

Social and Independent Living Skills

Symptom Management Module

Patient Workbook

Clinical Research Center for Schizophrenia & Psychiatric Rehabilitation
Cosponsored by

Brentwood Division of the
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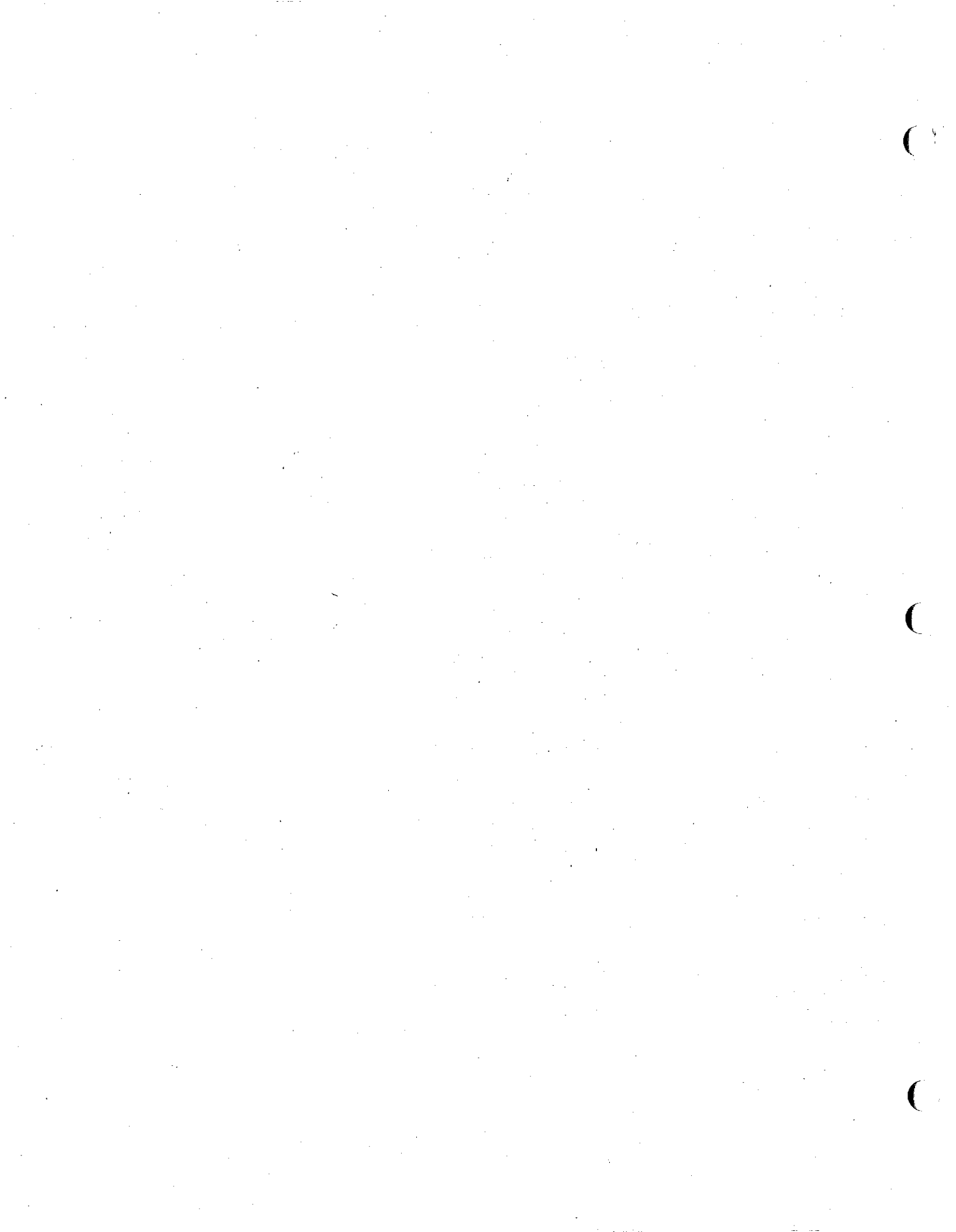
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Guide to the Symptom Management Module



Introduction

Guide to the Symptom Management Module

The SYMPTOM MANAGEMENT MODULE will teach you to recognize and manage your symptoms with the help of health-care professionals and the people close to you. To learn the contents of the module, you will attend regular training sessions with the trainer and other patients. Plan to participate actively. The more you participate, the more you will get from the module. Feel free to ask questions and make comments during group discussions; talk about the program with other members of the group as well as the staff. Discussing the material with others will help you improve the skills you learn during the training sessions.

Using Your Workbook

The *Patient Workbook* is for you to use during the module training sessions. It contains all the worksheets, charts and forms you will need to learn the skills taught during the sessions. Also, there are pages entitled *Notes and Questions* for you to write down things you want to remember or questions you have about the module material. While note taking is not required, you may find times when taking notes will be helpful.

Before beginning the training sessions, look through the entire workbook, and ask the trainer *any* questions you have about the information contained in it.

The Four Skill Areas

The SYMPTOM MANAGEMENT MODULE has four major sections that we call *skill areas*. These are

Skill Area 1: Identifying Warning Signs of Relapse

In *Skill Area 1*, you will learn how to identify and monitor your personal warning signs of relapse. Also, you will learn how to ask for help from a member of your health-care team and other people you know and trust—such as a friend, family member or caregiver.

Skill Area 2: Managing Warning Signs

In *Skill Area 2*, you will learn how to ask a health-care provider to help you tell the difference between your warning signs and persistent symptoms, medication side effects and variations in mood. Also, you will learn specific techniques for managing your personal warning signs, and you will develop an *Emergency Plan*.

Skill Area 3: Coping With Persistent Symptoms

In *Skill Area 3*, you will learn how to recognize persistent symptoms and how to ask a health-care provider for help in telling the difference between these symptoms and warning signs, medication side effects and changes in mood. You also will learn some specific techniques for coping with persistent symptoms.

Skill Area 4: Avoiding Alcohol and Street Drugs

In *Skill Area 4*, you will learn about the hazards of street drugs and alcohol and the benefits of avoiding them. Also, you will learn how to refuse when friends offer you street drugs or alcohol and how to resist using them when you're feeling low or depressed. You will also learn how to discuss your use of alcohol and drugs with your health-care providers.

The following chart summarizes the four skill areas to you.

Skill Areas In the Symptom Management Module

Skill Areas	Goals
1. IDENTIFYING WARNING SIGNS OF RELAPSE	Learn <ul style="list-style-type: none">- about warning signs of relapse that are common in chronic mental illness- how to identify personal warning signs- how to monitor personal warning signs with assistance from other people
2. MANAGING WARNING SIGNS	Learn how to <ul style="list-style-type: none">- obtain assistance from health-care providers in differentiating personal warning signs from persistent symptoms, medication side effects and variations in mood- use specific techniques for managing warning signs- develop an Emergency Plan
3. COPING WITH PERSISTENT SYMPTOMS	Learn how to <ul style="list-style-type: none">- recognize personal persistent symptoms- obtain assistance from health-care providers in differentiating persistent symptoms from warning signs, medication side effects and variations in mood- use specific techniques for coping with persistent symptoms- monitor persistent symptoms daily
4. AVOIDING ALCOHOL AND STREET DRUGS	Learn <ul style="list-style-type: none">- about the adverse effects of alcohol and illicit drugs and the benefits of avoiding them- how to refuse offers of alcohol and street drugs- how to resist using these substances to compensate for anxiety, low self-esteem or depression- how to discuss use of alcohol and drugs with health-care providers

The Seven Learning Activities

Because each skill area contains a lot of information, each one is divided into seven learning activities. The learning activities are the step-by-step means for achieving the goals of the skill areas. These are

1. INTRODUCTION TO SKILL AREA

In this learning activity you identify the goals of the skill area and the steps needed to achieve them.

2. VIDEOTAPE AND QUESTIONS/ANSWERS

Here you watch videotaped scenes that show people demonstrating the right way to go about using the skills; then you answer some questions about what you saw and heard on the videotape.

3. ROLEPLAY

In Roleplay, you get the opportunity to rehearse the skills you saw on the videotape. This is where you begin learning by doing, which makes the skills become a real part of you.

4. RESOURCE MANAGEMENT

This learning activity teaches you how to obtain the resources, or things you need, to use your skills.

5. OUTCOME PROBLEMS

Here you learn to recognize and overcome obstacles that might arise when you begin using your new skills.

6. IN VIVO EXERCISES

In these exercises, you go out into the community and use the skills with the trainer or a staff member along to back you up.

