



Teachers' Guide

Freedom Self-Advocacy Curriculum First Workshop

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In cooperation with:

**National Mental Health Association
National Association of Protection and Advocacy Systems**

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First Workshop - Attitudes

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Introduction to the first workshop

The first workshop focuses on the *attitudes* necessary for self-advocacy. We become much more successful at self-advocacy if we take a constructive attitude toward problem solving rather than allowing our emotions to govern our actions. Two types of responses that are governed by emotions and must be avoided are **passive responses** and **aggressive responses**.

A passive response—failing to assert personal wants and needs—is ineffective because people are rarely able to get what they want without asserting their opinions. However, there are many reasons why a consumer might have a passive response to an obstacle, including:

- § Lack of preparation, leading to lessened confidence/effectiveness;
- § Lack of knowledge of legal rights;
- § Fear of disapproval, scolding, or punishment;
- § Lack of confidence in own opinions, as opposed to those of professionals; or
- § General feelings of despair or powerlessness.

An aggressive response may include yelling, threatening, or insulting. Although an aggressive response may result in a short-term victory over an obstacle, the response can strain the relationship with the other party, hampering future negotiations. An aggressive response can have many causes, including:

- § Being made to repeat treatments that have failed in the past;
- § Previous instances of retribution and/or abuse;
- § Side effects of medications; or
- § Excited or agitated emotional states.

The first workshop uses two situations to illustrate passive and aggressive responses. Using a videotape or reading from a script, you'll share with your students the examples of a woman who wants to change her medications and a man who wants to access his medical records. The videotape and script illustrate passive and aggressive responses to these common obstacles experienced by mental health consumers. Together with your students, you'll work to develop more effective responses to these situations.

Scenario one—medication side effects

In the first scenario, a woman who has been experiencing side effects from her medication meets with her psychiatrist. The videotape and script illustrate two alternate endings, one a passive response and the other an aggressive response. Neither response results in her psychiatrist changing her prescription.

In addition to the reasons listed above, possible reasons for the woman's passive response might include:

- § Growing acceptance of uninterested doctors; or
- § Being led to believe that side effects are "all in her head."

Additional explanations for the woman's aggressive response might include:

- § Anger at repeated failures with medications;
- § Uncomfortable or harmful side effects; or
- § Previous retribution (restraint/seclusion/revocation of privileges) for non-compliance.

After showing the videotape or reading through the script with your students, you'll work together to develop a more effective way to respond to the situation. Some of the possible solutions, which are summarized below in *Teaching the first workshop*, include:

- § *Keeping a list of medication side effects.* If the woman had kept track of how her medications adversely affected her, she could demonstrate that she wants to take an active role in her own treatment plan: she's not being difficult, she's trying to work with her physician as a team.
- § *Asserting her general right not to be forced to take unwanted medication.* In the absence of a court order, a person generally cannot be forced to take unwanted medication. The woman could even write an "advance directive" so that she can spell out in advance that she doesn't want to take certain medications. By invoking her rights, she can demonstrate that she knows them and is not willing to see them violated.
- § *Researching her medication.* Again, she can demonstrate that she is willing and able to take an active role in her own treatment. She can find "official" information by asking a pharmacist for fact sheets or "drug insert" information. However, she can find more candid information by talking to other people who have used the same medications—at clinics, drop-in centers, self-help groups, or on the Internet. (If she has access to the Internet, she can participate in "newsgroups" at <http://www.deja.com>; for more information, consult the Clearinghouse Technical Assistance Guide *Advocacy and Recovery Using the Internet*.) She can also ask her librarian about books—such as the *Physicians' Desk Reference* or *Worst Pills, Best Pills*—that give information about the effectiveness and side effects of various medications.
- § *Keeping records of medications she's used.* Being prepared and having information will help her obtain the best treatment. If she's already had a bad experience with a medication, she can prevent a repeat by keeping records of medications that she's already tried. Because people move from doctor to doctor, someone's current doctor might not have full records available or might not have carefully reviewed them.

- § *Preparing for her meeting with her psychiatrist.* Often, people plan to discuss specific ideas but then lose their concentration or confidence. Having a set agenda for her meeting will help her remember to discuss what she wants, and might even help improve her confidence.

(Some of these suggestions are adapted from the article “Reclaiming Your Power during Medication Appointments with Your Psychiatrist,” by Patricia Deegan, Ph.D. Copies of the article are available from the National Empowerment Center, (800) POWER-2-U, or online at <http://www.power2u.org>.)

