

# **Illness Management and Recovery: A Training Workshop**

**疾病管理與康復：培訓工作坊**

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# Topics for Workshop

## 講演主題

- **What is recovery?** 康復(復元)是什麼
- **Different definitions of recovery** 康復的不同定義
- **Recovery and the rise of the consumer movement** 復元及精神消費者運動的崛起
- **Basic values and themes of recovery** 復元的基本價值和內涵
- **Recovery-oriented practices** 康復概念下的服務
- **Evidence-based practices** 實證有效的服務

# Topics for Workshop (cont.)

## 主題(續)

- **SAMHSA's Evidence-Based Practices project** 美國精神健康及物質濫用局認可實證有效的服務方案
- **Overview of Illness Management and Recovery (IMR) research and development of the toolkit** 簡介疾病管理與康復服務 (IMR) 的研究與推展服務的技巧
- **Contents of IMR** 服務內容
- **Engagement and orientation to IMR** 實施IMR服務的簡介
- **Setting recovery goals** 設定康復目標
- **IMR modules and their contents** IMR 的課程主題與內容
- **Teaching techniques for IMR clinicians (motivational, educational, cognitive-behavioral)** 服務提供者的專業技巧 (產生動機的, 教育性的, 認知行爲的)

# Topics for Workshop (cont.)

## 主題(續)

- **Developing home assignments** 發展回家作業
- **Involving significant others** 重要關係人的參與
- **Tracking progress towards goals** 跟上通往目標的努力
- **Organizational structure for providing IMR**
- **Supervision and consultation** 管理與督導
- **IMR scale** IMR量表
- **Measuring other outcomes** 衡量其他成果
- **Research on IMR program** 研究成果

# Roots of Recovery

## 復元的基礎

- **Challenging pessimistic prognosis of schizophrenia and SMI** 挑戰對精神分裂症及重大精神疾病癒後的悲觀思維
- **Long-term outcome studies of schizophrenia** 長期性的精神分裂症研究結果
- **Rise of the consumer movement** 消費者運動
- **Objections to traditional hierarchical treatment approaches** 反對傳統把病人分層分類的治療方式
- **Alternative conceptualizations of recovery** 康復的不同理論觀點

# Prognosis of Schizophrenia and Other SMIs

## 精神分裂症及其他嚴重精神疾病(SMI)患者的癒後

### 傳統上

- **Schizophrenia = “Dementia Praecox” or premature dementia** 精神分裂症 是早發性痴呆
- **Kraepelinian belief that schizophrenia has a downward course over the lifetime** 認為精神分裂患者一輩子無限制退步
- **Notion that people with schizophrenia (and other SMIs) never recover** 認為精神分裂或其他嚴重精神疾病患者永遠無法康復
- **Pessimistic prognosis often communicated to clients and family members** 對癒後悲觀的想法, 通常都遞送給患者和家屬
- **Little hope for improvement or quality of life** 對於生活品質的改善沒有指望

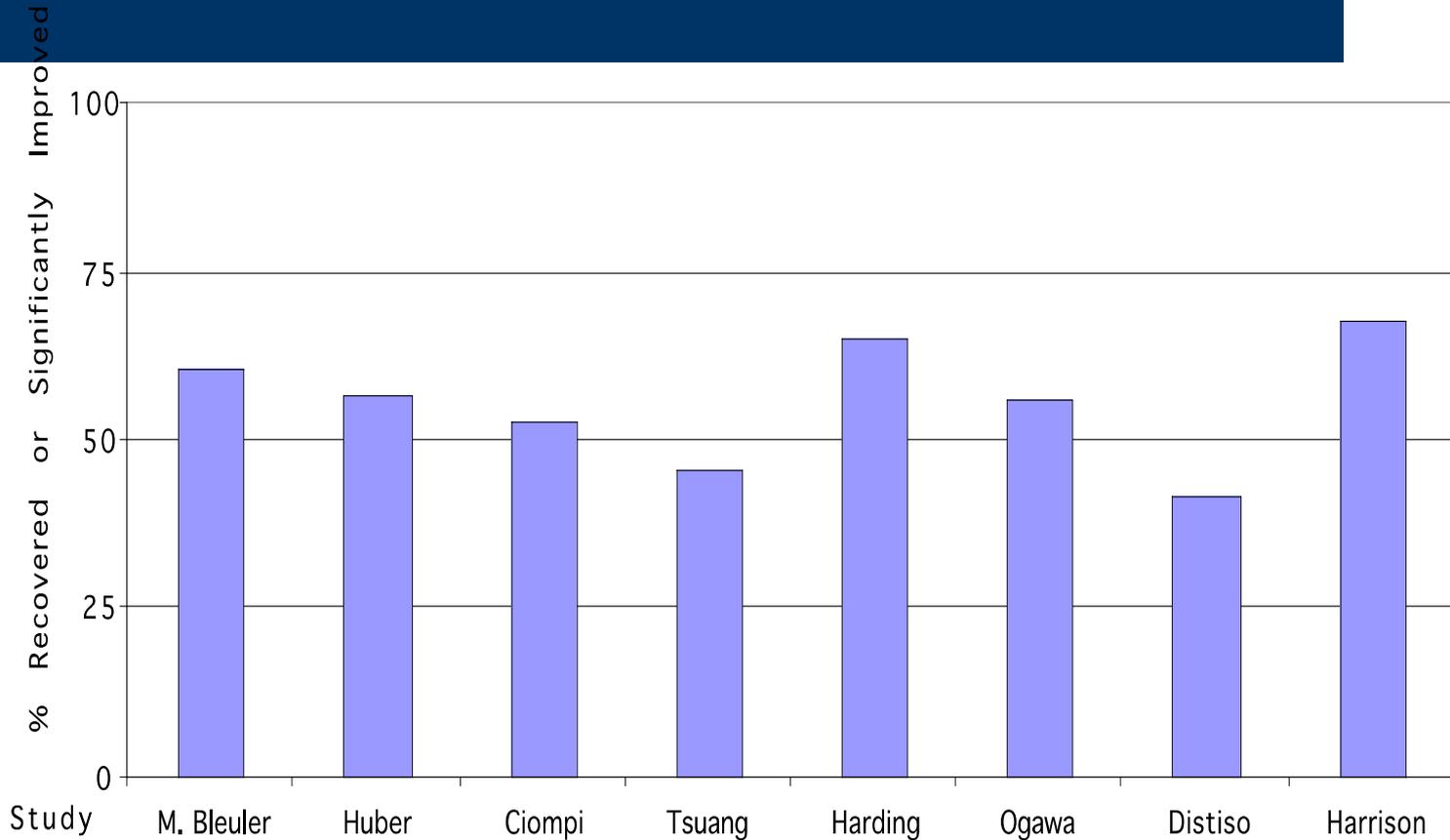
# Challenges to Traditional Negative Prognosis of SMI

## 挑戰嚴重精神疾病傳統上對癒後悲觀的想法

- **Functional recovery sometime occurs in SMI over short-term** 精神病人有時候在短期間會有功能復元的情況
- **Advances in pharmacological and psychosocial treatment of SMI** 針對嚴重精神疾病的治療藥物及社會心理服務之進步
- **Research shows that significant proportion with schizophrenia recover over the long-term** 研究顯示有相當部份的精神分裂患者, 長期後逐漸康復
- **Even when symptomatic recovery does not occur, significant functional recovery often does** 即使症狀並未康復但長可見患者在功能上有顯著的康復
- **Widespread recognition that SMIs do not invariably have a downhill course, and that significant improvements often occur** 普遍認同嚴重精神疾病患者並非無限制的退步, 長可見到顯著的改善

# Long-Term Follow-up Studies (Over 20 or More Years) of the Longitudinal Course of Schizophrenia

## 長期追蹤(超過20年)精神分裂症病程的研究



# The Rise of the Consumer Movement 消費者運動的興起

- **Leaders: Judi Chamberlain, Patricia Deagan, Dan Fisher** 領導者
- **Contradictory evidence negative long-term prognosis of schizophrenia** 和長期以來對精神分裂症悲觀結果相反的證據
- **Objections to traditional hierarchical nature of mental health treatment, including:**
  - **Use of coercive treatment** 給服務對象他們不想要的治療或服務
  - **Lack of shared decision-making** 服務對象沒有決策參與的機會
  - **Inattention to individual preferences and needs** 不理會個別化的喜好或需要
- **Concern over basic human rights of people with SMI** 對嚴重精神疾病患者基本人權的關注
- **Demand for respect and involvement in treatment decision-making: “Nothing about us without us”** 尊重的需求, 服務對象應參與服務相關的決策: 和我們有關事, 都應該由我們親身參與決定

# New Definitions of Recovery

## 康復的新定義

- **Medical definition (traditional): no symptoms or signs of disability** 傳統醫學定義: 沒有症狀或失能
- **Personal definition: what recovery means to the individual** 個人的定義: 每個人的康復意義
- **Functional definition: recovery or improved functioning in areas such as social relationships, work, and self-care, despite symptoms** 功能定義: 無論症狀是否殘存, 在人際社交參與, 工作, 自我照顧等範疇內, 已復元或改善

# Personal Definition of Recovery

## 康復的個人定義

**“Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.” (Anthony, 1993)**

# Another Definition of Recovery

## 康復的其他定義

- **“Recovery is a process, a way of life, an attitude, and a way of approaching the day’s challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup, and start again. . .**

- **...The need is to reestablish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the inspiration is to live, work, and love in a community in which one makes a significant contribution.” Patricia Deegan, 1988**

# Definition of Recovery from President's New Freedom Commission (2003)

美國總統任命的“新自由委員會”對康復的定義(2003年)

- **“Recovery is the process in which people are able to live, work, learn, and participate fully in their communities.”**

**Still another way of looking at recovery. . .**  
還有很多看待康復這件事的觀點

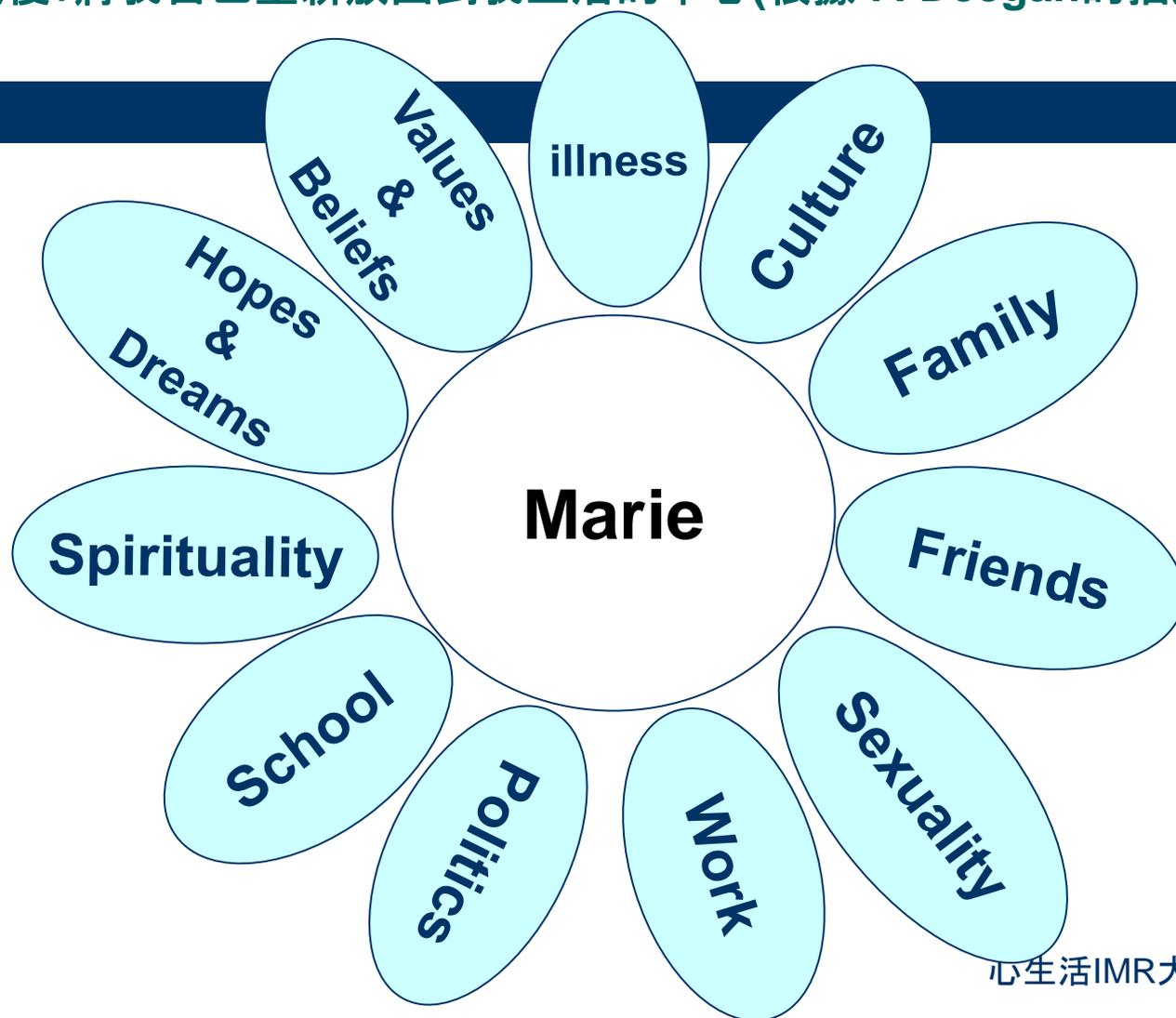
# How I am Seen By Others After Being Diagnosed With Mental Illness

被診斷出罹患精神疾病以後，別人是怎麼看我的



# Recovery: Putting myself back in the center of my life (illustration based on P. Deegan)

康復：將我自己重新放回到我生活的中心(根據 P. Deegan的描述)



# Blending Personal and Functional Definitions of Recovery: Noordsy et al.

(2002) 融合了個別性與功能性定義下的康復

- **Hope 希望**
  - Spirituality
  - Hopefulness
- **Taking personal responsibility 承擔個人的責任**
  - Illness self-management
  - Healthy lifestyle
- **Getting on with life 好好過日子**
  - Identity
  - Relationships
  - Work/school
  - Recreation

# Key Aspects of Recovery

## 康復的重要內涵

- **Defined by the person** 由個人所定義
- **Self-determination** 自主決定
- **Non-linear** 非線性的發展
- **Multidimensional and holistic** 多面向交互影響
- **Strengths-based** 優勢基礎
- **Peer support** 同儕支持

# Self-Determination

## 自我決定

**Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.**

# Individualized and Person-Centered 個人化、以人為中心

**There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations....**

# Empowerment

## 充權

**Consumers have the authority to choose from a range of options and to participate in all decisions — including the allocation of resources — that will affect their lives, and are educated and supported in so doing....**