7. HOMEWORK ASSIGNMENTS

In this learning activity, you get to use your new skills on your own.

The following chart summarizes the seven learning activities for you.

Learning Activities In Each Skill Area

1. INTRODUCTION TO SKILL AREA	Introducing the topic and component skills
2. VIDEOTAPE AND QUESTIONS/ ANSWERS	Viewing videotaped scenes demonstrating skill usage, with question/answer review
3. ROLEPLAY	Practicing and rehearsing the skills
4. RESOURCE MANAGEMENT	Discussing how to obtain the resources needed to perform the skills successfully
5. OUTCOME PROBLEMS	Solving problems associated with using the skills
6. IN VIVO EXERCISES	Performing exercises in real-life situations, accompanied by the trainer
7. HOMEWORK ASSIGNMENTS	Completing assignments outside the training sessions, independent of the trainer

Problem Solving

Problem solving is the skill of skills. Therefore, before starting the skill areas and their learning activities, you will learn a method for solving problems. The techniques you learn will help you solve all kinds of problems - not just those related to symptom management.

There are seven problem-solving steps:

1. Stop and think: How do you problem solve?
2. What is the problem?
3. What are the different ways the problem can be solved?
4. Evaluate the alternatives.
5. Choose and plan to implement one or more of the alternatives.
6. What resources will you need?
7. Set a date and time to implement your chosen solution and DO IT!

When these seven steps become part of the way you respond to life, you are well on your way to self-reliance and greater effectiveness in meeting your needs and improving the quality of your life.

Communication Skills

LAYING THE GROUNDWORK

Throughout the SYMPTOM MANAGEMENT MODULE, you will be learning how to communicate your needs, problems, desires and feelings, so good communication skills are very important. The essential elements for good communication are shown below:

- 1. Eye Contact** Maintain good *eye contact*.
- 2. Posture** Show good *posture* when standing and sitting. Look relaxed, but upright.
- 3. Body Movements/Gestures** Use appropriate *body movements* and *gestures* when talking.
- 4. Facial Expressions** *Facial expressions* should be appropriate, agreeable and demonstrative. Occasional smiling and head nods when listening are important.
- 5. Voice Volume** *Voice volume* should be pleasant, not too loud or soft, and have some variations in pitch. Avoid speaking in a monotone.
- 6. Speech Fluency** Maintain good *speech fluency*; make sure sentences are coherent and accurate. Use "I" statements. Be specific, but brief, in stating what you want to say.
- 7. Energy Level** Overall *energy level* should demonstrate enthusiasm when appropriate and reflect interest in the subject being discussed.

Steps in Problem Solving

LAYING THE GROUNDWORK

Throughout the training sessions, you will be learning how to solve problems - that is, everyday situations that come up unexpectedly and seem to put obstacles in the way when you want to do something. Everyone encounters these situations - like the car breaking down as we are going to work, or locking our keys in the house.

The problem-solving method you will learn has seven steps and is easy to use. The seven steps are:

1. Stop and think: How do you problem solve?

Are you in a situation where you don't know what to do? Do you need to stop and think about how to proceed in this situation? Decide to use the problem-solving method.

2. What is the problem?

Define the obstacle that makes the situation difficult to deal with. What makes it a problem? Be specific.

3. What are the different ways the problem can be solved?

Think about all the alternatives - that is, the ways you might solve the problem. Then make a list of them.

4. Evaluate the alternatives.

- a. Is each alternative feasible? Will it solve the problem?
- b. What are the advantages of choosing each alternative, besides helping you solve the problem?
- c. What are the disadvantages of choosing each alternative?
- d. Do the advantages outweigh the disadvantages of each alternative?

5. Choose an alternative, and plan how you would go about implementing it.

6. What resources will you need?

List the resources you will need to solve the problem. A resource is anything that helps you achieve your goal or get the job done. Some examples of resources are:

- n Time
- n People (friends, relatives, caregivers and health-care providers)
- n Objects or things (maps, brochures, pencil and paper)
- n Telephone
- n Money
- n Places (health-care facilities and social agencies)
- n Transportation

7. Set a date and time to implement your chosen solution and DO IT!

Problem-Solving Worksheet

STEP 1 *Stop and think: How do you problem solve?*

First, realize that you are in a situation where you don't know what to do. Stop and think about how to proceed. Then, decide to use the problem-solving method.

STEP 2 *What Is the problem?*

Define the problem. Be specific.

STEP 3 *What are the different ways the problem can be solved?*

List every possible alternative that may solve the problem. Do not evaluate any alternatives yet.

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<hr/>	<hr/>
<hr/>	<hr/>

STEP 4 *Evaluate the alternatives.*

Is the alternative feasible, and will it solve the problem? Write down all the advantages and disadvantages of the alternatives listed in Step 3.

Advantages

Disadvantages

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<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

For each alternative, do the advantages outweigh the disadvantages?

STEP 5 *Choose and plan to Implement one or more of the alternatives.*

STEP 6 *What resources will you need?*

List the resources you will need to solve the problem.

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STEP 7 *Set a date and time to Implement your chosen solution and DO IT!*

Sample Problem A & B

LAYING THE GROUNDWORK

Sample Problem A

You regularly use the bus for transportation, so you know when it's supposed to be at the stop near your house. Today, you promised to meet a friend at a restaurant for lunch, and you go to the bus stop early to be sure to catch the bus that will get you there on time. You wait and wait, but the bus doesn't arrive, and it's now 15 minutes late. You really want to meet your friend on time. What do you do?

Sample Problem B

You've just moved into a new apartment. Your neighbors are really noisy and keep you awake at night. You need your sleep because you have to get up early to get to work. What do you do?

Name _____ Date _____

Pretest

INTRODUCTION TO THE SKILL AREAS

1. Warning signs indicate that
 - a. a relapse may be coming
 - b. my symptoms are not serious so I can ignore them
 - c. I should go immediately to the nearest emergency room
 - d. I should stop my medication

2. Persistent symptoms are
 - a. symptoms that occur only during a major relapse
 - b. purely physical symptoms
 - c. symptoms that require a major change in medication dose
 - d. present even though antipsychotic medication is taken regularly

3. When symptoms become so extreme that hospitalization is necessary to get them under control
 - a. I should ignore the symptoms, because they will eventually go away
 - b. I should tell my friends and family not to worry
 - c. a relapse has occurred
 - d. I should try drinking a moderate amount of alcohol

4. I can reduce the risk of relapse by
 - a. learning to manage my illness
 - b. ignoring my symptoms
 - c. stopping my medication
 - d. taking aspirin every day

5. By developing an Emergency Plan, I can
 - a. prevent my symptoms from returning
 - b. reduce my need for medication
 - c. know what steps to take whenever I need help with my illness
 - d. stop seeing my doctor

6. I can manage my psychiatric symptoms better with the help of my
 - a. doctor and my health-care team
 - b. relatives
 - c. friends or roommates
 - d. all of the above

7. People close to me may notice my symptoms
 - a. before I notice them myself
 - b. but I should ignore symptoms other people point out to me
 - c. only when I'm in the hospital
 - d. unless I try to hide them

8. Symptoms of schizophrenia are more likely to be present when I
 - a. have pressure or stress in my life
 - b. stop taking my medication
 - c. take street drugs or use alcohol
 - d. all of the above

9. If I feel restless and unable to sit still
 - a. I may be experiencing a side effect of my medication
 - b. I should ignore it, because everyone feels restless now and again
 - c. I should not bother my doctor with my complaints
 - d. I should stop taking my medication
10. When warning signs appear, I should talk to my doctor because he/she may be able to help me
 - a. identify the source of my warning signs
 - b. devise methods for coping with my warning signs
 - c. by adjusting my medication
 - d. all of the above
11. I may experience persistent symptoms, but I can have a satisfying life if I
 - a. convince myself that persistent symptoms will go away and never return
 - b. stop taking my medication
 - c. use street drugs to relieve the symptoms
 - d. learn specific methods for coping with persistent symptoms
12. I can reduce the interference of a persistent symptom by
 - a. recognizing that the symptom is present
 - b. realizing that I have some control over the symptom
 - c. using specific techniques to cope with persistent symptoms
 - d. all of the above combined
13. The main difference between warning signs and persistent symptoms is that
 - a. warning signs are important but persistent symptoms are not
 - b. warning signs appear just before I get sick, but persistent symptoms can be present much of the time
 - c. persistent symptoms require a doctor's help, but warning signs do not
 - d. warning signs are like medication side effects; persistent symptoms are like mood changes
14. I can reduce the chance of having a relapse by
 - a. avoiding street drugs and alcohol
 - b. getting help as soon as I notice that my warning signs are present
 - c. finding ways to reduce stress in my life
 - d. all of the above
15. It is important to monitor my warning signs
 - a. once a week
 - b. everyday
 - c. once a month
 - d. once an hour
16. Using alcohol and street drugs can
 - a. disrupt the effectiveness of my medication
 - b. decrease my ability to manage my illness
 - c. both of the above
 - d. none of the above
17. When I am tempted to use street drugs and/or alcohol, I should
 - a. use only completely pure drugs
 - b. use them only with close and trusted friends
 - c. find a constructive activity to do instead
 - d. limit myself to drinking beer or wine only

Definitions of the Four Factors

INTRODUCTION TO THE SKILL AREAS

The following are general definitions of four factors that relate to the symptoms of your illness. Being aware of changes in how you think and feel is an important step in managing your symptoms. When you notice changes, be sure to contact either your doctor or your therapist; he or she will help you understand what you are experiencing.

