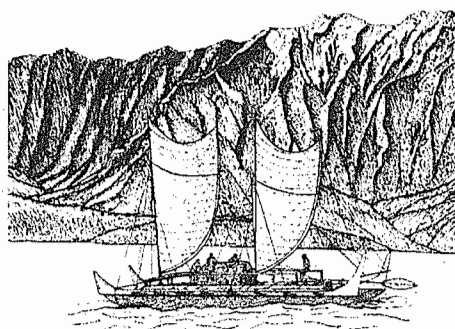


VOYAGE TO RECOVERY



"Ka lā Hīkī Ola"

THE DAWNING OF A NEW DAY
There will always be the dawning of
another day—life affords us many
different opportunities, and it is up to us to
grab a hold of them.



Hale Na'au Pono

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Illness Management and Self-Directed Recovery at Hale Na`au Pono

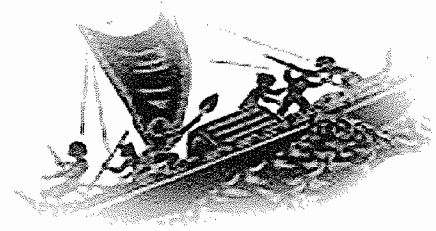
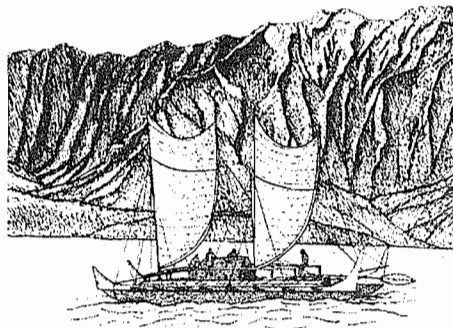


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VOYAGE TO RECOVERY



Talking Story
Part 1

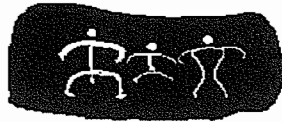


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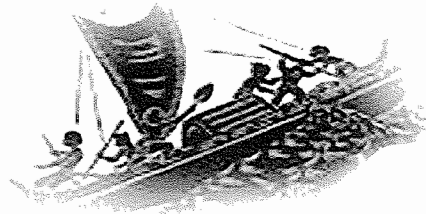
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Talking Story - (Part 1) Let's Get to Know Each Other

"We Iina" (A Welcoming Call)

Guiding Principles at Hale Na'au Pono

OLA

(life, health, well-being, save, heal, thrive)

Hawaiian Dictionary, Pukui & Elbert

Human societies operate on underlying beliefs, sometimes referred to as "Deep Cultures." Some societies, especially where there have been intermingling of peoples, have a number of such cultures. In Hawai'i, we have two distinct deep cultures, one based on domination, individualism, and exclusion, for which we use three reminder alphabets, D.I.E, and another based on `oluolu (non-confrontational and pleasing), lokahi (unity) & aloha (compassion, kindness, loving) for which we use O.L.A. We have chosen to be guided by the second, more caring, softer, sustaining and healthier culture. (See Attachment 1 on DIE and OLA)

"HO` OMOE WAI KĀHI KE KĀO` O."
(Let us travel together like water flowing in one
direction.)



`Ōlelo No`eau, Hawaiian Proverbs and Poetical Sayings,
Mary Kawena Puku`i, Bishop Museum Press (1983) #1102

A Walk Around the Block

Popo would push the baby cart around the two-mile block in Lualualei valley from Pu'uhulu Road, up Kuwale, down Lualualei, and across Puhawai, to show her grand baby Pohāokalani the sights, smells and sounds of the country-side. Whenever she came to the pasture, she'd do the grandmother "'googoo---gahgah" routine, trying to build interest and excitement in her 1 year old grandson as they went past the horses and cows grazing. But all Pohā would do was look disinterested and drool.

On the third day around the block, Popo needed more gratification than she was getting for pushing the baby carriage two miles around. When she got to the pasture and stopped for the baby to see the animals, she got the same non-response.

So, Popo got her 70 year-old body down low, placing her eye level at the level of Pohā's, and there she saw what baby was seeing. All Pohā could see was tall grass!

Popo laughed to herself at seeing what Pohā saw, picked up her grandson, stood up caressing him at her breast level, and gave Pohā a chance to see from her view. Pohā's excitement at now seeing the horses and cows gave Popo the reward for many more happy walks around the block.

As retold by Puanani Burgess from the telling by Popo

Help us see the world through each others' eyes!

Let's "talk story."

Talking Story comes from all traditions. It is a basic tool of communicating. Talking story helps to build strong relationships and trust among people. It provides important information about how we think, feel, and dream. It displays the panorama of our cultural, social, economic and historical backgrounds. It helps us become aware of our own cultural beliefs and values, and shows sensitivity and respect to other's. It helps tell about ourselves.

Here's some topics we could share.

- our 'Ohana, genealogy, & family life
 - our names and their meaning(s)
 - our 'aumākua or spiritual angels
 - our elders, kupuna, or wise folks
- family worship, sacred places for worship
 - the place we were born
- our heroes/heroines, and why they are
 - our favorite food, ethnic dishes
 - our favorite place to live
- herbs or medicine we've found helpful

Questions helpful in prompting us to tell our stories are:

Where are your people from?

How many generations ago did your family/ancestors come to Hawaii?

In what country were you born?

Describe your birthplace as best you know?

How long have you lived in Hawaii? In Wai`anae?

Where were you raised?

Where does your heart call home?

Who raised you?

How important is your 'ohana to you?

Describe your 'ohana?

Do you feel a strong connections to your 'āina hānau (land of one's birth, homeland)?

Do you speak your native tongue?

Have you lost touch with your cultural roots?

Do you know the rituals of your ancestors?

What is your dream of becoming?

What traits you feel best describe you?

What scares you?

How do you overcome your fears?

Where do you generally go for help overcoming problems?

Temple, Church or other sacred place? To prayer?

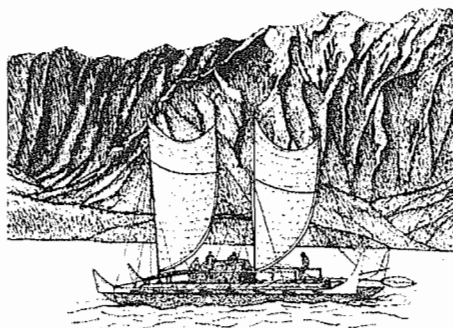
Favorite place, quiet and serene spot in nature?

Find a friend, confidant, doctor, case manager, or family member to talk with?

Take drugs, alcohol, or medicine to help you address the problem?

PAU

VOYAGE TO RECOVERY



Talking Story
Part 2



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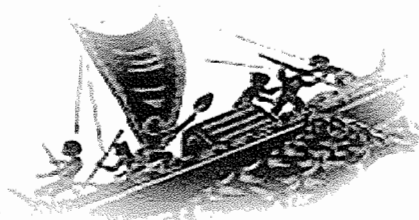
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VOYAGE TO RECOVERY

Talking Story - (Part 2)

"Kumu Ola Pono"

Wai'anae Wellness Model

The natural condition of a person and his spiritual, earthly and social realm is balance. However, everyone goes through part of their life living a strained relationship with one or more realms. Things get out of balance. Sometimes, there may be a multiplicity of strains occurring at the same time. Hawaiian people would try to take one strain at a time, and address each separately, moving on step by step. *Mahiki*. At times, it may take many efforts to identify and take care of all of the strains that is causing disharmony.

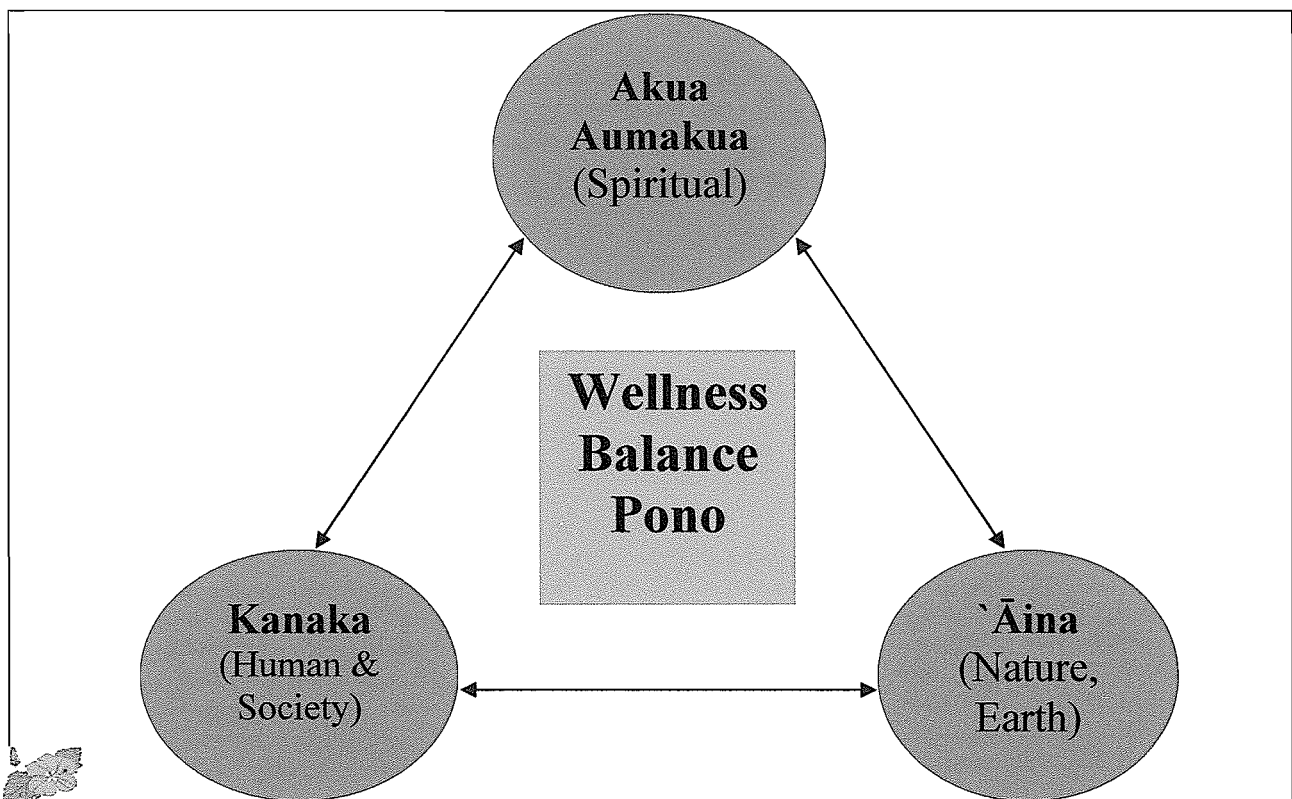
One should try to maintain as much of the harmony within one's Kumu Ola Pono as possible. Yet one needs to recognize that just as the world is always changing, there are constantly pressures in all of the realms, which press upon one's Kumu Ola Pono. No matter how much we try, or how well we have realigned ourselves, wellness is an ongoing process. We are constantly challenged to stay in alignment, and when we fail to do so, recovering into wellness is always available to each of us.

One formulation for being well is to have a balanced relationship with all things, inside and out (internally and externally), up and down (heaven & earth), and all around (all the things and ideas which surround us). This has been an understanding from time immemorial, across all lands, among people of diverse religions, education, and ethnicity.

We express this understanding here from a Hawaiian perspective. In doing so, we are cautious that even among us, there remain divergent opinions. This is not the only Hawaiian perspective and is certainly not any better than as perceived by others.

Our Kumu Ola Pono, or "model of wellness" incorporates three significant realms, each in "balance" or good relationship with one another, and with themselves. These three realms are the Akua/Aumakua (spiritual), the Kanaka (human/society), and the `Āina (Earth). This is sometimes expressed as God, Man and Nature.

When relationships are aligned between and among each of these realms, there is wellness, balance, or pono. When relationships are out of line, there is uneasiness, discord, and illness. To achieve wellness, therefore, the task is clear - keep relationships pono.



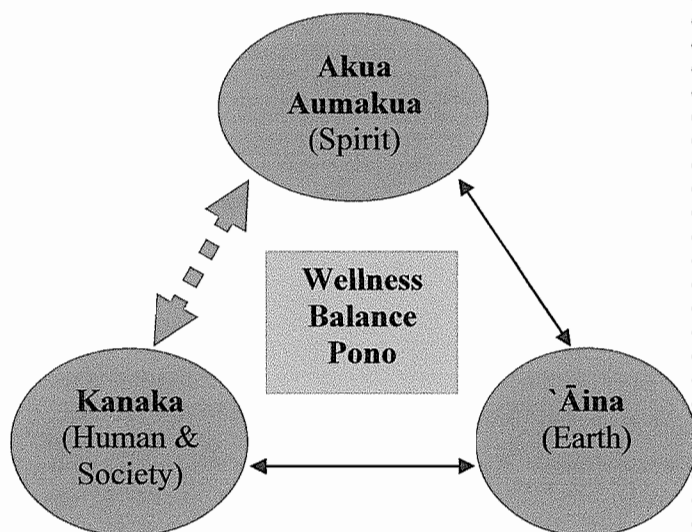
All the Elements Are Interconnected and Interdependent



Akua/Aumakua ↔ Kanaka

Observation can be an excellent teacher - if we take time to understand what we observe.

We have seen or heard of situations where a person is not well because of his relationship with his spiritual realm.



Your pilikia may be with your God, or your aumakua, or an ancestral spirit.

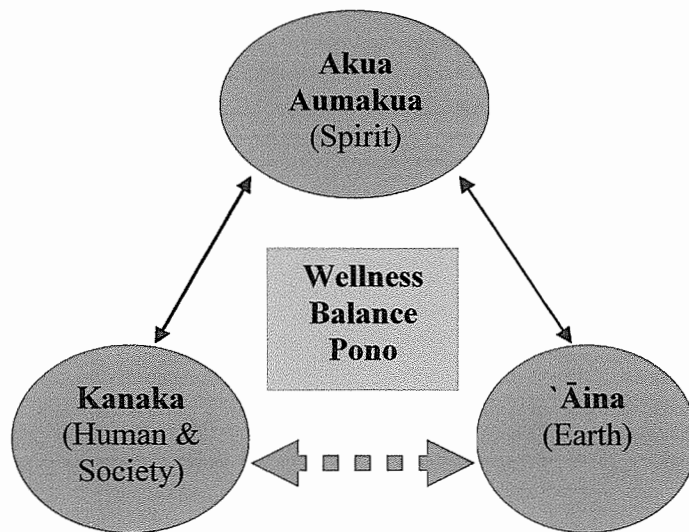
To get yourself into a right relationship, you may seek out a priest, spiritual counselor, or may resort to prayer and rituals, may engage in ho`oponopono, or turn to medicine available in nature.

There are numerous ways in which you may return to balance with your spiritual realm.



Kanaka ↔ `Āina

We have also seen or heard of situations where one is not well because of his relationship with `Āina.



Your pilikia may be because you cannot return to those places you held dear and perhaps even sacred.

You may have no land to place your feet upon, and to feel the lepo's (dirt) energy coursing through your body and soothing your soul.

You may long for the fresh water streams you recalled playing as a youth, as it flowed from the Wai`anae mountain range to the ocean.

You can only dream of tasting again the mild sweetness of the Mountain Apples, and the tart, yet healing flesh of the Guava.

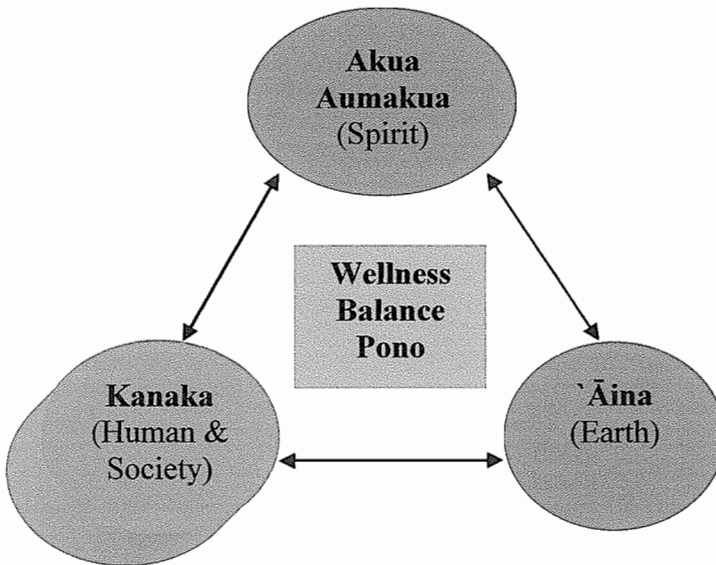
You may no longer find the plants which served as your medicine, the Wapine, Ha`uī, Koli, `Awa, Laukahi, Limu Kohu, and all those other names you can barely remember today.

You cannot find enough Poi to fill your hunger. You long to refresh yourself with your `Āina, but it seems beyond your ability to reach any more.



Kanaka ↔ Kanaka (social circles)

Disharmony often comes from one's family, peers, community, church, or other social circles.



Your pilikia may come from conflicts with your love ones or any tense relationships with 'Ohana members.

Your pilikia may also come from lack of employment or pressure from one's place of employment.

It may be due to some legal problems, concern over the world at war, disagreements in politics, religions, or cultural practices. People's interaction and conflicts with people can be a major cause of one's sense of imbalance.

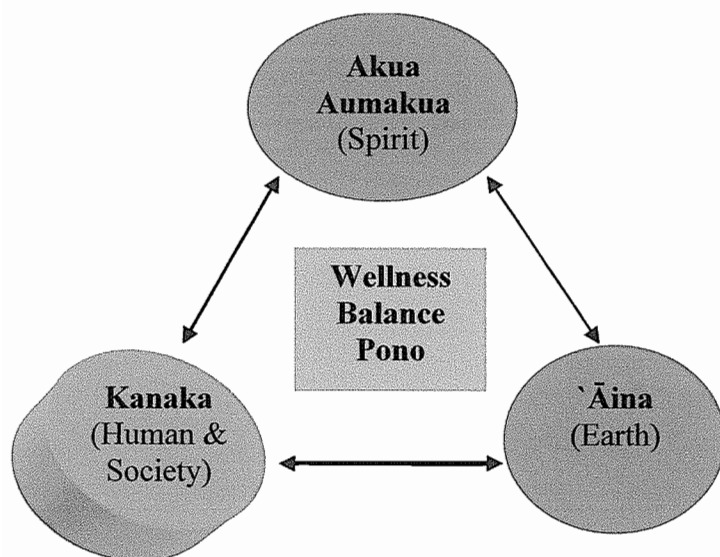
Techniques that can be helpful in bringing back a sense of balance within people include group discussions, changing social relationships, becoming involved and taking hold of the problem and trying to solve it, having a safety net of social support, etc.



Kanaka

Most common is the disharmony within your self.

That disharmony may be within an individual, caused by stress, psychological or emotional imbalance, brain chemistry instability, or other psychological illness.

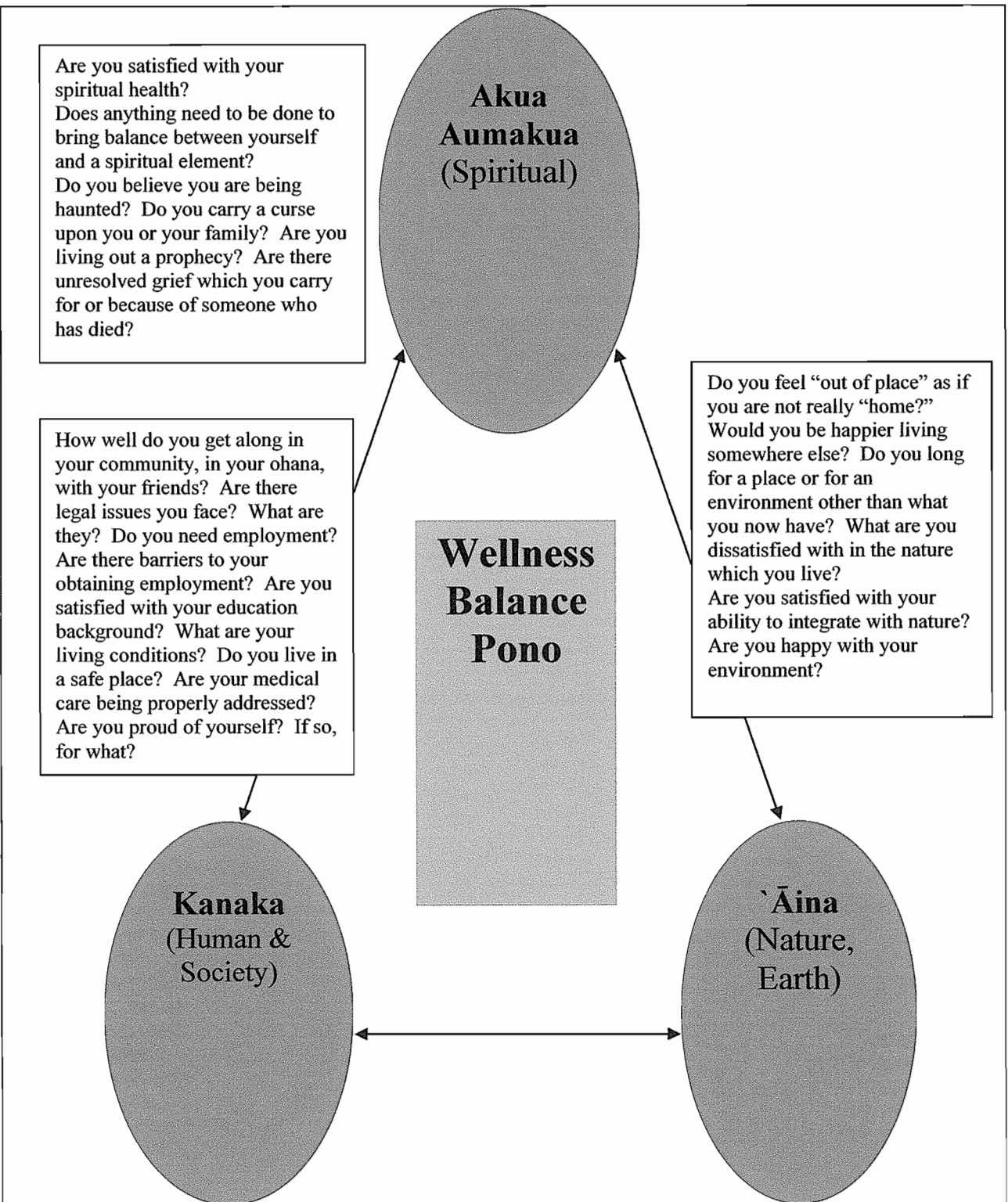


Keeping in harmony may employ a number of lifestyle adjustments including training and management of one's stress and recognizing areas of vulnerability for that individual.