Scenario two—medical records

In the second scenario, a man wants to obtain his medical records. Consumers might wish to look at their medical records for a variety of reasons, including:

- § Feelings that treatment is (or was) inadequate;
- § Concerns that emotional problems have been incorrectly diagnosed;
- § Worries about information that might be shared with other parties such as insurers;
- § Being told that certain medications/treatments are required (or not permissible); or
- § Wanting to leave (or continue) hospitalization.

In many states, people have the right to see their own medical records, unless viewing the records would be harmful. This is a vague standard and is often invoked to deny access to records. Other factors that might be covered by your state’s law include:

- § Whether the right is invoked during or after treatment;
- § Whether the records are held by a state-funded facility;
- § What type of facility holds the records (e.g., hospital or personal care home);
- § Whether the records are medical, psychiatric, or personal data; or
- § Whether consumers have the right to correct the records or append information.

As with the previous scenario, you’ll work together with your students to develop solutions to the problems. Suggestions, which are summarized below in *Teaching the first workshop*, include:

- § *Make a request in writing.* He should write to the records department of the facility in which he was treated, and in the body of his letter, he should: (1) request a copy of his records or the opportunity to inspect them; (2) state when he was treated at the facility; (3) politely request a prompt response; and (4) thank them.
- § *If the holder of the records says that viewing them would be harmful, ask for an independent review.* An alternative method is to ask another physician to request the records and review them with him. This might not be a specific right under state law, but asking the holder of the records to provide them to his new physician is a routine matter and might not meet resistance.

- § *Have an explanation of why he wants to see his records.* Getting access to your records is a right, and therefore not something that you need to justify. However, often these requests are seen as threats of lawsuits, and if you have another reason for wanting to see your records, disclosing it might help make the process less adversarial.
- § *Inform himself of his rights to view his records.* As with most self-advocacy tasks, being able to cite legal rights makes others take you more seriously.
- § *Ask about his rights to appeal.* In most states, there is a set procedure for appealing a denial of access to all or part of your medical records.
- § *If he doesn't gain access, seek legal counsel for an appeal.* The state P&A agency should be able to provide him with help in appealing a denial of access to his medical records.

Preparing for the first workshop

1. Make enough photocopies of HANDOUTS A, B, C, D, E, and F for each person in your class.
2. Investigate the specific laws or policies that apply in your state to the following two situations, which are dramatized in Videotape A and HANDOUTS D and E:

§ The right to change or discontinue medications

§ The right to access one's own medical records.

Your state Protection and Advocacy (P&A) agency should be able to help you with this.

3. If possible, make photocopies of the laws or rules covering these two situations.
4. Carefully read through the *Self-Advocacy* Technical Assistance Guide, which provides in-depth information on many of the topics you'll be covering.
5. Make enough copies of the *Self-Advocacy* Technical Assistance Guide for everyone in the class.

Agenda for the first workshop

Objectives: Students will learn:

- What self-advocacy is.
- Why self-advocacy is important.
- How to identify passive and aggressive responses.
- How to develop effective responses to obstacles.
- That self-advocacy is possible for everyone.

Materials: HANDOUTS A-F
Self-Advocacy Technical Assistance Guide
 Flipchart and markers, or blackboard and chalk

Time: 90 minutes.

Timeline:

	<u>Time</u>	<u>Method</u>	<u>Materials</u>
I. Preliminary activities	(10 min. total)		
A. Workshop overview	5 min.	lecture	HANDOUT A
B. What is self-advocacy?	5 min.	lecture	
II. Common responses to obstacles	(20 min. total)		
A. What would I do?	10 min.	written exer.	HANDOUT B
B. How could I do better?	10 min.	Q & A	
III. An overview of self-advocacy	(25 min. total)		
A. Analyzing the problem	5 min.	lecture	HANDOUT C
B. Formulating the solution	5 min.	lecture	“
C. Deciding on an action plan	5 min.	lecture	“
C. Written communication	5 min.	lecture	“
D. Verbal communication	5 min.	lecture	“
IV. Developing the attitudes necessary for self-advocacy (choose one scenario)	(20 min. total)		
A. Passive and aggressive responses	10 min.	reading	HANDOUT D
B. Understanding these responses	5 min.	Q & A	
C. Improving responses to obstacles	5 min.	Q & A	HANDOUT E
D. Passive and aggressive responses	10 min.	reading	
E. Understanding these responses	5 min.	Q & A	
F. Improving responses to obstacles	5 min.	Q & A	
V. Evaluating personal strengths	(15 min. total)		
A. Self-assessment tool	10 min.	written exer.	HANDOUT F <i>Self-Advocacy</i> Technical Assistance Guide
B. Understanding personal strengths	5 min.	lecture	

Teaching the first workshop

I. Preliminary activities

I.A. Workshop Overview

(5 minutes. Materials: HANDOUT A.)