## **Non-Linear 非線性的**

**Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible....**

# Multidimensional and Holistic

## 多面向並相互影響

**Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person....**

## **Strengths-Based 優勢基礎**

**Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee)....**

## Peer Support 同儕支持

**Mutual support — including the sharing of experiential knowledge and skills and social learning — plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.**

# ***What are People Recovering From?***

## ***人們打哪兒開始康復？***

- **Impact of mental illness on functional life (work, relationships, etc.)**
- **Sense of self: loss of self-worth, self-esteem, self-efficacy**
- **Trauma**
  - **Traumatic effects of psychiatric symptoms**
  - **Traumatic reactions to coercive treatments**
  - **Posttraumatic stress disorder (PTSD) symptoms**

# Trauma Related to Experience of Psychosis and its Treatment

因為精神症狀和治療經驗而產生的創傷

- **Psychotic Symptoms**
  - **Hallucinations (e.g., derogatory voices, command hallucinations)**
  - **Delusions (e.g., persecutory, control)**
  - **Bizarre behavior (self-injury, strange public behavior)**

# Trauma Related to Psychosis and its Treatment (Continued)

因為精神症狀和治療經驗而產生的創傷 (續)

- **Treatment experiences**
  - **Involuntary hospitalizations**
  - **Seclusion/restraints**
  - **Forced medication**
  - **Medication side effects**

# Consumer Experiences Related to Psychosis and Treatment

和精神症狀及治療經驗有關的消費者經驗

- **Fear in response to symptoms**
- **Embarrassment about social behaviors**
- **Resentment about coercive treatment practices**
- **Anxiety after symptom stabilization about recurrence of symptoms**
- **Fear of loss of control over self**

# PTSD Symptoms in Response to Psychosis and Treatment

因為精神症狀和治療而產生的創傷後症候群

- **First described by Shaner & Eth (1989) and McGorry et al. (1991)**
- **Examined in 10 studies**
- **PTSD rates: 31% & 61% in all studies but 1; 11% in Meyers et al.**
- **No studies examined A1/A2 criteria for PTSD**
  - **A1: Perceived threat of harm or death**
  - **A2: Negative emotional reaction at time**

# Essential Themes of Recovery

## 康復的核心要點

- Hope 希望
- Respect 尊重
- Responsibility 負起責任
- Well-being 過得好
- Confidence 自信心

## Hope 希望

**Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.**

# The Conspiracy of Hope

## 圖謀一份希望

**“Those of us who have given up are not to be abandoned as ‘hopeless cases.’ The truth is that at some point every single person who has been diagnosed with a mental illness passes through this time of anguish and apathy... So it is not our job to pass judgment on who will and will not recover from mental illness and the spirit-breaking effects of poverty, stigma, dehumanization, degradation and learned helplessness. Rather, our job is to participate in a conspiracy of hope. It is our job to form a community of hope which surrounds people with psychiatric disabilities” (Deegan, 1996)**

# Respect 尊重

**Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.**

# Responsibility 承擔責任

**Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.**

## 4 Central Tasks of Recovery (Slade) 康復的四項核心工作

- **Valued social roles** 被看重(有價值)的社會角色
- **Managing the illness** 管理疾病
- **Developing a positive self-identity beyond the illness** 在疾病之上發展出正向的自我認同
- **Developing an explanation/meaning for the disorder** 逐步體會發展出對失常現象的解釋或理解其意義

**What is Recovery?**

**What is not Recovery?**

**甚麼是康復？**

**甚麼 不是 康復？**

# Recovery? 康復?



**“I need to be given advice and guidance about work so I won't make any mistakes or fail”**

# Recovery? 康復?



**“I want to go fishing. I want to be a man who works.”**

# Recovery? 康復?



**“Someday, I hope to be compliant and a well managed case.”**

# Recovery?

# 康復？

**“Before I was really depressed but after I started working, it was a relief. I feel better working.”**



# Recovery? 康復?



**“I hope that someday I will be able to be medication adherent.”**

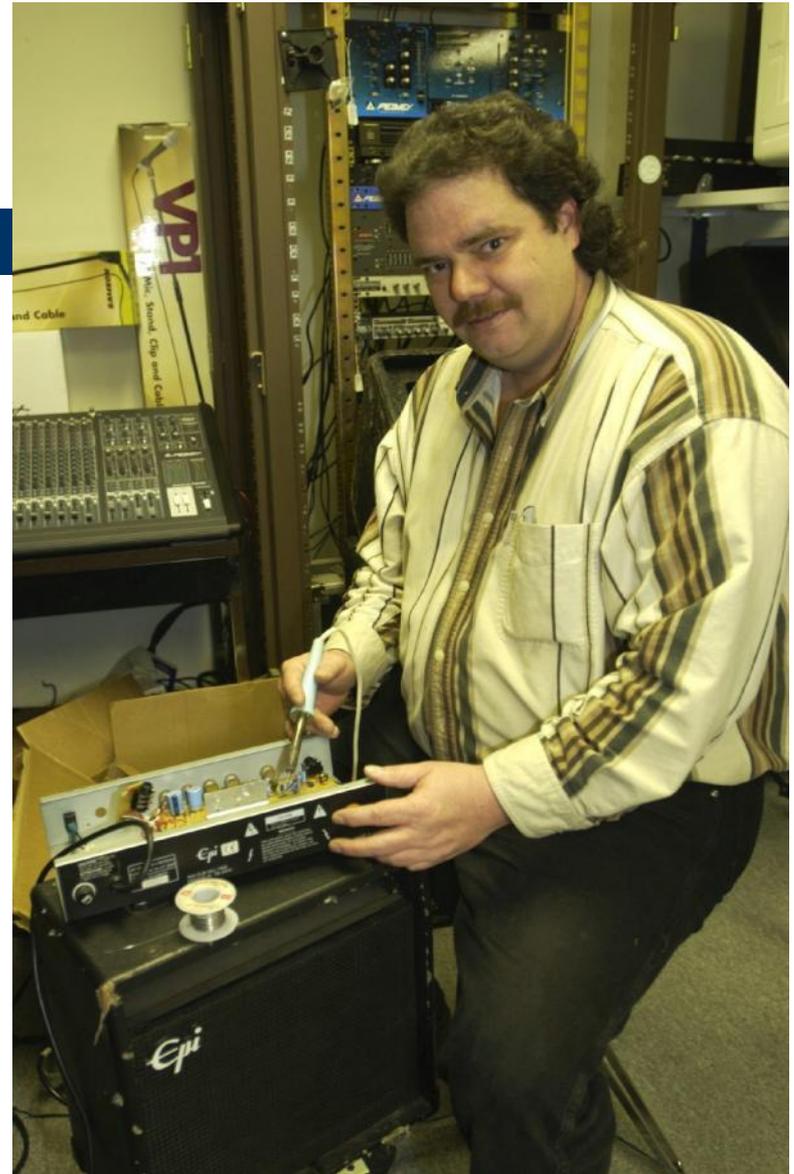
# Recovery? 康復？

**“I have a dream  
that someday  
soon I will be  
the very best  
mental health  
client that I  
can be”**



# Recovery? 康復？

**“I have my own goals to do my own thing. That’s what gives my life meaning.”**



# Recovery? 康復?



**“My life has meaning now that I have a psychiatrist, medications, and a case manager.”**

# Recovery Oriented Care (Patricia Deegan) 康復導向的照護

- “As clinicians our job is not to judge who will and who will not recover. Our job is to establish strong, supportive relationships in order to maximize chance of recovery.”
- “People need to have the “dignity of risk” and the “right to fail.”

# ***What are Evidence-Based Practices?*** 甚麼是“實證基礎”的服務

- **Services that have demonstrated their effectiveness in helping consumers to achieve important outcomes in several different research trials**
- **Research trials were conducted by different people and achieved similar outcomes**
- **Programs are standardized (e.g., manuals)**

# **Bridging the Gap from Science to Practice** 縮短科學研究到落實服務之間的距離

- **Multiple rehabilitation approaches effective for persons with severe mental illness (SMI)**
- **Most consumers have little or no access to EBPs**
- **Multiple calls to improve access to EBPs (Institute of Medicine, President's New Freedom Commission report)**
- **National Implementing EBPs Project**

# National Implementing EBPs Project (PI: Bob Drake)

美國政府建置實證有效服務的計畫

- Supported by SAMHSA and RWJ Foundation
- Focus on standardization of EBPs and training methods
- Development of “Resource kits” or “Toolkits” for each EBP
- Evaluation of implementation of EBPs in routine mental health treatment settings

# Evidence-Based Practices Identified by SAMHSA

美國SAMHSA對於實證有效服務的定義

- **Integrated Treatment for Dual Disorders**
- **Assertive Community Treatment Teams**
- **Supported Employment**
- **Family Psychoeducation**
- **Medication Algorithms**
- **Illness Management and Recovery**

# Illness Self-Management

## 疾病的自我管理

- Focus on reducing symptom distress and interference, and preventing relapses and rehospitalizations
- Emphasis on management of one's illness in collaboration with others
- By 2002, research had examined multiple illness self-management methods, BUT--
- No single program incorporated all methods
- IMR developed to incorporate empirically supported methods for illness self-management into a single cohesive program

# Research on Illness Self- Management 疾病自我管理的研究

- Mueser et al. (2002) reviewed 40 randomized controlled studies of illness management programs
- Identified five effective components of successful programs
- Download article at:

<http://psychservices.psychiatryonline.org/cgi/content/full/53/10/1272>

# Effective Components of Illness

## Management Programs IMR的主要內容

- **Psychoeducation**
- **Behavioral tailoring for medication adherence**
- **Relapse prevention training**
- **Coping skills training**
- **Social skills training**

# Psychoeducation 心理層面的教育

- **Improves consumers' knowledge about mental illness and its treatment**
- **Equips them with information to make informed decisions about their treatment**

# Behavioral Tailoring for Medication

## 對於服藥的行為引導

**Improves consumers taking  
medication as prescribed**

# Relapse Prevention Training

## 預防疾病復發的訓練

- **Reduces relapses**
- **Reduces rehospitalizations**

# Coping Skills Training 處理症狀的訓練

- **Reduces severity of persistent symptoms**
- **Reduces distress experienced from persistent symptoms**

# Social Skills Training

## 社交技巧訓練

- **Improves social functioning, including quality and # of relationships**
- **Improves skills that are related to achieving recovery goals**

# Committee for Developing the IMR Toolkit 發展IMR技巧的委員會之成員

- Consumers
- Practitioners
- Administrators
- Family Members
- Researchers

# Illness Management and Recovery Program 疾病管理與康復服務

**IMR is a step-by-step program that helps people set meaningful goals for themselves, acquire information and skills to develop more sense of mastery over their psychiatric illness, and make progress towards their own personal recovery.**

# Core Ingredients of Illness Management and Recovery

## 疾病管理與康復服務的核心內容

- **5 to 10 months of weekly or twice weekly sessions**
- **10 educational handouts**
- **Practitioners use motivational, educational, and cognitive behavioral techniques**
- **Consumers set and pursue personal recovery goals**
- **Consumers practice skills in IMR sessions**
- **Home assignments are developed together**
- **Significant others are involved (with permission)**

# IMR Resource Materials

## 疾病管理與康復服務使用的資料

- **Educational handout for consumer for each module**
- **Practitioners' guidelines for clinician for each module**
- **Group leader's session-by-session guide for each module**
- **Introductory videotape (15 min.)**
- **Practice demonstration videotape (3 hrs)**

## Practitioner Question 專業治療師的疑問

**“If IMR believes the consumers is the expert on their own recovery, then why do they need me to help them with IMR?”**

# Consumer Question 消費者的問題

**“Why should I try IMR? When I might not like it.”**

# Potential Benefits of IMR

## IMR服務可以帶來的好處

- **Developing individual recovery goals**
- **Making progress towards recovery goals**
- **Increased knowledge regarding mental illness, mental health treatments, self-advocacy, substance abuse, and coping skills**

# Potential Benefits of IMR

## IMR服務可以帶來的好處

- **Coping with distressing persistent symptoms**
- **Reducing frequent hospitalizations**
- **Reducing psychiatric crises**
- **Living more independently**
- **Obtaining competitive employment**
- **Improving social relationships**

## **Client Question** 病友的疑問

**“How might IMR be helpful to me when what I want is to have a place to live that is my own?”**

# Recovery Goals 康復目標

- Individualized
- Personally meaningful
- Range from the modest to the ambitious
- Exploration of personally meaningful goals may be needed to engage consumer *before* introducing IMR program
- IMR Goal-Tracking Sheet is used to identify, break down, and follow up on goals

# Using the IMR Goal-Tracking Sheet

## 使用 IMR 目標追蹤表

- Help consumers consider long-term goals that have to do with improved role functioning (parenting, working, going to classes, homemaking)
- Help consumers come up with three short-term goals
- Help consumers break down short-term goals into manageable steps
- Be able to answer the question: “How will we both know when this goal is achieved?”