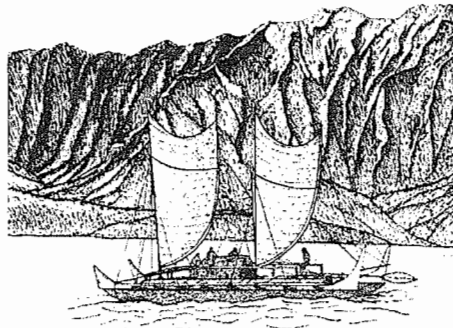
Appropriate medication may be another technique in maintaining balance.

A change in one's lifestyle, improving social conditions, coming to grips with the reality that one carries a condition of mental illness and will have to make accommodations for that illness - these are some of many ways in addressing the disharmony from within an individual.

Let's take some time to describe our personal wellness model.



VOYAGE TO RECOVERY



Talking Story
Part 3

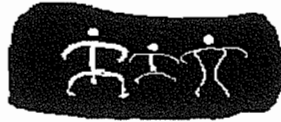


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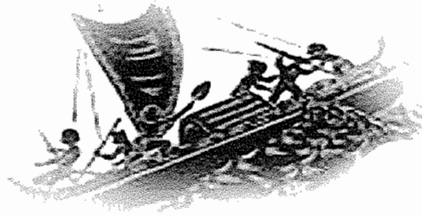
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Talking Story - (Part 3)

Identifying Strengths and Weaknesses

"HE POHŌ NA KA POHŌ,
O KE AKAMAI NO KE HANA A NUI"

(Losses come easily; it requires skill and wisdom to avoid them.)

`Ōlelo No`eau #904

Problems, weaknesses, headaches, troubles - these pilikia are easy to come by. No effort has to be made. Troubles just seem to roll into people's lives, some troubles bigger than others, for some people, more troubles than for others. Everybody have them. The real measure of wisdom is not how well we cry over our pilikia, but how well we avoid or overcome them. The great work is how smartly we deal with our pilikia.

Pehea `oe?

How are you?

Cómo está usted?

Ni hao ma?

In many different language, this polite inquiry is made as we meet and greet people. And in many different fashions, we hear their response. Generally, it's a pat answer - socially acceptable, not too complicated, not too involved, not too deep.

(Pehea `oe?) Maika`i no.

(How are you?) Fine, thank you.

(Cómo está usted?) Muy bien.

(Ni hao ma?) Hao.

Sometime, however, the answer comes out in a barrage of maladies, bad luck, and other complaints, covering a wide swath of social, physical, mental, economic, political, marital, or other issues.

“I’m depressed again, and my doctor won’t see me.”

“My back is so bad, I can’t get out of bed, unless I take 3 cans of beer to kill the pain first.”

“I can’t sleep enough at home. When I get to work, I’m continually falling asleep. I think I have ghost in my house. One night I heard . . . “

“I know somebody put a curse on me, and I can’t shake it. Now I have `uhane hele (traveling spirit). I’m losing weight, don’t want to eat, and my close friends don’t talk to me any more.”

“I keep having this recurring dream. I want to go back home to Kona, but I can not. My family lost our land. Now, this place is not the same. I miss the graves, raising cattle, and that whole life style. Now, my whole family only sit and drink and talk about Kona, but we can not go back.”

“Da lolo luna told me go dig up the grave. I tol him, “no way brah” and he wen say, “you no dig’um up, den go home and no come back work.” So I wen dig’um up. Since den, I all da time hea voices screaming in my pepeiao. “You rotten guy, why you wen dig us up?” Sometimes I see two people who come from the bones I wen find in the graves. Dey follow me, talk to me, scold me, scream at me, make plenty trouble with me. I tell `um, “get da hell away,” “leave me alone.” Sometimes I scream at `um. But dey come back again.

The challenge is not merely to elicit all of the maladies one is experiencing, but to tell about these maladies along a sensible, holistic structure of wellness. By following an orderly arrangement of the issues, causes, and perhaps, solutions to such maladies, we can pinpoint each issue and develop a plan to address them.

Mahiki – to peel off; to pry; “Think of peeling an onion,” explained Mrs. Pukui. . . “you peel off one layer and throw it away, so you can go on and peel off the next layer. That’s *mahiki*.” *Nana i ke Kumu, Vol. 1, Pukui, pp. 75-76 (See Attachment 2)*

- “. . . detailed questioning for any helpful purpose is *mahiki*. Taking a medical or psychiatric history or a social case history is *mahiki*.

“This serious questioning with intent to help is the exact opposite of the purposeless “nosey” inquisitiveness called *nīele*.

“Knowing and discussing this difference with the Hawaiian patient or client may help change resistance to rapport.” *Ibid. pp. 76-77*

The orderly arrangement Hale Na`au Pono uses to set out the strengths and weaknesses of an individual is the Wai`anae Wellness Model which depicts three basic points on the triangle - 1) God(s) or the Spiritual realm, 2) man & society (kanaka), and 3) nature or environment (`āina).

Here are some ideas for initiating discussions along this Wai`anae Wellness Model:

GOD(S) OR THE SPIRITUAL REALM

An important area of a person's life is spirituality. Some people don't like talking with others about their spirituality. Others welcome the opportunity to do so. Let's try the subject and see how far we can get.

How important to you is your sense of spirituality?

What religion do you practice?

What religion were you raised in?

Do you have any trouble with your relationship within your religion or belief system? Do you feel there is a need for some work or repair to be made in the area of spirituality?

Do you feel that your illness has anything to do with spirituality, ancestor influence, or a result of something said or done by or against a person who is now deceased?

Is there a part of spirituality you want to work on?

- ✦ Making right with God?

- ✦ Learning how to pray?

- ✦ Banish certain spirits?

- ✦ Strengthening your soul?

- ✦ Cutting off a curse?

- ✦ Getting a different name?

- ✦ Addressing ancestors' needs?

- ✦ Fulfilling your obligations: individual, family, ancestral?

MAN AND SOCIETY (KANAKA)

a) Relationship To Others

Another important area is one's relationship with others. Let's explore this question of relationships, which you may have.

Do you feel that your illness has something to do with your family?

What is the root of this pilikia? Who are the people involved?

Do you have a close relationship with your ohana? What is that relationship?

Do you feel there are secrets in your ohana which adds to your illness?

Can you tell about these secrets?

Are there supports for your illness to be found in your ohana?

Do you feel your illness has something to do with other social relationships?

What is the root of it? Who are the people involved?

Are there supports for your mental illness to be found in your social relationships?

Who do you spend time with regularly?

☞ Ohana?

☞ Congregation?

☞ Co-workers?

☞ Classmates?

☞ Spouse/Significant Other?

☞ Friends?

☞ My pets?

☞ Myself?

Why?

Do you have a close relationship with your ohana?

Is there anyone that you would like to spend more time with?

Who would you say are the supportive people in your life, the ones you can talk to about problems?

b) Physical Health Issues

A long time ago, in another land, a guy named Plato spoke of a healthy mind in a healthy body. This truism applies today as never before. Let's talk about this idea and how this applies to you.

Do you have any physical health problems?

Are you seeing a doctor for those health conditions?

What is your preference for means to solve your health problems?

- ☞ Western medicine,
- ☞ Hawaiian medicine,
- ☞ Alternative medicines,
- ☞ Pule (alone or in combination with la` au lapa` au (medicine))?

Do you take care of your physical health? How?

Are there areas you want to work on to improve/maintain physical health?

- ☞ Identify the right doctor?
- ☞ Help in being consistent in taking medication?
- ☞ Working with others-allowing others to help: Nurse, case managers, family members and friends?
- ☞ Do exercise regularly?
- ☞ Eat right?

What medications are you now taking?

What medications you should not take? What reaction will you have if you took these medicines.

What illnesses do you suffer from? Do you feel recovery is possible for these illnesses?

c) Life Style and Daily Routine

Life style and daily routine is probably the most influential factor affecting one's health. It strikes to the very reality of one's life, setting aside all the talking, promises, intentions, agreements, hopes and prayers. It's one of the most difficult aspects in someone's life. It's unlikely to change unless we lift it up for discussion and examination. Let's talk about it and see what changes can and should come about.

Where do you live? Do you live with family members, spouse, significant other, or roommates?

What is your typical day like?

Do you feel you need to change your current life style?

What particular life style do you want to change?

- ✦ Stop abusive ways—learn to control anger?
- ✦ Stop illegal drug use --
 - a) stop associating with wrong people;
 - b) find other friends;
 - c) get professional help?
- ✦ Stop just sitting around, wasting time, letting the day pass by.
- ✦ Get involved in something - school, sports, work, dancing, etc.
- ✦ Stop hanging with the guys who just do nothing all day.

d) Leisure Activities/Creative Outlets

How one chooses to spend leisure time can tell a lot about lifestyle and the possibilities for developing new lifestyles. Not only is it important how one spends leisure time, but how one would like to spend such time if opportunity, resources, or friends were available for such activities. Let's talk about our leisure activities, and what else we would like to do if we could.

What do you like to do when you have extra time on your hand?

What are your hobbies?

Dance hula?

Work in the fields?

Paddling?

Surfing?

Fishing?

What sports do you like to do/watch on TV?

Do you like to read? What kind of books?

Do you like to write or keep a journal?

Do you like to play an instrument?

Do you like listening to music? What kind of music?

Do you like movies or TV? Which movies or shows?

Do you like to draw or do other kinds of art?

Do you like to look at artwork?

e) Work Activities and Educational classes

One's work plays a major role in how a person identifies oneself. The type of education one has, and the choices of classes one selects, are also strong indications of one's hopes for one's future. Let's talk about work and education.

Are you working (part-time, full-time, volunteer)?

What do you do?

Are you happy with what you do?

What would you like to have as a job?

Are you willing to take classes or special training to help you reach your preferred job?

Are you in a training program now?

Are you taking classes?

Do you study any subjects on your own?

Are there any barriers to your getting a job or obtaining further education?

Are there ways to overcome such barriers?

f) Behavioral/Emotional problems

A major focus of services to a person with serious mental illness, is to approach the problem from a medical/neurological viewpoint, looking strictly at the chemical, physical, and biological functioning of the human body, especially the brain. But this is not the only approach. Another is to treat one's mental illness strictly from the psychological standpoint. Others like to call their approach "eclectic" or choosing the best from whatever system works.

Do you have a serious mental illness?

Can you name or describe such illness?

How often do you have symptoms which are products of your illness?

What are these symptoms? What causes them to occur?

At what point would you consider your condition to elevate to a crisis?

How would you identify this stage of crisis?

Do you think your pilikia is viewed as symptoms of mental illness by others?

How do you feel about it?

What do you think causes your pilikia?

Do you see a psychiatrist?

Do you take medication regularly? Do you think you need medication for your health problems? Do you know about the pros and cons of taking those medicines?

Are you getting Hawaiian or other alternative medicines to help you cope with your pilikia? Would you like such alternative medicines?

What do you do to help yourself prevent crisis?

How does stress affect you? How do you deal with stress?

What helps you cope with your pilikia?

What does the word "recovery" mean in relationship to your pilikia?

Previous Experience with Peer-Based Education or Recovery Programs

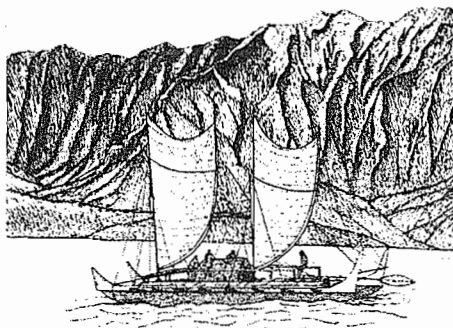
There has been various types of programs offered to consumers of mental health services. In what types of programs have you been involved?

- ☐ Recovery program?
- ☐ Self help program?
- ☐ Peer support program?
- ☐ Support group?
- ☐ Recovery Education program?
- ☐ Alcohol or Substance Anonymous?
- ☐ Family Education program?
- ☐ Others?

What programs have helped you in your recovery?

Pau

VOYAGE TO RECOVERY



Talking Story
Part 4

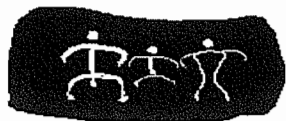


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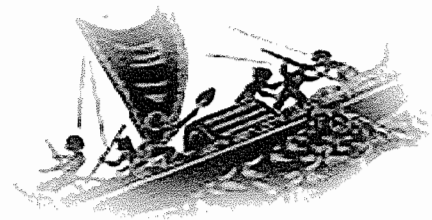


Hale Na'au Pono

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Talking Story - (Part 4) Preparing the Voyage to Recovery

"Ka lā Hiki Ola"

(The dawning of a new day)

There will always be the dawning of another day — life affords us many different opportunities, and it is up to us to grab hold of them

What is "Recovery"?

People define recovery in their own ways. Some people think of it as a voyage, a passage or a journey, while others think of it as a goal or a destination.

PONO – "Righteousness and Balance."

For some, recovery may just be achieving a state of Pono with oneself, with one's family, with one's God, with one's `āina. When people are "Pono" they have the feeling of contentment when things are good and right in their life. Pono teaches the attitude of positivism and optimism. Pono is a natural high without drugs or alcohol. Life itself excites: one is full of hope - seeing that the future can only get better.

Let's work together to set your personal recovery goals.

What is your goal and what pathways will you take to get there?



Useful Strategies for Recovery

People use a variety of ways to help themselves in the recovery process. If there is pilikia in the spiritual realm, someone may have the following goals:

- Spirituality
 - Making right with myself
 - Making right with God
 - Making right with somebody I hurt
 - Making right with something I did
 - Knowing how to pray

- Getting rid of spirits
- Strengthening my soul
- Cutting off a curse
- Getting a different name
- Addressing ancestors' needs
- Fulfilling obligations: individual, family, ancestral

An example:

"Being in touch with my spirituality is essential to me. I belonged to a church. I also found spirituality in thinking about my relationships with my ancestors, the land, and the ocean here in Hawaii. For a long time, I walked away from all of those things I was raised to respect, honor, and worship. Today, I feel adrift, lost, without a place to hook onto. I think I'll go back to my old church, hook back up with my minister, and clean up my soul by going to the ocean."

If one's pilikia is in the Kanaka realm, someone may decide on the following:

* **Maintaining physical health**

- Taking care of the Ma'i (medical illness)
- Getting the right medication: Western, Hawaiian or alternative
- Identify the right doctor
- Consistency in medication
- Working with others - allowing others to help: Nurse, case managers, family members and friends.
- Do exercise regularly: Tai Chi, paddle, fishing, surfing
- Maintain a healthy diet

An example:

"I know I'm diabetic. My mother and father are both diabetics. But I thought I was going to beat the odds. Never cared about nutrition, diet, and taking care of my weight. Now, I'm finally paying attention to my high blood sugar - only after I lost three toes, have very little feeling in my right foot, and the eye doctor told me I'll probably go blind in two years if I don't get my blood sugar under control. Today, I wish I could slap myself on my head for not listening to the doctors. But, there's always a new day coming. And I'm not going to waste any more days. I'm taking my medicine, going regularly to see the Doctor, listening to the dietician, and exercising regularly, even if it's only walking for a few miles every day. My good friend told me, "get serious or *make, it's all up to you sista, nobody else.*"

- **Changing Lifestyles**

- STOP abusive ways--control my anger by a) exercise; b) meditation; c) avoiding maddening circumstances; d) time-out.
- STOP illegal drug use -- a) stop associating with wrong people; b) find other friends; c) get professional help.
- GET direction in my life -- a) work at something: hobbies/job; b) learn something: return to school, play music, fix cars, cooking.

An example:

"I concentrate much better when I'm in a quiet environment. When things start to get noisy I get distracted and sometimes I get irritable. When I can, I seek out quieter places and situations with fewer people involved. It also upsets me to be around critical people. I avoid them when I can."

Another example:

I told her, "too late already, its my way of life, why change now. My friends are my friends, from long ago, and we into drugs only a little bit, and I work every once in a while."

Than my daughter told me, "Pop, if you feel that way, betta you go up the Pali and jump tomorrow, because you no damn good for the family. In fact, I willing to drive you up there and help you jump by pushing you over myself!"

I told her, "Honey girl, why you talk like dat to me. You no mo respect? I your dad?"

She said, "Pop, the ting is, I get mo love for my bradah's who beginning to tink living like you is o.k. I caught dem behind the house smokin weed. Dey only 8 and 10 years old, and dey said, "oh, if o.k. for Pop, must be o.k. for us. Ma is dead. I only 16, and I can not be watching dem day and night while all you do is bum around. So Pop, make it easy on us. o.k.? shape up or go kill yourself."

Dat was 3 years ago. I made new friends and dropped my old one, told my case manager, "enough fooling around, Help me through recovery." We made a plan, he stood by me. I've been clean ever since. Honey girl graduated from high school last year (the first of all my 10 kids) and enrolled in the community college. We all keep a close eye on the two boys. Pono? Yeah, real pono with my ohana now.

- **Becoming Involved in Self-Help Program**

- Attend a support group: e.g. church group, AA, NA, United Self-help, BRIDGES, recovery groups.
- Share experience
- Learn useful coping skills from each other
- Be a volunteer to give support to other people with similar problems

An example:

"I attend a support group for consumers at Wai'anae. It is part of a self- help program. Everyone in the group has experienced similar problems and issues that I experience. I feel very comfortable there. The other people understand what I am going through. They also have good ideas for solving certain problems."

(Contact information for a variety of self-help programs and resources is provided in the Appendix to this handout).

- **Developing a support system**

- Stay in touch with friends and family
- Allow others to help
- Fix broken 'Ohana

An example:

"It helps me to have friends and family I can do things with and talk things over with. Sometimes I have to work on these relationships and make sure I stay in touch. So, I go talk story with them. It's better for me not to rely on just one person."

- **Staying Active**

An example:

"I find that the more I do to stay active during the day, the better things go. I make a list each day of what I want to do. I try to list fun things as well as work things. Just being active makes me feel more confident."

- **Making Time for Leisure and Recreation**

An example:

"I can't just work all the time. I need time for leisure, too. I like hiking up the mountains, good exercise and fun, and sometime I go fishing with my cousin, too."

- **Creativity**

"I play the ukulele. It helps me to express my emotions and experiences. And sometimes I play with other people. It's very satisfying."

- **Following Through with Treatment Choices**

"I have chosen treatment that includes a self-help group, a part-time job, and taking medication. I like to be pro-active. Following through with those things makes me feel strong, like I can handle my daily challenges."

"I'm in a peer support program, and I see a therapist once a week who helps me figure out how to deal with some of the problems in my life. Both things have been important to my recovery."

Now, Think About the Following Questions:

What have you identified as pilikia for you? Can any of the suggestions for recovery apply to you?

<u>Strategies for Recovery</u>	I Already Use This Strategy	I Would Like to Try This Strategy or Develop It Further
Self-help programs e.g. join United Self-help support programs		
Staying active e.g. make a list of things I want to do each day		
Developing a support system, e.g. stay in touch with my ohana		
Maintaining physical health e.g. go surfing, hiking, paddling.		
Being aware of the environment and know how it affects you.		
Making time for recreation e.g. play the ukulele, go fishing.		
Expressing creativity e.g. woodcraft, painting		
Expressing spirituality e.g. go to church/ temple/ join culture activities		
Following through with my treatment choices (such as:)		

What's Important to You? What Goals Would You Like to Pursue?

Take a moment and think about the following questions. You don't have to answer them right away. Just think about them for now.

- What kind of friendships would you like to have?
- What would you like to do with your spare time?
- What kind of hobbies or sports or activities would you like to participate in?
- What kind of work (paid or volunteer) would you like to be doing?
- Are there any classes you would like to take?
- What kind of close relationship would you like to have?
- What kind of living situation would you like to have?
- Would you like to change your financial situation?
- How would you like to express your creativity?
- What kind of relationships would you like with your family?
- What kind of spiritual community would you like to belong to?

Some Tips About Setting Goals

People who are most effective at getting what they want often set clear goals for themselves and plan step-by-step what they are going to do.

The following suggestions may be helpful:

- Break down large goals into smaller, more manageable ones.
- Start with short-term goals that are relatively simple and that are likely to be achieved.
- Focus on one goal at a time.
- Get support in working on goals; other people's ideas and participation can make a big difference.
- Don't be discouraged if it takes longer than you think to accomplish a goal; this is very common.
- If your first attempt to achieve a goal doesn't work, don't lose heart and give up. Keep trying other strategies until you find something that works. As the saying goes: "Umia ka hanu."-Hold the breath. (Be patient. Don't give up too easily.)

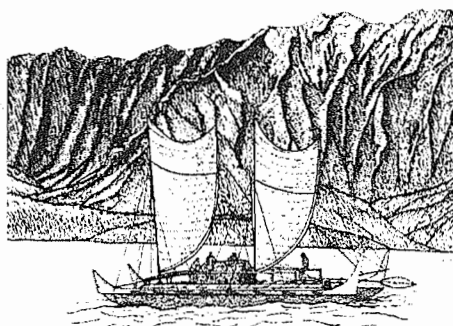
Goals Set in IMSR

Date Goal Set	Goal	Follow-up

Now, return to the Wai`anae Wellness Model. How can you change or add to it recovery goals? (remember, small bites at a time!)

