mental health settings it’s easy to find problems with people. It can be a challenge to remember to say positive, affirming things to people. Would you consider making it a goal to say 3 affirming, positive things to each person you work with today? What would be the challenge in that?

Text appearing at the beginning of the video: You are Worth It

Hi, my name is Sherri. I live here in New York City, and I’m training to go back to the work field so I can give back. I’m the mother of two children ages 9 and 2. In 2004 I was diagnosed with schizoaffective disorder. When I was younger, I was repeatedly raped by my mother’s boyfriend. So, I thought about suicide when I was younger. Every day I would go to school, come home and, you know, eat, sit in my window, make a cup of tea; sit at my bedroom window and stay for hours just staring out, wishing that my life would change. And I believe I had a nervous breakdown. My brothers heard me crying, but I’d already taken some pills. I had my stomach pumped and then I stayed in the hospital for three weeks. My therapist, she was very professional. She told me, “I’m not here to be your friend, but I’m here to help you.” She asked me how I felt. Nobody ever said, “How do you feel today?” You know. It was always, “What do you want?” You know, instead of saying, “What do you want?” like I’m bothering the person, she asked me, “How do you feel?” And she really got me in touch with my feelings, and I started to
tell her about how I felt inside, and my feelings started to pour out. I cried at times about my experiences in my past that were bad to me, and I cried about the good times and that helped me so much. Do not give up on yourself, it’s not your fault that you have a mental illness. Only you understand what you’re going through at that moment. And look at other people who have been through the same problems as you. And at that moment you may not have people around you, but don’t submit yourself to suicide. Don’t kill yourself, don’t end your life. You are worth it, you are somebody and you mean something to somebody else whether you know it or not.

Tina #1
Treatment Domain(s): Substance Abuse.
Recovery Theme(s): How drugs/alcohol affected me. How I stopped using drugs/alcohol.
Description: Tina talks about how marijuana affected her and how she eventually quit using.

Questions for Reflection:

1. Church helped Tina get straight and stay straight. Have you observed that spirituality and church help some of the people you work with? In your opinion, what’s the best way for clinicians to engage with clients’ spirituality/religion? What are some traps to avoid?

Text appearing at the beginning of the video: Clearing My Mind

My name is Tina and I’d like to tell you a little bit about myself. I was diagnosed with a condition called paranoid schizophrenia, and I’m dealing with it now because I’m taking my medication. I see a psychiatrist and I see a therapist. Now I’m going to school to be a human service worker and I’m taking it one day at a time. Okay, marijuana. I enjoyed marijuana a lot. I used to smoke it every single day. I used to smoke an ounce a day and it used to make me feel invincible. I used to think I was a queen. I used to think I was God of the air. It was really good. But, you know, the after effects, it was not good. Because after a while when the high went down, I used to feel different, you know, like the high would just go away and my anger would start to come on. You know what I mean, and then I want more high, so I could be mellow again. The reason why I had to stop was because it was messing with my mind. I was getting paranoid. I thought one day when I saw my boyfriend that he was the devil. I was getting into fights. I stopped taking my medication. I was getting depressed. I was feeling suicidal. I had to start thinking positive so I get into the outer world to see my children again. The way I was able to quit smoking was when I was in the hospital I went to downstairs meetings where they used to keep religious ceremonies and I would hear the preachings and it would inspire me to do well with my life. Then, when I came out of the hospital, I continued going to church and living a decent life, you know what I mean. So that’s what helped me. Drugs just cloud your mind from doing anything that you want to do. Plus if you’re taking your medication, it even clouds your mind more. It makes you forgetful. It makes you more paranoid. If you’re not ready to give it up, think about your circumstances,
especially how it’s affecting you. If you’re feeling paranoid, seeing things, hearing things. Think of how it’s affecting you and think about your life in the future. Do you want to end up this way ten, fifteen years down the line? You know, so think about that.

Tina #2
Treatment Domain(s): Medication Treatment.
Recovery Theme(s): How medication helps me. Returning to school/work.
Description: Tina talks about her journey and discovering how medication helps.

Questions for Reflection:

1. In her early recovery, Tina did not want to use medication. She thought that all she needed to do was pray and read her Bible. Sometimes certain religious organizations reinforce these beliefs. Have you encountered that in your work? How have you approached that situation?

2. Tina discovered her personal motivation for using psychiatric medicine. She did not want to hallucinate. She wanted to go to school and be able to learn. How do you help clients find their own personal motivation for using psychiatric medicine?