# Helping Consumers Set Long-term Meaningful Goals

幫助消費者(病友)設訂長期、有意義的目標

- **Take your time**
- **Avoid overusing the term “goals”**
- **Don't impose your own beliefs**
- **Explore how person would like his or her life to be different**
- **Don't discourage ambitious goals!**

# Examples of Long-Term Meaningful Goals

## 長期、有意義目標的例子

- Re-establish relationship with family
- Develop leisure activity
- Manage distressing symptoms
- Improve health
- Decrease stress
- Continue education
- Get a job
- Live independently

# Break Down Long-term Goals into Short-Term Goals

將長程目標拆解成短期目標

- **Help person develop three short-term goals that could be accomplished (or significant steps taken) in the next 3 months**
- **Aim for short-term goals that are measurable and achievable. Be able to answer the question: “How will we both know when this goal is achieved?”**

# Examples of Short-Term Goals

## 短期目標的例子

- **Develop activities to enjoy in spare time**
- **Learn two coping skills for distracting myself from critical voices**
- **Enroll in a supported employment program**
- **Contact my sister**
- **Find out about supported apt. program**

# ***Break Down Goals into Steps***

## **將目標拆解成步驟**

- **Help person “program for success”**
- **Aim for steps that are small and manageable**
- **Make steps as specific as possible**

# Example of Possible First Steps Towards Developing Activities to Enjoy in Spare Time

例:爲享受休閒時光,擬發展可參與之活動先要作的事

- **Make a list of things I used to enjoy doing**
- **Learn about activities available to me**
- **Try a new activity each week**

# Follow up on Goals

## 追蹤邁向目標的努力

- **Check on progress towards goals regularly (weekly or every few weeks)**
- **Reinforce steps that were taken**
- **Help person problem-solve obstacles to taking steps**
- **Help person learn additional skills that will help him or her achieve goals**

# IMR Modules    IMR課程

1. **Recovery Strategies**
2. **Practical Facts about Mental Illness**
3. **The Stress-Vulnerability Model**
4. **Building Social Support**
5. **Using Medication Effectively**

## **Modules, cont' d 課程(續)**

- 6. Drug and Alcohol Use**
- 7. Reducing Relapses**
- 8. Coping with Stress**
- 9. Coping with Problems and Persistent Symptoms**
- 10. Getting Your Needs Met in the Mental Health System**

# 1. Recovery Strategies

## 康復的策略

- **Build hope for reaching goals**
- **Help identify recovery goals**
- **Help develop plans to achieve goals**

## **2. Practical Facts about Mental Illness** **精神疾病的實用知識**

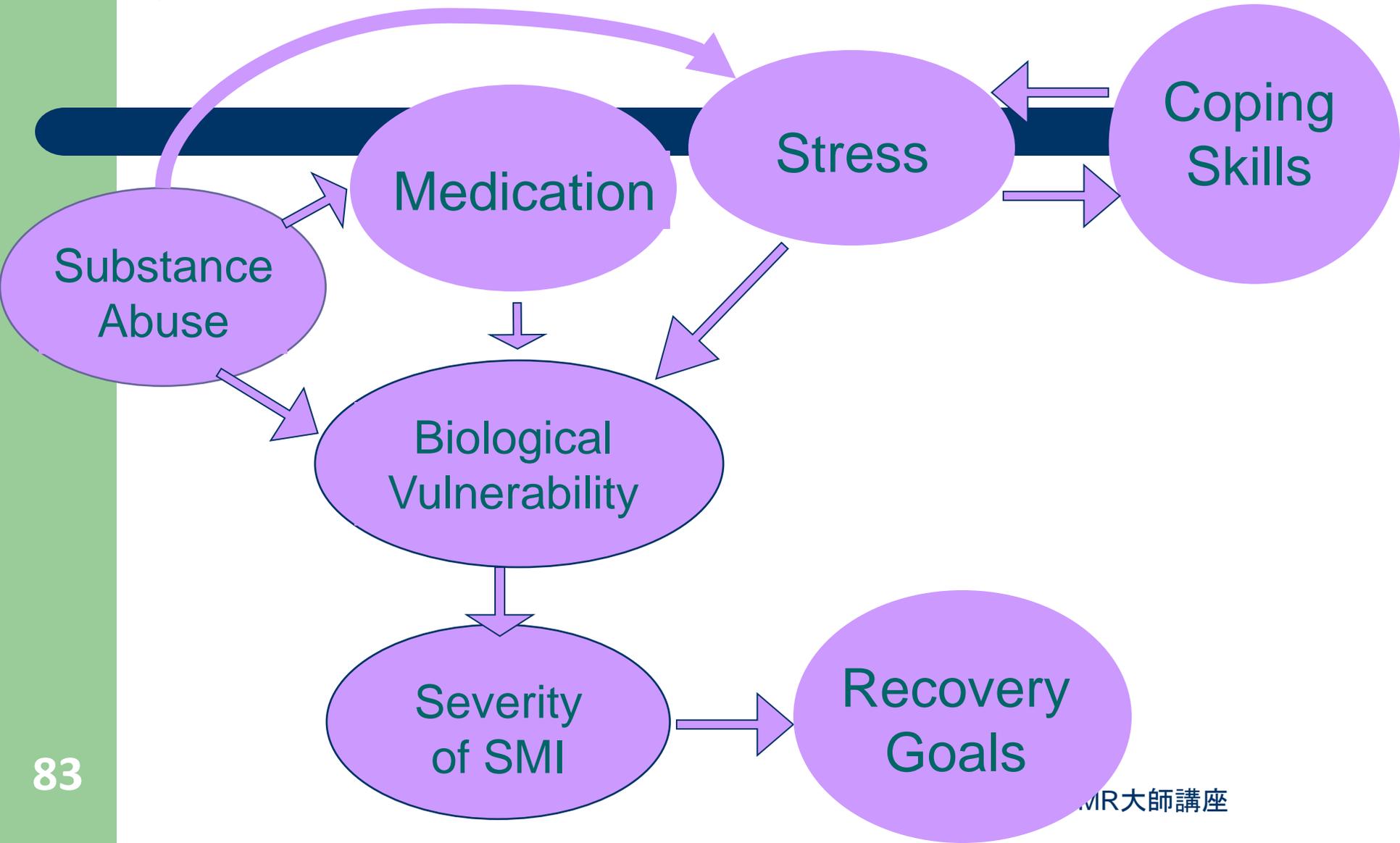
- **Provide optimism about the future**
- **Help identify symptoms**
- **Reduce blame and stigma regarding mental illness**

### **3. Stress-Vulnerability Model** **壓力與生理脆弱理論模型**

- **Role of stress and biological vulnerability in causing symptoms and impairments**
- **Convey optimism that treatment and coping strategies work**
- **Provide information about treatment options**

# Stress-Vulnerability Model

## 壓力-脆弱模式



## 4. Building Social Support 建立社會支持

- Benefits of social support
- Meeting new people
- Getting closer to people you already know

## 5. Using Medication Effectively

### 有效服用藥物

- **Accurate information about medications**
- **Weighing pros and cons of taking medications**
- **Developing a partnership with medical staff**
- **Developing strategies for taking meds**

## 6. Drug and Alcohol Use

### 喝酒和服用毒品

- **Effects of substance use on biological vulnerability**
- **Helping consumer weigh the pro's and con's of using drugs and alcohol**
- **If consumer wants to change his or her use, helping to develop an action plan**

## 7. Reducing Relapses

### 減少疾病復發

- Identifying triggers of past relapses
- Recognizing early warning signs
- What helps when a relapse is starting to happen?
- Developing a relapse prevention plan

## 8. Coping with Stress 壓力的因應

- Identifying stressors and strategies for preventing stress
- Identifying and practicing strategies for coping with stress that can't be avoided
- Encouraging involvement of significant others

## 9. Coping with Problems and Persistent Symptoms

### 問題和持續性症狀的因應

- Using a step-by-step method for solving problems and achieving goals
- Identifying problem areas, especially persistent symptoms
- Selecting & practicing strategies for coping with problems and persistent symptoms

# 10. Getting Your Needs Met in the Mental Health System

## 在精神健康服務體系中滿足自我需求

- **Identifying current services received and those that person would like to pursue**
- **Developing and practicing skills for advocating for oneself in the system**

# Structure of IMR Sessions

## 組織IMR課程的方式

- 1. Informal socializing**
- 2. Review previous session**
- 3. Review home assignments**
- 4. Follow up on goals (for group, follow up on goals of 2-3 consumers each session on rotating basis)**
- 5. Set agenda for current session**

# Structure of IMR Sessions, cont' d

## 組織IMR課程的方式(續)

- 6. Teach new material from handout (usually a few pages); use educational, motivational, CBT and social skills training strategies as needed**
- 7. Develop a home assignment in collaboration with consumer(s)**
- 8. Summarize session and progress made**

# IMR Progress Note

## IMR進度紀錄

- **To be completed for each session**
- **Primarily a checklist format**
- **Consumers asked for their feedback**

# IMR Practitioners Use 3 Different Teaching Strategies 服務者運用3種不同的教學策略

- **Motivational Strategies**
- **Educational Strategies**
- **Cognitive-Behavioral Strategies**

# Educational Strategies

## 教學策略

- **Goal: help consumers learn about their illness & how to manage it**
- **Use handouts in interactive ways (e.g., take turns reading)**
- **Ask questions to check on understanding; ask for “own words”**
- **Use “chunking” to break down information into small bites**

# **Educational Strategies, continued**

## **教學策略(續)**

- **Adopt consumer' s language**
- **Don' t push consumer to accept diagnosis**
- **Review the material, even if consumer is knowledgeable**
- **Encourage consumer to share material with significant others or staff members**

# Home Assignments 家庭作業

- **Help consumers transfer information and skills into their daily lives**
- **The “real” therapy is what happens outside of session**
- **Use alternative term if necessary**
- **Always develop home assignments collaboratively at end of each session**
- **Be as specific as possible (when, where, how, etc.)**

# Home Assignments, cont' d

## 家庭作業(續)

- Always follow up on home assignments
- When people don't do assignments, explore obstacles and problem-solve
- Assure understanding of the role of homework
- Assure assignments are understood & feasible
- Shape homework adherence & praise efforts

# Understanding Motivational Challenges

## 瞭解會阻擋動機的一些挑戰

- **Consumers have often experienced setbacks in pursuing their goals**
- **Lack of belief in recovery, self-efficacy**
- **Low motivation for improved life may be self-protection against possibility of further “failures”**
- **Convey hope and confidence in person**
- **Need to engage person in exploring how life could be different**

# Motivational Strategies

## 鼓舞動機的策略

- **People are motivated to learn things if they are relevant to personal goals**
- **Connect IMR materials to goals**
- **Explore how illness has interfered with goals**
- **Convey hope and confidence in person**
- **Help person explore costs and benefits of change**

# Motivational Interviewing Principles

## 可以鼓舞動機的唔談原則

- **Express empathy**
- **Establish personal goals**
- **Develop discrepancy**
- **Roll with resistance**
- **Support self-efficacy**

# Motivational Strategies, cont.

## 動機策略(續)

- Socratic method of asking questions rather than giving answers
- Explore past successes
- Reframe past challenges as evidence of personal strengths
- Make the consumer the “expert” and put them in charge of something
- Use the pay-off matrix as needed

# Following up on Goals

## 目標追蹤

- **The most powerful motivational strategy is helping people progress towards goals**
- **Follow up on goals at beginning of each session**
- **Help set new goals when others achieved**
- **Review progress regularly with consumer**

# Cognitive Behavioral Strategies

## 認知行為策略

- **Help consumers practice strategies and skills in IMR sessions**
- **Help consumers put skills into action in their everyday lives**

# Specific Cognitive-Behavioral Strategies used in IMR

## 運用在IMR特定的認知行為策略

- **Modeling (demonstrating) skills**
- **Behavioral rehearsal (role playing)**
- **Reinforcement, focused on specific behavior change**
- **Shaping (reinforcing steps toward desired behavior)**

# Cognitive-Behavioral Strategies, cont' d

## 認知行為策略(續)

- Behavioral tailoring for medication
- Social skills training
- Relaxation training
- Relapse prevention training
- Coping skill enhancement (e.g., distraction, positive self-statements, mindfulness techniques)

# Behavioral Tailoring for Medication Adherence 持續服藥的行為引導

- Simplify medication regimen (fewer medications taken fewer times throughout the day)
- Fit taking medication into person's daily routine (e.g., when brushing teeth in morning and evening)
- Set up natural cues/reminders in the environment to take medication; consider alarms if necessary
- Help person develop plan and practice new routine, preferably with home visit

# Relapse Prevention Training

## 預防復發的訓練

- Identify triggers of previous relapses (significant others helpful)
- Identify early warning signs (significant others helpful)
- Make plan of what to do when early warning signs happen
  - What helps (e.g., special meeting with prescriber)?
  - What hurts (e.g., continuing to use alcohol or drugs)?
- Write down plan and rehearse part of it in session
- Put copy of plan at person's home, in his or her chart, and give to treatment team members and significant others (with permission)
- Modify the plan as needed if subsequent relapses occur (i.e., RP plan as a “living document”)

# Coping Skills for Persistent Symptoms

## 因應持續性症狀的技巧

- Identify persistent, problematic symptoms; evaluate when they are better, when they are worse
- Identify what person already does--is it helpful? How often is it done?
- If person already using helpful coping skills, help him or her to use them more often
- Help person learn new coping skills by practicing them first in session, then on person's own
- Help person develop at least 2 coping skills for each problematic symptom

# Social Skills Training

## 社交技巧訓練

- Identify skill that will help person improve social relationships and/or progress towards goals
- Break down the skill into 3-4 steps
- Model the skill, ask for feedback
- Ask person to role play (practice) skill

# Social Skills Training, cont' d

## 社交技巧訓練(續)

- Provide feedback, starting with positive
- As indicated, provide suggestions for improvement
- Ask person to role play again, provide feedback
- Develop assignment to practice skill in “real world”

See Bellack, A., Mueser, K., Gingerich, S., Agresta, J. “Social Skills Training for Schizophrenia. 2004. Guilford Press.

# Involving Significant Others

## 重要關係人的參與

- Involvement is critical to optimizing outcomes
- Significant others are defined by the consumer
- Explore who the consumer spends time with
- Talk with other team members
- Consider home visits
- Approach significant others with “good news”
- If needed, clinicians can be significant others
- Aim for monthly contact with significant others

# Significant Others can be Involved in Different Ways

## 重要關係人不同的參與方式

- Talking on the phone
- Reading handouts
- Assisting with home assignments
- Helping develop relapse prevention plan
- Helping to follow up plans for achieving goals
- Attending IMR sessions or special family group, such as “Friends and Family Recovery Support Group”

# Friends and Family Recovery Support Group 家屬親友的康復支持團體

- Open to IMR consumers, friends, family members, etc.
- Attendance begins after consumer sets IMR recovery goals
- Monthly 1.5 hour meetings
- 10-20 minutes caring/sharing, review of progress towards consumers' goals
- 45 min. review and discussion of curriculum (IMR educational handouts with “take home message” for friends and family)
- 10-15 min. wrap-up

# Benefits of Doing IMR Individually

## 個別化提供IMR服務的好處

- **Fit with person's learning style**
- **Based on individual's pace**
- **Comfort level for some consumers**
- **Customizing of homework for person**
- **Opportunity to fit IMR skills and strategies with person's recovery vision**

# Doing IMR in a Group

## 以團體形式提供IMR服務

- **6-10 consumers**
- **2 Co-leaders**
- **Meet weekly or 2x a week**
- **40-50 sessions**
- **Use IMR Educational Handouts**
- **Use “Group Guidelines”**

# Benefits of Doing IMR in Groups

## 在團體中進行IMR的好處

- Peer support
- Role models
- More opportunity for feedback
- More realistic practice of skills
- More economical
- Opportunities for co-leaders to learn skills

# Skills for Leading IMR Groups

## 帶領IMR團體的技巧

- Ability to structure a session
- Empathic and responsive to consumers' contributions
- Eliciting feedback, reinforcement, and feedback between group members
- Involvement of all group members throughout session to maintain attention and engagement

# Group Leader Skills, cont' d

## 團體領導技巧(續)

- **Selectively ignoring or minimizing attention to off-topic statements**
- **Giving members praise (reinforcement) when they make efforts to participate, learn skills, and follow up on home assignments and steps towards goals**
- **Ability to gently redirect focus of group when discussion veers off topic**