Pau

VOYAGE TO RECOVERY



Pathway 1



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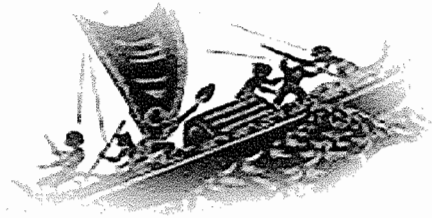


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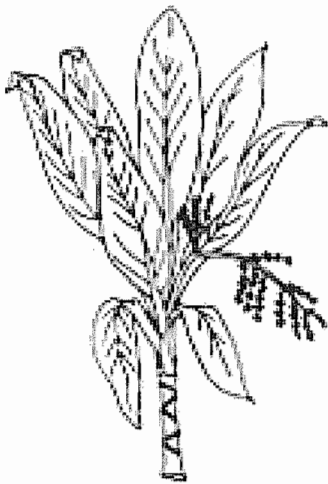
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VOYAGE TO RECOVERY

Pathway 1-

Learning the Practical Facts about
Bipolar Disorder



Canoe Plants of Ancient Hawai'i

--- Ki



Prepare your ship...

Who You Are -- Mind, Body, Spirit-Influence
How You Sail

There are some facts we can learn about Bipolar Disorder

Let's find out what they are...

What is Bipolar Disorder?

- It's a major mental illness that affects many people
- Sometimes referred to as *manic depression*
- About 1 out of 100 people may develop the disorder at some point in their life
- It's no shame to have it. Bipolar disorder occurs in every country, culture, racial group and at every income level

Bipolar disorder causes pilikia that can interfere with many aspects of one's life. One of the pilikia is severe mood swings:

"Like riding the top of the wave (mania) and getting slammed to the bottom of the sea (depression)"

Another pilikia of bipolar disorder is difficulty to know what's real and what's not real (psychotic symptoms).



IMPORTANT TO KNOW

HELP IS JUST AROUND THE CORNER!

There are many reasons to be hopeful about the future:

- There is effective treatment for bipolar disorder.
- People with bipolar disorder can *learn to manage their pilikia*
- People with bipolar disorder can *lead productive* lives.

The more you understand about the illness and take an active role in your treatment, the better you will feel and the more you can accomplish toward your life goals.

Bipolar disorder is a major mental illness that affects many aspects of a person's life.

1 out of every 100 people develops bipolar disorder at some point in their lives.

People can learn to manage the pilikia of bipolar disorder and lead productive lives.

Question: What did you know about bipolar disorder before you had a personal experience with it?

How Is Bipolar Disorder Diagnosed?

Diagnosis is based on a clinical interview conducted by a specially trained professional, usually a doctor, sometimes a nurse, psychologist, social worker or other mental health practitioner.

Questions are asked about the pilikia you have experienced and how you are functioning in different areas of your life, such as relationships and work.

There is currently no blood test, X-ray, or brain scan that can be used to diagnose bipolar disorder.

The doctor may also request a physical exam and certain lab tests or blood tests in order to rule out other causes of your highs and lows or your inability to see between what's real and not real, such as a brain tumor or an injury to the brain.

Question: How long did it take for a mental health professional to accurately diagnose the pilikia you experienced?

What are the signs of bipolar disorder?



Important! Remember, the signs and symptoms of bipolar disorder can be found in other mental disorders.

Specifying a diagnosis of bipolar disorder is based on a combination of different symptoms, how long they have been present, and their severity. Pilikia that occur only when a person has used alcohol or drugs are not included.

No one has the exact same pilikia or is bothered to the same degree. You may, however, recognize having experienced some of the following:

Extremely High Moods Are Called "Mania."

"Like I riding da top of da wave"

People who have had periods of mania have reported the following pilikia:

- **Feelings of extreme happiness or excitement.** "I was so happy with my life; I felt like I was on top of the world. I thought the whole world loved me and worshipped me."
- **Feeling irritable.** "I thought I had a brilliant plan for making thousands of dollars. I got very irritated when people asked questions that seemed to doubt me."
- **Feeling unrealistically self confident.** "I sent a hand written script to Steven Speilberg. I was absolutely sure that he would buy it immediately for his next movie."
- **Sleeping less.** "I felt like I only needed two hours of sleep a night. I was too excited to sleep any more than that."
- **Talking a lot.** "People told me I was talking all the time; they couldn't get a word in edgewise. I couldn't seem to stop myself because I had so much to say."
- **Having racing thoughts.** "My head was so full of thoughts I couldn't keep up with them."

- **Being easily distracted.** "I couldn't concentrate on what my English teacher was saying, I was distracted by every other sound - the ticking of the clock, the air conditioner humming, a car driving by, someone walking by in the hall, a bird singing outside the window. It was very overwhelming."
- **Being extremely active.** "Sometimes I would work 20 hours a day on my inventions. Or I would rearrange every stick of furniture in my house - then change it again the next day."
- **Having bad judgment.** "I thought nothing bad could happen to me, so I spent everything in my bank account, borrowed from everyone I knew, then ran up all my charge cards. I also had a one night stand with someone that I didn't know at all - I was lucky he didn't have AIDS or something."

Extremely Low Moods Are Called "Depression."

"Den I smashed da bottom."

"Ho bra, you wen eat plenty sand for lunch"

- **Sad mood.** "I couldn't see anything positive in my life. Everything seemed dark and negative."
- **Eating too little or too much.** "When I am depressed, I lost all interest in food. Nothing looks good and I hardly eat anything. I lost ten pounds the last time."
- **Sleeping too little or too much.** "I had a lot of trouble falling asleep at night. I would lay awake for hours, tossing and turning. Then I would wake up at 4:00 a.m. and not be able to go back to sleep. Other people I know with depression have the opposite problem. They feel like sleeping all the time - they spend 12 hours or more a day in bed."
- **Feeling tired and low energy.** "I dragged myself to work each morning, but I could barely answer the phone once I got there. Everything seemed like such an effort."
- **Feeling helpless, hopeless, worthless.** "I broke up with my boyfriend because I thought I was a loser and he shouldn't be stuck with me. He deserved better. It seemed like nothing I did turned out right. I saw nothing but heartache in my future."
- **Feeling guilty for things that aren't your fault.** "I started feeling responsible for

all kinds of things: my brother's having cerebral palsy, the car accident that happened in front of my house, even the hurricane that blew the roofs off the buildings down in Florida. Somehow I thought it was all my fault."

- **Suicidal thoughts or actions.** "When I reached the bottom, I felt that the only way out was to leave this world. I thought my wife and kids would be better off without me. Luckily, I didn't do anything to hurt myself, although I considered it."
- **Trouble concentrating and making decisions.** "It took me over an hour to read a one page letter from my bank. I couldn't keep my mind focused. And one day I couldn't go to work because I couldn't decide what shirt to wear."

Symptoms Which Make It Hard to Know What's Real Are Called "Psychotic Illness."

Some people with bipolar disorder have psychotic pilikia. They have described the following experiences:

- **Hearing, seeing, feeling or smelling something that is not actually there (hallucinations).** "I heard different kinds of voices. Sometimes the voices were o.k., just making comments like "now you're eating lunch." But sometimes the voices said things like "you're stupid; no one wants to be friends with such a loser."
- **Or they might say scary things about other people,** "he has a knife and wants to kill you."
- **Having very unusual or unrealistic beliefs that are not shared by others in your culture or religion (delusions).** "I was convinced that I had special mental powers that could stop missiles in their tracks. I thought the FBI was after me because they wanted to control these powers. I even thought the TV was talking about this."
- **Confused thinking (thought disorder).** "I used to try to tell my sister what I was thinking, but I would jump from topic to topic and she told me she had no idea what I was talking about."

Question: Which of the pilikia have you experienced? You can use the following checklists to record your answer.

Pilikia of Mania

Pilikia of Mania	I Had This Pilikia	Example
Feeling Extremely Happy or Excited		
Feeling Irritable		
Feeling Unrealistically Self Confident		
Sleeping Less		
Talking Alot		
Having Racing Thoughts		
Being Easily Distracted		
Being Extremely Active		
Having Faulty Judgment		

Pilikia of Depression

Pilikia of Depression	I Had This Pilikia	Example
Sad Mood		
Eating Too Little or Too Much		
Sleeping Too Little Or Too Much		
Feeling Tired and Low Energy		
Feeling Helpless, Hopeless, Worthless		
Feeling Guilty for Things That Weren't My Fault		
Suicidal Thoughts or Actions		
Trouble Concentrating & Making Decisions		

Pilikia of Psychosis

Symptom of Psychosis	I Had This Symptom	Example
Hearing, Seeing, Feeling or Smelling Something That is Not Actually Present		
Confused Thinking		
Having Very Unusual or Unrealistic Beliefs That Are Not Shared by Others in My Culture		

Bipolar Disorder is NOBODY'S Fault

Neither you nor your family members or anyone else caused your disorder. Scientists believe this pilikia is caused by a chemical imbalance in the brain. These chemicals are called "neurotransmitters." It sends messages around the brain. When they become imbalanced, they can cause extreme shifts in your mood. This chemical imbalance can also cause the brain to send messages that contain *wrong* information.

What Causes the Chemical Imbalance?

Scientists do not know what causes this chemical imbalance, but they believe that whatever causes it happens before birth. This means that some people are born at risk for developing bipolar disorder and then develop pilikia at a later age.

Does Stress Play A Role?

YES, it is believed to play a role in the onset and course of bipolar disorder. The theory of how vulnerability and stress interact with each other is called the "stress vulnerability model." More information on this subject is provided in the handout "Talking Story (Part 2)-Kumu Ola Pono - the Wai'anae Wellness Model"

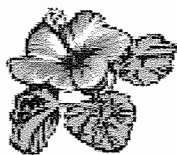
Many questions about bipolar disorder remain unanswered.

Stress is also believed to play a role in the onset of bipolar and the course of the disorder.

Question: What other explanations have you heard about what causes bipolar disorder?

What is the course of bipolar disorder? What happens after you first develop this pilikia?

- People usually develop bipolar disorders as teenagers or young adults (appx. age 16-30).
- People can also have their first symptoms when they are in their 40's or 50's.
- People vary how often they have this pilikia, the severity and how much the disorder interferes with their lives.
- It affects people in very different ways; some have a milder form of the disorder and only have it a few times in their lives. Others have a strong form of the disorder and have several episodes, some of which require hospitalization.
- Associated with intense emotional life events, pushing the "highs" higher and the "lows" lower. If it tends to get worse, this is usually referred to as a "symptom exacerbation" or an "acute episode" or a "relapse."
- Some relapses can be managed at home, but others may require hospitalization to protect the person or others.



With effective self-management, case management, therapy, and medication management, most people with bipolar disorder can reduce their pilikia and live productive, meaningful lives.

Questions:

What has been your experience with your pilikia?

How have you managed your pilikia?

Who do you turn to for Kako`o?

Do you self-medicate or resist taking medication?

What is your plan for treating your pilikia?

Question: Have you ever experienced stigma because of psychiatric disability?

What are some of the steps you can take to manage your pilikia?

By reading this going thru this pathway, you are already taking an important step, which is to learn some practical facts about your disorder.

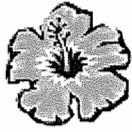
Other important steps include:

- Learning how to cope with stress
- Building a circle of friends
- Developing a crisis prevention plan
- Using medication effectively
- Learning how to cope with pilikia
- Getting your needs met in the mental health system

These steps will be covered in the other recovery pathways

What you do makes a difference in your recovery.

There are steps you can take to manage psychiatric pilikia effectively.

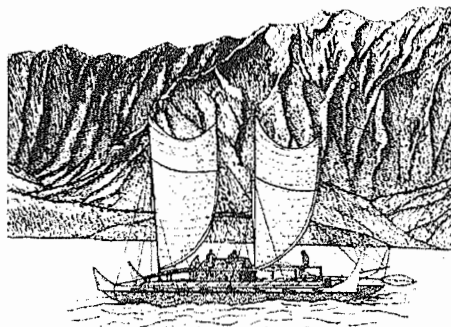


Summary Of The Main Points About Bipolar Disorder

- Bipolar disorder is a major psychiatric disorder that affects many aspects of a person's life.
- 1 in every 100 people develops bipolar disorder at some point in his or her life.
- People can learn to manage the pilikia of bipolar disorder and lead productive lives.
- Bipolar disorder is diagnosed by a clinical interview with a mental health professional.
- The major pilikia of bipolar disorder are mania, depression, psychotic pilikia.
- No one has exactly the same pilikia or experiences them to the same degree.
- Bipolar disorder is nobody's fault.
- Scientists believe that bipolar disorder is caused by a chemical imbalance in the brain.
- Bipolar disorder tends to be episodic, with pilikia coming and going at varying levels of intensity.
- There are countless positive examples of people with bipolar disorder who have contributed to society.
- Stigma refers to negative opinions and attitudes about mental illness.
- What you do makes a difference in your recovery.
- There are steps you can take to manage psychiatric pilikia effectively.

PAU

VOYAGE TO RECOVERY



Pathway 2



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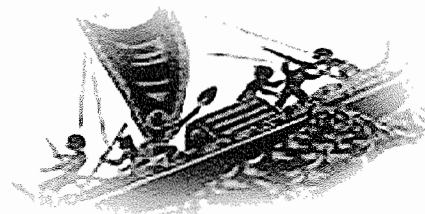


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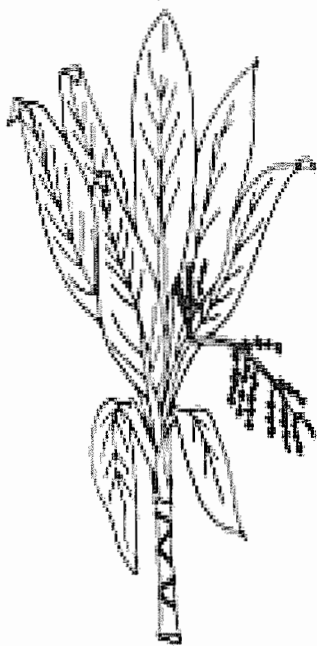


VOYAGE TO RECOVERY

Pathway 2-

Learning the Practical Facts about Schizophrenia

Vision or Hallucination?



A true vision or voice does not
harm. It comes to tell you
something or to advise and help."

Nana I Ka Kumu, Look to the Source,
QLCC, Puku'i, Haertig, Lee. Pg 15

Canoe Plants of Ancient Hawai'i

---Ki



Prepare your ship...

**Who You Are -- Mind, Body,
Spirit -- Influence How You Sail.**

There are some facts we can learn about
Schizophrenia

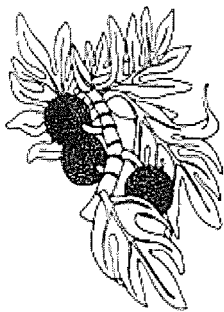
Let's find out what they are...

There are countless positive examples of people with schizophrenia who have contributed to society

"I was about 16 at the time that I underwent a horrifying experience. . . One late morning, I began hearing sounds of evil chaos ... The chaos may have been coming from demons or from my mind. I do not know. . . round that time, I was starting to take drugs. . . took an overdose of belladonna and spent three days in the psychiatric ward of Tripler Army Medical Center, tied down with four-point restraints and undergoing convulsions. . . I have been hospitalized 17 times, but I have not been hospitalized since I left the Hawaii State Hospital in January 1996. . . Now, at the age of 52, I have survived. . . I plan to continue writing and sharing with my peers who are also mentally ill. . . because it makes me feel good."

(Zenko Paul Sakomizu shared his story about coping with mental illness in the *Honolulu Advertiser*, 8th July 2004.

Zenko Paul Sakomizu is a writer living in Hawai'i who has struggled with schizophrenia and homelessness for years. He writes about his recovery so that other individuals with schizophrenia can learn from his experience and he advocates for pilikia management through medication and psychological help).



With effective treatment most people with schizophrenia can reduce their pilikia and live productive and meaningful lives

Introduction

This handout provides information about *schizophrenia*. Facts are given about how we know someone has schizophrenia, the pilikia caused by this disorder, and how common it is, and the possible courses of the disorder. Several examples are included of people who have schizophrenia and have made positive contributions to society.

What is Schizophrenia?

- It's a major mental illness that affects many people
- About 1 out of 100 people develops schizophrenia at some point in their life
- It's no shame to have it; Schizophrenia occurs in every country, culture, racial group and at every income level

Schizophrenia causes pilikia that can make it difficult for you to do things you normally do.

Some pilikia make it difficult to know what's real and what's not real. These pilikia have been described as being similar to "dreaming when you are wide awake."

Other pilikia can make it difficult for you to focus, to get motivated, or to enjoy yourself.



IMPORTANT TO KNOW

HELP IS JUST AROUND THE CORNER!

There are many reasons to be hopeful about the future:

- ☞ There are treatments that work for schizophrenia.
- ☞ People with schizophrenia can *learn to manage their Pilikia*.
- ☞ People with schizophrenia can *lead productive lives*.

The more you understand about the illness and take an active role to manage your pilikia, the better you will feel and the more you can accomplish toward your life goals.

Schizophrenia is a major mental illness that affects many aspects of a person's life

1 out of every 100 people develops schizophrenia at some point in their lives

People can learn to manage the pilikia of schizophrenia and lead productive lives

Question: What did you know about schizophrenia before you had personal experience with it?

How Do You Know If Someone Has Schizophrenia?

Schizophrenia is diagnosed based on a clinical interview conducted by a specially trained professional, usually a doctor, but sometimes a nurse, psychologist, social worker or other mental health practitioners.

Questions are asked about the pilikia you have experienced and how you are functioning in different areas of your life, such as relationships and work.

The doctor may also request a physical exam and certain lab tests or blood tests in order to rule out other causes of symptoms, such as a brain tumor or an injury to the brain.

There is currently no blood test, X-ray, or brain scan that can be used to diagnose schizophrenia.

Question: How long did it take for a mental health professional to accurately diagnose the pilikia you experienced?

What Are The Signs of Schizophrenia?



Important! Remember, the signs and symptoms of schizophrenia can be found in other mental disorders.

Specifying a diagnosis of schizophrenia is based on a combination of different symptoms, how long they have been present, and their severity. Pilikia that occur only when a person has used alcohol or drugs are not included.

No one has the exact same pilikia or is bothered to the same degree. You may, however, recognize having experienced some of the following:

The Major Pilikia of Schizophrenia Are:

- ✎ Hallucinations
- ✎ Delusions
- ✎ Thought Disorders
- ✎ Cognitive Difficulties
- ✎ Decline in Social or Occupational Functioning
- ✎ Disorganized or Catatonic Behavior
- ✎ Negative Symptoms (Lack of Energy, Motivation, Pleasure or Emotional Expression)

"Hallucinations" Are False Perceptions

This means that people

Hear, See, Feel or Smell something that is not actually there.

"Hearing Voices" Is The Most Common Type of Hallucination.

Some voices might be pleasant, but many times they are unpleasant, saying insulting things or calling people names.

When people hear voices, it seems like the sound is coming in through their ears and the voices sound like other human voices. It sounds extremely real. This experience is different from hearing yourself think.

Some Examples:

- ✦ "The voices have been bothering me all night."
- ✦ "A voice kept criticizing me and telling me that I was a bad person."
- ✦ "Sometimes I heard two voices talking about me and commenting on what I was doing."

Many People Also Experience "Visual Hallucinations", Which Involve Seeing Things Which Are Not There.

Some Examples:

- ✦ "Once I saw a lion standing in the doorway to my bedroom. It looked so real."
- ✦ "I thought I saw fire coming in the window. No one else saw it."

.....
: In some cultures, communicating with ancestors is a common :
: practice. You may need to check with family or community :
: members to see if the voices you hear are culturally-based :
: before labeling them as hallucinations. :
:.....

"Delusions" Are False Beliefs

This means that people have strong beliefs that are firmly held and unshakeable, even when there is evidence that contradicts them, and these beliefs are very individual, and not shared by others in their culture or religion.

Delusions seem very real to the person experiencing them, but they seem impossible and untrue to others.

Some Examples:

- ✍ "I believed that someone was trying to poison me."
- ✍ "I was convinced that the TV was talking about me."
- ✍ "I believed that I was fantastically wealthy, in spite of the balance in my bank account."
- ✍ "I thought that people were reading my thoughts."
- ✍ "No matter what the doctor said, I was convinced that I had parasites."
- ✍

A "Thought Disorder" Is Confused Thinking

This pilikia makes it difficult to stay on the topic, use the correct words, form complete sentences, or talk in an organized way that other people can understand.

Some Examples:

- ✍ "People told me I jumped from topic to topic. They said I wasn't making sense."
- ✍ "I used to make up words when describing things to my brother, but he said he didn't understand what I was saying."
- ✍ "I'd be talking and suddenly I would stop in the middle of a thought and couldn't continue. It was like something was blocking my thought."
- ✍

"Cognitive Difficulties" Are Problems with Concentration, Memory and Abstract Reasoning

This means that people might have problems with paying attention, remembering things, and understanding concepts.

Some Examples:

- ✦ "I had trouble concentrating on reading or watching TV."
- ✦ "I couldn't remember plans or appointments."
- ✦ "I had problems understanding complicated ideas."

A "Decline in Social or Occupational Functioning" Means Spending Much Less Time Socializing with Other People or Being Unable to Work or Go to School

This pilikia is especially important, because it must be present for at least 6 months in order to diagnose schizophrenia. It is also important because it has a big impact on people being able to carry out their kuleana, such as taking care of themselves or their children or their household responsibilities.

Some Examples:

- ✦ "It became very uncomfortable to spend time with people. I went from loving to spend time with my ohana to dreading it and avoiding it whenever I could."
- ✦ "I couldn't do the cooking and cleaning any more. Everyday chores became absolutely too much to me."
- ✦ "My job was very important to me, but it became very hard for me. I tried very hard, but I had trouble with even the most basic tasks. It was very hard to explain to anyone."

✦

"Disorganized Or Catatonic Behavior" Refers to Two Different Extremes of Behavior . . . Both Are Relatively Rare

"Disorganized Behavior" is behavior that appears random or purposeless to others.

"Catatonic Behavior" refers to when a person stops almost all movement and is immobile (or almost completely immobile) for long periods of time.