1. Introduce yourself and ask your students to introduce themselves briefly.
2. Distribute HANDOUT A, the outline of the three workshops that you will be facilitating.
3. Remind your students that everything discussed is said in confidentiality – everything stays in the room.
4. Keep in mind that some of the issues discussed in your workshops may stir up negative feelings of fear, anger, or frustration in some of your students. Make sure everyone knows that, if they need a break, they're free to take one.

I.B. What is self-advocacy?

(5 minutes)

1. Introduce your students to the Freedom workshops. Explain that there are three workshops:
 - § Workshop one focuses on developing the attitudes necessary for effective self-advocacy;
 - § Workshop two will help them increase their knowledge of policy and legislation affecting them;
 - § Workshop three will help them practice some of the skills that will help them become better self-advocates.
2. Explain the importance of self-advocacy generally. Here are some points to highlight to your students:
 - § Tell your students that self-advocacy at its most basic means standing up for themselves. They'll be learning both how to stand up for themselves and how to do it the right way.
 - § One aspect of self-advocacy is learning the best way to handle a problem. In the second workshop, you will show your students the correct way to analyze a problem, formulate a solution, and then decide on an action plan.

- § If your students can learn or refine a few basic skills, which you'll cover in the third workshop, they can become much more effective self-advocates.

II. Common responses to obstacles

II.A. What would I do?

(10 minutes. Materials: HANDOUT B.)

1. Ask your students to fill in HANDOUT B, "Common obstacles faced by mental health consumers."
2. Explain to your students that the purpose of this exercise is not to test whether they know the "right answer," but to help them learn about themselves.
3. Explain to your students that a passive response means that they are afraid to stick up for themselves, while an aggressive response means that they react by yelling, cursing, or threatening other people.
4. Ask your students to place an "X" somewhere along the line, depending on whether their response would be passive, assertive, or aggressive.

II.B. How could I do better?

(10 minutes)

1. Make sure that your students have had the opportunity to complete HANDOUT B.
2. Go through the class and for each obstacle, ask for a "show of hands" for whether students' reactions were (or would be) passive or aggressive.
3. For each obstacle, ask whether a student can think of a better way to react to the obstacle. If not, suggest a method that would be appropriate for that situation, such as:

- § Doing research to support a position.
- § Asking the person if there was a right to appeal the decision.
- § Telling the person that a decision was causing harm.
- § Asking why the decision was being made.
- § Talking over the problem with a friend.

II. Overview of self-advocacy

Self-advocacy means, at its most basic, standing up for yourself, and whether you are trying to change the world or your own life, advocacy means finding your voice. If you are asking for something, you need to be clear about what it is and why you want it. When you understand the methods people use to get what they want, you can adapt them to your own life to achieve your own goals.

The first workshop provides an overview of the process of self-advocacy. The second workshop focuses on the first three points in HANDOUT C: how to analyze a problem, formulate the solution, and decide on an action plan. The third workshop covers the last two points: written communication and verbal communication.

II.A. Analyzing a problem

(5 Minutes. Materials: HANDOUT C)

1. Distribute HANDOUT C (An overview of self-advocacy).
2. Read aloud the points under “Analyze the problem” in HANDOUT C.
3. Explain that for self-advocacy to be effective, we need to know something more specific than our own feelings of anger, frustration, or fear.
4. Explain that we must identify the specifics of a problem and who is causing them, by **breaking down the problem**.
5. Explain that once they’ve identified smaller chunks, they can better formulate a solution (which you’ll discuss in a few minutes).
6. Explain that often when you break down a problem, you will know who is responsible.
7. Reassure your students that as they learn more about their rights, it will be much easier for them to recognize whether someone is violating a law, policy, or procedure. Explain that the second workshop will work on improving their knowledge of the mental health system.

II.B. Formulating a solution

(5 minutes. Materials: HANDOUT C.)

1. Read aloud the points under “Formulate a solution” in HANDOUT C.
2. Explain to your students that the most important step in formulating solutions is deciding for themselves what they want to happen. If they allow other people to make that decision, then they will never get what they want.