# Special Issues for Groups

## 團體的特別議題

- **Session-by-session manual for groups is part of IMR workbook**
- **Avoid tendency for groups to become limited to psychoeducation**
- **Attend to goals and use motivational and CBT techniques**
- **Make sure goals are individual and personally meaningful**
- **Tailor home assignments to different needs**

# Special Issues for Groups, cont' d.

## 團體的特別議題(續)

- **Develop a model of “rotating admission”**
- **Develop a plan for making up missed sessions**
- **Enlist assistance of other staff members in supporting IMR)**
- **Make special effort to involve significant others; consider a monthly “IMR Friends and Family Group”**

# **Breaking down Module #1 into Group Sessions**

**將第一課分成幾次進行**

**Session 1: The importance of recovery**

**Session 2: What helps people in the process of recovery?**

**Session 3: Identifying goals to work on**

**Session 4. Strategies for achieving goals**



# Organizational Structure for Implementing IMR

# Members of IMR Team

IMR服務團隊的成員

**IMR Clinicians and Consumer  
Providers**

**IMR Coordinator / Supervisor**

**Agency Director**

# IMR Clinicians and IMR Consumer Providers

## IMR的治療師與病友服務員

- 3-8 per treatment team (depending on number of consumers served by the team)
- 2 days initial training & 1 day follow-up
- Are expected to work with at least 3-4 consumers (or lead 2-3 groups) in the first year
- Have protected time for providing IMR

# IMR Clinicians and IMR Consumer Providers, continued

IMR的治療師與病友服務員 (續)

- **Receive weekly supervision focused on IMR**
- **Receive consultation**
- **Start working with consumers within 4 weeks of 2-day IMR training**
- **Have accountability for providing IMR (e.g., part of job description)**

# IMR Coordinator/Supervisor

## IMR 協調員/督導

- **Coordinating IMR is in job description**
- **Specific proportion of his or her time is designated and protected for providing and coordinating IMR**
- **Receives IMR training and works with consumers using IMR**
- **Provides IMR supervision**

## **IMR Coordinator/Supervisor, continued** **IMR 協調員/督導(續)**

- **Establishes and monitors IMR referral process**
- **Assures that referred consumers receive IMR**
- **Monitors the quality and quantity of IMR services delivered at the agency**
- **Reports to the agency director and meets regularly with him or her (e.g., monthly)**

# More about Supervision

## 更多關於督導...

- **Group supervision, weekly, not more than 8 clinicians**
- **Review cases**
- **Discuss goals, share treatment formulations, troubleshoot problems**
- **Role play challenging situations**
- **Selected teaching of core skills**
- **Evaluate engagement of consumers, integration of IMR with team, involvement of significant others**

# Suggested Content of Supervision

## 督導的建議內容

- **Brief update on IMR implementation (# clients?, modules being worked on? Clients' goals? Steps towards goals? Attendance? Problems?)**
- **Clinical skills development (list of suggested topics provided)**
- **Clinical feedback on cases, using case presentation model**
- **Content of supervision meetings alternates between clinical skills development and case presentations**

# Consultation 諮詢

- **Twice monthly the IMR consultant will provide phone consultation during the regular supervision time**

# Agency Director Shows Interest and Support by: 機構負責人表達興趣和支持的方式

- **Attending training**
- **Attending some supervision sessions**
- **Meeting regularly with IMR Coordinator/Team Leader**
- **Troubleshooting obstacles to IMR**

# Measuring Outcome using the IMR Scales 運用IMR量表測量成效

- 15 item questionnaire covering IMR domains
- Behaviorally anchored
- User-friendly language
- Clinician version and consumer version
- Completed at baseline and every three months
- Use to evaluate success of IMR
- Can be integrated into treatment planning for IMR

# Items on the IMR Scale

## IMR量表上的項目

1. **Progress towards personal goals**
2. **Knowledge**
3. **Involvement of family & friends in treatment**
4. **Contact with people outside of family**
5. **Time in structured roles**

# Items on the IMR Scale (cont.)

## IMR量表上的項目(續)

6. **Symptom distress**
7. **Impairment of functioning**
8. **Relapse prevention planning**
9. **Relapse of symptoms**
10. **Psychiatric hospitalizations**

# Items on the IMR Scale (cont.)

## IMR量表上的項目(續)

11. Coping
12. Involvement with self-help activities
13. Using medication effectively
14. Functioning affected by alcohol use
15. Functioning affected by drug use

# IMR Fidelity Assessment 成效評估

- **Designed to evaluate adherence to IMR model**
- **Provides useful feedback to agency for improving practices**
- **Involves independent assessor who reviews records, interviews clinicians & consumers**
- **Objective scale**

# Research on IMR 研究

- **Pilot study of IMR feasibility and outcomes**
- **Implementation and dissemination study**
- **Completed RCTs**
- **Other research and adaptations of IMR program**

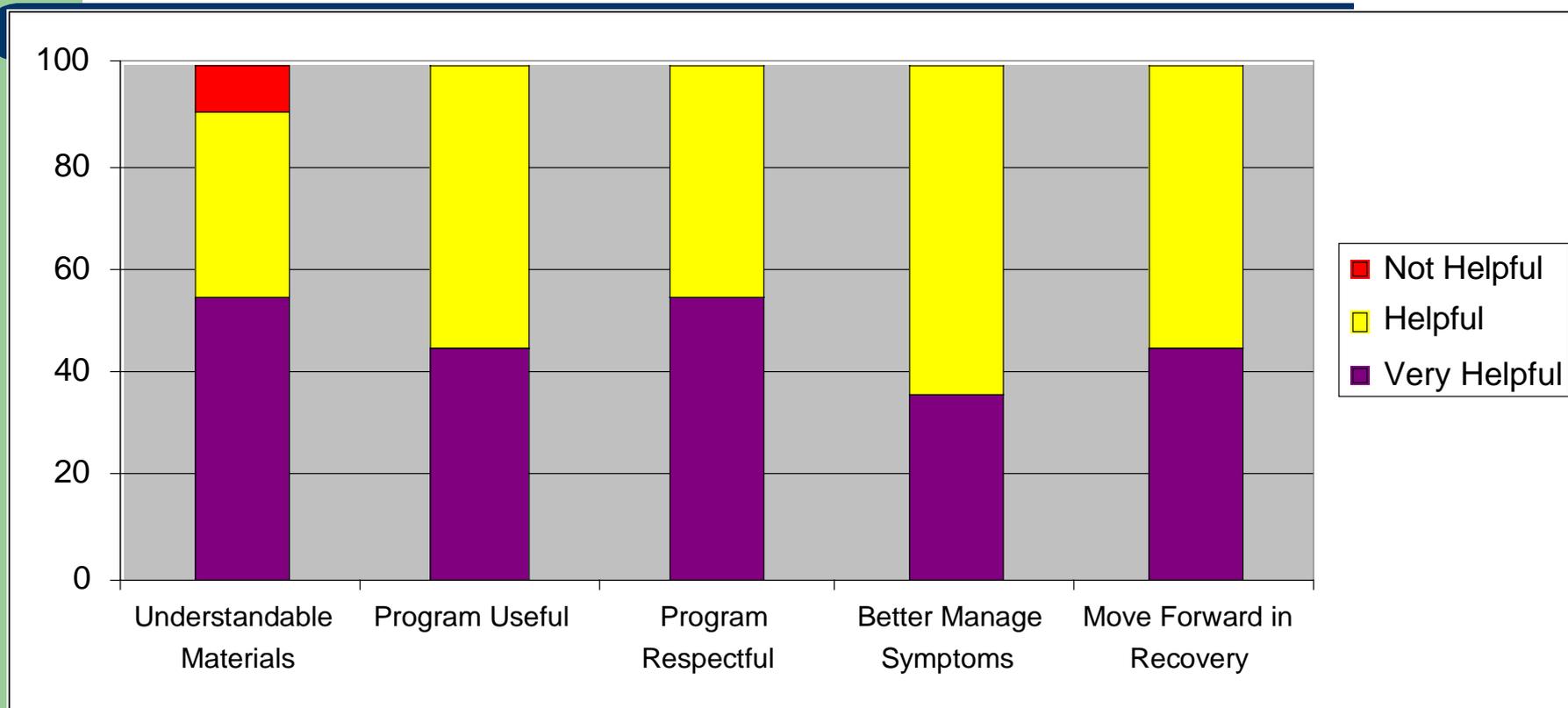
# Pilot Study of IMR Feasibility and Outcomes

IMR服務可行性與成效的創始研究

- **Conducted at 3 sites in North Carolina and Australia**
- **Evaluated IMR in group (2 sites) and individual (1 site) formats**
- **N = 24, 88% schizophrenia, 63% women**
- **Evaluated satisfaction with program and outcomes**
- **Publication: Mueser et al. (2006)**

# Consumer Feedback

## 消費者回饋



# Illness Management Outcomes

## 疾病管理的成果

- **Brief Symptom Inventory**
  - Global Severity Index (d =.5)
- **Coping Skills Scale**
  - Total Symptoms (d =.38)
  - Effectiveness of coping skills (d =.84)
- **Client version IMR scale (shortened) (d =.84)**
- **Knowledge of Illness (d =.63)**
- **Social support (d =.18)**

# Recovery Outcomes

## 康復的成果

- **Recovery Assessment Scale**
  - Mean (d =.64)
  - Hope subscale (d =.55)
  - Willingness to ask for help subscale (d =.30)
  - Goal oriented subscale (d =.48)
  - Rely on others subscale (d =.02)
  - Not dominated by symptoms subscale (d =.60)
- **GAF (d =.80)**

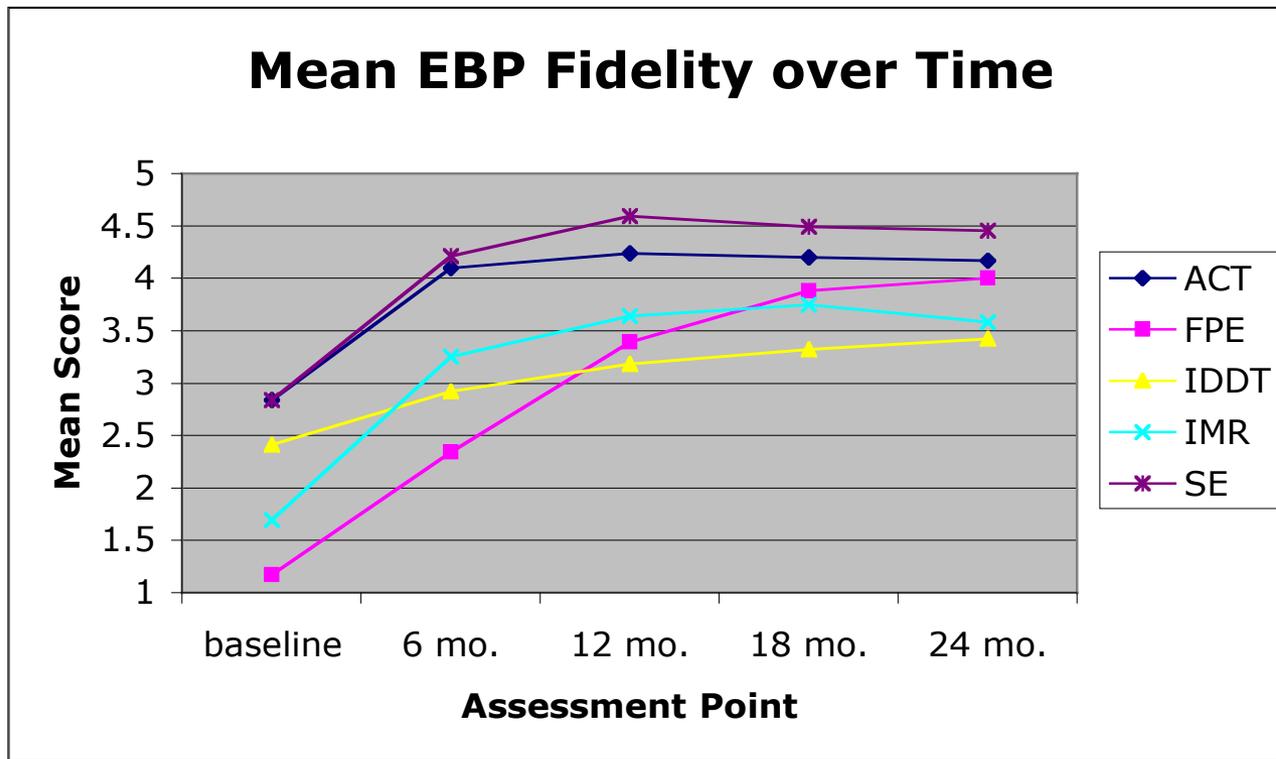
# National Implementing EBPs Study

## 國家建置“實證有效服務”的研究

- Evaluated whether 5 EBPs (including IMR) could be implemented in routine treatment settings
- 53 mental health centers in 8 states implemented 1 or 2 EBPs: IMR implemented in 12 centers
- Training for each EBP: initial morning “kickoff” training followed by 2 day skills training
- Monthly consultation for 2 years
- Fidelity assessments every 6 months for 2 years
- Publication: McHugo et al. (2007)

# Implementing EBPs Project

## 建置“實證有效服務”的計畫



# Translations of IMR Program

## IMR方案的翻譯

- Arabic
  - Danish
  - Dutch
  - Hebrew
  - Hmong
  - Laotian
  - Spanish
  - Somali
  - Swedish
- Underway:
- Chinese
  - Japanese

# Randomized Controlled Trials (RCTs) of IMR Program

## IMR方案的隨機控制對照實驗

- Israel
- United States (New York City)
- Sweden

# RCT of IMR in Israel

## 以色列的IMR隨機控制實驗

- N = 210 SMI randomized to group IMR or treatment as usual, 12 sites
- Assessments baseline & post-treatment (8-11 months later)
  - IMR Scales (client and clinician version)
  - Coping Efficacy Scale
  - Perceived Social Support
- IMR Fidelity Scale administered at all sites
- Relatively high level of psychiatric rehabilitation services at all sites

# RCT of IMR in Israel, cont' d

## 以色列的IMR隨機控制實驗

- **Group sessions held for one hour weekly for between 8 months and 11 months**
- **Clinicians received extensive training in IMR before study**
- **Clinicians received 2 hours of supervision on IMR per month**
- **Publication: Hasson-Ohayon et al. (2007)**