An Example of Disorganized Behavior:

"I used to spend whole days moving all the pots and pans from the kitchen to the basement to the bathroom then back to the kitchen. Then I'd start all over again."

An Example of Catatonic Behavior:

"I don't remember this, but my brother told me that before I started getting help, I used to sit in the same chair for hours and hours. I wouldn't move a muscle, not even to take a drink of water."

"Negative Symptoms" Are the Lack of Energy, Motivation, Pleasure and Expressiveness

People would have problems with starting and following through with plans, being interested in and enjoying things they used to like, or have problems with expressing their emotions to others with their facial expression and voice tone. While these pilikia may be accompanied by feelings of sadness, often they are not.

Some Examples:

- ✦ "I stopped caring about how I looked. I even stopped taking a shower."
- ✦ "It was so hard to talk story with people, even when I liked them."
- ✦ "I didn't have the energy to go to work or go out with friends or family or follow through with plans."
- ✦ "Things that used to be fun, like surfing and fishing, didn't seem fun anymore."
- ✦ "People told me they couldn't tell what I was feeling. They said they couldn't read my face. Even when I was interested in what they were saying, they thought I was bored or not interested."

No one has exactly the same pilikia or experiences them to the same degree

Question: Which of the pilikia have you experienced? You can use the following checklist to record your answer.

Pilikia	I Had This Pilikia	Example of What Happened to Me
Hallucinations (hearing, seeing, feeling or smelling something that is not there)		
Delusions (having a strong belief that is firmly held in spite of contrary evidence)		
Thought disorder (difficulty with thinking clearly and expressing myself clearly)		
Cognitive Difficulties (problems with concentration, memory and reasoning)		
Disorganized or Catatonic Behavior (random behavior or remaining motionless)		
Negative Pilikias (lack of energy, motivation, pleasure, and emotional expressiveness)		
Decline in Social or Occupation Functioning (less time socializing, problems doing work)		
Other		
Other		

What Causes Schizophrenia?

Schizophrenia is Nobody's Fault

This means that you did not cause the disorder, and neither did your family members or anyone else.

Scientists believe that the pilikia of Schizophrenia are caused by a chemical imbalance in the brain/chemicals called "neurotransmitters" send messages in the brain. When they are out of balance, they can cause the brain to send messages that contain wrong information.

Scientists do not know what causes this chemical imbalance, but they believe that whatever causes it happens before birth. This means that some people are born at

risk for developing Schizophrenia and then develop pilikia at a later age.

Does Stress Play A Role?

YES, it is believed to play a role in the onset and course of Schizophrenia. The theory of how vulnerability and stress interact with each other is called the "stress vulnerability model." More information on this subject is provided in the handout "Pathway 4-A Look at the Stress - Vulnerability Model."

Many questions about Schizophrenia remain unanswered. There are many research projects underway to try to learn more about the illness.

Question: What other explanations have you heard about what causes Schizophrenia?

The Course of Schizophrenia

What Happens After You First Develop Pilikia?

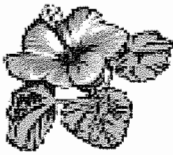
Most people develop Schizophrenia as teenagers or young adults, around age 16 to age 30.

People vary in how often they experience the pilikia, the severity and how much these pilikia interferes with their lives.

Schizophrenia affects people in very different ways.

- Some people have a milder form of the disorder and only experience the pilikia a few times in their lives.
- Other people have a stronger form and have several episodes, some of which require hospitalization.

- ✿ Some people experience the pilikia almost constantly, but do not have severe episodes that require hospitalization.
- ✿ When pilikia reappear or get worse, this is usually referred to as having a crisis. (More information on this subject is provided in the handout "Pathway 9-Building Strength and Reducing Crises")
- ✿ Some crises can be managed at home, but other crises may require hospitalization to protect the person or others.



With effective self-management, case management, therapy, and medication, most people with Schizophrenia can reduce their pilikia and live productive, meaningful lives.

Questions:

What has been your experience with your pilikia?

How have you managed your pilikia?

Who do you reach out to for kokua?

Do you self-medicate or resist taking medication?

What is your plan for treating your pilikia?

Examples of People Who Have Schizophrenia

John Nash (1928 to present) is an American mathematician who made discoveries in math that had very important applications in the field of Economics. He won the Nobel Prize for Economics in 1994. His story is told in *A Beautiful Mind*, a book that has also been made into a movie.

Patricia E. Deegan Ph.D. is a psychiatric survivor, first diagnosed with Schizophrenia as a teenager. She received her doctorate in clinical psychology from Duquesne University in 1984. She is an activist in the consumer/survivor/ex-patient movement and a co-founder of the National Empowerment Center Inc. She was a keynote speaker at the 2005 Best Practices Conference in Honolulu, Hawaii speaking on the topic of recovery from mental illness.

Zenko Paul Sakomizu is a writer living in Hawai'i who has struggled with Schizophrenia and homelessness for years. He writes about his recovery so that other individuals with Schizophrenia can learn from his experience and he advocates for pilikia management through medication and psychological help.

Other people who have developed Schizophrenia are not famous, but are quietly leading productive, creative, meaningful lives:

Mr. X: works in an art supply store. He has a close relationship with his two brothers and goes bowling with them regularly. He likes to draw and plans to take an evening art class in the coming year.

Ms. Y: is married and has two children in elementary school. She participates in the home and school association and enjoys gardening.

Mr. Z: lives in a group home and volunteers at the zoo. He used to need frequent hospitalizations, but has successfully stayed out of the hospital for 2 years. He is looking for paid employment.

There are countless positive examples of people with Schizophrenia who have contributed to society

Question: Do you know other people with Schizophrenia?

If, so, what are some examples of their personal strengths?

What are some of the steps you can take to manage your pilikia?

By reading this handout, you are already taking an important step, which is to learn some practical facts about your disorder.

Other important steps include:

- 🔊 Learning how to cope with stress
- 🔊 Building a circle of friends
- 🔊 Developing a crisis prevention plan
- 🔊 Using medication effectively
- 🔊 Learning how to cope with pilikia
- 🔊 Getting your needs met in the mental health system

These steps will be covered in the other recovery pathways

What you do makes a difference in your recovery.

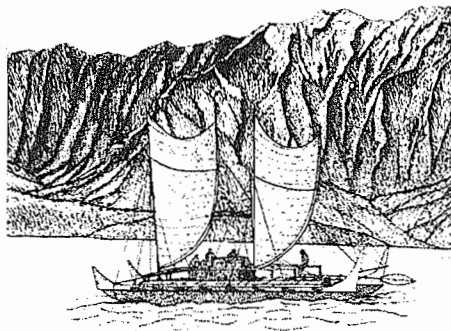
There are steps you can take to manage psychiatric pilikia effectively.



Summary of the Main Points about Schizophrenia

- Schizophrenia is a major psychiatric disorder that affects many aspects of a person's life.
- 1 in every 100 people develops Schizophrenia at some point in his or her life.
- People can learn to manage the pilikia of Schizophrenia and lead productive lives.
- Schizophrenia is diagnosed by a clinical interview with a mental health professional.
- The major pilikia of Schizophrenia are:
 - Hallucinations
 - Delusions
 - Thought Disorders
 - Cognitive Difficulties
 - Decline in Social or Occupational Functioning
 - Disorganized or Catatonic Behavior
 - Negative Symptoms (lack of energy, motivation, pleasure or emotional expression)
- No one has exactly the same pilikia or experiences them to the same degree.
- Schizophrenia is nobody's fault.
- Scientists believe that Schizophrenia is caused by a chemical imbalance in the brain.
- Schizophrenia tends to be episodic, with pilikia coming and going at varying levels of intensity.
- There are countless positive examples of people with Schizophrenia who have contributed to society.
- Stigma refers to negative opinions and attitudes about mental illness.
- What you do makes a difference in your recovery.
- There are steps you can take to manage psychiatric pilikia effectively.

VOYAGE TO RECOVERY



Pathway 3



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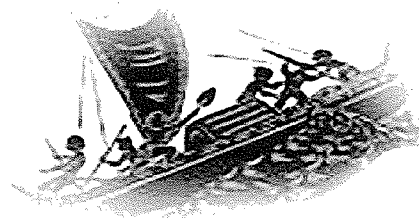


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VOYAGE TO RECOVERY

Pathway 3-

Learning the Practical Facts about Depression

In Hawai'i, the Po'e Kahiko (People of Old) said:



"Ikiiki i ka la o Keawalua."

Depressed with the heat of Keawalua.

(Feeling sick and tired of living in an atmosphere of unkindness and hatred)

`Olelo No`eau #1214

Canoe Plants of Ancient Hawai'i

--- Ki



Prepare your ship...

*Who You Are -- Mind, Body,
Spirit -Influence How You Sail.*



Introduction:

Depression can knock you out! It can hit so hard, you don't realize what happened until all around you, things fall apart, and worse of all, you don't give a damn. Many times we don't know how to get out of this dark cave called depression. Falling into it seems to be easier than climbing out.

This pilikia is an illness the Hawaiians call "kaumaha." It's not just our being molowā or lazy. It's not any bad upbringing, or bad character. Kaumaha can be handled - there is a way to climb out of the cave!

There are some facts we can learn about
Kaumaha

*It is a major illness that
impacts many aspects of a person's life.*

*15-20 people in every 100 (almost 1 out of 4) have a period of
serious depression at some point in their lives.*

Kaumaha can be managed. People can learn to lead productive lives.

Kaumaha is nothing to be ashamed. Letting it get out of hand and ruin one's life is lōlō! (stupid)

Depression Causes Pilikia That Can Interfere With Many Aspects of People's Lives:

- It causes people to have extremely low moods; they feel very sad or "blue" and they feel they can't get out of it.
- Some folks lose their appetite, cannot sleep or sleep too much. Some just cannot find energy to do anything.
- Kaumaha can throw work and social life topsy-turvey.

HELP IS JUST AROUND THE CORNER!

(Eh Bra, look, get steps to climb out the cave)

There are many reasons to be hopeful about the future:

- There is effective treatment for depression
- People with depression can *learn to manage their pilikia*
- People with depression can *lead productive lives*

The more you understand about the illness and take an active role in your treatment, the better you will feel and the more you can accomplish toward your life goals.

"A'OHE PU'U KI'EKI'E KE HO'Ā'O 'IA E PI'I"

(No cliff is so tall it cannot be scaled.)

ʻŌlelo No'eau, Puku'i, #209



Things can change. Believe in yourself.

Question: What does Depression mean to you?

How Is Depression Diagnosed?

Diagnosis is based on a clinical interview conducted by a specially trained professional, usually a doctor, sometimes a nurse, psychologist, social worker or other mental health practitioners.

Questions are asked about the pilikia you have experienced and how you are functioning in different areas.

There is currently no blood test, X-ray, or brain scan that can be used to diagnose depression.

The doctor may also request a physical exam and certain lab tests or blood tests in order to rule out other causes of the pilikia, such as a brain tumor or an injury to the brain.

Question? How long did it take for a mental health professional to accurately diagnose the pilikia you experienced?



What Are The Signs of Depression?

Extremely low moods are called "Depression."

- **Sad Mood.** "I see no good things in my life. Everything looks dark and negative."
- **Eating Too Little or Too Much.** "When I am depressed, I lose all interest in food. I don't eat anything. I know this is no good for my health but I just don't feel like eating"
- **Sleeping Too Little or Too Much.** "I had a lot of trouble falling asleep at night. I would lay awake for hours, tossing and turning. Then I would wake up at 4:00 a.m. and not be able to go back to sleep. Other people I know with depression have the opposite problem. They feel like sleeping all the time - they spend 12 hours or more a day in bed."
- **Feeling Tired and Low Energy.** "I dragged myself to work each morning, but I could barely answer the phone once I got there. Everything seemed like such an effort."
- **Feeling Helpless, Hopeless, Worthless.** "I broke up with my boyfriend because I thought I was a loser and he shouldn't be stuck with me. He deserved better. It seemed like nothing I did turned out right. I saw nothing but heartache in my future."
- **Feeling Guilty For Things That Aren't Your Fault.** "I started feeling responsible for all kinds of things: my brother's having cerebral palsy, the car accident that happened in front of my house, even the hurricane that blew the roofs off the houses in Kauai. Somehow I thought it was all my fault."
- **Suicidal Thoughts or Actions.** "When I reached the bottom, I felt the only way out was to leave this world. I thought my wife and kids would be better off without me. Luckily, I didn't do anything to hurt myself, although I considered it."
- **Trouble Concentrating and Making Decisions.** "It took me over an hour to read a one page letter from my cousin. I couldn't keep my mind focused. And one day I couldn't go to work because I couldn't decide what shirt to wear."



Remember, the signs and symptoms of depression can be found in other mental disorders

Specifying a diagnosis of depression is based on a combination of different symptoms, how long they have been present, and their severity. Pilikia that occur only when a person has used alcohol or drugs are not included.

Question: Which of the pilikia have you experienced?

You can use the following checklist to record your answers.

Pilikia of Depression-Checklist

<i>Kaumaha</i>	I Had This Pilikia	Example
Sad Mood		
Eating Too Little Or Too Much		
Sleeping Too Little or Too Much		
Feeling Tired and Low Energy		
Feeling Helpless, Hopeless, Worthless		
Feeling Guilty for Things That Weren't My Fault		
Suicidal Thoughts or Actions		
Trouble Concentrating & Making Decisions		
Other		
Other		

What Causes Depression?

It is extremely important to know that Depression is not your fault. Sometimes when people are depressed they start to think that they caused it. This is not true. Scientists believe that Depression is caused by a chemical imbalance in the brain. Chemicals called

"neurotransmitters" send messages in the brain. When these chemicals are out of balance, they can cause low moods.

What Causes the Chemical Imbalance?

It is not yet known what causes this chemical imbalance, but they believe that whatever causes it happens before birth. This means that some people are born at risk for developing depression and then develop pilikia at a later age.

The experience of a major stress or loss, such as losing a loved one, or being the victim of abuse or violence, can increase the chances of a person developing depression.

Stress also appears to play a role in the course of depression. Many questions about depression remain unanswered. There are many research projects underway to try to learn more about the disorder.

With effective self-management, case management, therapy, and medication management, most people with depression can reduce their pilikia and live productive, meaningful lives.

Questions:

How have you managed your symptoms?

Who do you reach out to for kokua?

Do you self-medicate or resist taking medication?

What is your plan for treating your pilikia?

Examples of People Who Have Depression

Winston Churchill: He was the Prime Minister of England during WWII and led his country to victory.

Mike Wallace: He is an American television journalist, well-known for conducting interviews on the show, "60 Minutes."

Other people who have developed depression are not famous, but are quietly leading productive, creative, meaningful lives:

Mr. Y is a college student who plays on the soccer team.

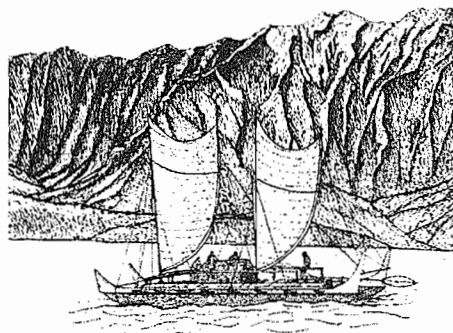
Ms. Z is married and the mother of a 2-year-old son. She works at home and cares for her child.



Summary of the Main Points About Depression

- Depression is a major psychiatric disorder that affects many aspects of a person's life.
- 15 to 20 people in every 100 have a period of serious depression at some time in their lives.
- People can learn to manage the pilikia of depression and lead productive lives.
- Depression is diagnosed by a clinical interview with a mental health professional.
- The pilikia of depression include:
 - Sad mood
 - Eating too little or too much
 - Sleeping too little or too much
 - Feeling tired or low energy
 - Feeling helpless, hopeless, or worthless
 - Feeling guilty for things that aren't your fault
 - Suicidal thoughts or actions
 - Trouble concentrating and making decisions
- No one has exactly the same symptoms or experiences them to the same degree.
- Depression is not your fault.
- Scientists believe that depression is caused by a chemical imbalance in the brain.
- Depression tends to be episodic, with pilikia coming and going at varying levels of intensity.
- There are countless positive examples of people with depression who have contributed to society.
- What you do makes a difference in your recovery.

VOYAGE TO RECOVERY



Pathway 4

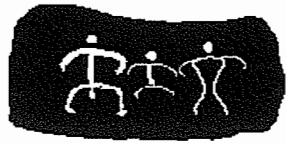


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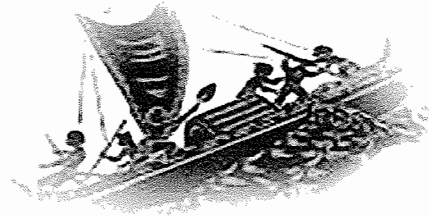


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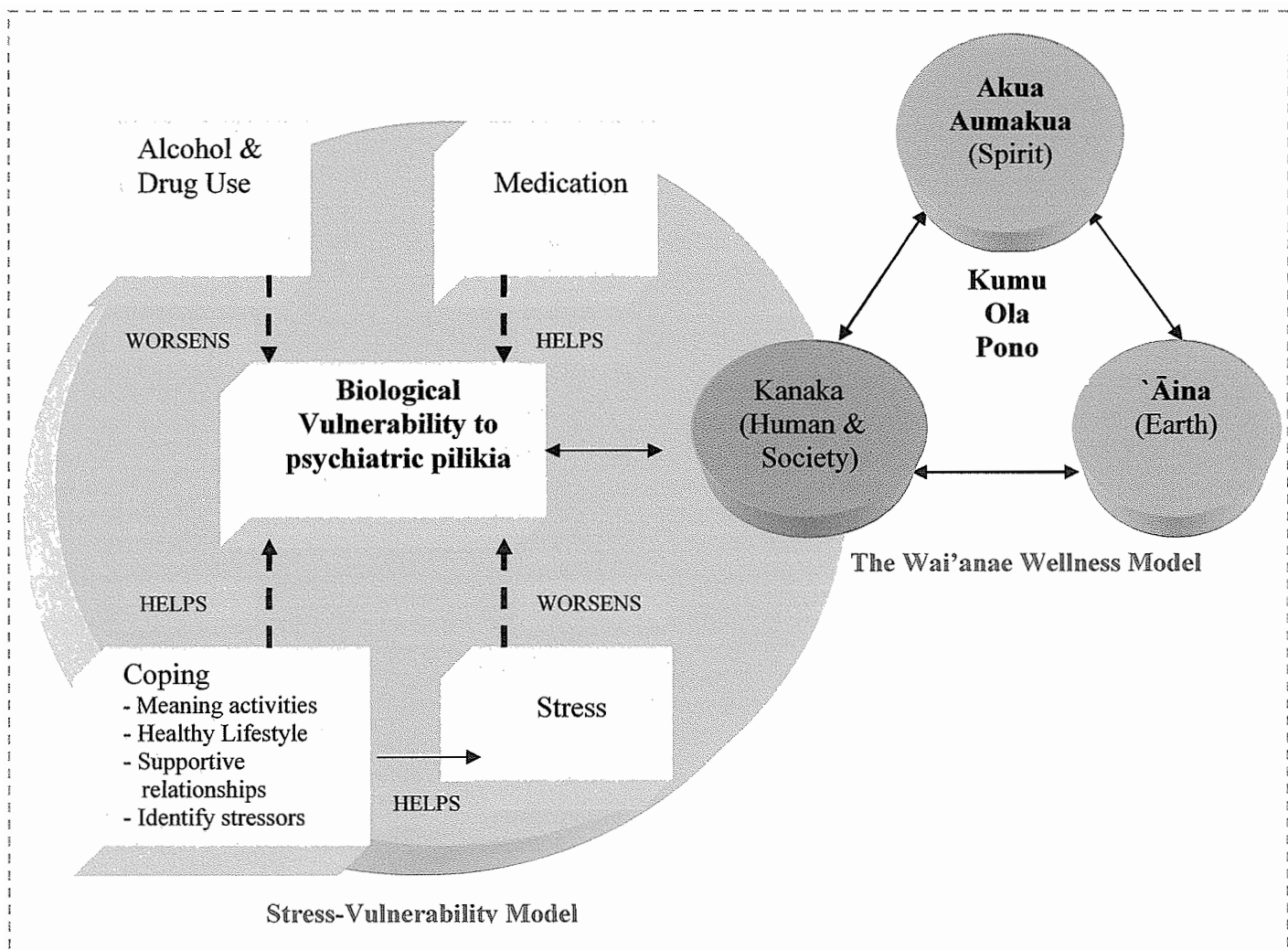


VOYAGE TO RECOVERY

Pathway 4-

A Look at the Stress-Vulnerability Model

Western science can make an important contribution to our Kumu Ola Pono, as it deals with our personal pilikia. Scientists cannot tell why some people are more vulnerable to stress while others are not. Nor can they tell how serious or how often one may have a really bad time with mental illness. Many people believe that one's psychiatric pilikia results from a combination of both stress and biological factors.



One opinion many scientists believe in is the concept of "biological vulnerability." Some people are born with, or acquire early in life, a tendency to develop specific medical problems. Some problems could be schizophrenia, bipolar disorder, or depression. Neurotransmitters in the brain, they believe, cause these problems.

One study scientists are conducting is the human genome project, researching genetic factors as they relate to health, including mental illness. Others question this genetic explanation for mental illness, pointing out that in a single family of people with the same genes, one person may suffer from a mental illness while another family member, even an identical twin, may not have such an illness.

Another biological approach is that rather than genetics, early exposure to virus by a baby or a fetus, may cause vulnerability in an individual. It is unclear if early exposure to a fetus by alcohol or street drugs will cause the child to have vulnerability to mental illness.

Yet another cause for mental illness may be chemical imbalance in one's brain.

How Can This "Stress - Vulnerability Model" Apply To You?

All these possible biological causes of mental illness we have mentioned above may lead us to another question. → *What causes such biological factors from occurring?*

- ✿ Could it be spiritual forces? Is this an act of "god" or the "devil"?
- ✿ Is one's mental illness a curse spoken a hundred years ago?