Warning Signs

Warning signs are indications that warn you a relapse may be coming on. These may appear a few days or a few weeks before a relapse. Some possible warning signs are

- *disturbed sleep*- you may not sleep very well or you may sleep too much.
- *change in appetite* - you may get hungrier than usual or you may not want to eat.
- *change in mood*- you may become depressed or feel elated or high.
- *change in thoughts or feelings* - you may become suspicious or become overly religious.
- *change in behavior*- you may want to withdraw from contact with others or intrude on people.

Persistent Symptoms

Persistent symptoms are symptoms of your illness that you experience more or less constantly, even though you take your medication regularly. These symptoms are similar to the ones you have when you get very sick, but they *do not* mean you are about to have a relapse. Some possible persistent symptoms are

- hearing voices
- being suspicious of other people
- feeling depressed

Medication Side Effects

Medication side effects are symptoms caused by the medication you are taking to control the symptoms of your illness. Side effects sometimes can be similar to the symptoms of your illness.

Variations in Mood

Variations in mood are changes in how you think and feel. Everyone experiences mood changes. Because of your illness you are more vulnerable to these mood variations, particularly when you encounter situations that are upsetting or stressful, or if you use alcohol or street drugs.



Introduction to Skill Area 1

SKILL AREA 1: Identifying Warning Signs of Relapse

The goals of *Skill Area 1* are for you to learn how to

- n identify warning signs of relapse that are common in chronic mental illness
- n identify your personal warning signs
- n monitor your warning signs with help from someone you know and trust

Warning Signs Checklist

SKILL AREA 1: Identifying Warning Signs of Relapse

The trainer will help you choose the correct response to each of the following statements.

	Rarely	Just Before I Get Sick	Frequently
1. I have no interest in doing things.	_____	_____	_____
2. I have no interest in the way I look or dress.	_____	_____	_____
3. I feel discouraged about the future.	_____	_____	_____
4. I have trouble concentrating or thinking straight.	_____	_____	_____
5. My thoughts go so fast I can't keep up with them.	_____	_____	_____
6. I feel distant from friends and family.	_____	_____	_____
7. Religion is very meaningful to me.	_____	_____	_____
8. I have trouble making everyday decisions.	_____	_____	_____
9. I am bothered by thoughts I can't get rid of.	_____	_____	_____
10. I have trouble sleeping.	_____	_____	_____
11. I seldom see my friends.	_____	_____	_____
12. I feel bad for no reason.	_____	_____	_____
13. I feel tense and nervous.	_____	_____	_____
14. I feel depressed or worthless.	_____	_____	_____
15. I have trouble remembering things.	_____	_____	_____
16. I eat very little.	_____	_____	_____
17. I have trouble getting along with family members or friends.	_____	_____	_____
18. I feel people are making fun of me; they laugh and talk about me.	_____	_____	_____
19. I don't enjoy things.	_____	_____	_____
20. I feel too excited.	_____	_____	_____
21. I talk in ways that don't make sense to others.	_____	_____	_____

	Rarely	Just Before I Get Sick	Frequently
22. I have bad dreams.	_____	_____	_____
23. I am too aggressive or pushy.	_____	_____	_____
24. I feel angry about little things.	_____	_____	_____
25. I have thoughts of hurting or killing myself.	_____	_____	_____
26. I have frequent aches or pains.	_____	_____	_____
27. I have fears of going crazy.	_____	_____	_____
28. I have thoughts of hurting or killing others.	_____	_____	_____
29. I drink a lot of alcohol or use a lot of drugs.	_____	_____	_____
30. I think that parts of my body are changing or somehow are different.	_____	_____	_____
31. I feel that my surroundings are strange or unreal.	_____	_____	_____
32. I sleep a lot	_____	_____	_____
33. People tell me I look or act different.	_____	_____	_____
34. I am preoccupied with sexual thoughts.	_____	_____	_____
35. I get into a lot of arguments.	_____	_____	_____
36. I feel frightened in situations that used to feel comfortable.	_____	_____	_____
37. I lose weight.	_____	_____	_____
38. I gain weight.	_____	_____	_____
39. I feel that others don't care about me.	_____	_____	_____
40. I feel that others are trying to hurt me or make me ill.	_____	_____	_____
41. I experience feelings or sensations other than the ones listed above.	_____	_____	_____

If you experience other sensations or feelings, please describe them: _____

Outcome Problems

SKILL AREA 1: Identifying Warning Signs of Relapse

You're talking with the person who agreed to help you identify your warning signs. While you're talking, that person shows concern and mentions that you're experiencing some of your warning signs. You don't think your warning signs are flaring up. What do you do?

In Vivo Exercise A

SKILL AREA 1: Identifying Warning Signs of Relapse

In this exercise, you'll ask two people - your primary health-care provider and another support person - to help you identify your warning signs. When you talk with these people, you'll also ask them to sign an Agreement that commits them to helping you recognize your warning signs if they flare up later on. The trainer or co-trainer will help you carry out this exercise.

Name _____

Agreement

A. My personal warning signs of relapse are

B. Because some warning signs of relapse are noticed more easily by other people, I am asking the people listed below to help me recognize my warning signs, bring them to my attention and, if necessary, contact my doctor and/or my health-care providers.

SIGNATURE OF PATIENT _____ DATE _____

C. I agree to assist _____ to recognize his/her warn-
PATIENT'S NAME

ing signs of relapse. Whenever I notice his/her warning signs, I will discuss them with him/her and recommend that he/she contact the doctor or other health-care providers. If he/she refuses to get help, I will wait a reasonable length of time. Then if he/she still refuses to get help, I will contact the doctor or other health-care providers myself.

SIGNATURE OF HEALTH-CARE PROVIDER DATE

SIGNATURE OF SUPPORT PERSON DATE

Relationship to Patient _____

D. I, as trainer/co-trainer, agree to mediate and reconcile any differences that arise as a result of this agreement.

SIGNATURE OF TRAINER/CO-TRAINER DATE

Name _____

Severity of Warning Signs

SKILL AREA 1: Identifying Warning Signs of Relapse

Write your personal warning signs on the left side of this sheet. Then, your trainer or co-trainer will help you, assisted by your supporters, to define the severity levels of your warning signs and write the definitions on the right side of the sheet.

Warning Sign

Severity

1. _____

Severe is _____

Moderate is _____

Mild is _____

2. _____

Severe is _____

Moderate is _____

Mild is _____

3. _____

Severe is _____

Moderate is _____

Mild is _____

4. _____

Severe is _____

Moderate is _____

Mild is _____

In Vivo Exercise B

SKILL AREA 1: Identifying Warning Signs of Relapse

In this exercise, you'll make an appointment and meet with your doctor, so your doctor can review the warning signs you've written on the Severity of Warning Signs form. The trainer will help you make the appointment, and either the trainer or co-trainer will go with you.

Before you visit your doctor, you'll decide what questions you want to ask him or her and write them down on the In Vivo Exercise B Worksheet. During the visit, the trainer or co-trainer will help you write in your doctor's answers and comments on the worksheet.

This exercise will give you an opportunity to learn more about your warning signs and your illness.

Name _____

In Vivo Exercise B Worksheet

SKILL AREA 1: Identifying Warning Signs of Relapse

Write in the questions you want to ask your doctor during your visit to review and confirm your warning signs. Then, write in your doctor's answers and comments.

1. Question _____

Answer _____

2. Question _____

Answer _____

3. Question _____

Answer _____

Comments _____

Homework Assignment A

SKILL AREA 1: Identifying Warning Signs of Relapse

For this assignment, you'll monitor your symptoms daily for one week with the help of one of the people who signed your Agreement. Each time the group meets during this week, you'll get to tell the group about experiences with your symptoms.