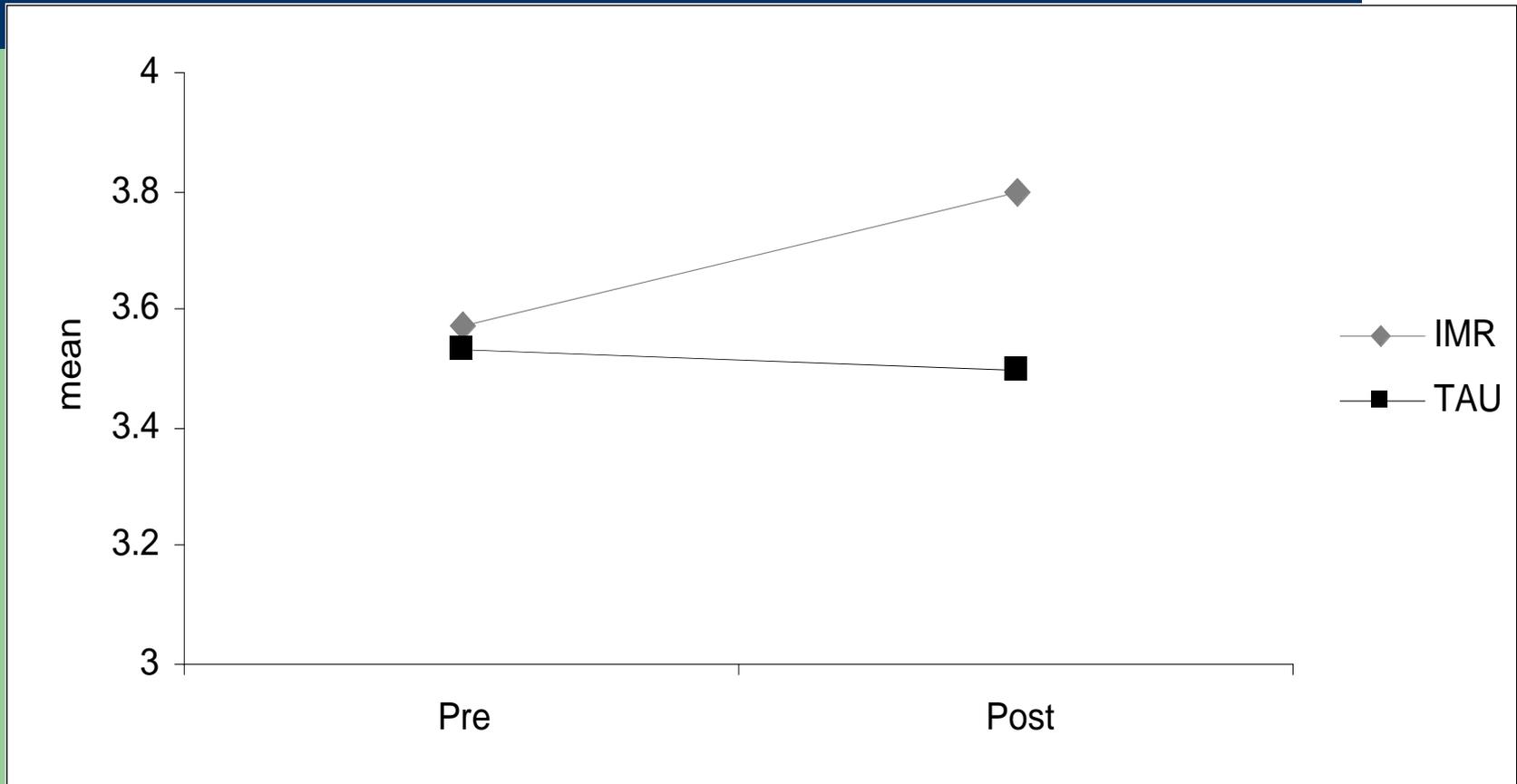
# Outcomes of Israel Study

## 以色列的研究結果

- **More improvement of IMR on IMR scales**
  - Knowledge
  - Progress towards goals
  - Overall scores
- **Both IMR and TAU improved in coping**
- **No differences in social support**
- **Effects on IMR Scales stronger at the high fidelity sites (9 out of the 12)**

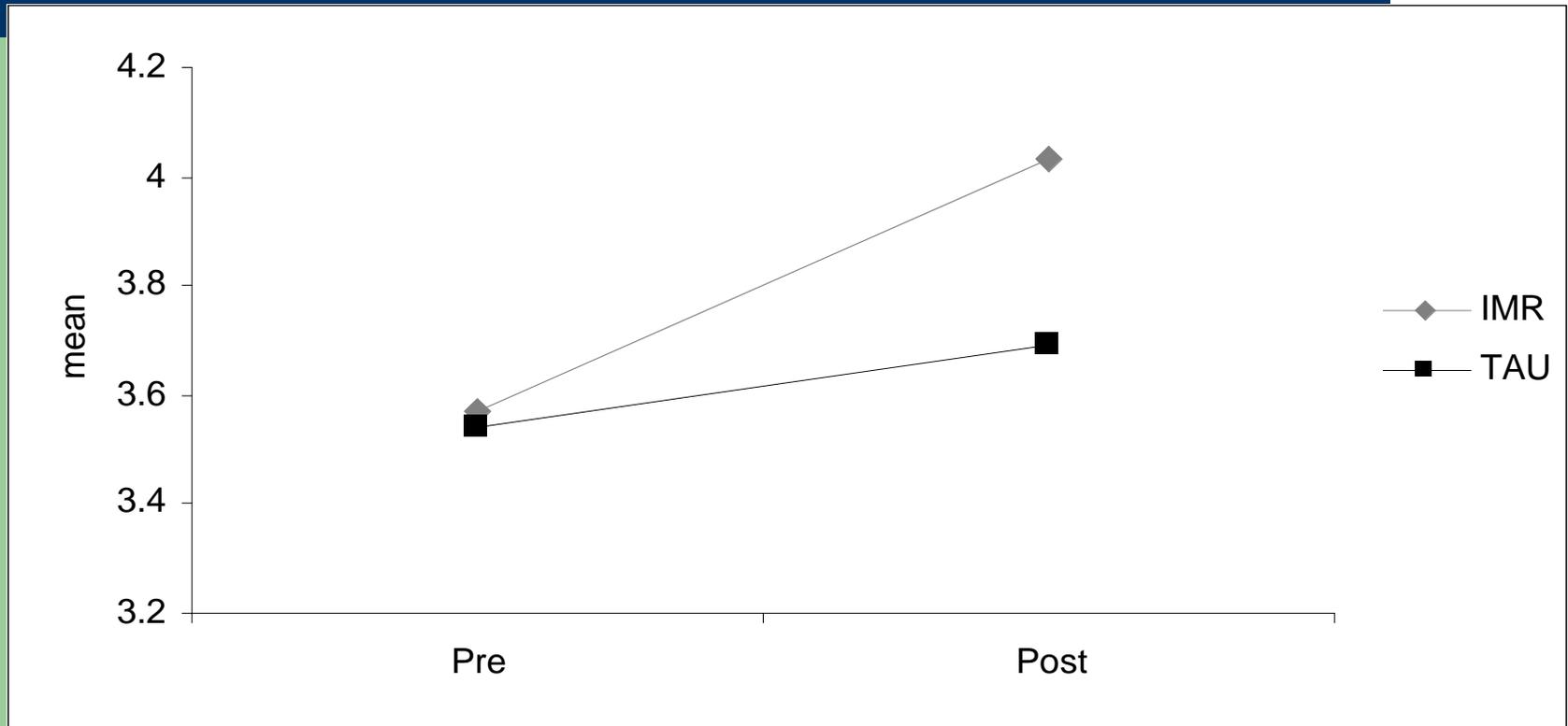
# Israel Study: Client IMR Scale

## 以色列的研究：案主量表



# Israel Study: Clinician IMR Scale

## 以色列研究：臨床工作者量表



# RCT of IMR at Center for Urban and Community Services, NY

## 紐約城鄉研究

- N = 103, randomized to group IMR or Treatment as Usual
- Assessments at baseline, post-treatment, and 6 months follow-up using self-reports, clinicians, and interviewers
- Conducted at supported housing units
- Racially, ethnically, and diagnostically diverse population (37% psychosis, 35% minority)
- Twice weekly “classes” for approximately 6 months (42 sessions)

# CUCS Study, cont' d

- **Clinicians trained in IMR, then received monthly phone supervision on IMR**
- **Graduation ceremony held at end of classes**
- **Evaluation focused on illness self-management, symptoms, quality of life / functioning, suicidal thinking, substance abuse**
- **Publication: Levitt et al. (2009)**

# CUCS Study: Results

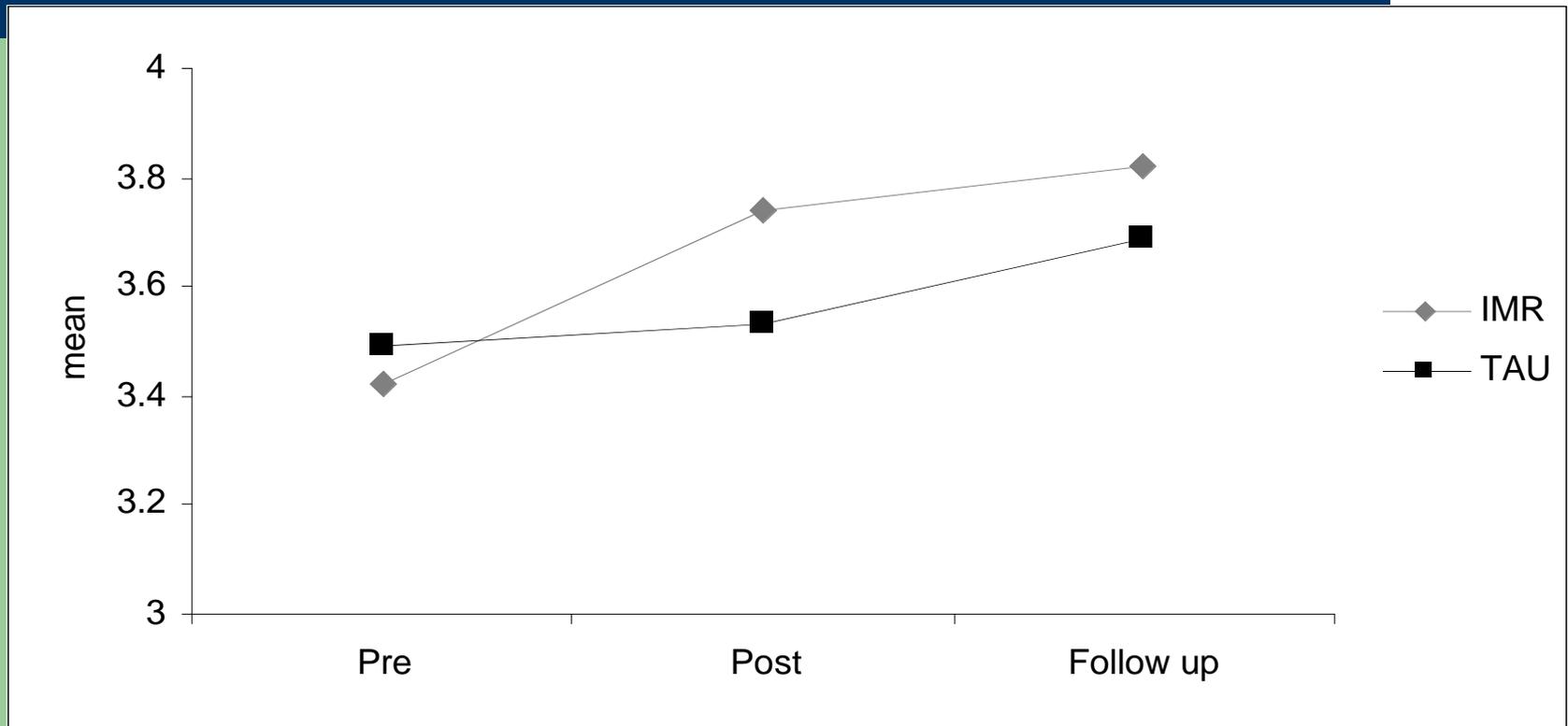
## Clients in IMR improved significantly more than controls in:

- Illness management (client and clinician IMR scales)
- Overall symptom severity (BPRS)
- Anxiety-Depression (BPRS)
- Psychosocial functioning (Abbreviated Quality of Life Scale)

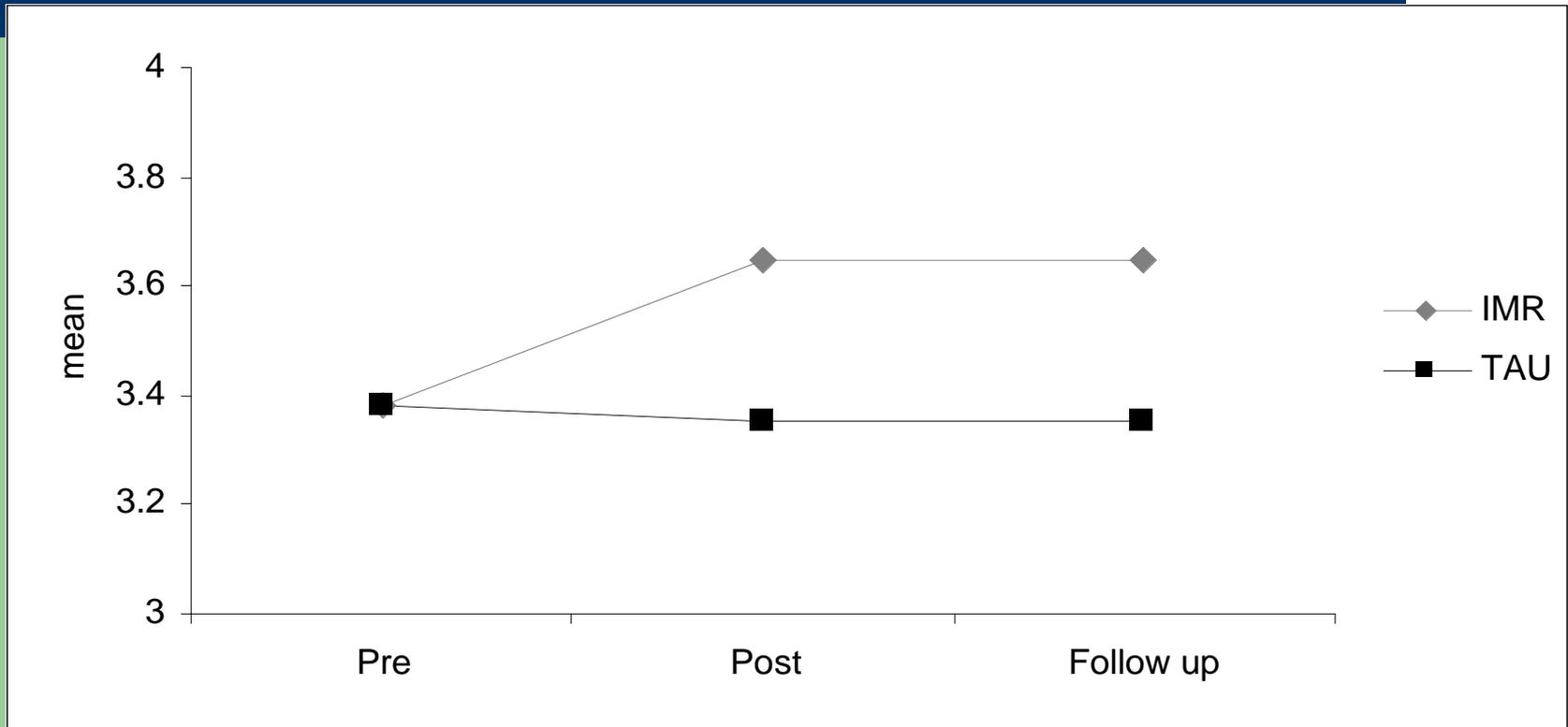
## No differences between groups in:

- Symptom distress
- Hospitalization, substance abuse, suicidal thinking (low rates across all 3 outcomes)

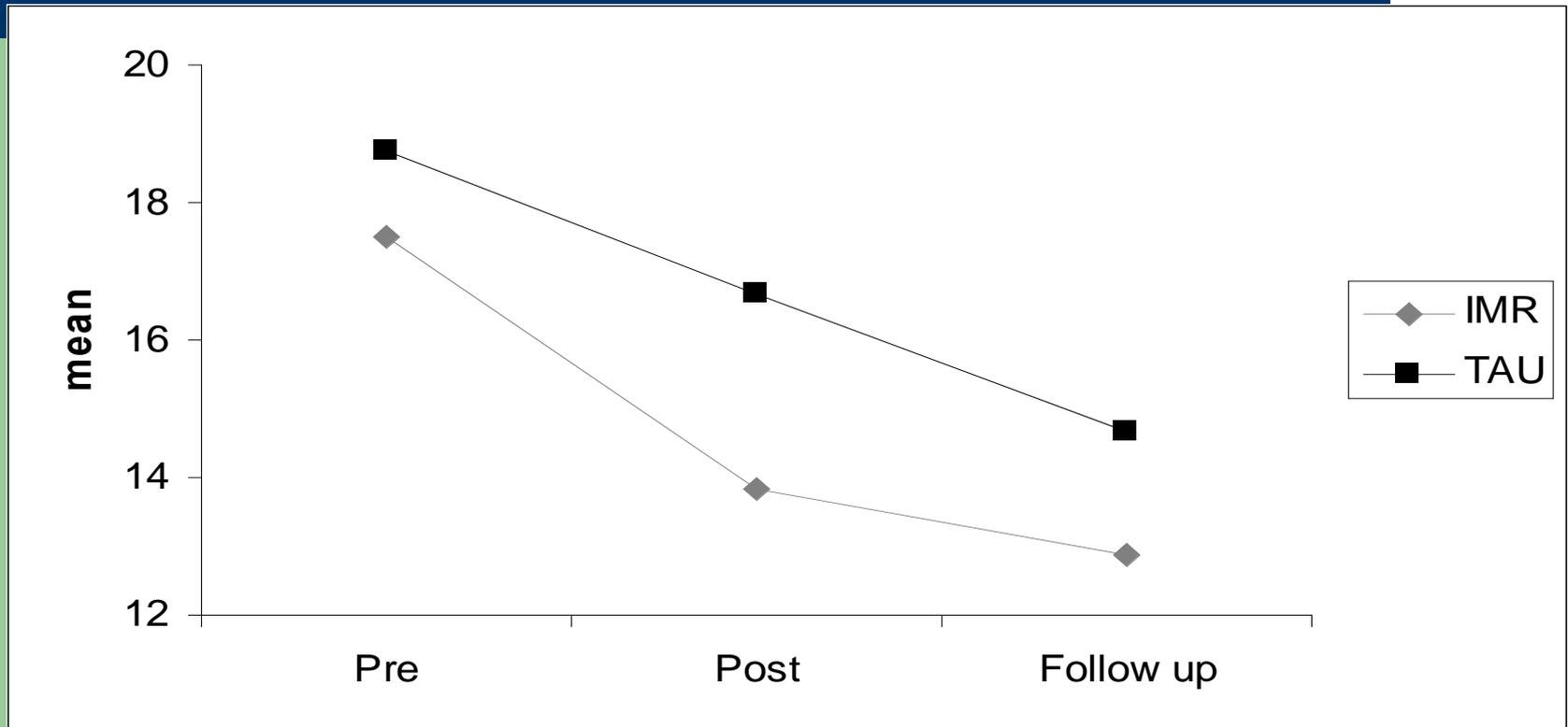
# CUCS Study: Client IMR Scale



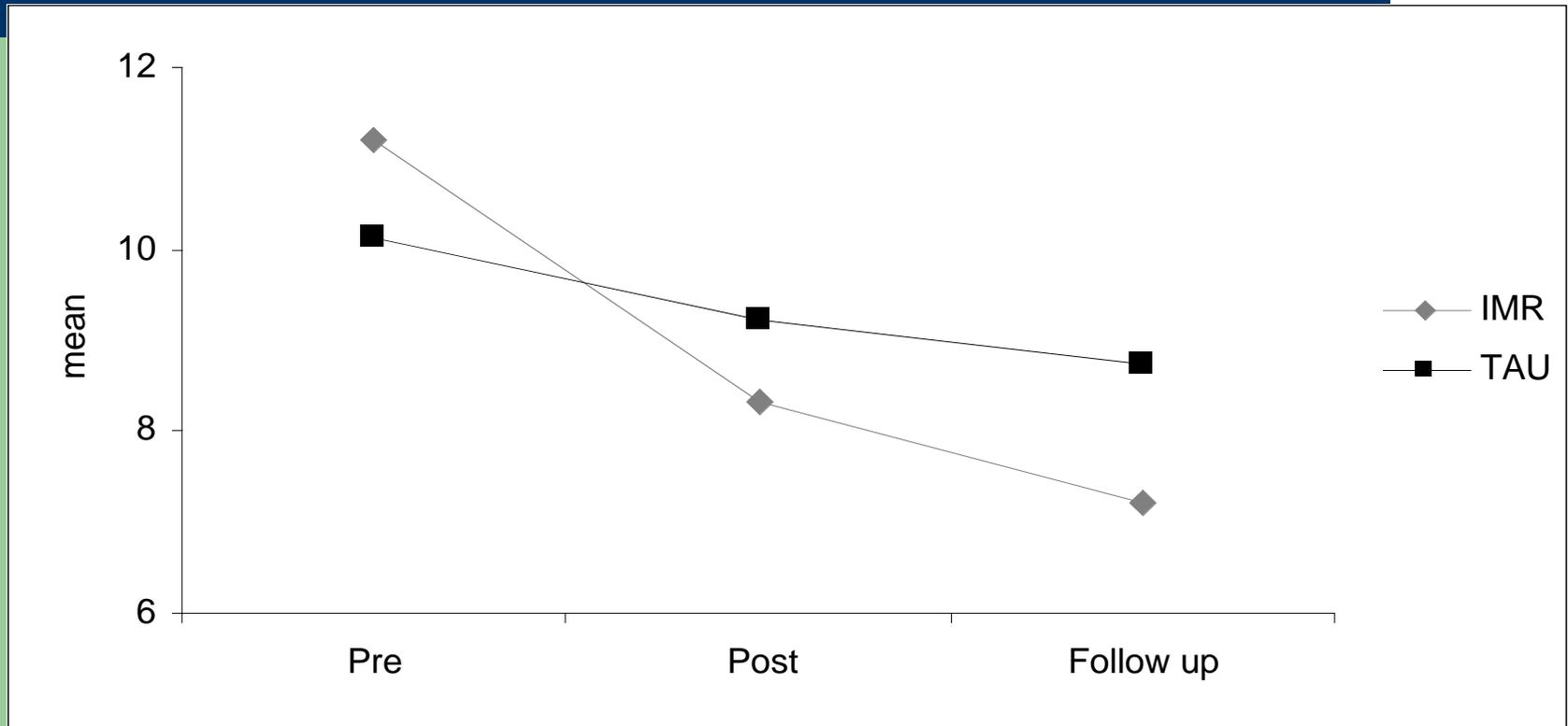
# CUCS Study: Clinician IMR Scale



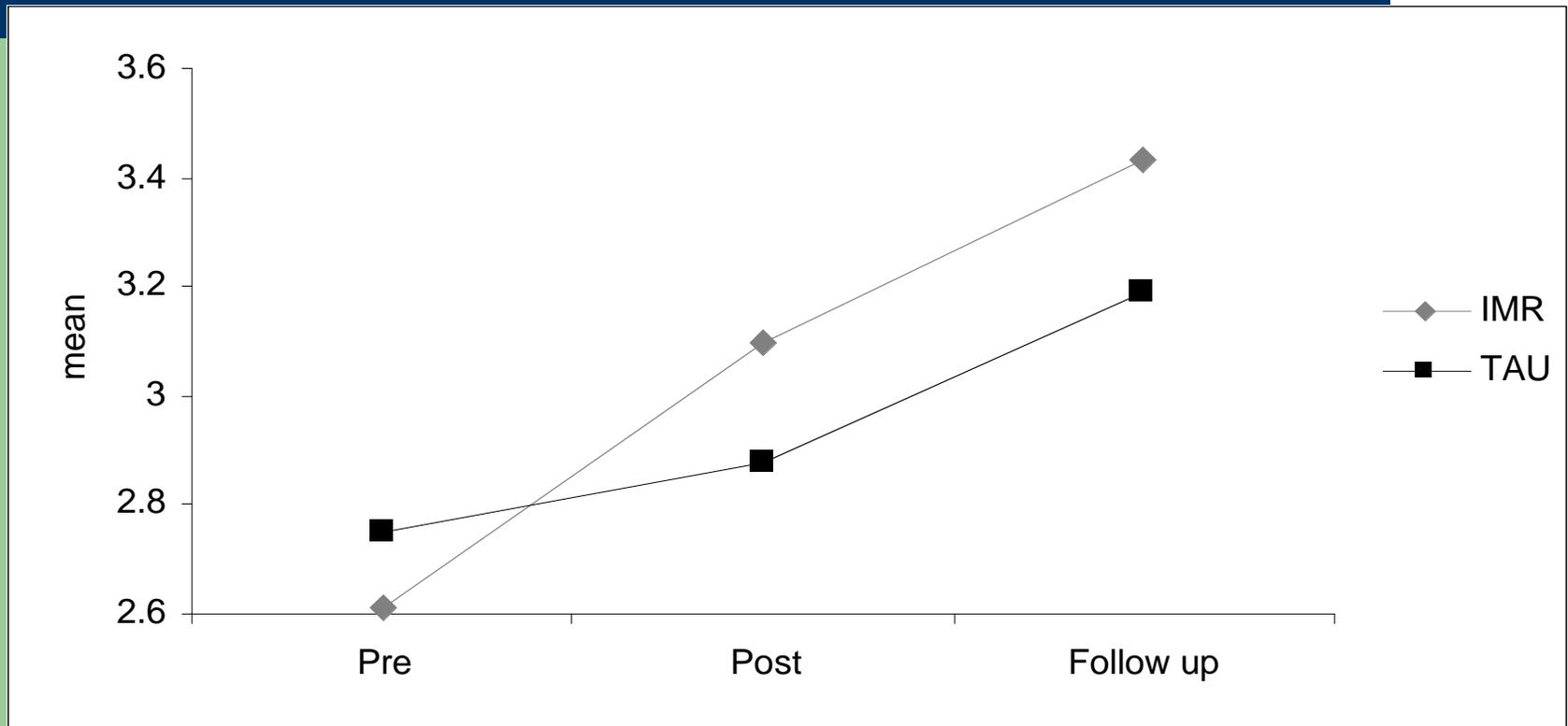
# CUCS Study: Total BPRS Score



# CUCS Study: BPRS Anxiety-Depression



# CUCS Study: Quality of Life Scale - Abbreviated Version

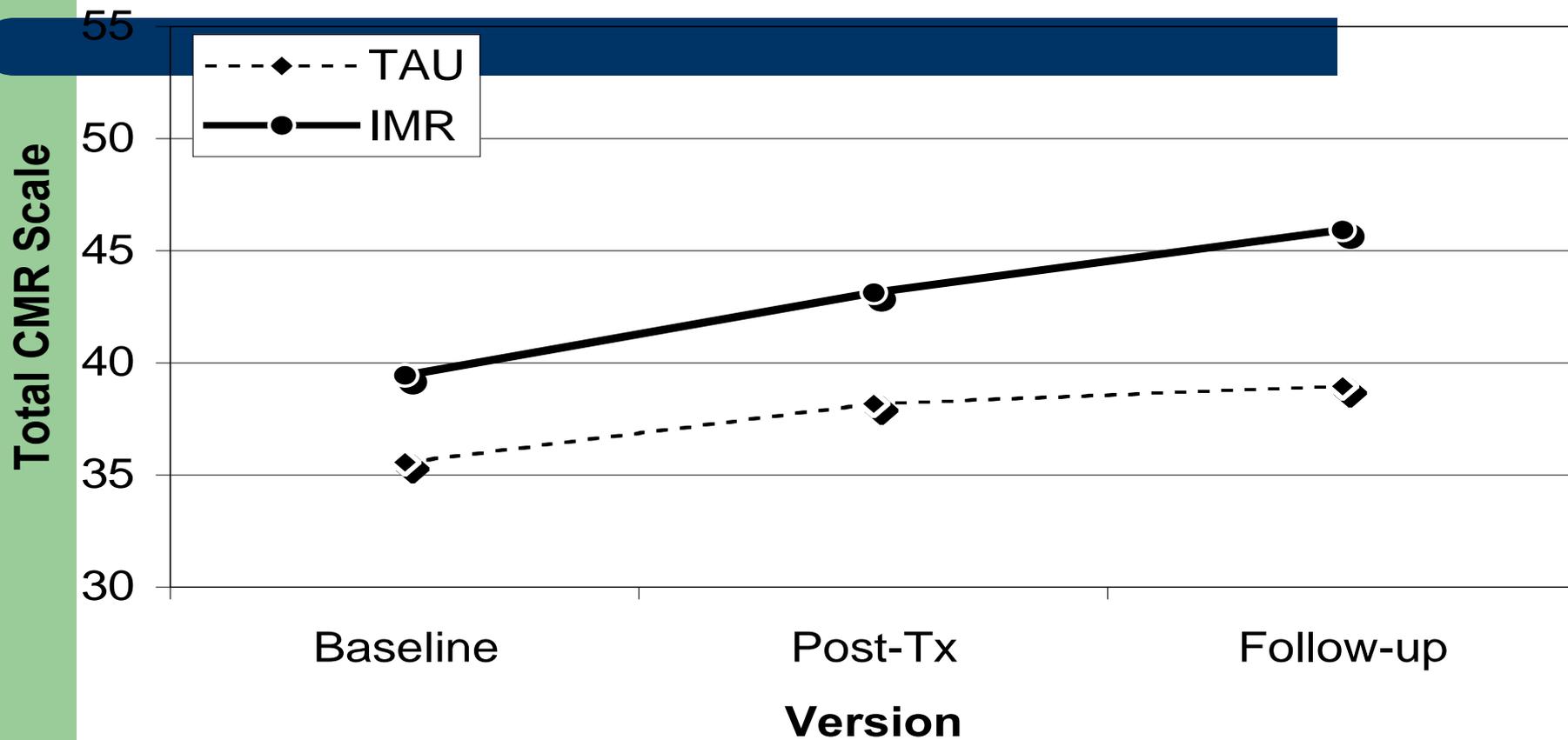


# RCT of IMR in Uppsala, Sweden

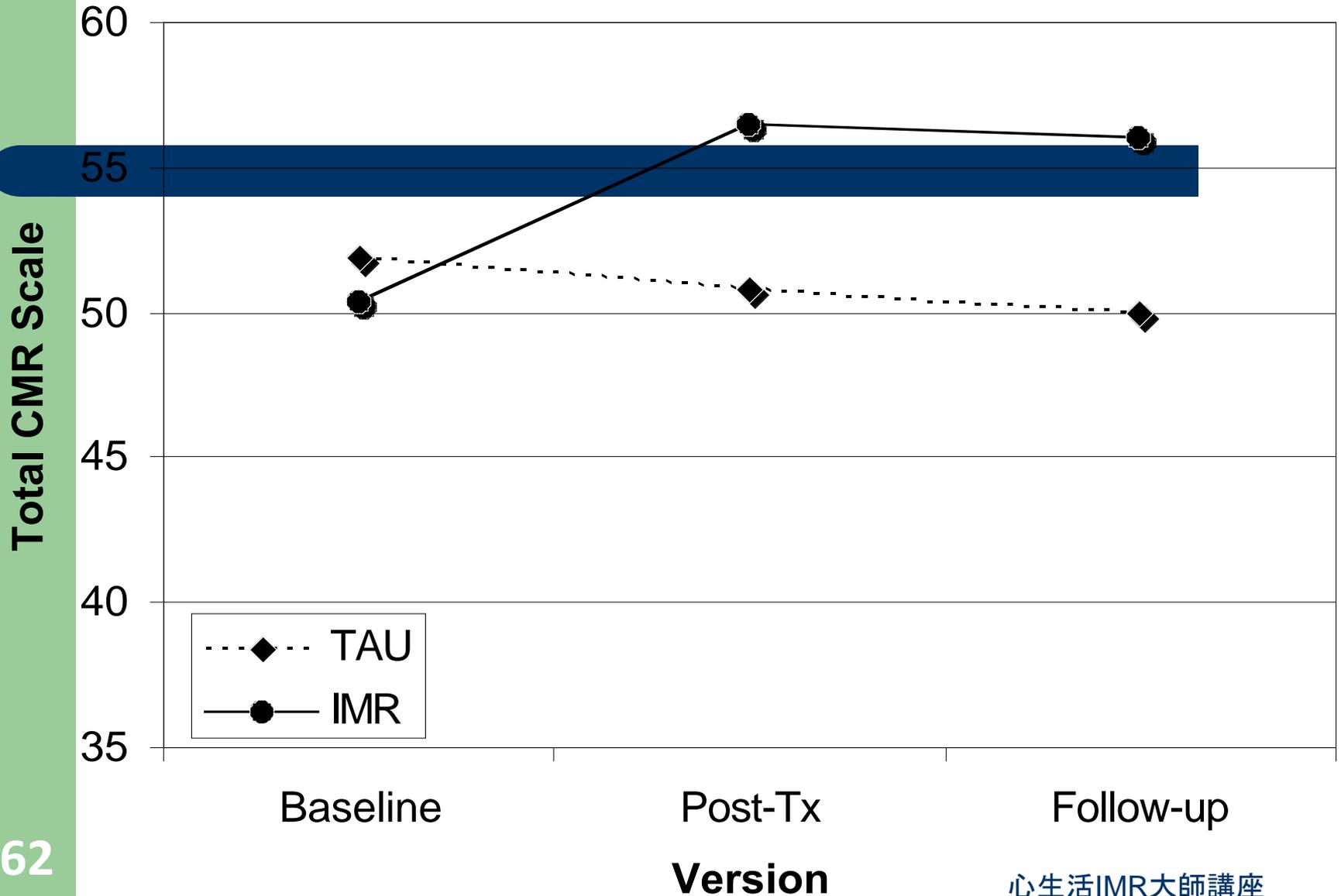
## 瑞典研究

- N = 41, randomized to group IMR or Treatment as Usual
- All schizophrenia or schizoaffective
- Weekly IMR groups for 9 months
- Assessments at baseline, post-treatment, and 9 months follow-up
- Study participants drawn from 6 psychiatric rehabilitation outpatient centers
- Publication: Faerdig et al. (resubmitted)