- ✿ Could the cause be environmental forces? Is it because the `āina is not clean?
- ✿ Is it toxics in the air, water and soil?

- ✿ Could the cause be social? Does mental illness develop because of societies treatment of one who is different? The effect of being shunned, of being laughed at, or of being picked upon over time?

- ✿ Could the cause be biological forces? Does psychiatric pilikia develop because of family history of mental illness?

What do you think is the cause for mental illness? How do you think you could help people avoid this illness or become well again?

- ✿ If the cause is spiritual, what are the ways in which one could return to becoming well?

- ✿ If the cause is environmental, what could one do to improve his condition?

- ✿ And if the cause is social, is there any particular profession you would recommend one could get help from?

- ✿ What if the cause is biological, how can one return to wellness?

Have you considered reasons how you might fall outside of the wellness relationship? If so, how could you best return to wellness?



Reducing Stress Can Help You Recover From Your Pilikia

Are there any stress factors you can identify which may cause you to have pilikia?

Do you face the following stressful situations? And if you do, how do you address them?

- ✿ Too much to do and not enough time to do it.
- ✿ Nothing to do but sit around all day or deal with meaningless activities.
- ✿ Tense relationships, especially when people around you are always arguing, angry, criticizing, or picking on you for nothing.
- ✿ Major life changes such as losing a good friend or loved one, moving from home, starting a new job, getting married or having a child.
- ✿ Unemployment.
- ✿ Homelessness.
- ✿ Financial problems.
- ✿ Legal problems.
- ✿ Abusing drugs or alcohol.
- ✿ Being the victim of a crime.
- ✿ Unhealthy living conditions.
- ✿ Rejections constantly.
- ✿ Disrespected, teased, and treated as worthless.

Here are some solutions used by others whenever they face stressful conditions:

- ✿ Seek out supportive relationships where you feel comfortable talking about stress.
- ✿ Identify past stressful situations. Think how you could handle such situations (or avoid them) the next time you see it coming.
- ✿ Set reasonable expectations for yourself - Don't demand too much or settle for too little.
- ✿ Engage in meaningful activities and not just waste time stuff.
- ✿ Eat well, rest adequately, exercise regularly.
- ✿ Avoid loud, argumentative, and mean people.
- ✿ Be kind to yourself, honest in your criticism, and never mean to self or others.
- ✿ Keep balance in your life - be `oluolu with all things and people as much as you can.
- ✿ Express lokahi with your family and associates
- ✿ Practice aloha in your thoughts and your actions, forgiveness with yourself and with others.

Please read the handout "Coping with Stress and Common Problems" and share your opinion on it

Let's work together and create a personal "Stress Adjustment" chart:

Strategy to reduce sources of stress	I use this strategy effectively	I could use or improve on using this strategy
Be aware of situations that were stressful in the past		
Set reasonable expectations of myself		
Engage in meaningful activities		
Maintain good health habits		
Seek out supportive relationships		
Avoid situations with arguments or criticism		
Not judge myself too harshly and give myself credit for my positive side		



Review: Let's consider that "stress-vulnerability" model once again. Of those four areas that pull one off the course of wellness, or put a person back on course, which are the areas which affect you most?

- _____ Coping
- _____ Medication
- _____ Stress
- _____ Substance Abuse

What are the strategies, or goals, you believe appropriate for you in addressing each one of these areas?

Are these goals part of your Mental Health Treatment/Recovery plan?



Here is another approach one can use in setting goals in a treatment or recovery plan:

Some goals in treatment have been?

- a. Figure out what's the problem.
- b. Figure out what causes the problem.
- c. Figure out how to remove or lessen the cause of the problem.
- d. Figure out how to accept the problem and move on.
- e. Ignore the problem for the time being. (Especially if there are multiple problems to handle.)

What is to be treated?

- a. The problem?
- b. The cause of the problem?
- c. Getting to live with the problem?
- d. The person with the problem?

If the cause of the problem is a chemical imbalance in one's brain, what kinds of treatment may be appropriate?

- a. Medication *
- b. Stop abusing drugs, including alcohol and tobacco**
- c. Change in Diet
- d. Exercise
- e. Improved overall health
- f. Operation (for some people)
- g. Pleasurable activities
- h. _____
- i. _____

*The education handout "Using Medication Effectively" provides more information about how to get the best results from medication.

**Abusing drugs have been found to have a direct effect on the neurotransmitters in the brain.



If the cause of the problem is the bad vibes from one's family members, what kinds of treatment may be appropriate?

- a. Ho`oponopono
- b. Pule (Prayer) and `Oli (Chant)
- c. Court action
- d. Family counseling
- e. Talk to a kahu, minister, or spiritual leader
- f. Stay away until things cool off
- g. Change your attitude and hope that others attitude change along with yours
- h. Find out why the bad vibes and remove the cause for those vibes
- i. Go fishing, bring home something to be shared with the family
- j. Pick up some fruits or other things that may be appreciated and bring them home.

Reducing stress can help reduce pilikia



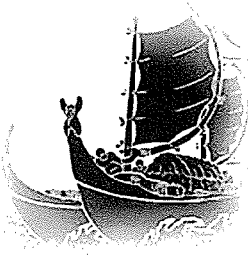
One last time - let's

Review: Consider that "stress-vulnerability" model once again. Of those four areas that pull one off the course of wellness, or put a person back on course, which are the areas that affect you most?

- ___ Coping
- ___ Medication
- ___ Stress
- ___ Substance Abuse

What are the strategies, or goals, you believe appropriate for you in addressing each one of these areas?

Are these goals part of your Mental Health Treatment/Recovery plan?



Coping With Stress Also Means Preparing For It

Life events refer to experiences such as moving, getting married, the death of a loved one, or having a baby. Some life events are more stressful than others. To see how many life events you have experienced in the past year, complete the following checklist:

Life Events Checklist

Put a check mark next to each event that you have experienced in the last year:

- ☐ Moving
- ☐ Getting married
- ☐ New baby
- ☐ Divorce or separation
- ☐ Injury
- ☐ Illness
- ☐ New job
- ☐ Loss of a job
- ☐ Inheriting or winning money
- ☐ Financial problems
- ☐ Injury or illness of a loved one
- ☐ Death of a loved one
- ☐ Victim of a crime
- ☐ Legal problems
- ☐ New boyfriend or girlfriend
- ☐ Broke up with a boyfriend or girlfriend
- ☐ Stopped smoking
- ☐ Went on a diet
- ☐ New responsibilities at home
- ☐ New responsibilities at work
- ☐ No place to live
- ☐ Hospitalization
- ☐ Drinking or using street drugs caused problems
- ☐ Other: _____

☐ Total number of life events checked off.

Moderate stress=1 event

High stress=2-3 events

Very high stress=more than 3 events



What is the most stressful life event you have experienced in the last year?

Daily hassles are the small daily stresses of everyday life that can add up if they occur over time. Examples of daily hassles include dealing with long bus rides, working with unpleasant or critical people, having conflicts with family members or close friends, living or working in a noisy chaotic place, and being rushed to do things.

The following checklist will help you evaluate how many daily hassles you are dealing with:

Daily Hassles Checklist

Place a check mark next to each event that you have experienced in the past week:

- ☐ Tense relationships, especially when people around you are always arguing, angry, criticizing, or picking on you for nothing
- ☐ Disrespected, teased, and treated as worthless
- ☐ Too much to do and not enough time to do it
- ☐ Nothing to do but sit around all day or deal with meaningless activities
- ☐ Not enough money to take care of necessities
- ☐ Not enough money to spend on leisure
- ☐ Crowded living situation
- ☐ Long drives or traffic back ups
- ☐ Feeling rushed at home
- ☐ Feeling rushed at work
- ☐ Arguments at home
- ☐ Arguments at work
- ☐ Noisy situation at home
- ☐ Noisy situation at work
- ☐ Not enough privacy at home
- ☐ Minor medical problems
- ☐ Lack of order or cleanliness at home
- ☐ Lack of order or cleanliness at work
- ☐ Unpleasant chores at home
- ☐ Unpleasant chores at work
- ☐ Living in a dangerous neighborhood
- ☐ Other: _____
- ☐ Total number of hassles in the past week

Moderate stress=1 or 2 daily hassles

High stress=3-6 daily hassles

Very high stress=more than 6

What Are The Signs That You're Under Stress?

According to the stress-vulnerability model, stress is an important factor in causing disharmony within kanaka because it can worsen pilikia and lead to crises. If you can decrease stress, you can decrease symptoms. Therefore, being aware of your own personal signs of stress can be very helpful, because once you realize that you're under stress you can start to do something about it.

When people are under stress, it affects them physically and emotionally. It also affects their thinking, mood, and behavior. Some people show only physical signs of stress, such as muscular tension, headaches or sleep problems. Others have trouble concentrating or become irritable, anxious or depressed. Still others may pace or bite their nails. Each person's response to stress is individual.

You can use the following checklist to identify your own personal signs of being under stress. Put a check mark next to the signs you notice when you are under stress:

Signs of Stress Checklist

- ☐ Headaches
- ☐ Sweating
- ☐ Increased heart rate
- ☐ Back pain
- ☐ Change in appetite
- ☐ Difficulty falling asleep
- ☐ Increased need for sleep
- ☐ Trembling or shaking
- ☐ Digestion problems
- ☐ Stomach aches
- ☐ Dry mouth
- ☐ Problems concentrating
- ☐ Anger over relatively minor things
- ☐ Irritable
- ☐ Anxious
- ☐ Feeling restless or "keyed up"
- ☐ Tearful
- ☐ Forgetful
- ☐ Prone to accidents
- ☐ Using alcohol or drugs (or wanting to)
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____



How Can You Prevent Stress?

Putting energy into preventing stress can pay off. If you remove some stress in your life, you can enjoy yourself and to reach your goals. Below, choose the strategies that fit you:

Strategies for Preventing Stress Checklist

Strategy	I already use this strategy	I would like to try this strategy or develop it further
Be aware of situations that caused stress in the past		
Practice aloha in my thoughts and my actions, forgiveness with myself and with others		
Keep balance in my life - be `oluolu with all things and people as much as I can		
Be kind to myself, honest in my criticism, and never mean to self or others		
Express lokahi with my family and associates		
Schedule time for relaxation		
Schedule meaningful activities		
Take care of my health, eat well and exercise		
Talk about my feelings		
Write down my feelings in a journal		
Set reasonable expectations for myself - I don't demand too much or settle for too little		
Seek out people who are encouraging and supportive, rather than critical and pressuring		
Take time out for myself		
Other:		

Question: Which prevention strategies would be most helpful to you?

Hiu'wai

One day Kawika was feeling down. He kept fighting with his brother and didn't want to spend time with his ohana. Kawika had been hearing voices lately, telling him that he was no good. He knew he needed to go down to the beach like his mother would do. He wasn't sure how it would help, but it turns out doing the hui'wai helped him feel calm and centered. He was ready to talk to his brother and make right. He also felt able to handle his stress.

Hiu'wai- The rituals of using the Ocean to cleanse, restore and purify Mana'o (mind), Kino (body) and Uhane (spirit).

Coping Effectively With Stress

Coping effectively with stress is a key to ola and pursuing your personal goals.

Think about these questions:

(1) How do you cope with stress?

(2) What strengths would you like to try or develop further so that you can cope with stress?

You can use the following checklist to record your answer to these questions

Ways to Cope with Stress	I already use this way	I would like to try this or develop it further
Talking to someone		
Using relaxation techniques [See appendix]		
Using positive self talk. e.g. <i>'This is hard, but I can do it,' or 'If I take this one step at a time, I'll be able to handle it.'</i>		
Maintaining my sense of humor		
Participating in religion or other form of spirituality		
Exercising		
Writing in a journal		

Listening to music or playing music		
Doing artwork or going to see artwork		
Participating in a hobby. e.g. hula, ukulele, paddling, finishing, quilting, gardening		
Going to the beach		
Other:		

The Hawaiian Code of Conduct and the Four Agreements can help you think about ways to live a pono life. Some people use the Serenity Prayer and others, a document entitled, Desiderata. These works can help put you on the right path so that you are ready and able to cope with stress. They can both be found at the end of this book in attachments.

Think of ways to incorporate any one or all of those works into your life. If parts don't fit for you, toss them out for now. Take what you feel right with.

Which parts do you want to follow?

- 1.
- 2.
- 3.
- 4.

Develop an individual plan for coping with stress that works for you

This handout has checklists to help you identify the following: stressful situations, signs of stress, ways to prevent stress, and ways to cope with stress. It may be helpful to put this information together as a plan for coping with stress using the following form:

Individual Plan for Coping with Stress

Stressful situations to be aware of:

1.

2.

3.

Signs that I am under stress:

1.

2.

3.

Ways I prevent stress:

1.

2.

3.

Ways I cope with stress:

1.

2.

3.

Appendix 1: Relaxation Techniques

Various types of relaxation techniques are described below:

- Relaxed breathing
- Muscle relaxation
- Imagining a peaceful scene (visualization)
- Lomilomi (massage)
- Chi Kung (cleansing, circulating and strengthening the inner life force)
- Yoga (Consciousness training toward perfect spiritual insight & tranquility)
- Tai Chi Chuan (The Supreme Ultimate - slow movement circulation of life force)
- Hi`u Wai (water cleansing)

Relaxation techniques are most effective when they are practiced on a regular basis. When you are first learning a technique, you usually concentrate on doing the steps according to the instructions. As you become familiar with the instructions, you will be able to concentrate more on the relaxation you are experiencing. Choose one of the following techniques and try practicing it daily. After a week, evaluate whether you think the technique is effective for you.

Relaxed Breathing

The goal of this exercise is to slow down your breathing, especially your exhaling.

Steps:

1. Choose a word that you associate with relaxation, such as OCEAN or BREEZE or WAVES. You can also use words like CALM or RELAX or PEACEFUL.
2. Inhale through your nose and exhale slowly through your mouth. Take normal breaths, not deep ones.
3. While you exhale, say the relaxing word you have chosen. Say it very slowly, like this, "b-r-e-e-e-e-z-e" or "c-a-a-a-a-a-l-m" or "r-e-e-e-l-a-a-a-x."
4. Pause after exhaling before taking your next breath. If it's not too distracting, count to four before inhaling each new breath.
5. Repeat the entire sequence 10 to 15 times.

Muscle relaxation

The goal of this technique is to gently stretch your muscles to reduce stiffness and tension. The exercises start at your head and work down to your feet. You can do these exercises while sitting in a chair.

Steps:

- Neck rolls. Drop your head to one side. Gently roll it around in a wide circle. Repeat 3-5 times. Then reverse directions, and gently roll your head in a wide circle the other way. Repeat 3-5 times.
- Shoulder shrugs. Lift both shoulders in a shrugging motion. Try to touch your ears with your shoulders. Let your shoulders drop down after each shrug. Repeat 3-5 times.
- Overhead arm stretches*. Raise both arms straight above your head. Interlace your fingers, like you're making a basket, with your palms facing down (towards the floor). Stretch your arms towards the ceiling. Then, keeping your fingers interlaced, rotate your palms to face upwards (towards the ceiling). Stretch towards the ceiling. Repeat 3-5 times.
- Knee raises. Reach down and grab your right knee with one or both hands. Pull your knee up towards your chest (as close to your chest as is comfortable). Hold your knee there for a few seconds, before returning your foot to the floor. Reach down and grab your left knee with one or both hands and bring it up towards your chest. Hold it there for a few seconds. Repeat the sequence 3-5 times.
- Foot and ankle rolls. Lift your feet and stretch your legs out. Rotate your ankles and feet, 3-5 times in one direction, then 3-5 times in the other direction.

*If it is not comfortable to do step #3 with your arms overhead, try it with your arms reaching out in front of you.

Imagining a peaceful scene

The goal of this technique is to "take yourself away" from stress and picture yourself in a more relaxed, calm situation.

Steps:

1. Choose a scene that you find peaceful, calm and restful. If you have trouble thinking of a scene, consider the following:
 - at the beach
 - on a walk in the woods

- on a parkbench
 - on a mountain path
 - in a canoe or sailboat
 - in a meadow
 - next to a waterfall
 - paddling out to catch a wave
 - riding a bicycle
 - working the aia
2. After choosing a peaceful scene, imagine as many details as possible, using all your senses.
 3. What does the scene look like? What are the colors? Is it light or dark? What shapes are in the scene? If it's a nature scene, what kinds of trees or flowers do you see? What animals?
 4. What sounds are in your peaceful scene? Can you hear water or the sounds of waves? Are there sounds from animals or birds? From the breeze? From people?
 5. What could you feel with your sense of touch? Are there textures? Is it cool or warm? Can you feel a breeze?
 6. What smells are there in your peaceful scene?
Could you smell flowers? The smell of the ocean? The smell of food cooking?
 7. Disregard any stressful thoughts and keep your attention on the peaceful scene.
 8. Allow at least five minutes for this relaxation technique.

Lomilomi

Lomilomi is a style of Hawaiian massage in which the practitioner will work the tissue, muscles, and organs of the body. It can be very effective in bringing about relaxation as well as overcoming specific physical or psychological stress. Practitioners can easily be found in the community.

Chi Kung

Chinese developed a practice known as Chi Kung (the science of working with energy within the body; also spelled Qi Gong), which feature a blending of movement, breathing and meditation. Chi Kung practice focus on illness prevention and control through the balance of internal Chi. This stimulates the body's organs and systems into optimum efficiency. The result of practicing Chi Kung regularly is good health, a strong body, and a calm mind.

Yoga

Yoga is an ancient Hindu body of knowledge that dates back more than 5000 years ago. The word "Yoga" came from the Sanskrit word "yuj" which means "to unite or integrate." Yoga then is about the union of a person's own consciousness and the universal consciousness.

Ancient Yogis had a belief that in order for man to be in harmony with himself and his environment, he has to integrate the body, the mind, and the spirit. For these three to be integrated, emotion, action, and intelligence must be in balance. The Yogis formulated a way to achieve and maintain this balance and it is done through exercise, breathing, and Meditation - the three main Yoga structures.

In Yoga, the body is treated with care and respect for it is the primary instrument in man's work and growth. Yoga Exercises improve circulation, stimulate the abdominal organs, and put pressure on the glandular system of the body, which can generally result to better health.

Breathing techniques were developed based on the concept that breath is the source of life. In Yoga, students gain breathing control as they slowly increase their breathing. By focusing on their breathing, they prepare their minds for the next step - Meditation.

There is a general misconception that in Meditation, your mind has to go blank. It doesn't have to be so. In Meditation, students bring the activities of the mind into focus resulting in a 'quiet' mind. By designing physical poses and Breathing Techniques that develop awareness of our body, Yoga helps us focus and relieves us from our everyday stress.

T'ai Chi

T'ai Chi Ch'üan is often promoted and practiced as a martial arts therapy for the purposes of health and longevity. Traditional T'ai Chi training is intended to teach awareness of one's own balance and what affects it, awareness of the same in others, an appreciation of the practical value in one's ability to moderate extremes of behavior and attitude at both mental and physical levels, and how this applies to effective self-defense principles. Some call it a form of moving meditation that has general health benefits and stress management.

T'ai Chi Ch'üan as physical training is characterized by its requirement for the use of leverage through the joints based on coordination in relaxation. The slow, repetitive work involved in that process is said to gently increase and open the internal circulation

(breath, body heat, blood, lymph, etc.). It allows a person's native energy to be available to them, which they may then apply more effectively to the rest of their lives; families, careers, spiritual or creative pursuits, hobbies, etc.

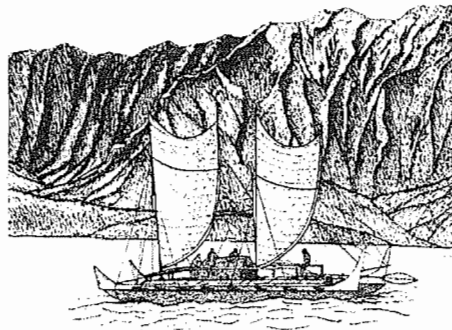
The study of T'ai Chi Ch'üan involves three primary subjects:

- **Health** - an unhealthy or otherwise uncomfortable person will find it difficult to meditate to a state of calmness or to use T'ai Chi as a martial art. T'ai Chi's health training therefore concentrates on relieving the physical effects of stress on the body and mind.
- **Meditation** - the focus meditation and subsequent calmness cultivated by the meditative aspect of T'ai Chi is seen as necessary to maintain optimum health (in the sense of effectively maintaining stress relief or homeostasis) and in order to use it as a soft style martial art.
- **Martial art** - the ability to competently use T'ai Chi as a martial art is said to be proof that the health and meditation aspects are working according to the dictates of the theory of T'ai Chi Ch'üan.

Hiu'wai

The rituals of using the Ocean to cleanse, restore and purify Mana'o (mind), Kino (body) and Uhane (spirit). Many Seawater la'au soaks were used as a mean of healing and cleansing the mind, body and spiritual well-being of the individual, as well as addressing weight, skin disorders and promote a healing balance of health and wellness.