If you have any difficulty with this assignment, be sure to talk to the trainer or co-trainer about any problems you're having. It's important that you learn how to complete this form, because you'll continue to monitor your symptoms on your own after this week's assignment.

Name _____ Month _____

Warning Signs Rating Sheet

1. On the left, write your personal warning signs from the form *Severity of Warning Signs*.
2. Each day, rate your warning signs by choosing the word or words that most nearly describe the severity—severe, moderate, mild or not present. Then completely fill in the box that is in line with the word(s) and under the current day of the month.

Warning Sign/Severity

Days of the Month

1. _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Severe																																
Moderate																																
Mild																																
Not present																																

2. _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Severe																															
Moderate																															
Mild																															
Not present																															

3. _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Severe																															
Moderate																															
Mild																															
Not present																															

4. _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Severe																															
Moderate																															
Mild																															
Not present																															

Homework Assignment B

SKILL AREA 1: Identifying Warning Signs of Relapse

You'll carry out this assignment if you didn't have someone to help you complete the *Agreement*. You'll arrange a meeting with at least one support person, then you'll meet with that person and ask him or her to review and sign your *Agreement*.

You'll complete this agreement on your own.

Introduction to Skill Area 2

SKILL AREA 2: Managing Warning Signs

The goals of *Skill Area 2* are for you to learn how to

- n get help from health-care providers in telling the difference between warning signs and persistent symptoms, medication side effects and variations in mood
- n use specific techniques for managing your warning signs
- n develop an *Emergency Plan*

Lined writing area consisting of approximately 35 horizontal lines.

Outcome Problem

SKILL AREA 2: Managing Warning Signs

You have a morning appointment with your doctor to discuss a flare-up in your warning signs, but you feel so lethargic and depressed that you can't get out of bed, and you miss your appointment. What do you do?

In Vivo Exercise

SKILL AREA 2: Managing Warning Signs

In this exercise, you'll develop an *Emergency Plan* that will give you a personalized step-by-step method for managing your warning signs. First, you'll ask one of your *Agreement* signers to help you cope with warning signs when they flare up. Then, you'll fill out the *Emergency Plan* form with the help of the trainer or co-trainer and your *Agreement* signers.

Endorsed by: Name _____

Agreement Signer _____

Doctor _____

Emergency Plan

Step 1 Review *Warning Signs Rating Sheet* with support persons to determine whether a health-care provider should be notified.

NAMES OF SUPPORT PERSONS

TELEPHONE NUMBERS

If support persons are not available, go to **Step 2**.

Step 2 Contact a health-care provider to determine whether the doctor should be notified.

NAMES OF HEALTH-CARE PROVIDERS

TELEPHONE NUMBERS

If health-care providers are not available, go to **Step 3**.

Step 3 Contact doctor to determine whether a clinic visit is necessary.

NAMES OF DOCTORS

TELEPHONE NUMBERS

If doctors are not available, go to **Step 4**.

Step 4 Go directly to clinic and ask to see a doctor or someone who can do an immediate evaluation.

NAMES OF CLINICS

TELEPHONE NUMBERS

If clinic is closed, go to **Step 5**.

Step 5 Go directly to a hospital emergency room and ask to see a doctor who is familiar with psychiatric symptoms.

NAMES OF HOSPITAL EMERGENCY ROOMS

TELEPHONE NUMBERS

Personal Warning Signs

_____	_____
_____	_____
_____	_____

Persistent Symptoms and Coping Techniques

Persistent Symptom	Coping Techniques
_____	a) _____ b) _____ c) _____
_____	a) _____ b) _____ c) _____
_____	a) _____ b) _____ c) _____
_____	a) _____ b) _____ c) _____

Current Prescriptions

Medication	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Doctor's Name: _____ Phone No. _____

Doctor's Signature: _____ Date: _____

Homework Assignment A

SKILL AREA 2: Managing Warning Signs

In this assignment, you'll show your *Emergency Plan* to your doctor and ask him or her to endorse the steps you've completed by initialing the form. Then you'll ask him or her to fill in the *Current Prescriptions* section on the back of the form.

This assignment gives you the opportunity to practice on your own all the skills you've learned so far. Neither the trainer nor co-trainer will go with you, but they will help you in any way they can.

Homework Assignment B

SKILL AREA 2: Managing Warning Signs

If your Agreement signer hasn't seen and endorsed your completed Emergency Plan, you'll arrange a meeting to ask him or her to endorse it by initialing it.

You'll carry out this assignment on your own.

Introduction to Skill Area 3

SKILL AREA 3: Coping with Persistent Symptoms

The goals of *Skill Area 3* are for you to learn how to

- n recognize your personal persistent symptoms
- n get help from health-care providers in telling the difference between persistent symptoms and warning signs, medication side effects and variations in mood
- n use specific techniques for coping with your persistent symptoms
- n monitor your persistent symptoms daily

Lined writing area with 30 horizontal lines.

Potential Persistent Symptoms

SKILL AREA 3: Coping with Persistent Symptoms

Symptom	Examples
Auditory Hallucinations	Voices or sounds that others do not hear
Other Hallucinatory Experiences	Visions not seen by others
Delusions	Bad thoughts or feelings, unusual thoughts or beliefs, paranoia or suspiciousness
Depression	Low mood, sadness or unhappiness
Anxiety	Fear, nervousness or extreme apprehension

Name _____

Persistent Symptoms Severity and Coping Techniques

The trainer or co-trainer will help you: (1) write your own persistent symptoms on the left, (2) define the severity levels of each symptom and write the definitions on the right, and (3) choose techniques to help you cope with each persistent symptom.

Persistent Symptoms

1. _____

Severity

Severe is _____

Moderate is _____

Mild is _____

Coping Techniques _____

2. _____

Severe is _____

Moderate is _____

Mild is _____

Coping Techniques _____

3. _____

Severe is _____

Moderate is _____

Mild is _____

Coping Techniques _____

4. _____

Severe is _____

Moderate is _____

Mild is _____

Coping Techniques _____

Suggested Techniques for Coping with Persistent Symptoms

SKILL AREA 3: Coping with Persistent Symptoms

Auditory Hallucinations (*voices, sounds or idiosyncratic names*)

Hum or sing	Lie down and relax
Take a nap	Debate with the voices
Tell the voices to go away	Do physical exercise
Think "stop"	Watch TV
Talk with Friends	Do your favorite hobby
Go to a movie	Fill in your <i>Persistent Symptoms Rating Sheet</i>
Read a book, newspaper or magazine	Listen to the radio
Other _____	_____

Other Hallucinatory Experiences (*visions*)

Do your favorite hobby	Do physical exercise
Lie down and relax	Talk with friends
Think "stop"	Listen to the radio
Watch TV	Go to a movie
Read a book, newspaper or magazine	Fill in your <i>Persistent Symptoms Rating Sheet</i>
Other _____	_____

Delusions (*bad thoughts or feelings, unusual thoughts or beliefs, paranoia or suspiciousness*)

Lie down and relax	Do physical exercise
Talk with friends	Watch TV
Do your favorite hobby	Listen to the radio
Take a nap	Think "stop"
Read a book, newspaper or magazine	Fill in your <i>Persistent Symptoms Rating Sheet</i>
Other _____	_____

Depression (*bad mood, sadness or unhappiness*)

Do physical exercise	Do your favorite hobby
Talk with friends	Watch TV
Listen to the radio	Write a letter
Go to a movie	Think "stop"
Read a book, newspaper or magazine	Fill in your <i>Persistent Symptoms Rating Sheet</i>
Other _____	_____

Anxiety (*fear, nervousness or extreme apprehension*)

Take a nap	Talk with friends
Do your favorite hobby	Watch TV
Do physical exercise	Write a letter
Go to a movie	Listen to the radio
Read a book, newspaper or magazine	Fill in your <i>Persistent Symptoms Rating Sheet</i>
Lie down and relax	
Other _____	_____

Outcome Problem

SKILL AREA 3: Coping with Persistent Symptoms

You go to your regular doctor's appointment, but he or she isn't there, so you have to see a doctor you've never seen before. When you describe your persistent symptoms, which haven't changed since your last visit, the doctor insists on increasing your medication a lot. You are concerned because in the past increasing your medication didn't help, and you had serious side effects. What do you do?

In Vivo Exercise

SKILL AREA 3: Coping with Persistent Symptoms

For this exercise, you'll meet with either your doctor or another member of your health-care team to talk about your personal persistent symptoms. During this meeting - with the trainer or co-trainer along for support - you'll ask this person to help you do two things. First, to verify that the persistent symptoms you've identified are correct, and second, to help you decide which coping techniques will work best for you.