3. Explain that people who are successful advocates demonstrate what the other side has to gain. Examples might include:
 - § Avoiding liability in case of harm.
 - § Saving money by avoiding hospitalization.
 - § Avoiding bad publicity.

4. Explain that when they face obstacles, your students will need to come up with their own action plan based on their own strengths and weaknesses. The purpose of the self-assessment tool at the end of this workshop is to help people think about what their strengths and weaknesses are. For example:
 - § Do they get nervous when confronting someone in person?
 - § Do they have strong letter-writing skills?
 - § Are they able to keep in control when talking on the phone?

5. Remind your students that the self-assessment tool can help determine:
 - § What type of supports they should seek in handling emotional stress.
 - § Whether they should do their own research or ask others for help.
 - § Whether they should use the phone, write a letter, or hold a meeting.
 - § What steps they should take to follow up on the problem.

III.C. Deciding on an Action Plan

(5 minutes. Materials: HANDOUT C)

1. Read aloud the points under “Deciding on an action plan” in HANDOUT C.

2. Explain to your students that once the problem has been analyzed and a solution has been formulated, it is time to develop an action plan. The first thing that they have to do is assess the situation and recognize any formal procedures they need to follow. For example:
 - § Are there forms to fill out before a meeting can be arranged?
 - § Who is the first person to talk to before a change can be made?

3. Remind your students that depending on the situation they are in, on their own strengths and weaknesses, and on any formal procedures they have to follow, there will be a different course of action to pursue:
 - § Written communication,
 - § Verbal communication – on the phone,
 - § Verbal communication – in person.

4. Tell your students to think about what they would be best at. You will be covering the specific forms of communication in the third workshop, but for now, to answer the question, ask them to think about problems they have had when trying to advocate for themselves.

III.D. Written Communication

(5 minutes. Materials: HANDOUT C.)

1. Read aloud the points under “Written communications” in HANDOUT C.
 - § Follow standard format. Writer’s address, recipient’s address, and signature.
 - § Explain what you want. “Immediate payment of the hospital bill.”
 - § Include documentation. *Photocopy* of the hospital bill.
 - § Explain reasons action is needed. Promise to pay, followed referral procedure, facing collection agency.
 - § Explain steps you’ve taken. Spoken with company, left phone messages.
 - § Set timeline for response or action. Respond within five days.
 - § CC to the right people. To president of the company.
 - § Watch your tone. No insults, even though writer is upset.
 - § Keep a copy.
 - § Proofread.

2. Explain to your students that we will be looking at examples in the third workshop on skills. Right now, you are getting a general overview.

III.E. Verbal communication

(5 minutes. Materials: HANDOUT C)

1. Read aloud the points under “Verbal communications (phone and in-person)” in HANDOUT C.

Explain to your students that they should:

 - § Focus on relevant facts.
 - § Focus on remedies, not complaints.
 - § Use “I” statements.
 - § Address the other side’s argument.
 - § Avoid the “run-around.”
 - § Ask for clarification if they don’t understand jargon or abbreviation.
 - § Restate the other person’s position so that they’re sure they understand.
 - § Ask for clarification if the other person’s reaction is vague.

2. Explain to your students that we will be looking at examples in the third workshop on skills. Right now, you are getting a general overview.

IV. Developing the attitudes necessary for self-advocacy

IV.A. Passive and aggressive responses

(10 minutes. Materials: HANDOUT D.)

1. Distribute HANDOUT D, “Passive and aggressive responses to obstacles.”
2. Pick one of the following methods to read through the scenario involving the woman who wants to change her medications, which is found in HANDOUT D:
 - § Read it aloud yourself;
 - § If you have a co-facilitator, read it aloud together; or
 - § Read the introduction and ask volunteers to act out the parts.
3. Read the passive response first and then read the aggressive response so that you can compare the two responses.

IV.B. Understanding these responses

(5 minutes.)

1. Ask your students, “Who has been in this kind of situation, wanting to change or stop medications?”
2. Follow up with the question, “Was your reaction like either of the ones in the videotape or on the handout?”
3. Ask your students, “What was wrong with the first (passive) response?”

You rarely are able to have your way unless you are able to assert your opinion. Because, in the first scene, the person in the videotape did not insist that her psychiatrist change her medications, there is little chance that the psychiatrist will do so.

4. Reinforce that the workshops will cover some ways to deal more effectively with obstacles.
5. Ask your students, “What was wrong with the second (aggressive) response?”