VOYAGE TO RECOVERY



Pathway 5



Hale Na'au Pono

Wai'anae Coast Community Mental Health Center, Inc.
86-226 Farrington Hwy, Wai'anae, Hawai'i, 96792, 808-6964211

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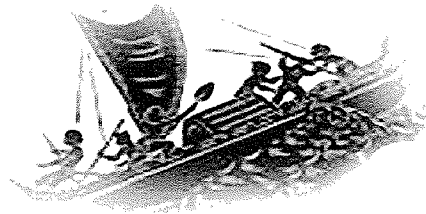


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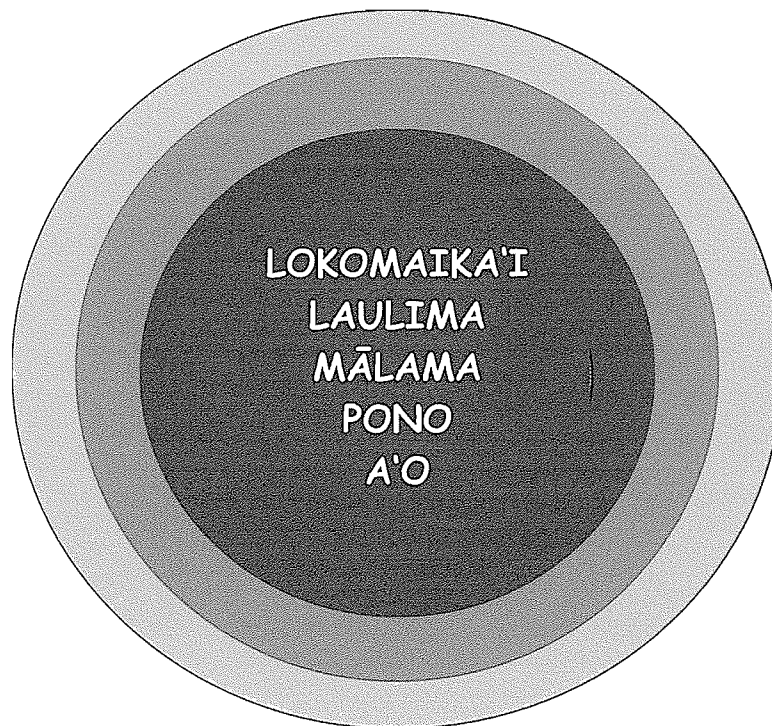
Telephone: (808) 696-4211 Fax: (808) 696-5516



VOYAGE TO RECOVERY

Pathway 5-

Building Circles of Friends



"I was in a free-fall, knowing I was going to smash the bottom. Friends caught me in a net of aloha."

Pōkā Laenui



Why Is Building a Circle of Friends Important?

A Circle of Friends = An 'Upena of Supportive Relationships

- ✿ Human relationships are an important part of people's lives. Relationships can help reduce isolation.
- ✿ The quality of one's relationship can play a major role in one's life.
- ✿ Friendships help people feel good and more optimistic about the future.
- ✿ Supportive relationships help people reduce stress.

Guiding Values for Building a Circle of Friends



LOKOMAIKA'I:	To Show Kindness and Goodness From Inside [Acts of Kindness & Graciousness]
LAULIMA:	To Cooperate Willingly. [Kokua & Volunteer to Help]
MĀLAMA:	To Care for Each Other [Mutual Help, Protect & Honor]
A'O:	To Learn And to Teach [Seek Knowledge & Share Experience]
PONO:	To Be Morally Fair in Judgment. [Righteous & Strive for Proper Behavior]



Question: Which of your relationships do you find supportive?



What Does Supportive Relationship Mean to You?

People have their own individual opinions about what makes a relationship supportive. They also have their own perspectives about what they want from their relationships and whether they are satisfied with the number and quality of their relationships.

Who are the people in your life that support you?

What kinds of things do people do that you find supportive?

Which aspects of your relationships are you satisfied with?

Which aspects of your relationships would you like to change?

In what ways are you supportive of other people?

Are you satisfied with the way that you are supportive of other people?

Would you like to have more social support in your life?



Question: Circle the number on the scale below which best describes how satisfied you are with your social support:

1	2	3	4	5
Not Satisfied	A Little Satisfied	Satisfied	Very Satisfied	Highly Satisfied

Expanding and Strengthening Your Circle of Friends

- ☒ You can expand your Circle of Friends by increasing the number of people with whom you have contact.
- ☒ You can strengthen your Circle of Friends by improving the quality of your relationships with people with whom you have regular contact.



And always, remember the guiding values of LOKOMAIKA'I, LAULIMA, MĀLAMA, PONO & A'O when you build your *Circle of Friends*!



Here Are Some Specific Strategies for Connecting with People

- A. Find places to meet people
- B. Learn the tips for starting conversations
- C. Learn the tips for developing closer relationships



A: Find Places to Meet People

You can meet people in all kinds of places. Also, there are some places to go where meeting people may be easier. These tend to be public places where people naturally gather for recreation, to pursue an interest or to take care of business.



Have You Been To The Following Places To Meet People?

Places	I Have Gone To This Place To Meet People	I Would Like To Go To This Place In Order To Meet People
Clubhouse (Hui Hana Pono)		
Local Community College		
Ohana Gatherings		
Community Events		
Support Groups		
Church, Synagogue, Temple, Mosque, or other religious places		
Workplace		
Beaches		
Health Or Exercise Club		
Parks		
Museums		
Concerts		
Special Interest Groups		
Relay For Life Events		
Volunteer Programs		
Other:		

B: Tips for Starting Conversations



📌 **Timing and Opportunity is Always Important.**

Use common sense. Don't interrupt if someone is engaged in activity and cannot or should not be interrupted. If a student is studying for a final exam, a surgeon in the middle of an operation, or a mechanic listening to the sound of an engine, you shouldn't interrupt to start a conversation.

📌 **Choose an Interesting Topic.**

The topic you choose could be related to something that you are doing when you are starting the conversation. You could choose topics such as the weather, recent events, or sports. If you don't know the person, you can start by introducing yourself. But, as you do so, you should also be thinking of a topic to follow the introduction. The topic should be interesting and appropriate. For example, sexual intercourse would probably be interesting but certainly not appropriate, especially for an introductory discussion. War can be appropriate and interesting in some circles. Human rights or native Hawaiian rights are topics generally acceptable in Hawaii (but be willing to accept divergent view-points). Religion, as an initial introductory discussion may be too personal, unless the place is directly related to the religious topic.

📌 **How Direct And "In Your Face" Should You Get At The Beginning?**

Remember that in Hawai'i, there are people of many different cultures. While eye contact may be stressed in a Western culture, it may not be appropriate in other cultures. Distance between a person you're speaking with and yourself may also be an important consideration. The rapidness in which you speak, the appropriateness of interrupting another's conversation for confirmation or support, and even the volume with which you carry on a conversation, should all be matters of sensitivity one should develop in meeting new people.

📌 **Sincerity Is Transparent - Don't Smile And Simply Nod Your Head To Pretend You Are Listening Or Understand What Is Being Said.**

Listen to the conversation taking place. Try to understand what others may be saying. If you don't understand, don't be afraid to say so. Asking questions about what the other person says and responding to their comments lets them know that you are interested in their perspective. If the person seems uninterested, consider changing topics, politely end the conversation.

📌 **Be Selective When Telling Very Personal Things About Yourself.**

When you are just getting to know someone, avoid telling the person very private

information about yourself. Such information too early in a conversation sometimes makes the person feel uncomfortable and can make it harder to make a connection.

Ways for Starting Conversations-Checklist

Strategy	I Already Do This	I Would Like To Try This Or Improve The Way I Do It
Find Someone Who Isn't Occupied		
Choose An Interesting Topic (Example: _____)		
Try To Get "Tuned In" To The Person's Culture.		
Don't Fake False Knowledge.		
Tune In To What The Other Person Is Saying		
Be Selective In Telling Very Personal Things About Yourself		
Other:		
Other:		

C: Tips for Developing Closer Relationships

There are four main considerations when you are developing a closer relationship:

1. Things you can say to the other person
2. Things you can do with the other person (or for the other person)
3. Deciding how much and when to disclose personal information about yourself
4. Adopting the Guiding Values for Building a Circle of Friends



1: Things You Can Say to Develop Closer Relationships

✿ Express Positive Feelings And Give Compliments

Telling other people how you feel about them can help bring you closer. This can include expressing and showing affection, but it is not limited to that.

📌 **Ask The Person Questions About Himself Or Herself.**

Ask people about what they are thinking and feeling, try to understand their perspective, and show them you are interested in knowing more about them.

📌 **Tell The Person Something About Yourself.**

Gradually telling people more things about yourself is part of becoming closer to them. You can tell people about your feelings, your opinions, things you like to do, and your past experiences. Deciding when and what to tell about yourself is discussed below in more detail.

Things You Can Say to Increase Closeness-Checklist

Types Of Things You Can Say	Specific Examples Of What You Could Say	How Comfortable Are You With This?
Expressing Positive Feelings And Giving Compliments		
Asking The Person Questions About Themselves		
Telling The Person Something About Yourself		
Other:		
Other:		



2: Things You Can Do To Develop Closer Relationships

📌 **Try To Understand The Other Person's Point-Of-View.**

Each person's experience and perspective is unique. To understand someone's point-of-view, it can be helpful to ask yourself questions such as

"What is the person feeling?"

"What is the person thinking?"

"If I were in their shoes, what would I feel or think?"

📌 **Do Things Together.**

Identifying activities that you can do together can provide rewarding experiences for both of you. Explore what interests you have in common in order to think of things you can do together.

📌 **Be Willing To Compromise.**

In close relationships, neither person can always have their own way. Being willing to compromise and negotiate shows that you are not being selfish and that you care about him or her.

🐾 **Show By Your Actions That You Care About The Other Person.**

Caring feelings can be expressed by actions as well as words. You can let people know that you care by being helpful, by surprising them in unexpected and pleasant ways, and by investing some of your time in trying to make them happy.

🐾 **Be There For The Person And Help Out.**

"Being there" for someone means being available during a time of need. Everyone has times of need. Recognizing when someone needs help and being able to support and assist him or her is an important sign that you care.

Things You Can Do to Increase Closeness-Checklist

Types Of Things You Can Do	Specific Examples Of What You Could Do	How Comfortable Are You With This?
Try To Understand The Other Person's Point-Of-View		
Do Things Together		
Be Willing To Compromise		
Show By Your Actions That You Care About The Other Person		
Be There For The Other Person And Help Out		
Other:		
Other:		



3: Ways You Can Disclose Personal Information To Develop Closer Relationships

"Disclosure" refers to telling someone personal information about yourself. Deciding how much to tell someone can be a tricky decision. If you tell too much too soon, the other person may feel overwhelmed, and may pull away from the relationship. If you disclose too little, over time it may be difficult to have a really close relationship.

Keep in mind that when two people are close to each other, they tell each other about the same amount of personal information about themselves. For example, if one person tells about their family background, the other person will usually follow by telling about the same amount about their own family background. You can start by matching the

other person's level of disclosure, and then gradually trying to increase the level as you get to know each other better.

It can be helpful to identify three levels of disclosure: low, medium, and high. Low disclosure involves telling things about yourself that are not highly personal, such as your tastes or preferences for things like food, movies, television, or books. High disclosure is telling someone very personal information about yourself, such as having a mental illness. medium disclosure is somewhere in between.

Deciding what you want to disclose and what you want to keep to yourself is a personal decision based partly on whether you believe the other person will accept you after you have disclosed personal information.

Levels of Disclosure in Personal Relationships

Level Of Disclosure	Relationships You Have At This Level Of Disclosure	How Satisfied Are You With This Level Of Disclosure?
Low Level Of Disclosure		
Medium Level Of Disclosure		
High Level Of Disclosure		



4. Always Remember:

The Guiding Values for Building a Circle of Friends

LOKOMAIKA'I: Show Kindness And Goodness

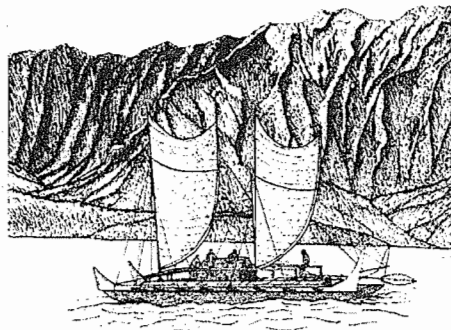
LAULIMA: Kokua & Volunteer To Help

MĀLAMA: Care For Each Other

A'O: To Learn And To Teach

PONO: Righteous & Strive For Proper Behavior

VOYAGE TO RECOVERY



Pathway 6



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Voyage to Recovery - Pathway 6 **Using Medication Effectively**

“He ali'i ka ma'i, he ali'i ke kahuna.”

The patient is a chief; the kahuna is a chief

`Olelo No`eau 533

Ninau: What does this `Olelo No`eau mean? How can I be a “chief” if I’m the guy who needs help? I need therapy, medication, or some other support. Why are we talking about a kahuna? Is my case manager, clinician, or psychiatrist a kahuna? And how can this kahuna also be a chief, if I’m a chief?

Pane: This `Olelo No`eau was explained by Kupuna Kawena Puku`i. She said this was the understanding a gatherer of la`au or medicine would have as the gathering took place - not only is the expert or kahuna a chief in this process of healing, but the patient also has a role as a chief. In other words, both patient and healer are experts and carry authority in this healing process.

Ninau: Does this matter today any more? Does this apply to me and you, or is this just interesting historical or cultural information, good only for talking story?

Pane: Both. It applies to us today, because consumers as well as service providers have their own authority in the treatment that is given. The authority is not necessarily the same, but everyone involved in the services have rights and responsibilities.

Ninau: Give me some examples?

Pane: A consumer has a lot of rights. First, is the right to receive and to refuse to be treated. Only in extreme cases, such as an imminent danger to self or to others, can a consumer be hospitalized against his or her will. A consumer can decide whether or not to take medication or to engage in different programs. A consumer has the right to review the consumer’s records. There’s a whole list of rights a consumer has which is posted at various parts of our facility, as well as reviewed by the consumer at the beginning of the treatment.

Ninau: What about responsibilities? Does a consumer have any?

Pane: Yes. One is the responsibility to be honest to the kahuna and to the treatment team when developing treatment or recovery plans. The second is to work in good faith in trying to carry out the plan. If the plan does not fit the

consumer any longer, the consumer has the responsibility to bring this matter to the attention of the team, generally through the case manager.

Ninau: What are the rights of the kahuna or “expert” who provides such treatment?

Pane: They all have different rights and responsibilities. A case manager, a clinician, a psychiatrist, a housing expert, an employment expert, or any other person on a consumer’s treatment team has the right to be honest in his or her opinion of a treatment program, and if that team member can not work or put best efforts in the treatment program, has the responsibility to say so, explain why, and if necessary, seek to be replaced.

Ninau: Wow, I never saw it that way. I always felt I had nothing to say whenever a psychiatrist, or case manager laid out a plan or treatment program. I guess knowing this, I also have to take more responsibility in fashioning the right program for my recovery!

Hmm -- So, if I have rights as a chief, I also have responsibilities. I guess one of those would be to search myself about my own attitudes, my willingness to undergo treatment, and taking a hand in designing my plan so that I can recover.

Dialogue by Pōkā Laenui.

People have different beliefs about medication,
based on their culture, their family background,
and their own experience.

**Let's find out what your personal beliefs are about
medication...**

Personal beliefs about medication

Some people have strong positive beliefs about medications. Make a check mark next to any of following quotations that reflect your beliefs:

_____ "My uncle is diabetic and takes insulin. He leads a normal life. I have psychiatric pilikia and take medication for it. It's the same thing to me."

_____ "My medicine helps get rid of the pilikia I was having."

_____ "I tried everything I could on my own, I was still feeling depressed until I tried some medicine."

Other people have different beliefs about medications. Make a check mark next to any of the following quotations, which reflect your beliefs:

_____ "I don't believe in Western medicines. I only want to use herbal remedies.""

_____ "I don't need to use medicine at all. I believe pule (prayer) and 'oli (chant) are all I need for getting rid of the pilikia I am having."

_____ "I don't believe in taking medications, I only want to come to therapy."

_____ "I'm afraid of the long-term effects on my body of using medications."

_____ "Some medication makes me feel like a zombie. I hate it."

_____ "I don't need a drug to make me feel better."

Question: What do you think about medications?

Having strong feelings about medications may affect your decision about taking your medication. You may not ask enough questions about side effects or you might not find out enough about how the medicine could benefit you.

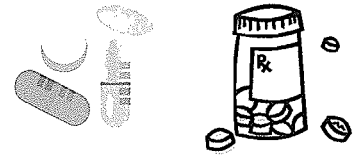
Understanding your personal beliefs about medication is only the first step in learning how to use medication effectively. You may also need to learn more about why medication is recommended as part of your recovery plan and the advantages and disadvantages of psychiatric medications.

Why is medication recommended as part of your recovery plan?

In handout "Pathway 2", you learned about the "stress-vulnerability model." This model is based on evidence that both biological vulnerability and stress contribute to psychiatric pilikia. Medications may reduce biological vulnerability by helping to correct the chemical imbalance in the brain.

When people take medications as part of their treatment, they usually:

- ☒ Experience symptoms less often or less intensely.
- ☒ Concentrate better and think more clearly.
- ☒ Fall asleep more easily and sleep more restfully.
- ☒ Accomplish more of their goals.



What are the potential benefits of medications for your psychiatric pilikia?

Medication has been found to be helpful in at least two important ways:

1. Reducing pilikia during a crisis

When the pilikia are the most severe and troublesome, it is usually described as being a relapse or a crisis. The experience of having relapses is different from person to person. Some individuals have only one or a few crises while others have them more often. During and after a crisis, medications can help reduce the severity of the pilikia. Sometimes the medicine helps people rapidly, and they are able to relax, think more clearly, and feel less depressed in a few days. Other times it may take a few weeks before you feel better.

2. Reducing the likelihood of relapses

If you take your medications regularly, you may prevent future crises. One person described his medication as a "miracle for helping my symptoms." Taking medication is not a cure for all your pilikia, and there is no guarantee that you will not have relapse again. However, for most people, taking medication on a regular basis reduces their risk of relapses and hospitalizations.

Question: Have you had an experience where stopping your medication has been related to feeling worse or going into a crisis?

Which medications are used to improve psychiatric pilikia?

Different kinds of medications help different types of pilikia. There are several different types of psychiatric pilikia, and more than one medication may be required to treat them.

There are four major categories of medications, which are commonly used to treat major mental illnesses. The medications and their benefits are summarized on the following chart:

Medications and Their Benefits

Medication Category	Possible benefits
Antidepressants	Can reduce the pilikia of depression, including low mood, poor appetite, sleep problems, low energy and difficulty concentrating. They can also be effective in treating anxiety disorders.
Mood stabilizers	Can help reduce extremes of moods, including mania and depression
Antianxiety; Sedative medications	Can reduce anxiety, feeling over-stimulated, and difficulty sleeping

Benefits from Medications I Have Used

Category of medication	Specific medication I used from this category	Benefits I experienced
Antidepressants		
Mood Stabilizers		
Antipsychotics		
Antianxiety; Sedatives		
Other category:		

What are the side effects of medication?

Medication affects people in different ways. Some people may have only a few side effects or no side effects at all from their medication. Others taking the same medication may have significant side effects. Your reaction to medication depends on many factors, including your age, weight, sex, metabolic rate, and other medicines you might be taking.

In most cases, the side effects are temporary, and improve over time as your body adjusts to the medication. Some types of side effects, which are much less common, can be long lasting and even permanent. The newer medications tend to have fewer and less severe side effects. The more serious side effects are associated with the older antipsychotic medications, such as haldol, stelazine and thorazine.

If you recognize that you are having side effects, it is important to contact your doctor as soon as possible. Your doctor needs to help you evaluate how serious the side effects are and what can be done about them. It is up to you to decide what side effects you can tolerate and what risks you are willing to accept.

When you have side effects, your doctor may advise you to try one of the following: reduce the dose of the medication, add another medication for the side effect, or switch to another medication.

What side effects from medication have you experienced?

Category of medication	Specific medication I used from this category	Side effects I had when taking this medication
Antipsychotics [appendix 1]		
Mood stabilizers [appendix 2]		
Antidepressants [appendix 3]		
Antianxiety & Sedatives [appendix 4]		
Other:		

Coping with side effects

The following charts list some of the common side effects of different categories of medications and some suggestions for coping with them or counteracting them.

Side effect	Strategy
Drowsiness	<ul style="list-style-type: none"> ☛ Schedule a brief nap during the day. ☛ Get some mild, outdoor exercise, such as walking. ☛ Ask your doctor about taking medication in the evening
Increased appetite and weight gain	<ul style="list-style-type: none"> ☛ Emphasize healthy foods in your diet, such as fruits, vegetables and grains. ☛ Cut down on sodas, desserts and fast foods. ☛ Engage in regular exercise. ☛ Go on a diet with a friend or join a weight reduction program.
Extreme restlessness	Find a vigorous activity that you enjoy, such as jogging, skating, aerobics, sports, outdoor gardening, swimming, bicycling
Muscle stiffness	Try doing regular muscle stretching exercises or yoga or isometrics exercises
Dizziness	Avoid getting up quickly from a sitting or lying down position.
Blurry vision	For mild blurry vision, talk to your doctor about getting reading glasses. These can often be bought without a prescription at a local drug store for very little money.
Sensitivity to the sun	<ul style="list-style-type: none"> ☛ Stay in the shade, use sunscreen and wear protective clothing. ☛ Avoid going out at the sunniest time of day.
Shakiness or tremors	Avoid filling cups and glasses to the brim.
Dry mouth	Chew sugarless gum, suck on sugarless hard candy, or take frequent sips of water.
Constipation	<ul style="list-style-type: none"> ☛ Drink 6-8 glasses of water daily. ☛ Eat high fiber foods such as bran cereals, whole grain breads, fruits and vegetables. ☛ Do light exercise daily.
Other:	
Other:	

If you decide to take medications, how can you get the best results?

Many people find that it can be difficult to remember to take medications regularly. "Behavioral tailoring" consists of the following strategies, which are designed to help you to fit taking medications into your regular routine. Since everyone has a different routine, it is important to tailor these strategies to meet your own needs.

🐘 Simplify your medication schedule as much as possible.

When you take several medications several times each day, it becomes difficult to keep track of all the doses. Talk to your doctor about making your medication schedule as simple as possible without losing any of the benefits. The fewer the medications you have to take and the fewer the number of times per day, the easier it is to keep track. Some medications are available in long-acting injectible forms that can be administered every two weeks.



🐘 Take medications at the same time every day.

Taking the medication at the same time (or times) every day makes it easier to remember. It also keeps the level of medication at a steady level in your bloodstream, which gives you maximum benefit throughout the day.

🐘 Build taking medication into your daily routine.

It is often easier to remember to take medication if it is done in conjunction with another daily activity. Examples of daily activities include brushing your teeth, showering, eating breakfast, and getting ready to go to work.



🐘 Use cues to help yourself remember.

Some examples of cues include: using a pill container that is organized into daily doses, using a calendar, making notes to yourself, keeping the pill bottle next to an item that is used daily, asking a relative or other supporter to help you remember.