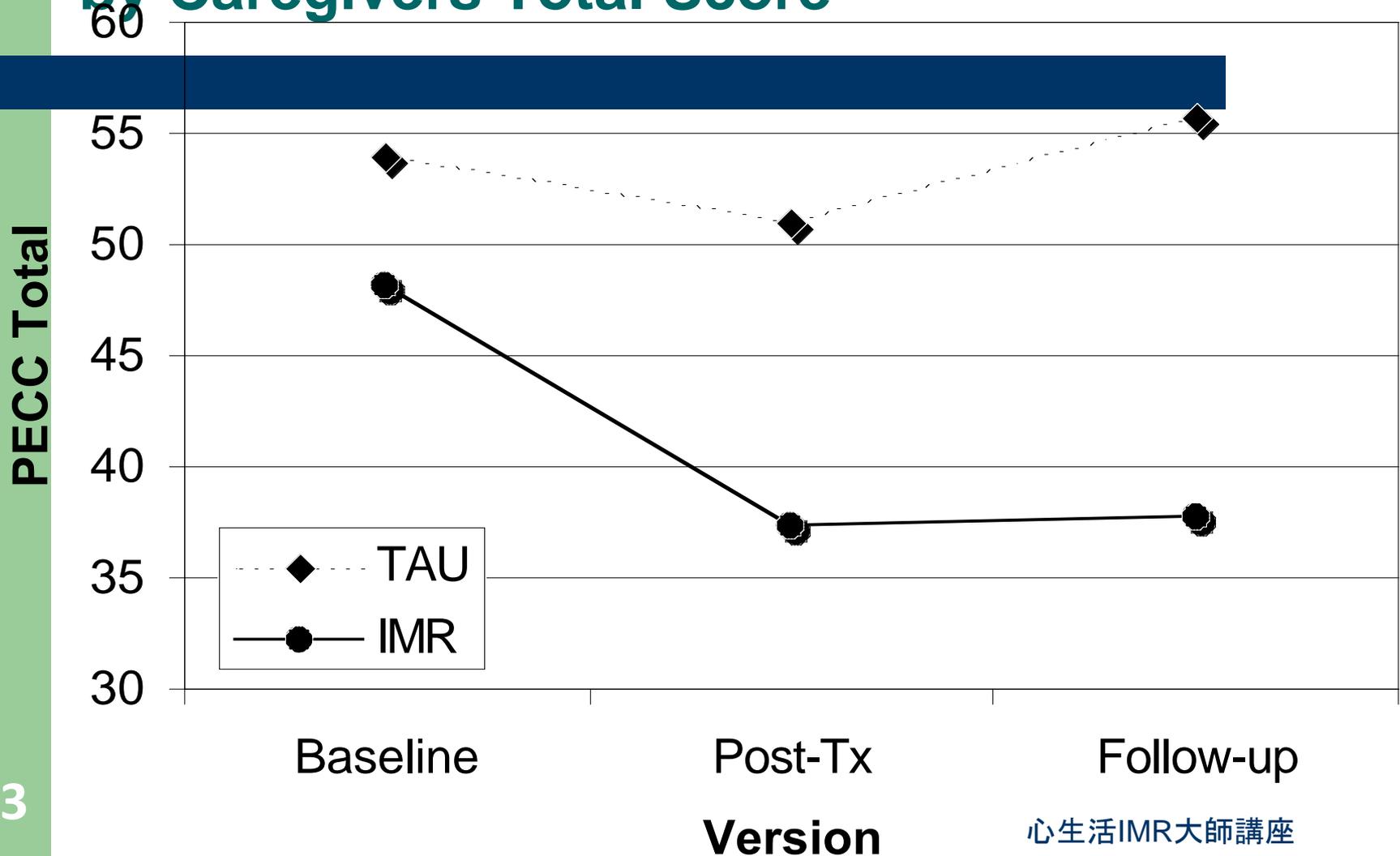
# Sweden Study Client IMR Scale



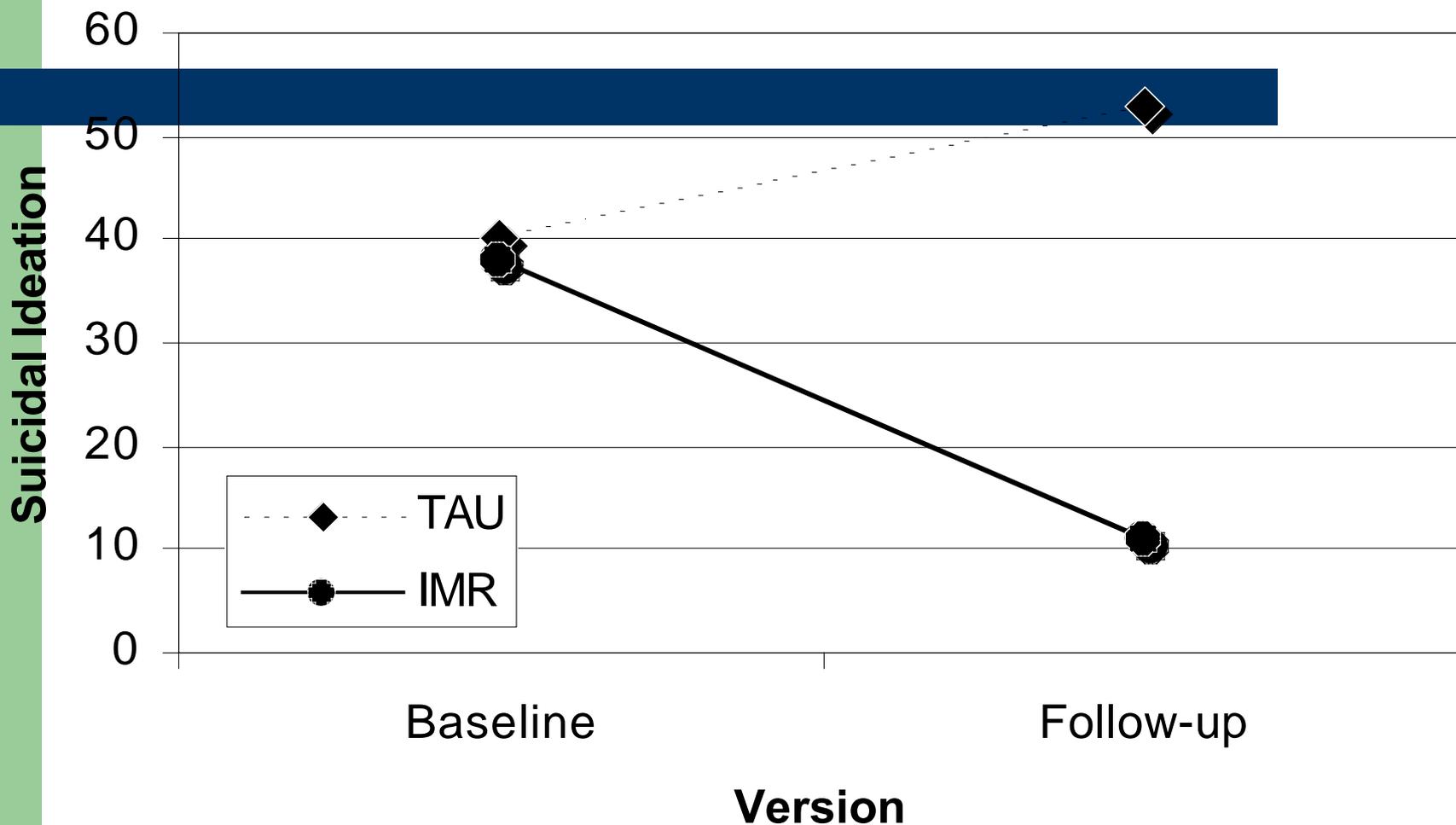
# Sweden Study Clinician IMR Scale



# Sweden Study Psychosis Evaluation Tool for Common Use by Caregivers Total Score

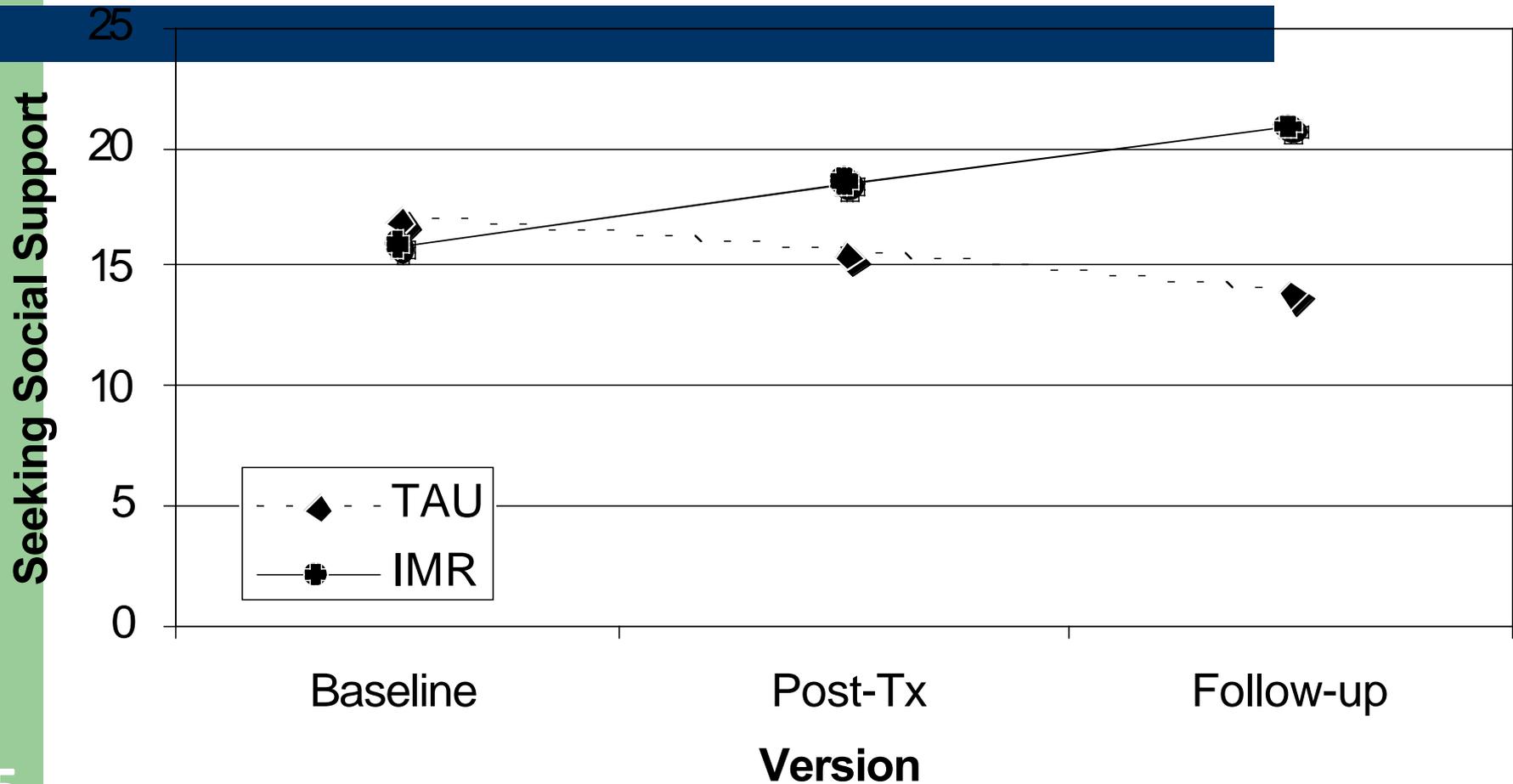


# Sweden Study Suicidal Ideation Over Past Week



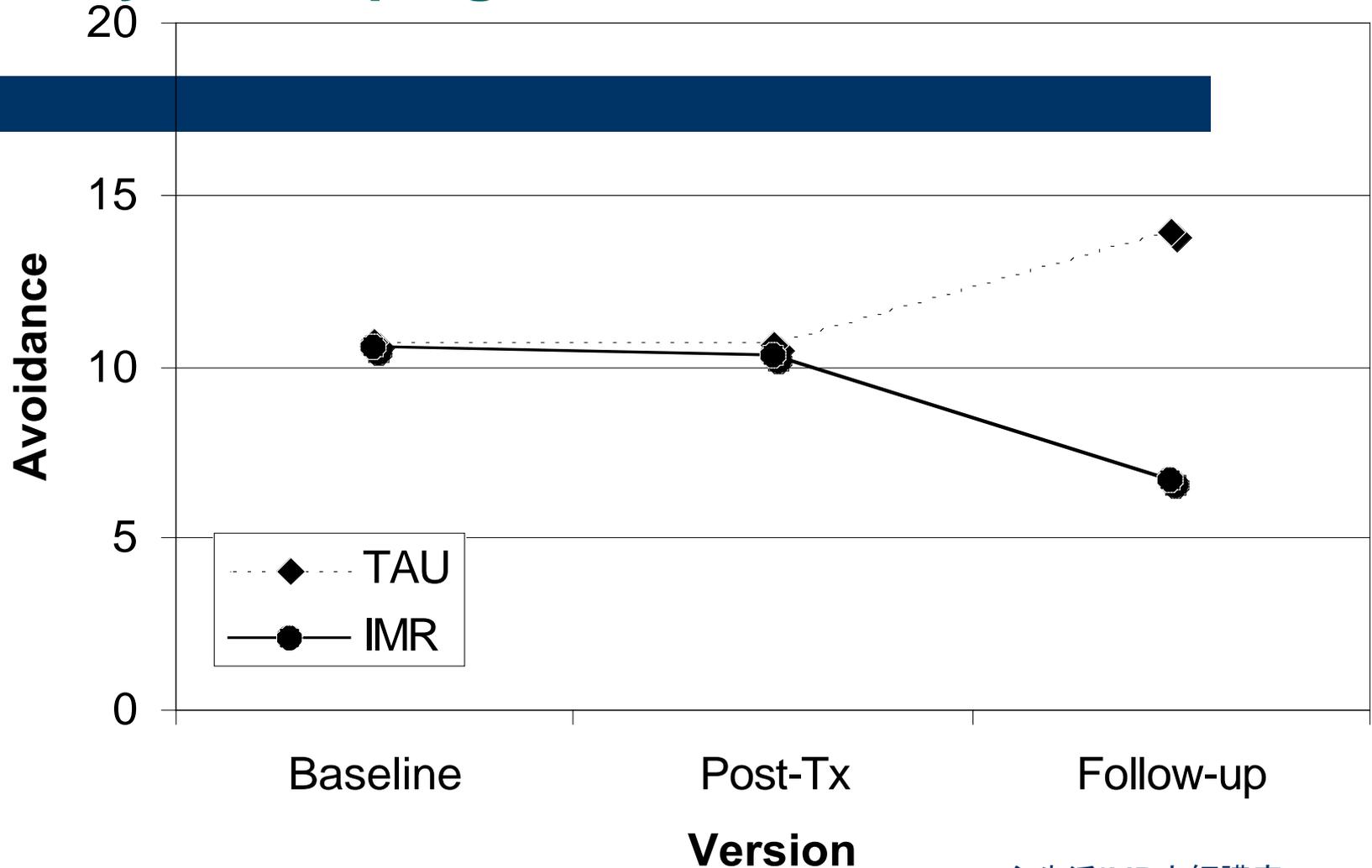
# Sweden Study

## Ways of Coping: Seeking Social Support



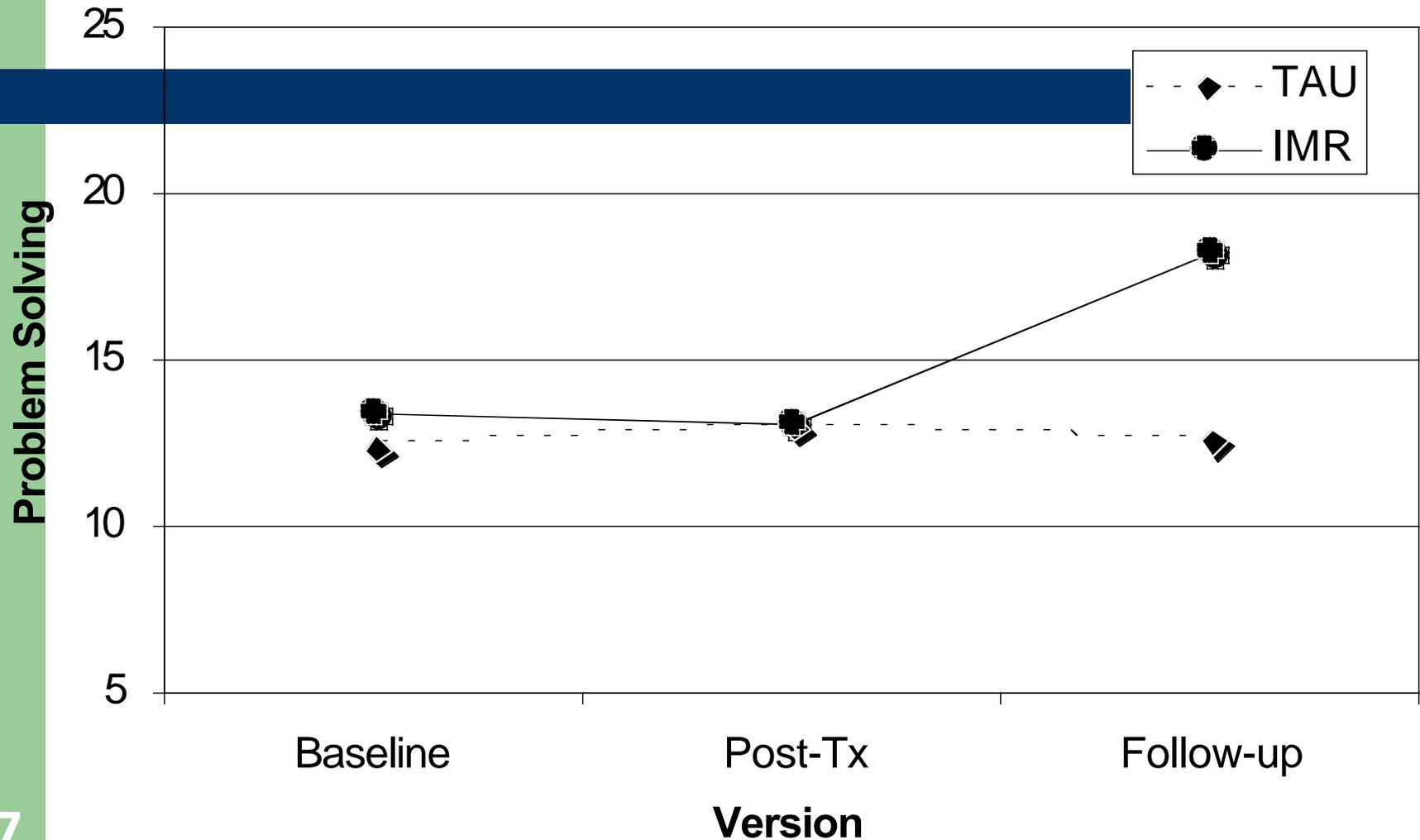
# Sweden Study

## Ways of Coping: Avoidance



# Sweden Study

## Ways of Coping: Problem Solving



# Adaptations of IMR to Special Problems and Populations 順應特別問題或族群的調整

- Implementation in homeless shelters
- Integration of medical illness management into IMR
- IMR for forensic clients
- Adapting IMR for consumers with SMI and intellectual disability

# Adapting IMR for Homeless Shelters: CUCS 服務用於遊民

- Emphasis on “wellness” rather than “illness”
- Adapted and implemented at 2 homeless shelters in New York (approx. 40 beds/shelter)
- Program conducted twice weekly in groups for about 40 sessions
- Monthly alumni group meetings
- High levels of engagement and retention
- Progress made towards personal goals and illness self-management
- Better housing outcomes than prior to implementation of IMR program

# Integrated-IMR for Medical Illness in Older SMI

爲年長的精神病患者提供整合型的IMR服務

- High rates of medical comorbidity in SMI account for premature mortality
- Principles of physical and psychiatric illness management overlap
- Physical illness management of specific diseases incorporated into IMR (e.g., diabetes, coronary artery disease)
- Nurse case management provided
- Pilot study completed, modest 2-site RCT underway (R34, PI = Riera, co-I's = Bartels, Mueser, Bartels, Pratt)

# IMR for Forensic Clients

## 服務司法處分的患者

- **High involvement of persons with SMI in criminal justice system, partly due to poor illness management**
- **Need to teach illness self-management skills to reduce criminal offending**
- **Pilot study of IMR in Bronx, New York, in jail diversion program for persons with SMI (PIs: Broner, Rotter; Consultants: Gingerich, Mueser)**
- **Special adaptations in IMR to address:**
  - **Processing jail/prison experience**
  - **Counterproductive adaptations to prison environment**
  - **“Criminogenic” thinking styles**
  - **Skills for managing angry feelings and frustration**

# IMR for Persons with SMI Intellectual Disability 合併智能障礙的患者

- Consumers with intellectual disabilities have higher rates of SMI
- Cognitive limitations require modification of rehabilitation methods for this population
- Adapted IMR program by Jewish Employment and Vocational Services in Philadelphia: the Healthy Happy Life Class
- Focus on consumers who live in small group homes and have high levels of residential staff involvement