Unlike reacting passively, which rarely results in *any* success, the aggressive reaction might lead to short-term successes. In the case of refusing to take a particular medication, an aggressive response might lead to a change in medication for someone who has not been involuntarily committed.

However, the undesirable long-term effects might include being labeled as a “difficult patient” and not being recommended for desirable opportunities such as

jobs and housing. On the other hand, people who have been involuntarily committed—on either an inpatient or outpatient basis—can be forced to take medications that they don't want to, no matter how angry they get.

6. Reassure your students that anger is a natural response, and while it is a necessary motivation for self-advocacy, it is merely a first step. Effective self-advocates must learn to *control* their anger and use it as motivation to take rational actions. A victory is much more far-reaching when it is run out of respect rather than the other party's fear or frustration.

IV.C. Improving responses to obstacles

(5 minutes.)

1. Ask your students, "What should the person have done?"
2. Using the blackboard or flipchart, make a list of steps the person could take to resolve the situation. Your students will have their own suggestions, but examples include:
 - § Keeping a list of medication side effects;
 - § Asserting a general right not to be forced to take unwanted medication;
 - § Researching her medication;
 - § Keeping records of medications she's used; and
 - § Preparing for her meeting with her psychiatrist.
3. If you were able to photocopy your state's laws governing the administration of medications, distribute the photocopies to your class. If you located the laws but could not photocopy them, summarize them for your class.

IV.D. Passive and aggressive responses

(10 minutes. Materials: HANDOUT E.)

1. Distribute HANDOUT E, “Passive and aggressive responses to obstacles.”
2. Pick one of the following methods to read through the scenario involving the man who wants to access his medical records, which is found in HANDOUT E:
 - § Read it aloud yourself;
 - § If you have a co-facilitator, read it aloud together; or
 - § Read the introduction and ask volunteers to act out the parts.
3. Read the passive response first and then read the aggressive response so that you can compare the two responses.

IV.E. Understanding these responses

(5 minutes.)

1. Ask your students, “Who has been in this kind of situation, wanting to access your medical records?”
2. Follow up with the question, “Was your reaction like either of the ones in the videotape or on the handout?”
3. Ask your students, “What was wrong with the first (passive) response?”

Reiterate that your students will rarely be able to get something they want unless they are willing to be persistent.

4. Ask your students, “What was wrong with the second (aggressive) response?”

As before, the problem with an aggressive response is not that the man in the videotape is not defending himself firmly enough, but rather that his aggressive reaction might provoke uncooperative or over-defensive responses, such as:

- § Allowing him to look at his records but not copy them;
- § Allowing him to see his records but delaying his access;
- § Requiring him to pay hefty copying costs;
- § Declaring that major portions of his record would be “harmful” if he had access to them; or
- § Other forms of retribution, such as revocation of privileges, refusing to provide referrals to jobs or housing, etc.

In each of the above scenarios, aggressive responses might allow him access to his records, but at the same time, he strains relationships and faces other undesired consequences.

IV.F. Improving responses to obstacles

(5 minutes.)

1. Ask your students, “What should the person have done?”
2. Using the blackboard or flipchart, make a list of steps the person could take to resolve the situation. Your students will have their own suggestions, but examples include:
 - § Make a request in writing;
 - § If the holder of the records says that viewing them would be harmful, ask for an independent review;
 - § Have an explanation of why he wants to see his records;
 - § Inform himself of his rights to view his records;
 - § Ask about his rights to appeal; and
 - § If he doesn’t gain access, seek legal counsel for an appeal.
3. If you were able to photocopy your state’s laws governing access to medical records, distribute the photocopies to your class. If you located the laws but could not photocopy them, summarize them for your class.

V. Evaluating personal strengths

V.A. Self-assessment tool

(10 minutes. Materials: HANDOUT F.)

1. Distribute HANDOUT F, “Self-assessment tool.”
2. Explain to your students that the purpose of this exercise is not to give the “right answer,” but the “real answer,” which will help them learn about their strengths.
3. Tell your students that they should pay attention to how they answer so they can identify areas in which they can improve their attitudes, knowledge, and skills.

V.B. Understanding personal strengths

(5 minutes.)

1. Tell your students that the self-assessment tool that they completed will tell them a lot about themselves and will help them develop as advocates.
2. Ask your students to think about their answers while you ask the following questions. Students should respond with a show of hands:

- § “How many people are satisfied with the way you react when something goes wrong? How many would like to work on this?”
- § “How many people feel confident in analyzing the problems that you face? How many would like to work on this?”
- § “How many people feel like you know what all of your rights are? How many people would like to learn more about your rights?”
- § “How many people feel like you know how to solve the problems that you face? How many people would like to work on problem-solving skills?”
- § “How many people feel like you follow through until a problem is solved? How many people would like to work on this skill?”