🐘 Keep the benefits in mind.

Sometimes it helps to remind yourself of the reasons that you have decided to take medications.

Strategies for Getting the Best Results from Medication

Strategy	I have used this strategy	I would like try this strategy or develop it further
Simplify the medication schedule		
Take medications at the same time every day		
Build taking medication into my daily routine		
Use cues and reminders (calendars, notes, pill organizers)		
Remind myself of the benefits of taking medications		
Other:		

How do you make an informed decision about medication?

You need to make informed decisions about all treatment options in your recovery plan, including medication. In making your decision about medications, it is important to learn as much as you can and to weigh the possible benefits and possible drawbacks of taking medication.

Weigh the potential benefits and drawbacks of taking your medications:

Potential Benefits of taking medications	Potential drawbacks of taking medications

Your psychiatrist is an expert about Western medications and has experience helping others find effective medications. However, it is also important for you to be very active in making decisions about medication. After all, you are the expert about your own experience of pilikia and what makes you feel better or worse. Therefore, the best method for making a decision involves a partnership between you and your doctor, using both of your expertise together.

It helps to have some questions in mind when you are deciding about taking medication or switching medications.



Questions You Can Ask Your Doctor

- ✿ How will this medication benefit me? What will it help me with?
- ✿ How long does it take the medication to work? How long before I feel some of the benefits?
- ✿ What side effects might I get from the medicine? Are there any side effects from long-term use?
- ✿ What can be done if I get side effects?
- ✿ Will I need blood tests to make sure that I have the right level of the medication in my bloodstream?
- ✿ What if the medication doesn't work for me?

Remember:

Medications for psychiatric pilikia usually take time to work. It may take several weeks before you notice a difference in the way you feel. Also, everyone responds to medication in different ways. It can take time for you and your doctor to find the medication that helps you the most and has the fewest side effects. So, talk to your doctor on a regular basis about how you are feeling, so that you can work together to find the best medicine for you.

Appendix 1: Antipsychotic medications

Antipsychotic medications are sometimes called "major tranquilizers" or "neuroleptics." They are designed to reduce the pilikia of psychosis, including false perceptions (hallucinations), false beliefs (delusions), and confused thinking (thought disorders). They not only help reduce psychotic pilikia during and after a crisis, but also help prevent relapses and rehospitalizations. They are not addictive. Some of the newer medications also help reduce other pilikia, including lack of energy, motivation, pleasure, and emotional expressiveness.

Two types of antipsychotic medications are available. The older generation antipsychotics include haldol, moban, mellaril, navane, prolixin, serentil, stelazine, thorazine and trilafon. The newer generation antipsychotics include clozaril, geodon, risperdal, seroquel, zeldox, and zyprexa.

The following chart contains the brand names and chemical names of the antipsychotic medications currently available. [*newer generation antipsychotics]

Brand name	Chemical name
Clozaril*	Clozapine
Haldol	Haloperidol
Loxitane	Loxapine
Mellaril	Thioridazine
Moban	Molindone
Navane	Thiothixene
Prolixin	Fluphenazine
Risperdal*	Risperidone
Serentil	Mesoridazine
Seroquel*	Quetiapine
Stelazine	Trifluoperazine
Thorazine	Chlorpromazine
Trilafon	Perphenazine
Geodon*	Ziprasidone
Zyprexa*	Olanzapine

More medications are being developed all the time, so it is important to keep up-to-date with your doctor about what medications are available.

Side effects of antipsychotic medications

People have very different reactions to medications. Some people who take antipsychotic medications experience only a few side effects or none at all. Others experience several. It's also important to keep in mind that each medication has its own side effects, so you need to talk to your doctor about the specific side effects that are associated with the medication that has been recommended to you.

The main advantage of the newer generation medications is that they cause very few of the extrapyramidal (muscle movement) side effects that the older generation medications caused, such as muscle stiffness, mild tremors, restlessness, and muscle spasms. They also cause significantly fewer problems related to sexual difficulties and irregular menstrual periods. However, both the older and newer antipsychotic medications can cause weight gain, and some of the newer ones do so even more.

Tardive dyskinesia is an undesirable neurological side effect. It causes abnormal muscle movements, primarily in the face, mouth, tongue and hands. Tardive dyskinesia is associated with long-term use of the older antipsychotic medications and ranges from mild to severe. It is important to let your doctor know if you notice any abnormal muscle movements, so that he or she can evaluate for tardive dyskinesia.

Some side effects of antipsychotic medications are rare, but can be very serious if they occur. "Agranulocytosis" is when people stop making the white blood cells needed to fight infections. It is a potentially dangerous side effect of clozaril. However, when regular blood tests are done to monitor white blood cell levels, clozaril can be a very safe medication.

Treatment of Side Effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See Appendix #5 for a list of some of these coping strategies.

Web sites for more information about medications

www.mentalhealth.com

www.mentalhealth.about.com

Appendix 2: Mood stabilizers

Mood stabilizing medications help treat problems with extremes of moods, including mania and depression. They help to reduce the acute pilikias and also help to prevent relapses and rehospitalizations. They are not addictive.

The following chart lists the most common medications in this category.

Mood Stabilizing Medications

Brand Name	Chemical Name
Eskalith, Eskalith controlled release	Lithium carbonate
Tegretol	carbamazepine
Depakote, Depakene	valproic acid

Side effects of mood stabilizers

Not everyone who takes mood stabilizers experiences side effects. However, it is important to be aware of possible side effects and to contact your doctor as soon as you notice them.

Lithium

Possible side effects of lithium include nausea, stomach cramps, thirst, fatigue, headache, and mild tremors. More serious side effects include: vomiting, diarrhea, extreme thirst, muscle twitching, slurred speech, confusion, dizziness, or stupor. Although lithium is a natural chemical element, like oxygen or iron, it can be harmful if it is taken in too high a dose. To prevent this, the doctor must monitor the amount of lithium in the body by taking regular blood tests.

It is also important to have enough salt in your diet while taking lithium, because the sodium in salt helps to excrete lithium. This means you should avoid low-salt diets and prescription and over-the-counter diuretic medications such as Fluidex with Pamabrom, Aqua-Ban, Tri-Aqua, or Aqua-rid.

Tegretol and Depakote

Possible side effects of Tegretol and Depakote include: fatigue, muscle aching or weakness, dry mouth, constipation or diarrhea, loss of appetite, nausea, skin rash, headache, dizziness, decreased sexual interest, and temporary hair loss.

Some side effects are more serious, including: confusion, fever, jaundice, abnormal bruising or bleeding, swelling of lymph glands, vomiting, and vision problems (such as double vision). It is important to have regular blood tests to monitor the level of these medications, and to check for any changes in blood cells and liver function. Because these medications can cause sedation, you must be cautious when driving or operating heavy machinery. It is recommended to limit drinking to one alcoholic drink per week.

Treatment for side effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See Appendix #5 for a list of some of these coping strategies.

Web sites for more information about medications

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www.mentalhealth.about.com

Appendix 3: Antidepressants

Antidepressants treat the symptoms of depression, including low mood, low energy, appetite problems, sleep problems, and poor concentration. They help to reduce the acute symptoms and prevent relapses and hospitalizations. Antidepressants can also be effective for the treatment of anxiety disorders such as panic disorder, obsessive/compulsive disorder and phobias. They are not addictive.

The newer generation antipsychotic medications, such as the family of drugs called serotonin selective reuptake inhibitors (SSRIs) tend to cause fewer side effects. SSRIs include Prozac, Paxil, Zoloft, Serzone, and Luvox. New medications continue to be developed. The following chart lists the most common antidepressants. [* newer generation antidepressants (SSRIs)]

Brand Name	Chemical Name
Anafranil	Clomipramine
Desyrel	Trazodone
Effexor	Venlafaxine
Elavil	Amitriptyline
Ludomil	Maprotiline
Luvox*	Fluvoxamine
Marplan	Isocarboxazid
Nardil	Phenelzine
Norpramin	Desipramine
Pamelor, Aventyl	Nortriptyline
Paxil*	Paroxetine
Prozac*	Fluoxetine
Sinequan, Adapin	Doxepin
Tofranil	Imipramine
Vivactil	Protriptyline
Wellbutrin	Bupropion
Zoloft*	Sertraline

Side effects of antidepressants

Not everyone has side effects when they take antidepressants. But it is important to be aware of them in case you do. Tell your doctor about any of the following side effects: nausea, vomiting, excitement, agitation, headache, sexual problems, dry mouth, dizziness, sedation, weight gain, constipation, heart palpitations, cardiac abnormalities, insomnia, memory problems, overstimulation, hypertensive crisis.

Hypomania, mania and antidepressants

Sometimes a small percentage of people who take antidepressants develop pilikias of hypomania or mania over the course of a few weeks. The pilikias of hypomania include irritability, argumentativeness, agitation, decreased need for sleep, and excessive talking. The pilikias of mania include grandiosity, euphoria, hostility, extreme goal-directed behavior, and engagement in activities that are potentially harmful. If you experience these pilikias, notify your doctor immediately. He or she may lower your dosage of medication or stop it altogether.

Precautions when taking Marplan and Nardil

There are many foods and drugs that should be avoided when taking Marplan and Nardil, including foods that are high in tyramine, such as aged cheeses, aged meats such as salami and pepperoni, and yeast extracts (except when they are baked into breads, etc). You should also avoid drinking beer, Chianti wine, sherry wine and vermouth and taking certain medications such as Tegretol, Dopar, Sinemet, Demerol, Aldomet, Ritalin, decongestants and stimulants. It is important to obtain a complete list from your doctor of drugs and foods to avoid.

Although it is unusual, occasionally people develop carpal tunnel syndrome when they take Marplan or Nardil. This can be corrected by appropriate vitamin supplements.

Treatment of side effects

When you have side effects, contact your doctor immediately. After discussing the side effects and evaluating how serious they are, he or she may recommend one of the following: reduce the dose of the medication, add a side effect medication, or switch to another medication. The doctor may also suggest some things that you can do to help reduce the discomfort or counteract the side effects. See Appendix #5 for a list of some of these coping strategies.

Appendix 4: Antianxiety and sedative medications

Antianxiety and sedative medications help reduce anxiety and feeling overly stimulated. Some of these medications also help people sleep.

Unlike other medications for mental illnesses, these medications take only one to two hours to take effect.

Also unlike other medications for mental illnesses, some antianxiety and sedative medications can be addictive and long-term use should generally be avoided. If these medications are used, they should be carefully monitored.

The following chart lists the most common medications used for antianxiety and sedation. It is important to note that some of the medications can be used to help both anxiety and sleep problems, while others are used to help only one of these problems. Also, some of these medications are addictive, while others are not. It is important to talk to your doctor about the specific benefits and side effects of the medication you are taking.

Antianxiety and Sedative Medications

Brand Name	Chemical Name
Ativan	lorazepam
Benadryl	diphenhydramine
Buspar	buspirone
Centrax	prazepam
Dalmane	flurazepam
Halcion	triazolam
Klonopin	clonazepam
Librium	chlordiazepoxide
Noctec	Chloral hydrate
Restoril	temazepam
Serax	oxazepam
Valium	diazepam
Xanax	alprazolam

Side effects of antianxiety and sedative medications

Not everyone has side effects when they take antianxiety or sedative medications. It's important to be aware of them if you do, however, and to talk to your doctor right away. The most common side effects are over-sedation, fatigue, and problems with memory or other cognitive abilities. Because of the sedating effect, you are advised to limit drinking no more than one alcoholic drink per week. You are also advised to be cautious when driving. As mentioned earlier, long-term use of some of these medications can lead to dependency.

Treatment of side effects

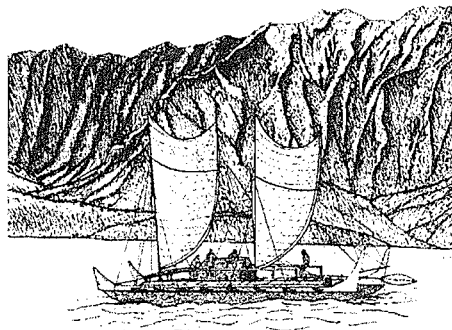
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Web sites for more information about medications

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www.mentalhealth.about.com

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Pathway 7



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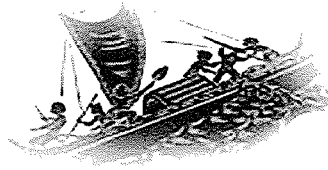
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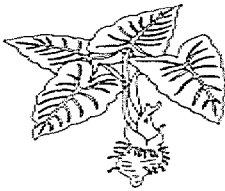
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Voyage to Recovery

Pathway 7

The Effects of Drug and Alcohol Use



PONO - "Rightousness and Balance."

We need to be just and seek harmony in all that we do. Pono teaches the attitude of positivism and optimism. When you are "Pono" you will have the feeling of contentment and harmony. Pono is a natural high with only positive effects on others. Life itself excites you.

Alcohol and street drugs can give you a temporary and false high. Such substances can also cause pilikia, which hits not only the user but loved ones and others around you. Such substances make it more difficult for people to get back to rightness & balance.

In this pathway, we'll talk about the effects of drug and alcohol use on your health, why people use these substances and the ways to develop a sober life-style with the help of some important Hawaiian values that will help you achieve pono and wellness.

Why People Use Alcohol and Drugs

PEOPLE USE DRUGS AND ALCOHOL FOR A NUMBER OF REASONS:

1: TO SOCIALIZE

It's what people do when they get together, sharing their alcohol or drugs in social gathering. Some folks may drink or use drugs to be accepted, to keep those friends or lovers who are using, or to avoid loneliness. Alcohol and other substances are sometimes used to celebrate certain occasions, such as a holiday, a special occasion, or even a payday.

2: BECAUSE IT FEELS GOOD

For some people, use of alcohol or drugs is simply because it makes them feel good temporarily. Some people find that using substances makes them feel more alert and energetic, tranquil and satisfied, happy and carefree. For some people drugs and alcohol alter their perceptions of the world around them.

3: TO COPE WITH BAD FEELINGS OR PILIKIA

People will turn to alcohol or drugs when there is a disharmony within themselves or their relationships with others. That disharmony may be caused by stress, psychological or emotional imbalance, or other pilikia. People use alcohol and drugs to cope with the bad feelings or troubling pilikia. Substances may be used to deal with feelings of depression or anxiety. Or people may use substances to escape from hearing voices or other hallucinations. For some people, using substances may help them get to sleep. Others may use substances because it helps them focus their attention.

4: TO DISTRACT THEMSELVES FROM PROBLEM SITUATIONS

People may also use substances as a way of distracting themselves from problem situations or unpleasant parts of their lives. For example, some people may use alcohol or drugs to distract themselves when they are having conflict with others, when they are under high stress, when they are dissatisfied with parts of their lives (such as not working, not having a nice place to live, or not having good friends), or when they are unhappy with themselves.

5: TO HAVE SOMETHING TO DO

One reason some people use substances is that it becomes part of their daily routine, and gives them something to look forward to. For these individuals, using alcohol or drugs is more than just a habit; it is part of their lifestyle and an important part of how they live each day.

Question: From your own observations, what do you think are the most common reasons that people use substances?

Common pilikia related to drug and alcohol use

Using substances can also have negative effects and can interfere with having a healthy and pono life. Understanding both the positive and negative effects of using substances can help in deciding whether to change this habit.

Some of the common pilikia related to drug and alcohol use are described below:

1: Increasing psychiatric pilikia and crises:

The effects of using substances on pilikia are partly due to people with psychiatric pilikia are supersensitive to the effects of substances. Using substances can

- 🐾 Bring on new pilikia
- 🐾 Worsen existing pilikia
- 🐾 Lead to crisis and hospitalizations

2: Using substances can cause pilikia with other people:

- 🐾 Kū`ē`ē (disagreement) about use of substances, arguments with ohana
 - Loss of trust
 - Loss of children
 - Abuse of family
 - Failure to meet responsibilities leading to loss of home, bringing about homelessness
- 🐾 Become less predictable and harder to get along with
 - "I was all cut. My maddah started yelling at me and I just lost it..."
- * Become easily irritated, easily angered, explosive
- 🐾 Become unable to perform duties because of substances use, such as not being a good Makua (parent), spouse, or worker
- 🐾 Hanging out with the wrong types of people and may increase the chances of being arrested due to one's illegal behavior
 - "We were just smokin' a joint, and Paul's friend rolled up in his car. I neva know was stolen, and that had 2 pounds of dope in the back. We went cruzing in his car and the cops busted us, all of us! Now we all facing a drug rap."
- 🐾 Can increase the chances of being evicted from housing
 - "Some guys came over with a small stash, so we sat in the parlor, mindin our own business, enjoying some weed, when the landlord passed my door, caught us smoking. In 24 hours, I was living on the beach, without even a tent, and all my stuff that nevah get stolen was soaked and ruined. "

- "In my case, I came home stoned. My maddah said 'wait on the porch for awhile.' She packed up all my clothes, threw um out the front door, and said, 'you no mo house hea, go live whea you wen get stoned.'"

☛ Increase susceptibility to being sexually or financially abused

- "I thought we were just a bunch of friends getting stoned together. After I was gang-raped, I contracted Hepatitis. The guys who did it just snicker and play like it was all a big joke. They don't know that payback day is still to come."
- "I had \$55,000 for my work injury one year ago. Suddenly, lots of friends came around. We smoked, drank, and did some hard stuff. I loan some money to the guys. Today, I got exactly \$87 in the bank, no job, no wife (she took the boy and moved out), nobody comes around, and nobody remembers the money I lent them! They tell me I'm hallucinating."

3: Using substances can interference with work or school:

☛ Difficulty focusing at work and doing job well

- "Downing" or "Coming down"
- May be late or have absences from work due to using substances the night before
- "I had a terrific job, everybody liked and respected me, treated me well. One day, we got a surprise - drug test! They found I had used cocaine and ice. I got suspended for two weeks, and in that time had to enroll in drug counseling. I had no insurance to pay for counseling, eventually lost my job, and never worked since then."

☛ Make it hard to focus on schoolwork and lead eventually to dropping out

- "I was going for a Bachelor's degree, was attending all my classes, had a lot of friends, sitting on top of the world. I was too confident, thought I could control the drugs and succeed in school. I let things get out of hand - fooled myself into thinking I could finish my study assignments, write all my papers, and continue to attend classes. Instead, all I started to do was make excuses, depend on classmates for their notes, and try to get my instructors to give me extensions, or special assignments for those I missed. Eventually, I flunked out. I wonder if I'll ever get that degree now."

4: Poor self-care

☛ May not shower, brush teeth, or keep up appearance

☛ Do not eat well when using substances

☛ Do not take adequate care of their living space, e.g. dirty and hazardous living conditions

- "I graduated w/ Phil. He was a real popular guy, at the top of his class, great athlete. I thought he was going to be a real big success. But after high school, he gradually moved to hard drugs. Today, his teeth are all rotten, he stinks,

doesn't shower, and the house he lives in is like a pig-pen. The sad part is that he doesn't care about anything but getting the next high. His health and life is ruined."

5: Legal pilikia:

- ✿ Driving under the influence of alcohol or drugs is against the law and can result in severe penalties.
- ✿ People can also be jailed for possessing illegal drugs.
- ✿ Parents with substance use problems have their children taken away from them, or may face restrictions on their ability to see or parent their children.
- ✿ Using disability money, such as SSI or SSDI, on drugs or alcohol can lead to restrictions on access to that money, and the need to have a representative payee (or some other legal representative) manage one's money.
- ✿ Leads to other criminal offenses.

6: Health pilikia:

- ✿ The use of cocaine, heroin, and amphetamines are linked to infectious diseases such as hepatitis C and the HIV virus. These are blood-borne diseases that can be spread through exposure to an infected person's blood, such as by sharing needles
- ✿ Long-term alcohol use can produce liver problems such as cirrhosis
- ✿ Neglect to take care of chronic health conditions such as diabetes and high blood pressure
- ✿ Because of the physical effects of using substances and the neglect of one's health, substance use can shorten one's lifespan
- ✿ Prone to accidents, false sense of security and power, lack of inhibition (no hila hila), loss of common sense.

PEOPLE WITH PSYCHIATRIC PILIKIA ARE SUPER SENSITIVE TO THE EFFECTS OF ALCOHOL AND DRUGS

People with a mental illness are more sensitive to the effects of drugs and alcohol than people who do not have psychiatric pilikia. It takes lower amounts of substances to have effects on people with psychiatric pilikia. In fact, it can be said that having psychiatric pilikia make some people *super-sensitive* to the effects of drugs and alcohol.

Do you have a problem with alcohol and other drugs use?

Is alcohol and drug use causing pilikia in your life?

Circle a number below that indicates where you're at from " ① " for having no pilikia with alcohol and drugs use to " ⑤ " having many serious pilikia related to alcohol and drug use.

No pilikia ----- Have some pilikia ----- Have many serious pilikia

Use the following checklist to find out.

Check the following statements that describe you:

- ___ I frequently (once or twice a day) find that my conversation centers on drug or drinking experiences.
- ___ I drink or get high to deal with tension or physical stress.
- ___ Most of my friends or acquaintances are people I drink or get high with.
- ___ I have lost days of school/work because of drinking or other drug use.
- ___ I have had the shakes when going without drinking or using drugs.
- ___ I regularly get high or take a drink upon awakening, before eating, or while at school/work.
- ___ I have been arrested for Driving Under the Influence of a substance.
- ___ I have periods of time that can't be remembered (blackouts).
- ___ Family members think drinking or other drug use is a problem for me.
- ___ I have tried to quit using substances but cannot. (A good test is voluntarily going for six weeks without substances and not experiencing physical or emotional distress.)
- ___ I often double up and/or gulp drinks or regularly use more drugs than others at parties.
- ___ I often drink or take drugs to "get ready" for a social occasion.
- ___ I regularly hide alcohol/drugs from those close to me so that they will not know how much I am using.
- ___ I often drink or get high by myself.
- ___ My drinking or use of drugs has led to conflict with my friends or family members.