During this meeting, it may be necessary to revise and redefine the persistent symptoms you have identified. An extra copy of the *Persistent Symptoms and Coping Techniques* form has been included in case this is necessary.

To help you and your health-care provider decide on the coping techniques that will work best for you, use the chart *Suggested Techniques for Coping with Persistent Symptoms*. Then, the trainer or co-trainer will help you write on your *Severity and Coping Techniques* form the coping techniques you choose.

Name _____

Persistent Symptoms Severity and Coping Techniques

The trainer or co-trainer will help you: (1) write your own persistent symptoms on the left, (2) define the severity levels of each symptom and write the definitions on the right, and (3) choose techniques to help you cope with each persistent symptom.

Persistent Symptoms

Severity

1. _____

Severe is _____

Moderate is _____

Mild is _____

Coping Techniques _____

2. _____

Severe is _____

Moderate is _____

Mild is _____

Coping Techniques _____

3. _____

Severe is _____

Moderate is _____

Mild is _____

Coping Techniques _____

4. _____

Severe is _____

Moderate is _____

Mild is _____

Coping Techniques _____

Homework Assignment

SKILL AREA 3: Coping with Persistent Symptoms

For this assignment, you'll monitor your persistent symptoms and rate how well the coping techniques you've selected work for you. Every day for one week you'll use the *Persistent Symptoms Rating Sheet* the same way you use your *Warning Signs Rating Sheet*.

If you have any problems with this assignment, be sure to talk to the trainer or co-trainer about them. It is important that you learn how to complete this form, because you'll continue to monitor your symptoms on your own after this week's assignment.

Introduction to Skill Area 4

SKILL AREA 4: Avoiding Alcohol and Street Drugs

The goals of *Skill Area 4* are for you to learn how to

- n about the bad effects of using alcohol and street drugs and the benefits of avoiding them
- n how to refuse social offers of alcohol and street drugs
- n how to resist using these substances when you are depressed or feel bad about yourself
- n how to discuss your use of alcohol and drugs with your health-care providers

Advantages of Saying NO; Disadvantages of Saying YES

SKILL AREA 4: Avoiding Alcohol and Street Drugs

What happens if you say NO?

- n The effectiveness of your medication won't be disrupted by alcohol or drugs
- n You'll be better able to prevent or minimize a relapse
- n You'll be able to manage your illness better
- n You'll be more alert to the presence of psychotic symptoms
- n Your mind and memory will be clearer
- n Your mood will be more even
- n There's less chance of losing friends, job or a place to live
- n You'll be healthier

What happens if you say YES?

- n Psychotic symptoms may occur, and existing symptoms may get worse
- n Drugs or alcohol may interact with medications to make some side effects worse
- n You'll be less able to prevent or minimize relapse
- n You'll be less able to manage your illness
- n You may have difficulty telling psychotic symptoms from effects of drugs or alcohol
- n You may experience forgetfulness or fuzzy thinking
- n You can become depressed or irritable
- n You may be unable to keep friends, job or a place to live
- n Drugs and alcohol can damage your body, including the nerves, liver and stomach
- n You may have withdrawal symptoms, such as delirium tremens (DTs), convulsions, nausea and sweating (if you keep on saying yes)

Five Steps to Saying NO

SKILL AREA 4: Avoiding Alcohol and Street Drugs

1. Direct Refusal

I'm not drinking anymore so I don't want to go to a bar, but I would like to spend some time with you.

2. Broken Record (repeats refusal)

Bars don't turn me on anymore since I've given up drinking. Let's do something else.

3. Leveling

I have a disease called schizophrenia, and I can't use stuff or booze any more--my doctor told me not to.

4. Positive Request

I'm not going to use any stuff with you tonight, but I'd really like to go have a soda and talk.

5. Directly Expressing Negative Feelings

When you keep at me to drink with you, I start to feel irritated. I don't want to drink anymore, and I've told you that several times. Let's do something else instead.

Constructive Activities

SKILL AREA 4: Avoiding Alcohol and Street Drugs

Exercise - It's hard to feel "down" when you're doing something active!

Take a walk
Go jogging
Go bowling
Other _____

Go swimming or bicycling
Work out
Play tennis or volleyball

Be nice to yourself

Take a hot bath
Take a long shower
Other _____

Go to the beauty salon
Get a shave at a barber shop

Work on your favorite project

Garden
Cook
Other _____

Work on a craft
Do some work around the house

Get together with other people

Call a friend
Visit a friend or invite someone over
Other _____

Visit a recreation center
Play cards

Quiet activities work, too

Go to an upbeat movie
Watch a cheerful TV program
Other _____

Listen to music
Read a book or magazine

Volunteer - All kinds of organizations need helping hands.

Name _____ Month _____

Persistent Symptoms Rating Sheet

- On the left, write your persistent symptoms from the form *Persistent Symptoms Severity and Coping Techniques*.
- Each day, rate your persistent symptoms and coping techniques. For symptoms, choose the word or words that most nearly describe the severity-severe, moderate, mild or not present. Then, completely fill in the box that is in line with the word(s) and under the current day of the month. For coping techniques, enter **S** if they were successful, **U** if unsuccessful, or **0** if you did not use a technique that day.

Persistent Symptom/Severity

Days of the Month

1. _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Severe																																
Moderate																																
Mild																																
Not present																																
Coping Techniques																																

2. _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Severe																																
Moderate																																
Mild																																
Not present																																
Coping Techniques																																

3. _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Severe																																
Moderate																																
Mild																																
Not present																																
Coping Techniques																																

4. _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Severe																																
Moderate																																
Mild																																
Not present																																
Coping Techniques																																

Outcome Problems

SKILL AREA 4: Avoiding Alcohol and Street Drugs

You're watching TV at the home of two friends. They decide to have some wine and nuts while they watch the program, and offer you some. You tell them you don't want any wine, but you'd like a soft drink to go with the nuts. But they bring out a bottle and pour three glasses of wine. What do you do?

In Vivo Exercise

SKILL AREA 4: Avoiding Alcohol and Street Drugs

In this exercise, you'll decide on some alternatives you can use when you're tempted by alcohol or street drugs. You'll use the form *Alternatives to Using Alcohol and Drugs*, and write down all the circumstances under which you might be tempted to use alcohol and street drugs. Then, you'll decide on alternative activities you can do if similar situations come up to tempt you, and write down those, too. You can use the chart *Constructive Activities* to help you decide which alternative activities you can do.

The trainer or co-trainer will help you, and you'll also ask for help from one of your *Agreement* signers.

Endorsed by:
Support Person _____
Trainer/Co-trainer _____

Name _____

Alternatives to Using Alcohol and Drugs

I might be tempted to use street drugs or alcohol in these circumstances

Things I can do instead of using street drugs or alcohol

- | | |
|----------------------------|--|
| 1. _____

_____ | a) _____
b) _____
c) _____
d) _____ |
| 2. _____

_____ | a) _____
b) _____
c) _____
d) _____ |
| 3. _____

_____ | a) _____
b) _____
c) _____
d) _____ |
| 4. _____

_____ | a) _____
b) _____
c) _____
d) _____ |
| 5. _____

_____ | a) _____
b) _____
c) _____
d) _____ |
| 6. _____

_____ | a) _____
b) _____
c) _____
d) _____ |
| 7. _____

_____ | a) _____
b) _____
c) _____
d) _____ |
| 8. _____

_____ | a) _____
b) _____
c) _____
d) _____ |

Homework Assignment A

SKILL AREA 4: Avoiding Alcohol and Street Drugs

In this Homework Assignment, you'll use the form Weekly Record of Temptations to Use Alcohol and Street Drugs to keep track of situations in which you are tempted to use alcohol or street drugs. For one week you'll record whenever you are tempted and the alternatives you used.

This assignment is very important, because it will help you become more aware of the situations in your life that trigger a desire to drink alcohol or use drugs. Also, you'll have an opportunity to practice saying No.

You'll do this assignment on your own, without the trainer or co-trainer along to guide you.



Homework Assignment B

SKILL AREA 4: Avoiding Alcohol and Street Drugs

You'll carry out this assignment if you didn't have an Agreement signer to help you complete the form Alternatives to Using Alcohol and Drugs. You'll arrange a meeting with at least one of your Agreement signers; then you'll meet with that person and ask him or her to endorse your completed form by initialing it.

You'll complete this assignment on your own.





Lined writing area consisting of approximately 35 horizontal lines.