3. Like many people, Tina went through multiple diagnoses. For some people, that is very difficult. As diagnoses change over time, how do you explain that to the folks you work with?

Text appearing at the beginning of the video: Living My Everyday Life

Hello, my name is Tina and I’m going to college to be a human service worker. It’s been a long road but by taking medication and by seeing a therapist and seeing a psychiatrist to help me through the road of recovery, I’m doing it. I was first diagnosed when I was nineteen years old. They diagnosed me with schizoaffective at first, but a couple of years on, when I went to the hospital again, they diagnosed me with paranoid schizophrenia because I was hearing voices, seeing things, smelling things, different things like that. Well, taking medication, I didn’t want to take medication at first because I thought that, like I said, I thought that I was invincible and I thought that God was trying to tell me, “No, you don’t need medication all you need to do is read your Bible, pray and everything will be okay.” But I started to realize that down the line that I do need my medication because the symptoms were actually coming back even worse than before. So what I did was I talked to a psychiatrist and a therapist, a psychiatrist that I see monthly and a therapist who I see weekly and they helped me to realize that I need medication. I don’t want to hallucinate, I don’t want to hear voices, you know, I don’t want to see things. I want to live my everyday life, normally, so I can function, to go to school, to learn what I have to learn, you know, to study and to understand what I’m studying. It’s hard for
me to go to school every single day and to grasp what I’m trying to learn. But once I take my medication and do what I have to do, then I’m A-Okay.

Tina #3
Treatment Domain(s): Shared Decision-Making.
Recovery Theme(s): How I work with my psychiatrist.
Description: Tina talks about how she advocated for a doctor that would better meet her needs.

Questions for Reflection:

1. The theme of this video is “making yourself heard”. What are some of the ways that the mental health system silences people? Have you ever been silent when you wished you had spoken up in support of what a client was saying? How might you handle that if a similar situation happens in the future?

2. This is what’s good for you. Take it.” Tina reports that her first psychiatrist’s commanding style was not helpful. Her therapist advised changing doctors and Tina was grateful to find one that was helpful. How have you handled situations involving staff that are unhelpful to the people you work with? What have you done when there are no alternative docs to refer people to?

3. How do you coach people to speak up during medication appointments? What seems to be the best strategy? Do you notice cultural differences or gender differences in people’s willingness to speak up to psychiatrists?

Text appearing at the beginning of the video: Making Yourself Heard

My name is Tina and I was diagnosed with a mental illness when I was nineteen years old, and I’m able to cope now because I’m taking my medication, and I’m seeing a doctor and a therapist weekly and I’m taking it one day at a time. If one doctor is not good for you, then another doctor is. You know what I mean. Try to work with another doctor. One of the doctors that I had, he didn’t really listen to what I had to say. I would advocate for myself, tell them how I feel about the medication and he would say, “Take it anyway.” You know. And, he would also say, “This is what’s good for you, take it.” And month after month I would go there, and he wouldn’t change the medication. So I talked to my therapist and she said she will give me another doctor, another woman doctor that would understand how I feel. So, I went to another woman doctor, and now I feel very relaxed with her. We talk about my medication, she talks about the way I feel, how I did throughout the month. My take-home message is to listen to your patients, especially when they know what they’re saying, especially if they know how they feel. Try to work with them as best as possible. Listen to what they have to say.
**Tina #4**  
**Treatment Domain(s):** Skills Training.  
**Recovery Theme(s):** How I manage my symptoms.  
**Description:** Tina talks about skills she developed to help her control her anger.

**Questions for Reflection:**

1. Tina struggled with anger. As part of her recovery, Tina learned to count to 10 and anticipate what would happen before she acted on her anger. What are some other anger management techniques the people you work with have found helpful?

2. Violence, though rare in folks with mental illness, does occur. Have you ever been violently assaulted or threatened by a person with mental illness? How did you move on from that experience and continue working in the field?

3. Tina describes important “Personal Medicines” that are part of her recovery. In many respects, these Personal Medicines are as important as psychiatric medicines in helping her get well and stay well: Cooking, comfort food, talking with friends, watching TV, resting, walking, listening to gospel music, and going to school are all important ways that Tina gets well and stays well. How do you help folks discover their Personal Medicine?