3. Ask your students whether they think that they can advocate for themselves more effectively over the phone, in writing, or in person. Ask them if they would like to further develop these skills.
4. Distribute the *Self-Advocacy* Technical Assistance Guide. Encourage your class to read it so they learn about self-advocacy and understand some of the issues that are going to be introduced in the next two workshops. Explain that it can help them with further self-advocacy projects.
5. Thank your students for coming and tell them that next time, you’ll begin to work on analyzing a problem, formulating a solution, and deciding on an action plan.

HANDOUT A

An Overview of the Freedom Self-Advocacy Curriculum

Workshop One—Attitudes:

- *An Overview of Self-Advocacy.* You'll understand some of the techniques used by successful consumer self-advocates
- *Common Obstacles and Responses to Obstacles.* We'll discuss how we react when we face obstacles in everyday life.
- *Passive and Aggressive Responses.* We'll act out some common responses to obstacles.
- *Improving Responses.* We'll discuss better ways to respond to obstacles.
- *Self-Assessment Tool.* We'll analyze our advocacy strengths and weaknesses.

Workshop Two—Knowledge:

- *Areas of Interest.* We'll find out what topics you are most interested in.
- *Boosting Our Knowledge.* We'll talk about some of the resources in the local community, and we'll also discuss some of the government agencies that make decisions that affect you. You'll receive "Advocacy and Government Contacts Booklet."
- *A Real-Life Scenario.* We'll read the story of a person facing a common obstacle.
- *Self-Advocacy in Action.* We'll discuss the obstacle in the story as a class and try to come up with a solution.
- *Sources of Information.* We'll talk about the types of information that would be useful to the person in the story, and where to find this information.

Workshop Three—Skills:

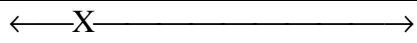
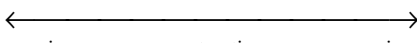
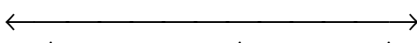
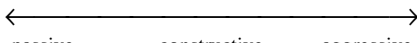
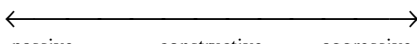
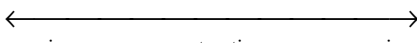
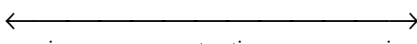
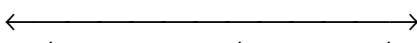
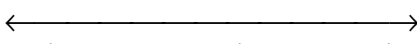
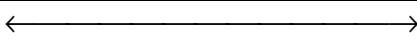
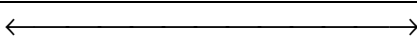
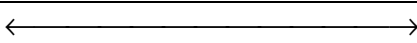
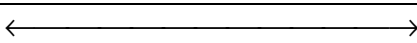
- *A Real-Life Scenario.* We'll read the story of a person facing a common obstacle.
- *Self-Advocacy in Action.* We'll use a written exercise and role-plays to practice our skills.
- *Reviewing Advocacy Skills.* We'll talk about how the skills we've learned apply to our lives.
- *Evaluation.* You'll have a chance to comment about the Freedom Self-Advocacy Curriculum.

HANDOUT B

Common obstacles faced by mental health consumers

Sometimes, when we face an obstacle, we have a passive response, and sometimes we have an aggressive response. Other times, we respond in an assertive and constructive manner. On the left are some common obstacles. Think back to times you've faced these obstacles, or imagine yourself facing these obstacles. What would your reaction be like?

Put an "X" in the proper place along the line

Example: You wanted to change your medications or stop taking a certain medication and were told you could not do so.	 ←——X——→ passive constructive aggressive
You wanted to change your psychiatrist or therapist but were told that you could not do so.	 ←————→ passive constructive aggressive
You were trying to go back to work and were made to feel uncomfortable by questions about your psychiatric history.	 ←————→ passive constructive aggressive
You wanted to leave a hospital but were told that you were not ready.	 ←————→ passive constructive aggressive
You had to deal with abusive staff in a residential program.	 ←————→ passive constructive aggressive
You were made to feel bad by unsupportive family members.	 ←————→ passive constructive aggressive
You wanted to obtain housing but were told that none was available.	 ←————→ passive constructive aggressive
You wanted to change your case manager but were told that you couldn't.	 ←————→ passive constructive aggressive
You were involuntarily hospitalized.	 ←————→ passive constructive aggressive
You were put in restraints or seclusion.	 ←————→ passive constructive aggressive
You needed to take time off from a job but your employer wasn't understanding.	 ←————→ passive constructive aggressive
Your medications were changed and you didn't understand why.	 ←————→ passive constructive aggressive
You were pressured to participate in a research study or be treated by students.	 ←————→ passive constructive aggressive