Name _____ Date _____

Posttest

EVALUATION AND CONCLUSION

1. Warning signs indicate that
 - a. a relapse may be coming
 - b. my symptoms are not serious so I can ignore them
 - c. I should go immediately to the nearest emergency room
 - d. I should stop my medication

2. Persistent symptoms are
 - a. symptoms that occur only during a major relapse
 - b. purely physical symptoms
 - c. symptoms that require a major change in medication dose
 - d. present even though antipsychotic medication is taken regularly

3. When symptoms become so extreme that hospitalization is necessary to get them under control
 - a. I should ignore the symptoms, because they will eventually go away
 - b. I should tell my friends and family not to worry
 - c. a relapse has occurred
 - d. I should try drinking a moderate amount of alcohol

4. I can reduce the risk of relapse by
 - a. learning to manage my illness
 - b. ignoring my symptoms
 - c. stopping my medication
 - d. taking aspirin every day

5. By developing an Emergency Plan, I can
 - a. prevent my symptoms from returning
 - b. reduce my need for medication
 - c. know what steps to take whenever I need help with my illness
 - d. stop seeing my doctor

6. I can manage my psychiatric symptoms better with the help of my
 - a. doctor and my health-care team
 - b. relatives
 - c. friends or roommates
 - d. all of the above

7. People close to me may notice my symptoms
 - a. before I notice them myself
 - b. but I should ignore symptoms other people point out to me
 - c. only when I'm in the hospital
 - d. unless I try to hide them

8. Symptoms of schizophrenia are more likely to be present when I
 - a. have pressure or stress in my life
 - b. stop taking my medication
 - c. take street drugs or use alcohol
 - d. all of the above

9. If I feel restless and unable to sit still
 - a. I may be experiencing a side effect of my medication
 - b. I should ignore it, because everyone feels restless now and again
 - c. I should not bother my doctor with my complaints
 - d. I should stop taking my medication

10. When warning signs appear, I should talk to my doctor because he/she may be able to help me
 - a. identify the source of my warning signs
 - b. devise methods for coping with my warning signs
 - c. by adjusting my medication
 - d. all of the above

11. I may experience persistent symptoms, but I can have a satisfying life if I
 - a. convince myself that persistent symptoms will go away and never return
 - b. stop taking my medication
 - c. use street drugs to relieve the symptoms
 - d. learn specific methods for coping with persistent symptoms

12. I can reduce the interference of a persistent symptom by
 - a. recognizing that the symptom is present
 - b. realizing that I have some control over the symptom
 - c. using specific techniques to cope with persistent symptoms
 - d. all of the above combined

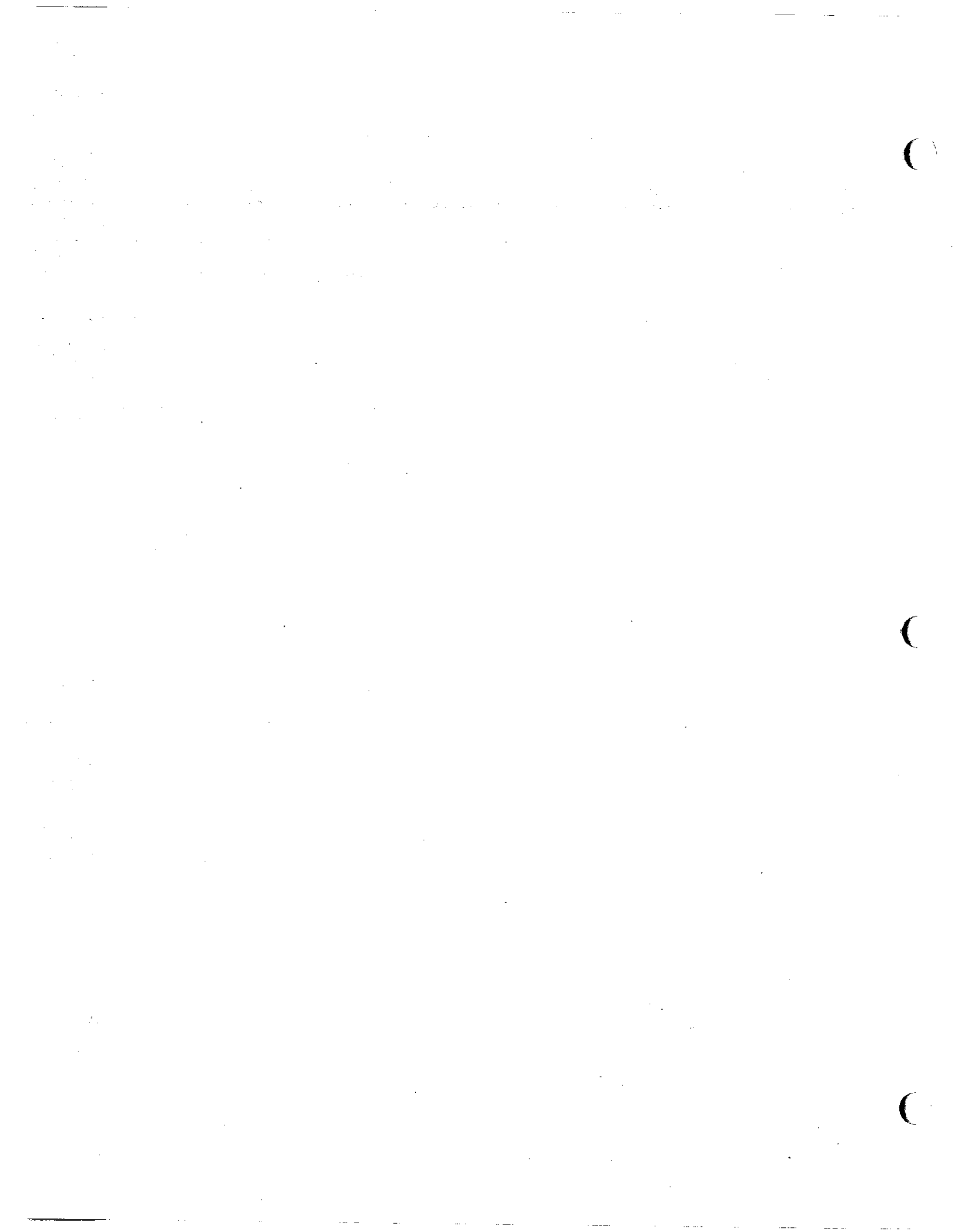
13. The main difference between warning signs and persistent symptoms is that
 - a. warning signs are important but persistent symptoms are not
 - b. warning signs appear just before I get sick, but persistent symptoms can be present much of the time
 - c. persistent symptoms require a doctor's help, but warning signs do not
 - d. warning signs are like medication side effects; persistent symptoms are like mood changes

14. I can reduce the chance of having a relapse by
 - a. avoiding street drugs and alcohol
 - b. getting help as soon as I notice that my warning signs are present
 - c. finding ways to reduce stress in my life
 - d. all of the above

15. It is important to monitor my warning signs
 - a. once a week
 - b. every day
 - c. once a month
 - d. once an hour

16. Using alcohol and street drugs can
 - a. disrupt the effectiveness of my medication
 - b. decrease my ability to manage my illness
 - c. both of the above
 - d. none of the above

17. When I am tempted to use street drugs and/or alcohol, I should
 - a. use only completely pure drugs
 - b. use them only with close and trusted friends
 - c. find a constructive activity to do instead
 - d. limit myself to drinking beer or wine only



Problem-Solving Worksheet

STEP 1 ***Stop and think: How do you problem solve?***

First, realize that you are in a situation where you don't know what to do. Stop and think about how to proceed. Then, decide to use the problem-solving method.

STEP 2 ***What Is the problem?***

Define the problem. Be specific.

STEP 3 ***What are the different ways the problem can be solved?***

List every possible alternative that may solve the problem. Do not evaluate any alternatives yet.

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

STEP 4 ***Evaluate the alternatives.***

Is the alternative feasible, and will it solve the problem? Write down all the advantages and disadvantages of the alternatives listed in Step 3.

Advantages	Disadvantages
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

For each alternative, do the advantages outweigh the disadvantages?

STEP 5 ***Choose and plan to Implement one or more of the alternatives.***

STEP 6 ***What resources will you need?***

List the resources you will need to solve the problem.

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<hr/>	<hr/>
<hr/>	<hr/>
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<hr/>	<hr/>
<hr/>	<hr/>

STEP 7 ***Set a date and time to Implement your chosen solution and DO IT!***

Problem-Solving Worksheet

STEP 1 **Stop and think: How do you problem solve?**

First, realize that you are in a situation where you don't know what to do. Stop and think about how to proceed. Then, decide to use the problem-solving method.