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**Text appearing at the beginning of the video:** Managing My Anger

Hello my name is Tina, and when I was nineteen I was diagnosed with paranoid schizophrenia. And today I’m going to school to be a human service worker, and I believe that if I can do it, you can do it also. When I was in Florida at first, I got into fights with a gentleman. This guy was like around six foot five, two hundred and something pounds and I took a pencil and I stabbed him on his head, but then I received anger management. Anger management is where a therapist helps you to recognize your anger and help you to cope with it. First of all, she taught me how to count from one to ten. Think about the circumstances — what is going to happen to me if I commit a crime, hit somebody; you know, think before I do something. “What about if I get hurt?” You know, things like that. Like I said, I count from one to ten and then just walk away. When you seek counseling, it will help you to cope with certain anger issues, because you have somebody to communicate with and that can tell you what to do, what to say, how to act. Some of the things I do other than medication is I watch a little bit of TV, I listen to music — it just relaxes you — I listen to gospel music. So, that helps me, it inspires me. I take walks, I cook a little bit of comfort food, I take a rest, I go to school, I love going to school, I love learning and I just talk to friends — that helps a lot.

**Patrick #1**  
**Treatment Domain(s):** Family/Friends Support. FEP Illness Recognition and Management.
Recovery Theme(s): Connecting with supports in the community. How my family/friends support my recovery.

Description: Patrick talks about how he reconnected with his friends after his first hospitalization.

Questions for Reflection:

1. Patrick tells us how he used Facebook to reconnect with friends after his diagnosis and hospitalization. How have folks you worked with used social networking in their recovery?

2. The internet opens new possibilities for people and their recovery. How have you seen the internet support recovery? How have you seen the internet work against recovery? How do you advise people to use the internet to support recovery?

3. Patrick speaks eloquently of learning how to manage others anxiety about mental illness. Managing others anxiety and fears, waiting for the right time to tell a person about a diagnosis or medication, is one of the hidden burdens of psychiatric disability. How do you validate and counsel people about this burden?

Text appearing at the beginning of the video: Reconnecting with Friends

Hi. My name is Patrick. And I’m 27 years old. I was diagnosed with schizophrenia at 20. And I’m in recovery at the moment. I’m going to be explaining how to deal with schizophrenia. At one point I was meeting my friends in Jersey, and I saw him outside, and he was a really good friend of mine, and for some reason I felt so scared, and I was, everyone, everyone. All my friends were upset because I didn’t want to come in. They’re like, “What’s wrong with you?” You know. I started just sitting home instead of going out. And, my mother’s like, “Why are you so depressed?” And I didn’t know what it was. I was basically hiding it because I didn’t know what it was until I went actually to the hospital and they told me I have schizophrenia. I regrouped with my friends after I was diagnosed with schizophrenia, and I found them on Facebook. We met up. We went out dancing and stuff. I opened up a Facebook account. I put my year I graduated from high school. And I went searching for friends that I knew in high school. Adding people to my buddy list. Yeah, because you could put people who you know on there — your classmates from high school, friends, family, business partners. And we met up like at a Friday’s and had a soda or something. And I actually used Friday’s as a meeting spot, you know, to find out my old friends and stuff. And it helped me figure out how to acquaint to people with my taking medication. I didn’t explain, they didn’t ask right away. You know, like a friend would just pick up where we left off. And when there was, when it’s the right time, they’ll know. I’ll explain to them what happened. And I also found out that my friend has similar sicknesses as I do, and they didn’t even know. If they’re your friends they’ll understand where you’re coming from.

Patrick #2
Treatment Domain(s): Medication Treatment.
Recovery Theme(s): Dealing with side effects.
Description: Patrick talks about learning to become active again.

Questions for Reflection:

1. Patrick was 20 years old when first diagnosed and at the time of the video he is 27. What were some of the big things that were happening in your life between the ages of 20-27. What are some of the milestones that Patrick may have missed? In your opinion, do people with psychiatric disabilities make up lost milestones? Do they simply skip them? In your opinion, how does that affect overall adult development?

2. Weight gain is a common side effect of medication. Weight gain can affect self-esteem and confidence. In turn, as Patrick tells us, people isolate, watch TV and remain sedentary. This leads to a weight gain spiral that can be characterized as: Meds cause weight gain → weight gain causes low self-esteem and low confidence → low self-esteem/confidence leads to isolation and sedentary lifestyle → sedentary lifestyle leads to weight gain → etc. Joining a gym helped Patrick begin to break out of that downward spiral. In your experience, what has worked to break this spiral in the folks you work with? If money for gym is not available, what else might you suggest?

3. Patrick reminds us that people with psychiatric disabilities struggle with the same types of bad habits that non-diagnosed people struggle with. What are some bad habits you struggle with? Do struggles with bad habits belong in treatment plans?