HANDOUT C

An Overview of Self-Advocacy

Analyze the Problem

Ask yourself:

1. What is the problem?
2. Can I break it down into smaller problems?
3. Who is the problem harming?
4. Who is responsible for the problem?
5. Is someone violating a law, policy, or procedure?

Formulate a Solution

Ask yourself:

1. What do *I* want to happen?
2. Who will I approach?
3. What are the strengths of my case?
4. What does the other side have to gain?
5. What is my action plan?

Decide on an Action Plan

Ask yourself:

1. Are there any formal procedures to follow?
2. What type of communication (written, phone, in-person) is most appropriate?
3. What type of communication am *I* best at/most comfortable with?

Written Communication

1. Follow standard format
2. Explain what you want
3. Include documentation
4. Explain reasons action is needed
5. Explain steps you've taken
6. Set timeline for response or action
7. CC to the right people
8. Watch your tone
9. Keep a copy
10. Proofread!

Verbal Communication

On the phone and in person:

1. Plan your agenda
2. Practice what you'll say
3. Be assertive
4. Don't attack or insult
5. Listen *actively* to the other person
6. Negotiation for what you want

In person:

1. Be on time!
2. Use positive body language
3. Watch your appearance
4. Maintain eye contact

HANDOUT D

Passive and aggressive responses to obstacles

A woman who is not satisfied with her medications:

Six days ago, Michelle told a friend that she was planning to commit suicide and needed help. Her friend brought her to a nearby hospital. The psychiatrist who evaluated Michelle admitted her to the hospital and prescribed the antidepressant Zoloft, as well as the sedative Temazepam to help her sleep.

When she came in for her meeting with her psychiatrist, she wasn't really happy with her medications. She still felt really depressed, and it didn't seem like the medication was helping her. Typically, antidepressants take some time to have noticeable effects.

Additionally, she had been suffering from headaches and nausea, and she also had a bout of diarrhea. These are all common side effects from Zoloft. In the morning, she had felt groggy, which is also common among people taking Temazepam.

Michelle's passive response:

Psychiatrist: So, how are you doing? Are you feeling any better today?

Michelle: Not really.

Psychiatrist: What do you mean not really?

Michelle: I don't know. . . I feel really sad.

Psychiatrist: Well, these things take a while.

Michelle: Isn't the medication supposed to make me feel better?

Psychiatrist: Yes, but these medications take a while to have any effect. Besides, if we switch you to another medication, we'd have to wait a while before we could give you the new one.

Michelle: OK.

Psychiatrist: Have you been having any side effects?

Michelle: I don't know. . . I haven't felt so good.

Psychiatrist: How do you mean?

Michelle: I don't know. . . like headaches and stomach aches.

Psychiatrist: Are they bad enough so that we need to do something?

Michelle: I don't know.

Psychiatrist: A lot of times, you just take a while to adjust. Why don't we just keep you on the medication for a few more days and see what happens.

Michelle: I guess so.

Psychiatrist: Let us know if you have any serious side effects.

Michelle: OK

Michelle's aggressive response:

Psychiatrist: So, how are you doing? Are you feeling any better today?

Michelle: No, I feel like crap.

Psychiatrist: How do you mean?

Michelle: You should know. You're the one who put me on these medications.

Psychiatrist: Not everyone responds the same way. Have you been having side effects?

Michelle: What do you think I mean?

Psychiatrist: Well, I guess you mean you're having side effects, but I won't know unless you tell me.

Michelle: This stuff you're giving me isn't working. I still feel terrible, but now I keep having headaches and feeling like I'm gonna puke. What is this stuff anyway?

Psychiatrist: Well, as I said, not everyone responds to medications the same way.

Michelle: I don't see how this stuff could work for anyone.

Psychiatrist: Well, I can try you out on something else, but if you're not responding to medication, we might have to try electroconvulsive therapy.

Michelle: You mean shock treatment?

Psychiatrist: Sometimes it's the only way to help people who don't want to take their medications.