STEP 2 **What Is the problem?**

Define the problem. Be specific.

STEP 3 **What are the different ways the problem can be solved?**

List every possible alternative that may solve the problem. Do not evaluate any alternatives yet.

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STEP 4 **Evaluate the alternatives.**

Is the alternative feasible, and will it solve the problem? Write down all the advantages and disadvantages of the alternatives listed in Step 3.

Advantages	Disadvantages
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<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

For each alternative, do the advantages outweigh the disadvantages?

STEP 5 *Choose and plan to Implement one or more of the alternatives.*

STEP 6 *What resources will you need?*

List the resources you will need to solve the problem.

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<hr/>	<hr/>

STEP 7 *Set a date and time to Implement your chosen solution and DO IT!*

Problem-Solving Worksheet

STEP 1 *Stop and think: How do you problem solve?*

First, realize that you are in a situation where you don't know what to do. Stop and think about how to proceed. Then, decide to use the problem-solving method.

STEP 2 *What Is the problem?*

Define the problem. Be specific.

STEP 3 *What are the different ways the problem can be solved?*

List every possible alternative that may solve the problem. Do not evaluate any alternatives yet.

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<hr/>	<hr/>
<hr/>	<hr/>

STEP 4 *Evaluate the alternatives.*

Is the alternative feasible, and will it solve the problem? Write down all the advantages and disadvantages of the alternatives listed in Step 3.

Advantages	Disadvantages
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<hr/>	<hr/>

For each alternative, do the advantages outweigh the disadvantages?

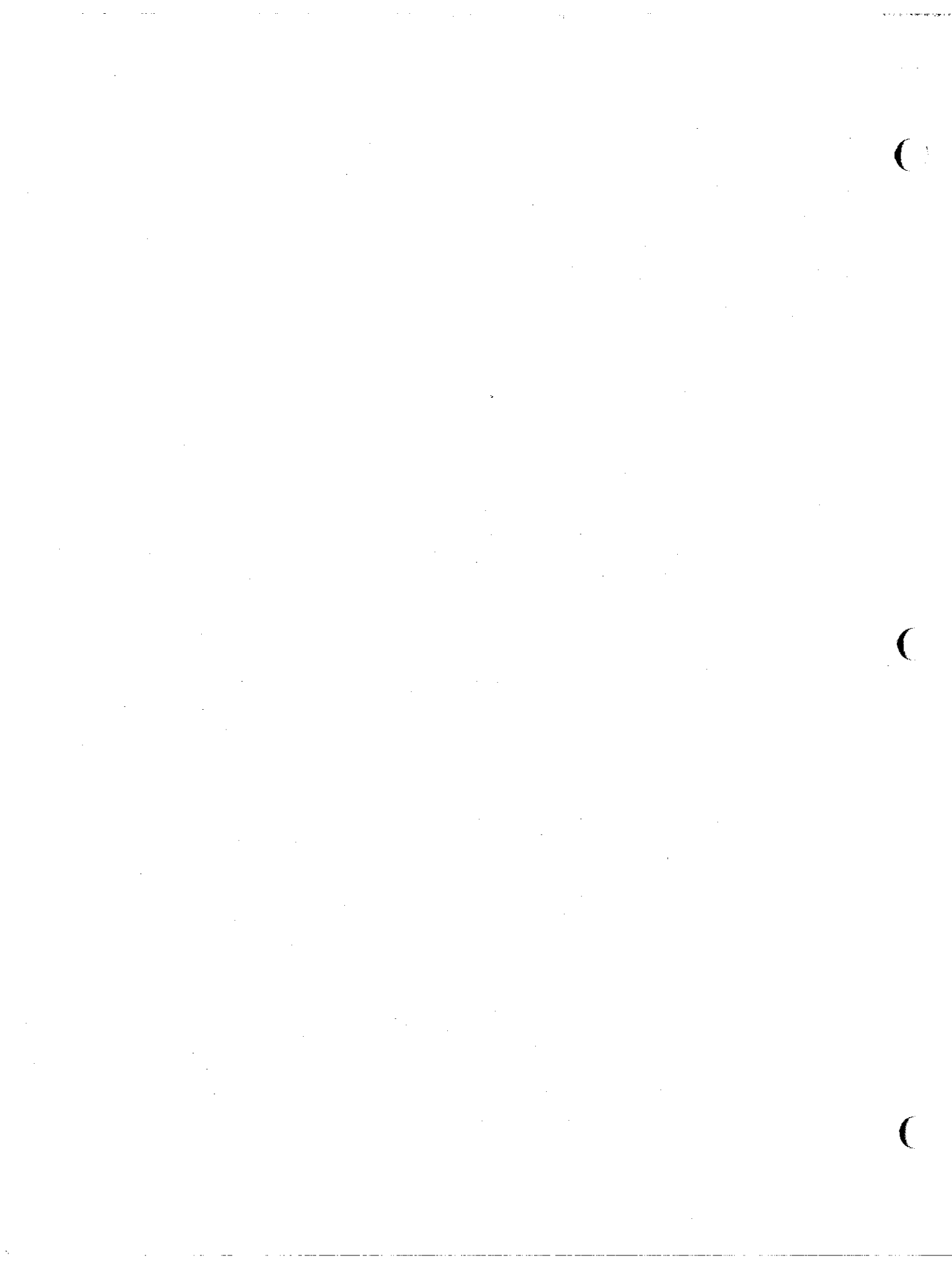
STEP 5 *Choose and plan to Implement one or more of the alternatives.*

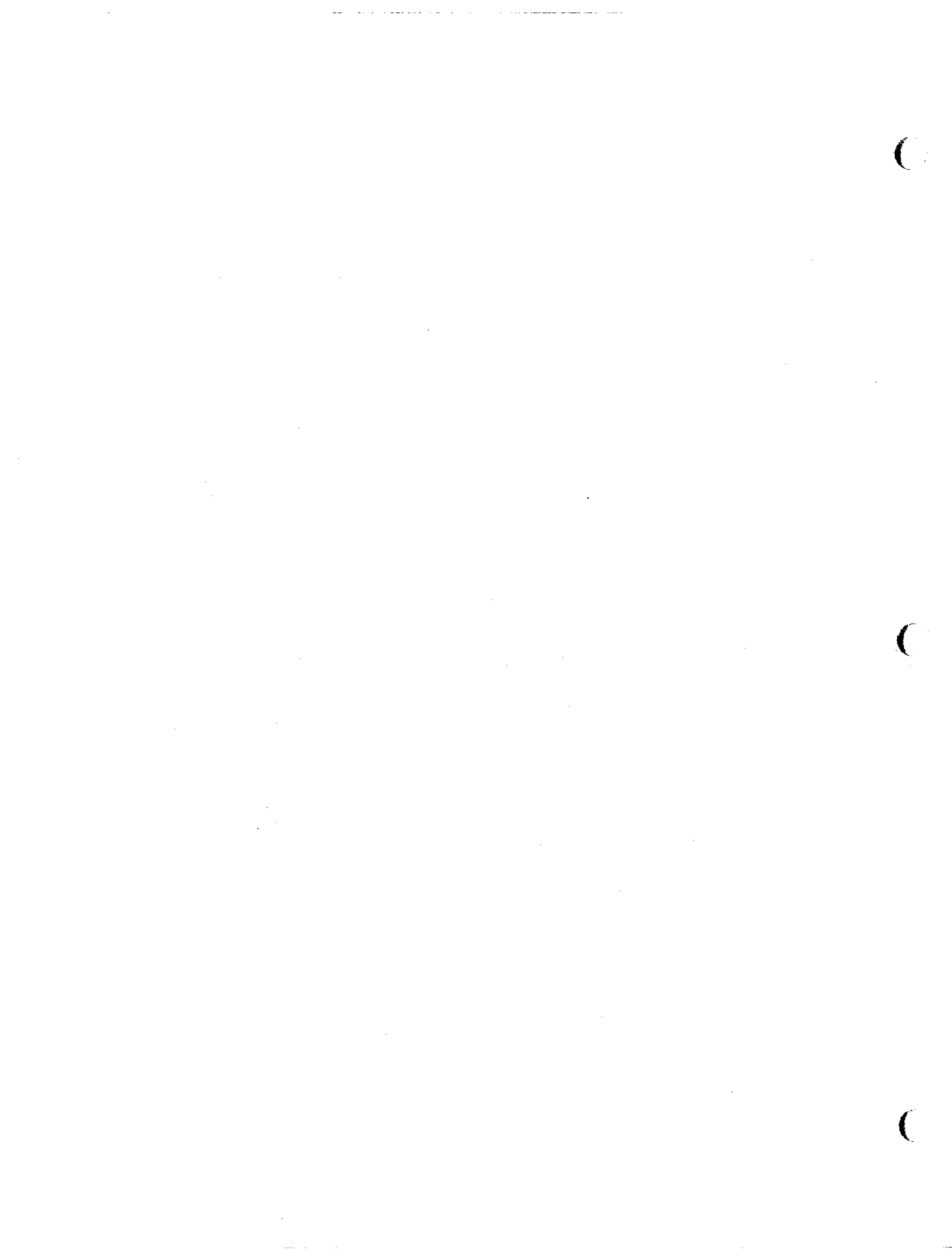
STEP 6 *What resources will you need?*

List the resources you will need to solve the problem.