Text appearing at the beginning of the video: Getting Active

Hi. My name is Patrick. I’m from Staten Island, New York. I was diagnosed with schizophrenia, and I’ve been taking my medicine as directed from the doctor. I’m going to be explaining to you how to take your medicine and deal with the problems after you’ve been taking your medicine. And when I got discharged, I was in a bad habit- there was no exercise, just sitting on a couch watching TV. There’s more to life than just sitting behind the TV. You know, going out to the parks, visiting friends and family. Trying to go out and keep yourself busy. Maybe if you’re not just sitting you won’t feel as tired. Like I go to the gym, clean my car, clean the garage, help my friend do paintings and stuff. This is my membership to Planet Fitness on Staten Island. I’m trying to go to the gym so I could look the way I used to be. I feel a better person when I’m fit.

William #1
Treatment Domain(s): Substance Abuse/Medication Treatment.
Recovery Theme(s): How drugs/alcohol affected me. How I manage my symptoms.
Description: William talks about how he treated his symptoms with drugs and alcohol, but eventually learned a better way to manage his illness and experience recovery.

Questions for Reflection:

1. William makes the distinction between treating the illness and treating the person. Clinicians who treated the person were more effective in supporting William’s recovery. In your own words, how would you describe the difference between treating a person, and treating an illness?

2. William says that learning to be patient with himself is a key to recovery. Patience is important. It takes time to change and grow. As a clinician, you will only have the honor of engaging with a person’s recovery for a relatively short period of time. How do you practice patience? How do you communicate patience? How do you let people move at their own pace, while also encouraging them?

3. William mentions an old A.A. slogan: If you do the same thing over and over again, don’t expect different results. There is great wisdom in this saying. How would you capture this wisdom in your own words? How might you pass this on to the folks you work with?

Text appearing at the beginning of the video: Managing My Recovery

Hi, my name is William. I had my first psychotic break when I was 30 years old. Now, I’m in recovery. I’m married. I have a home. I have two beautiful children and I’m working part time. At first I wasn’t accepting of my diagnosis, and I was very experimentative, and so I experimented with over-the-counter, but a lot of it was pot. I did a lot of pot. You know, it made me laugh. It made me forget about my pain, and alcohol, you know, kind of suppressed my feelings, as well. And you know, at first it seemed to work, you know, but in the long run things just got worse, I would just like have these symptoms and go running around the neighborhood, and just, you know, lashing out at my family members, and just, you know, being very, a different person than I am. You know, I know that I’m not that person. That’s not the person I want to be. I thought to myself, “I got to stop doing the same things over and over, expecting different results, because basically I’m doing the same thing and I’m getting the same results. So, why not try to do something different?” A lot of times I would speak to the doctors and the doctors were like, “Okay just take the medication and we’ll see you again,” and I was like — I wanted to see a doctor who would not treat the illness, treat me as a person. You know, understand that I’ve been through a traumatic experience in my life. I want to get well. I want to have a family. I want to work, you know. I want to make a contribution in my life, but I need — I need help. Part of my recovery was taking medication, true, but it was doing other things as well, incorporated with taking my medication. My family’s like one of my tools of recovery now. Work, having a job, my positive affirmations. Exercise and eating right, because I think a lot of the times I felt really worse when I would over-eat, because the medication makes you hungry, you know, and it was like I eat so much. I’ve got to be patient with myself, you know. And that’s the key I think — one of the elements that we use is patience. We can have a family, we can have a home, we can have a job, I can do it, you can too.

William #2
**Treatment Domain(s):** Medication Treatment. Family Support. Trauma-Informed Treatment.

**Recovery Theme(s):** Coping with trauma. Managing personal relationships. How my family/friends support my recovery.

**Description** William talks about the power of family and peers in supporting his recovery.

**Questions for Reflection:**

1. William talks about the power of peers. In your opinion, how does professional peer support differ from the types of support that traditional workers offer? In your opinion, will peer support ever replace the support that traditional workers offer?

2. Paid peers in the traditional mental health workforce are welcomed yet can also create role strain. For instance, some peers were once patients in the same mental health centers where they now work. Have you experienced or observed role strain related to the presence of peers on the workforce? How have you dealt with that? What helps to work through the role strain? What hinders?

3. William mentions the metaphor of the seed. For William, a seed of hope was planted by a peer in his early recovery. What are some specific ways that you plant seeds of hope in the folks you work with?