- Simplified educational handouts for consumers, more detailed guidelines for leaders, frequent group activities to demonstrate and practice critical points and skills
- Authors: Gingerich, Arnold, Mueser

# Other Adaptations of IMR Program

- **Implementing IMR on ACT teams**
  - Integration of rehabilitation into routine ACT services
  - Feasibility established in pilot projects by Salyers (IN), Gingerich, Morse, Monroe-Devita (MO, WA)
  - R34 funded (PI' s: Morse, Monroe-Devita; co-I' s: Mueser, Gingerich, McHugo, Xie)
- **Acute care inpatient settings**
  - Take advantage of inpatient opportunity
  - Adapted IMR: Recovery Strategies, Managing Stress, Preventing Relapses, Coping with Symptoms
  - 2 sessions/day, designed for 2 week inpatient stay
  - Gingerich & Meyer, working with hospitals in MN

# Other Adaptations, cont' d 其他應用

- Peer providers of IMR
  - Potential value of “lived experience” by Peers in teaching IMR
  - Feasibility established in pilot projects by Salyers (IN), Gingerich, Morse, Monroe-Devita (MO, WA)
  - Current study underway by Gil at UMDNJ
- Integration of IMR with vocational rehab and cognitive remediation
  - Problems in illness self-management interfere with work
  - Integration of IMR with Thinking Skills for Work
  - RCT at Brooklyn Bureau of Community Service (PI: McGurk)
- Long-term inpatient settings
  - Need to integrate online staff into training and implementation of IMR
  - In place at Trenton State Hospital, and several other hospitals

# Future Directions for IMR Research

- **Integration with other EBPs**
  - Family psychoeducation
  - Integrated dual disorder treatment
  - Supported employment
  - CBT for psychosis
- **Cognitive remediation to improve response of cognitive impaired consumers to IMR**
- **IMR for deaf consumers**
- **Web-assisted or web-based IMR**
  - Pilot project underway with Neurocomp, Inc. (supported by NIMH SBIR grant)

# Additional Resources for IMR

- Research articles and information sheets can be downloaded at [www.samhsa.org](http://www.samhsa.org)
- Toolkit materials (modules, etc.) can be downloaded at [www.samhsa.gov](http://www.samhsa.gov)
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# Recovery & Hope 康復與希望

“If people are treated as capable, they often surprise everyone and live up to expectations.”

- Ken Steele “The Day the Voices Stopped.”

# Final Comments 總結

**“Having strategies for coping with mental illness is extremely important. It’s hard to enjoy life when you’re constantly having symptoms. However, believing in yourself, having hope that things will continue to get better, and looking forward to your future are also vital in overcoming mental illness. . .**

# Final Comments, cont' d

**“ . . . Our hopes and dreams are not delusions. Our hopes and dreams are what make us human.”**

**David Kime, 2002**