Michelle: There's no way in hell you're gonna hook me up to one of those things.

Psychiatrist: I don't want to, but for people who aren't doing well, we sometimes have to get a court order so we can give them the help they need.

HANDOUT E

Passive and aggressive responses to obstacles

A man who wants to see his medical records:

Pete was discharged two months ago after an extended hospitalization. As his hospitalization went on, he wasn't sure exactly why he was being kept in the hospital for so long.

Ever since his release, Pete has had a real lack of confidence and worries that he will never be able to recover and lead a normal life. He has been working with a therapist as part of his discharge plan. His therapist has been trying to make him think positively, and has been encouraging him to do volunteer work or look for a part-time job.

However, Pete has been "hung up" on the time that he spent in the hospital. He says that being in the hospital made him feel like he was very sick and that he would never get any better. He also feels like he was treated unfairly and that his wishes were not respected very often.

Pete has recently made friends with Ron, another person who's spent time hospitalized with a psychiatric diagnosis. Ron suggested that Pete look at his hospital records. Ron had done this and it made him realize that he didn't agree with a lot of what the doctors said about him, and that he no longer felt like his own case was hopeless.

Hospital worker #1 (on the telephone): Shadyside Hospital. How may I direct your call?

Pete (on the other end): I need to talk to somebody about getting my medical records.

Worker #1: I'll transfer you to the records department.

Pete: Thanks.

Hospital worker #2: Records department. Can I have the patient's name?

Pete: Peter Smith.

Worker #2: What doctor's office are you calling from?

Pete: I'm not calling from a doctor's office.

Worker #2: Then why are you calling for Mr. Smith's records?

Pete: I am Mr. Smith.

Worker # 2: We're not supposed to release a patient's records to the patient. It is against hospital policy.

Pete's passive response:

Pete: I didn't know that. A friend of mine got his records.

Worker # 2: He must have been in a different hospital. We can only release the records to doctors' offices because they are designed for doctors to understand, not patients.

Pete: Oh, OK. Thanks. (hangs up)

Pete's aggressive response:

Pete: That doesn't make any sense. They're my records and I should be able to have them.

Worker #2: These records are designed for professionals. Patients often misinterpret their records.

Pete: I'm not a patient anymore. I'm a former patient. What difference does it make if I "misinterpret" my records?

Worker #2: That's not really for me to decide.

Pete: What's that supposed to mean?

Worker #2: Look, I just work here. I don't make the policies.

Pete: Maybe I need to come down there and take care of it myself.

Worker #2: Sir, you won't be let in here without an appointment, and even if you come down here, we're not going to give you your records.

Pete: We'll just see about that.

Worker #2: Sir, if you threaten us, we won't hesitate to call security.

Pete: You do that! (hangs up)

HANDOUT F

Self-Assessment Tool

Think about some of the obstacles that you've faced recently. How do you react to obstacles? This isn't a test and there are no "right" answers! The purpose of this exercise is to help you learn more about yourself.

1. *Check one.* When I face a problem, I usually:
 - Blame myself
 - Blame others
 - Blame the system
 - Blame no one
 - Investigate who's responsible

2. *Check all that apply.* When I face a problem, I usually:
 - Feel sad or discouraged
 - Feel angry
 - Can't concentrate
 - Fixate on the problem
 - Try to find solutions

3. *Check all that apply.* When I face a problem, I make lists of:
 - Important facts
 - People to contact
 - What I want
 - What I will do

4. *Check all that apply.* When I use the phone to solve a problem:
 - I am nervous.
 - I am confident.
 - I lose my temper or shout.
 - I give up if my calls are not returned.
 - I sometimes ask to speak to a supervisor.

5. *Check all that apply.* When I need to write a letter:
 - I am nervous.
 - I am confident.
 - I ask for help in writing the letter.
 - I ask a friend to proofread the letter.
 - I send copies to other people.

6. *Check all that apply.* When I schedule a meeting to solve a problem:

- I am nervous.
- I am confident.
- I lose my temper or shout.
- I have a written plan for the meeting.
- I bring a friend along.
- I send a letter afterward.

7. *Rank 1st, 2nd, and 3rd.* My top three choices for resolving a problem are:

1. Using the phone _____
2. Writing a letter _____
3. Scheduling a meeting _____

8. *Check all that apply.* If a problem isn't solved right away:

- I give up.
- I get angry.
- I ask someone for help.
- I try to get more information.
- I talk to people's supervisors.