**Text appearing at the beginning of the video:** Knowing What It’s Like

Hi, my name is William. I had my first psychotic episode when I was 30 years old, which I believe was a result of a great loss, traumatic experience I had, which led to six hospitalizations. But now I’m in recovery and I’m doing really well. I’m a father of two beautiful children and I’m married. I’m a good husband, I think. Back in 2005, I went to the hospital, I admitted myself, and there I met with peer staff, and they kind of planted the seed of, hey, you know, we’re doing it, you know, we take medication, it’s okay, you could too, and help others, like hmm, why not? So, it was a seed planted back in 2005, which from then just was a rocket ship. I saw peers that were not using drugs and alcohol on the unit, and that made me feel like I can do that, too. The peers are like the number one. I mean, family is important too, but peers are like number one, because they feel you. They know you. You can relate to them and it’s — they can relate to you and they may not have gone through the same things you’ve gone through, but peers know more or less hey, you know what, recovery isn’t one model to follow for everybody. You could find your own, and that’s what I did. I just used to nest up and just stay in and I don’t want people to feel my pain, it’s too much. Yet, I was being selfish and I thought I wasn’t being selfish because I thought, if I just stay where I am, I won’t hurt anybody, but I was hurting them. We have great support around us, we just need to reach out, you know. Managing a family, I didn’t know I could do that, you know. I’m already a father of two beautiful children. I think I’m a good husband. My wife always tells me. Recovery is not, I’m done with it, that’s it, you know, because I’m still in recovery and you can do it, too. You can stay in recovery and just be well and help yourself. And who knows, one day you could have your own family too, but I’m not saying rush into that, you know. Take care of yourself first, and that’s what I did.
Hello, my name is Barbara. I’m the proud mother of a young man who has schizophrenia. I’m an advocate — it’s the work I love and I’m proud to take care of that for other people. My son was eighteen years of age when he was first diagnosed. He was in a shopping center and I had left him there in the morning to go to a medical facility for a regular normal physical. He sat there all day. They forgot he was there. And at five o’clock, when people were leaving, they noticed he was just still sitting there. So he went into the mall and he was in the department store, and he had a severe anxiety attack. They called an ambulance and took him to the hospital and when I came home from work I got the call from the hospital and I went there to see him and he was sitting on the gurney and he said “Mother, help me” and he had a look in his eyes, like a deer with the headlights in their eyes, strange look that I’ve seen when he’s been very ill. And I said to him, “Steve, I don’t know what you mean,” and with that he ran off the gurney down the hallway and two security guards stopped him and gave him a shot. The nurse said, “We’d like him to stay here overnight.” I said, “I have to really adjust my mind to that,” and he was there for two weeks.

At the end of two weeks, he was discharged to my home. That was his first break; they were not certain what was wrong. They did give him the medication and they did say that he had an appointment for an intake screening at a facility for young people to go for group therapy and I thought that was really wonderful to do. Perhaps that would help him overcome any difficulties that he had, because I thought you have a break and then you’re fine. I really didn’t understand what was happening. I had no experience with mental illness at all. I knew nothing about it. I didn’t realize how overwhelming it was to take on this illness or to be a part of his life when he was struggling. It’s hard to watch the struggling. And I can’t say to him, ever, “I feel your pain.” That would be a lie. I see it, but I don’t feel it. That’s why I really looked to the professionals and I look to the peers because they can say that to him and they can say the steps that they took to move towards recovery. I’d like to share with you this, because when things go really bad, this is what I look at and I remember my promise to him when he was born, that I would always be there, that I would love him unconditionally, always support him. And I hope I never let him down.
My name is Barbara. I’m the proud mother of a young man who has schizophrenia. When I needed to find information I asked the people that were living with this illness. I asked the people that had the same experience previous to mine. You need to pick a lot of brains. You need to go to the library and research the illnesses and that’s how I began to be a stronger advocate. I knew it was necessary, without knowledge we’re lost, we can’t help our children. Books I found to be helpful were those books filled with all types of mental illness, because the illnesses were not defined as yet. I really was not sure what my son had. When they diagnosed him with schizophrenia, I was even happier because now I know what it is. And where do I go to find more information. You read journals and you ask professionals. Even your pharmacist will tell you. I go to a small family pharmacy because he knows my family, he knows the history and he gives me personal data — that’s very important to me. And that keeps me up to date with the medications. I can honestly say the last few years have been good; he’s doing well.
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<td><strong>Finding Inspiration</strong>&lt;br&gt;Power of Peer Support. Ryan talks about the profound impact that peers had on him during his recovery journey.</td>
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