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STEP 7 *Set a date and time to Implement your chosen solution and DO IT!*







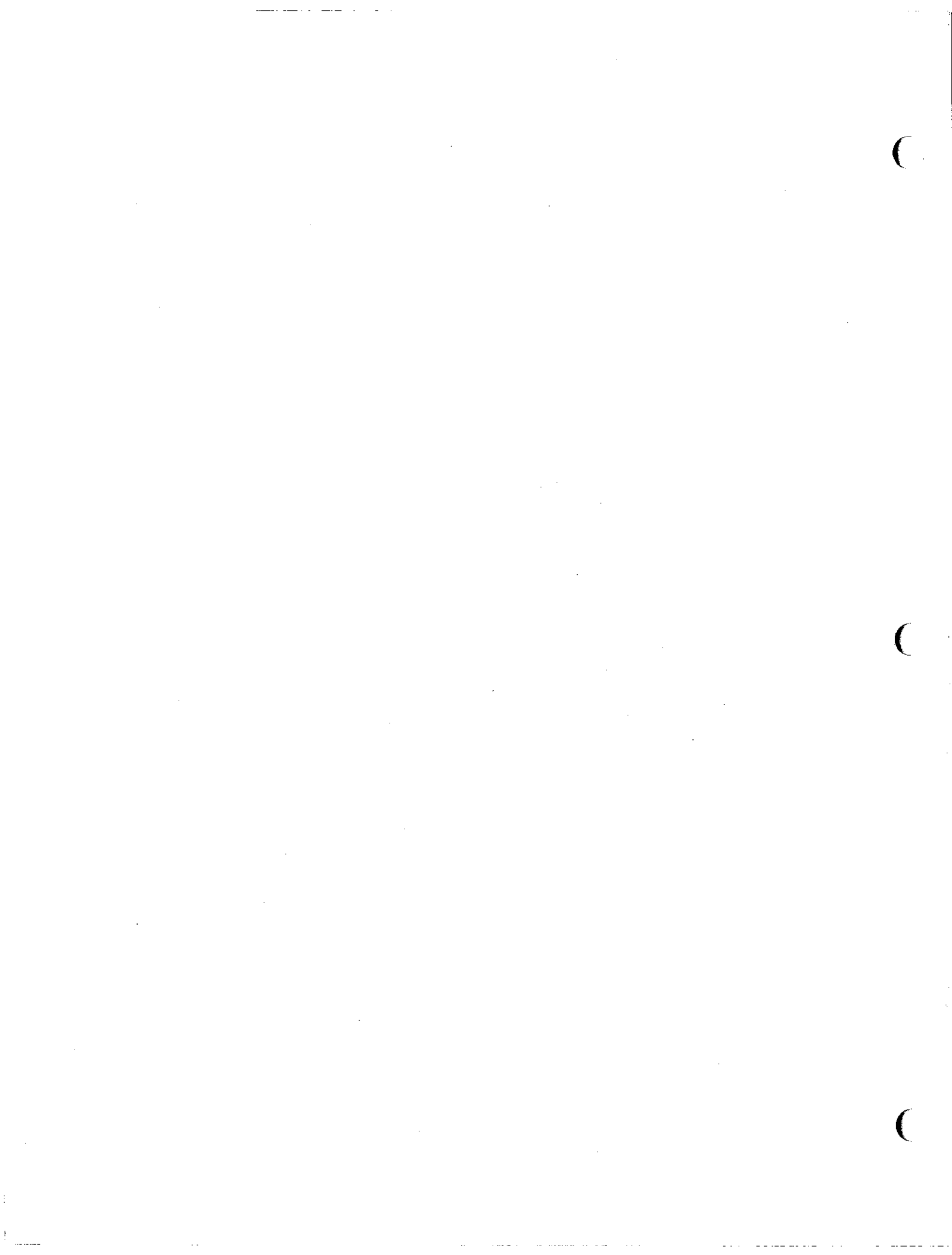
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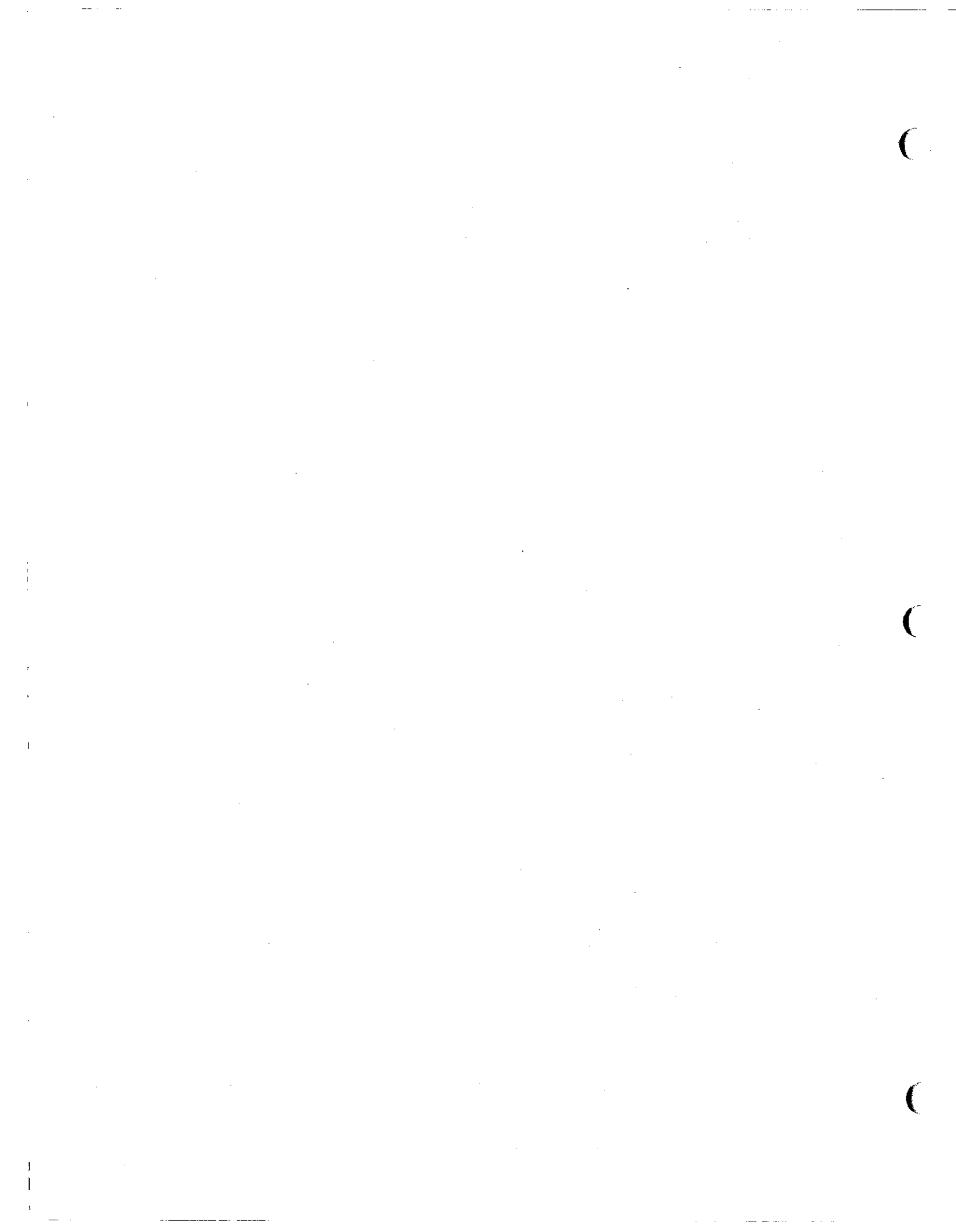


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