In general, the more items noted, the more likely that you may have a problem with using substances. If you noted 3 or 4 of the statements you should be concerned about the way you use substances. If you noted more than 4, it would probably be a good idea to talk about your use of substances with your case manager or other health workers.

Weighing the Pros and Cons of Using Substances

To best understand your own pros and cons for using substances, complete Worksheet 1 below. And, to find out more about the commonly used substances and their effects, please see Appendix 1 of this handout.

WORKSHEET 1: Pros and Cons of Using Substances

"PROS" -- Write down all the good things about using drugs and alcohol. Consider advantages such as: socializing, feeling good, escaping, coping with pilikia, something to look forward to, habit...

"CONS" -- Write down all the bad things about using drugs and alcohol. Such as: More pilikia or crises, trouble with Ohana and friends, work/school problems, problems with health, legal system, housing, or money . . .

Considering all the "pros" and "cons" of using substances, would you like to cut down/stop?

____ NO. I do not want to cut down or stop.

____ MAYBE. I think I might want to cut down or stop but I'm not sure.

____ YES. I would like to cut down or stop.

(+) Write down below all the advantages of continuing to use drugs and alcohol. Consider advantages such as: socializing, feeling good, escaping, coping with pilikia, something to look forward to, habit, and any others that might be important.

ANSWER: The good things about using substances are

(-) Write down below all the disadvantages you can think of for using substances. Consider disadvantages such as: worse pilikia or relapse of mental illness, conflict with family or friends, trouble with work or school, parenting difficulties, problems with health, legal system, housing, or money.

ANSWER: The bad things about using substances are

Deciding Whether to Cut Down or Stop Using Substances

Understanding the "pros" and "cons" of using substances can help you decide whether you want to continue using. It is also helpful to consider the "pros" and "cons" of not using substances. What are the advantages of developing a sober lifestyle? What would you have to give up in order to develop such a sober lifestyle? Complete Worksheet 2 below.

WORKSHEET 2: Pros and Cons of Sobriety

"PROS" -- Consider how sobriety may help you achieve personal recovery goals, such as better control of your pilikia, better relationships, more independence, better health, ability to work and go to school, better parenting, fewer legal, housing, money, or health problems.

"CONS" -- What are the disadvantages of becoming sober? Write down below what you think you might have to give up if you stop using substances. Consider the "costs" of sobriety, such as losing friends, nothing fun to do, troubling pilikia, no escape, and feeling bad.

Considering all the “pros” and “cons” of sobriety *and* the “pros” and “cons” of using substances. Would you like to cut down/stop? Check your answer.

_____ NO. I do not want to cut down or stop.

_____ MAYBE. I think I might want to cut down or stop but I’m not sure.

_____ YES. I would like to cut down or stop.

Stop Using Altogether or Cutting Down?

Deciding to take control over one’s life by addressing pilikia related to drug or alcohol use is an important decision. It involves changing ones lifestyle. Part of making such a decision involves deciding whether you want to stop using substances altogether (abstinence) or whether you prefer to cut down but not stop using entirely.

People with substance use problems often find it difficult to successfully cut down on using substances, because using even a small amount makes them want to have more. A common problem is that people sincerely intend to drink a small amount of alcohol or take a small amount of drugs, but end up drinking or using a lot more. For this reason, many people with drug and alcohol problems find it easier to develop an abstinent lifestyle rather than to cut down on the amount they use.

Some people want to make changes to address their substance use problems, but are not ready to stop using drugs or alcohol completely. For people who do not choose abstinence as a personal goal, reducing the amount of alcohol or drugs that they use can be helpful. Sometimes people begin with the intention of cutting down their use of alcohol or drugs, and then find it easier to become abstinent.

Question: Have you (or someone you know) tried to cut down substance use in the past? What happened?

Enhancing Your Lifestyle

When people decide to develop a sober lifestyle, it takes planning and practice. Sometimes there can be setbacks along the way, such as urges to use substances or relapses in substance use. Developing your own personal plan for a sober lifestyle is an important part of managing your pilikia and achieving your personal recovery goals. There are four important steps to achieving sobriety:

1. Embrace the traditional Hawaiian beliefs and values that help you achieve PONO.
2. Remember your reasons for not using substances.
3. Develop a plan to prevent going back to using substances in "high risk" situations.
4. Identify new ways of getting your needs met.

You may want to use WORKSHEET 3 below to help develop your Sobriety Action Plan.

WORKSHEET 3: Action Plan

Complete this Action Plan by following the steps outlined below. You can change or modify your plan based on how well it is working for you. Share your plan with people who are close to you so they can support you in achieving your goals.

Step 1: Kūpono

Taking control over your life and tackling your substance use problems can be hard work, and there may be setbacks along the way. However, your strength and determination will pay off as you become sober and reclaim your life.

Guiding Values for Achieving your Goals

Hana pono: We need to do good, and be accountable for our actions.

'Onipa'a: We need to remain steadfast and resolute and persevere to overcome adversity.

Imi 'ike: We need to seek knowledge and enlightenment.

'Oia 'i'o: We need to be truthful.

Ha'aha'a: We need to be humble.

Laulima e kōkua: We need to work together and help one another.

Mālama: We need to care for one another.

Pono: We need to be just and seek harmony in all that we do.

Step 2: List one to three reasons how your life will be better by cutting down or stopping using substances. Consider how your action plan may help you achieve your personal recovery goals.

1. _____
2. _____
3. _____

Step 3: Make a plan for how to deal with "high risk" substance use situations. Consider situations in which you have used substances in the past, such as people offering you substances, being pressured to use, feeling bad, having nothing to do, and cravings. For each situation, identify one or two ways of dealing with it. Effective strategies for dealing with these situations may include: avoiding the situation, learning how to say "no" when the situation cannot be avoided, and dealing with urges to use in situations not involving other people.

Situation 1:

Plan for dealing with it:

Situation 2:

Plan for dealing with it:

Situation 3:

Plan for dealing with it:

Step 4: Find new ways of getting your needs met. Consider some of the reasons you have used substances, such as hanging out with friends, feeling relaxed or "high," dealing with pilikia, or having something to do. Choose some reasons why you have used substances in the past, and for each reason identify at least one new strategy for getting your need met.

Need 1:

New Strategy:

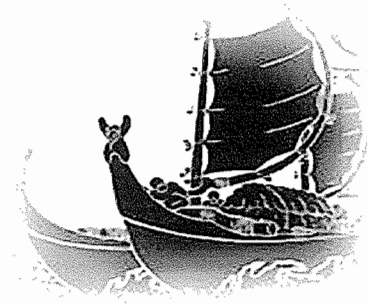
Need 2:

New Strategy:

Need 3:

New Strategy:

"Ka lā Hiki Ola"



The dawning of a new day

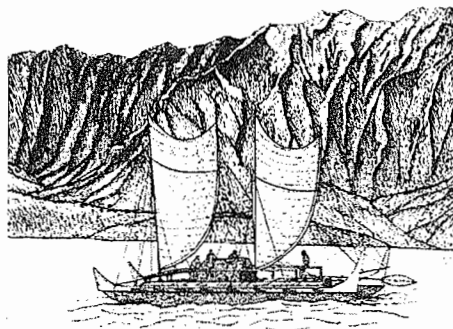
There will always be the dawning of another day — life affords us many different opportunities, and it is up to us to grab hold of them!

Appendix 1: Commonly Used Substances and Their Effects

It is helpful to understand what people commonly experience when they use alcohol and drugs. The following table lists both the positive and negative effects of alcohol and drugs.

Substance Type	Examples	Positive Effects	Negative Effects
Alcohol	Beer, wine, gin, whiskey, vodka, tequila	Relaxation; Lighter mood	Slower reaction time; drowsiness; socially embarrassing behaviors.
Cannabis	Marijuana, hash, 'FEC :	Relaxation; "High" feeling	Reduced reaction time and coordination; Apathy and fatigue Paranoia; Increased anxiety or panic feelings
Stimulants	Cocaine (powder/or crack), amphetamines (crystal meth., Dexedrine)	Alert feeling; Increased euphoric or good feeling	Increased anxiety; Paranoia and; psychosis; Sleeplessness
Hallucinogens	LSD, ecstasy, peyote, mescaline	Increased sensory experiences, Feeling of wellbeing	Bad "trips" Psychotic pilikia
Opiates	Heroin, morphine, vicodin, Demerol, opium	Positive feeling of well-being; Relaxation; Reduced pain sensitivity	Drowsiness; Highly addictive; Risk of overdose
Inhalants	Glue, aerosols, paint	"High" feeling	Severe disorientation; Toxic/brain damage
Caffeine	Coffee, some teas, some sodas	Alert feeling	Feeling jittery; Can interfere with sleep
Nicotine	Smoking, chewing tobacco	Feeling alert Feels good	Causes many health problems
Benzodiazepines (Anti-anxiety medication)	Valium, Xanax, Kionopine	Reduced anxiety; Relaxation;	Rebound anxiety when medication wears off; Loss of inhibition and coordination; Dulled senses

VOYAGE TO RECOVERY



Pathway 8



Hale Na'au Pono

Wai'anae Coast Community Mental Health Center, Inc.
86-226 Farrington Hwy, Wai'anae, Hawai'i, 96792, 808-696-4211

www.wccmhc.org



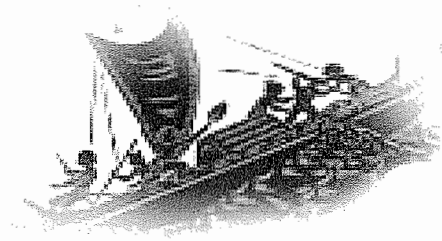


Hale Na'au Pono

Wai'anae Coast Community Mental Health Center, Inc.

86-226 Farrington Highway Wai'anae, Hawaii 96792

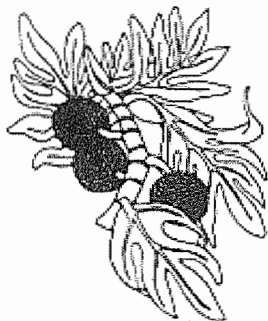
Telephone: (808) 696-4211 Fax: (808) 696-5516



VOYAGE TO RECOVERY

Pathway 8-

Solving Pilikia and Achieving Goals



Po`ohū ka lae kahi i ka pōhue.
When the forehead lumps, rub it with a gourd.
(Find the remedy for the problem)

‘Ōlelo No`eau :2691

Canoe Plants of Ancient Hawai'i
---`Ulu

Problems are a natural part of life. Everyone encounters some problems along the way, no matter how well they are managing their lives.

In this pathway, you will learn some specific coping methods to deal with psychiatric pilikia and other day-to-day problems in living. You will also learn a step-by-step method for solving problems and achieving goals.

An Effective Method for Solving Pilikia and Achieving Goals

When trying to solve a problem or achieve a goal, it is important to take an active, solution-focused approach. You may use a step-by-step method for solving problems and achieving goals by yourself or with your `ohana members, friends, peers, your case manager or other health care workers. These people can be especially helpful in providing ideas for solutions of the problems you face and in carrying out specific steps of the solution you choose.



Are you experiencing a problem that is causing stress? Or is there a goal that you would like to achieve but is difficult to pursue?

You can use the following worksheet to develop a plan for solving the problem or achieving the goal.

A Step-By-Step Method:

Step 1: Define The Problem Or Goal As Specifically And Simply As Possible

Step 2: List 3 Possible Ways To Solve The Problem Or Achieve The Goal

A. _____

B. _____

C. _____

Step 3: For Each Possibility, List One Advantage And One Disadvantage

Advantages/Pros: 👍

A. _____

B. _____

C. _____

Disadvantages/Cons: 👎

a. _____

b. _____

c. _____

Step 4: Choose The Best Way To Solve The Problem Or Achieve The Goal

Of the possibilities mentioned above, which way has the best chance of succeeding?

Step 5: Plan The Steps For Carrying Out The Solution

5.1: Who will be involved in carrying out the solution?

5.2: What step will each person do?

5.3: What is the time frame for each step?

5.4: What resources are needed?

5.5: What problems might come up and how could they be overcome?

Step 6: Set A Date/Schedule For Evaluating How The Solution Is Working:



Give yourself credit for what you have done. Decide whether the problem has been solved or whether the goal has been achieved.

If not, decide whether to revise the plan or try another one.

The more you use this step-by-step method for solving problems and achieving goals, the easier and smoother it will become.

Identifying Common Pilikia

No one has the same set of pilikia. In order to develop the effective coping methods that work for you, it is helpful to first identify the specific pilikia you have experienced.

Checklist of Common Pilikia

Specific Pilikia	I Experience This Pilikia
Paying Attention	
Concentrating	
Anxiety	
Depression	
Anger	
Sleeping Difficulties	
Lack Of Interest	
Lack Of Pleasure	
Lack Of Expressiveness	
Social Withdrawal	
Hallucinations	
Delusions	
Drugs Use	
Other Substances Use	
Alcohol Use	
Other	
Other	



Which one causes the most stress for you?

Ways to Improve Your Concentration and Attention



Sometimes people have problems concentrating on conversations or activities. The following strategies may be helpful:

Ways To Improve Concentration And Attention	I Have Used It	I Would Like To Try It
1: Minimize distractions, so there is only one thing to concentrate on. For example, if you're trying to concentrate on a phone conversation, make sure the radio and TV are off.		
2: Ask the person with whom you are having a conversation to slow down or repeat things that you're unsure of.		
3: Check to make sure you understand by summarizing what you heard. For example, you can say something like, "Let me see if I understand your main point; are you saying _____?"		
4: Break down activities or tasks into smaller parts, and take frequent breaks. For example, if you have to clean your kitchen you could start with the sink area, then move to the stove area. Do one area at a time.		
5. Choose an interesting activity that requires attention, but start out by spending a brief time on the activity and gradually increasing the amount of time.		
6. Ask someone to join you in an activity that requires attention, such as a board game, card game, or making leis. Many people find that doing something together helps them focus better.		
7. Other		
8. Other		

Ways to Improve Your Mood



Anxiety

When you feel worried, nervous, or afraid, you may experience muscle tension, headaches, heart racing, or shortness of breath. When you feel anxious about certain situations, you may even go to extremes to avoid them. The following strategies may be helpful:

<i>Ways to Cope with Anxiety</i>	<i>I Have Used It</i>	<i>I Would Like To Try It</i>
1: Identify situations that tend to make you anxious and making a plan to do something about them. For example, if you are anxious about job interviews, practice interviewing skills with others.		
2: Talk with someone in your support network to let him or her know about your feelings. Sometimes they have good ideas you can try.		
3: Use relaxation techniques, such as deep breathing or progressive muscle relaxation, to stay calm.		
4: Work with your practitioner on a plan for gradually exposing yourself to situations that makes you feel anxious. For example, if someone is anxious about taking the bus, he or she might start by waiting at the bus stop and watching people get on and off the bus. After becoming more comfortable with that, he or she might try getting on the bus and getting off at the first stop. The idea is to feel comfortable before moving on to the next step.		
5. Other		
6. Other		

Depression



When people are depressed, they may have one or more of the following problems: feeling bad about themselves, not doing the things they used to enjoy, sleeping too much or too little, low energy, poor appetite, and having trouble concentrating and making decisions.

If you are not having severe symptoms of depression, you can try the following coping methods to help improve your mood:

<i>Ways to Cope with Depression</i>	<i>I Have Used It</i>	<i>I Would Like To Try It</i>
1: Set goals for daily activities, starting with one or two activities and gradually building up to a full schedule.		
2: Talk with someone in your support network to let him or her know about your feelings. Sometimes they have good ideas you can try.		
3: Identify things that you still enjoy and build your strengths in those areas.		
4: Schedule something pleasant to do each day, even if it's a small thing. This will give you something to look forward to.		
5: Ask people to join you in activities. You may be more likely to follow through with plans when someone else is involved.		
6: Deal with loss of appetite by eating small portions of food that you like and taking your time.		
7: Practice relaxation exercises on a regular basis.		
8: Remind yourself of the steps you have accomplished and avoid focusing on setbacks.		
9: Other		

****If you get severely depressed or if you start thinking of hurting yourself or ending your life, you should contact your case manager immediately or seek emergency services.**



Anger

Some people find that they feel angry or touchy much of the time and get irate about situations that would ordinarily seem relatively minor.

Because this is a common problem, there are programs for anger management, which many people have found helpful. Some of the techniques taught in anger management classes may help you control your anger:

<i>Ways to Cope with Anger</i>	<i>I Have Used It</i>	<i>I Would Like To Try It</i>
1: Recognize the early signs that you are starting to feel angry (for example, heart pounding, jaw clenching, perspiring), so that you can keep things from getting out of control.		
2: Identify situations that commonly make you feel angry and learn how to handle these situations more effectively.		
3: Develop specific ways for staying calm when you're angry: a. counting to ten before responding b. distracting yourself, c. temporarily leaving the situation, or politely changing the subject.		
4: Learn how to express angry feelings briefly and constructively. The following steps are helpful: a. Speak firmly but calmly. b. Tell the person what he or she did to upset you. Be brief. c. Suggest how the situation could be avoided in the future.		
5. Other		
6. Other		

Ways to Improve Sleep:








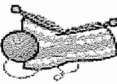



















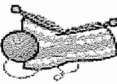



















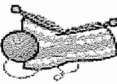














Sleeping too much or too little can be very disruptive. It's hard to do things when you don't get enough sleep. Trying some of the following suggestions may help:

<i>Ways to Improve Sleep</i>	<i>I Have Used It</i>	<i>I Would Like To Try It</i>
1: Go to sleep and get up at the same time everyday		
2: Avoid caffeine after 6 PM		
3: Exercise during the day so you'll feel tired at night		
4: Do something relaxing before going to bed, such as reading, taking a warm shower, drinking warm milk or herbal tea, or listening to music		
5: Make sure that your room is dark and that the temperature is comfortable		
6: Avoid watching violent or distressing programs on television or video just before going to bed		
7: Avoid having discussions about upsetting topics just before going to bed.		
8: Avoid napping during the day.		
9: Avoid spending more than 30 minutes lying awake in bed. Instead, try getting up, going to another room, and doing something relaxing (like reading or listening to music) for at least 15 minutes before returning to bed.		
10: Other		
11: Other		

Ways to Improve Interest and Enjoyment in Doing Things



It's very difficult to stay active when things don't seem interesting to you or when you don't enjoy things you used to enjoy. It's also difficult to pursue goals when you feel this way. The following suggestions may be helpful to gradually increase your interest and enjoyment of activities: * *Be patient with yourself. Changes will happen gradually

Ways to Improve Your Interest and Enjoyment	I Have Used It	I Would Like To Try It																				
1: Select an activity that you used to enjoy. Think of something brief that you could do that is related to that activity.																						
2: Gradually plan longer activities as you gain more confidence in brief activities.																						
3: Ask people to do things with you. It can be more enjoyable to have someone to talk to and share the experience.																						
4: Explore new interests: <table><tr><td>Tai Chi </td><td>Hula </td><td>Lei making </td><td>Yoga </td><td>Sewing, quilting </td></tr><tr><td>Knitting </td><td>Singing </td><td>Play Ukulele </td><td>Gardening </td><td>Paddling </td></tr><tr><td>Hiking </td><td>Fishing </td><td>Cooking </td><td>Reading </td><td>Computer </td></tr><tr><td>Exercising </td><td>Arts & Craft </td><td>Music </td><td>Jogging </td><td>Writing </td></tr></table>	Tai Chi 	Hula 	Lei making 	Yoga 	Sewing, quilting 	Knitting 	Singing 	Play Ukulele 	Gardening 	Paddling 	Hiking 	Fishing 	Cooking 	Reading 	Computer 	Exercising 	Arts & Craft 	Music 	Jogging 	Writing 		
Tai Chi 	Hula 	Lei making 	Yoga 	Sewing, quilting 																		
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Hiking 	Fishing 	Cooking 	Reading 	Computer 																		
Exercising 	Arts & Craft 	Music 	Jogging 	Writing 																		
5: Regularly schedule enjoyable activities. The more regularly you do an activity, the more likely you will start																						

to feel enjoyment in it.		
6: Be willing to try something several times in order to get familiar with it. The more familiar and comfortable you feel with an activity, the more likely you will enjoy it.		
7: Other		
8: Other		
9: Other		



Ways to Increase Contact with Others

Everyone needs time alone. But if you find that you are withdrawing from people and avoiding contact with others, it may create problems in your relationships.

<i>Ways to Increase Contact with Others</i>	<i>I Have Used It</i>	<i>I Would Like To Try It</i>
1: Join A Support Group		
2: Explore Jobs Or Volunteer Work That Involves Contact With Other People		
3: Schedule Contact And Talk Stories With Someone Every Day, Even If It's For A Short Time		
4: If You Find It Stressful To Be With People, Practice Relaxation Techniques Before And/Or After Your Contact With Them		
5: Arrange For Errands That Involve Contact With People, Such As Going To The Store Or The Library		
6: If It's Too Stressful To Have Personal Contact, Call People On The Phone And Talk For At Least A Few Minutes		
7: Other		

Ways to Cope with Severe Psychiatric Illness

Ways to Cope with Delusion

Sometimes people develop beliefs that are firmly held in spite of contradictory evidence. For example, they might start to believe that the police are following them even though there is no evidence of this. For some people having this kind of belief, which is called a "delusion," is an early sign that they are starting to experience a crisis, and they need to contact their case managers or psychiatrists to discuss an evaluation.

These beliefs may be distressing or distracting. The following coping strategies may be helpful:

<i>Ways to Cope with Delusion</i>	<i>I Have Used It</i>	<i>I Would Like To Try It</i>
1: Distract yourself from the disturbing belief by doing something that takes your mental attention, such as doing a puzzle or adding up rows of numbers.		
2: Check out your beliefs by talking to someone you trust. For example, you might ask your case managers or psychiatrists to help you evaluate the evidence for and against your belief. Ask for his or her point of view.		
3: If your beliefs cause you to worry about safety, for example, you might ask, "What is the evidence that supports that I am in danger, and what is the evidence that does not support that I am in danger?"		
4: Distract yourself with a physical activity, like going for a brisk walk.		
5: Other		
6: Other		

Keep in mind that you should contact your case manager if you become so convinced of your belief that you are thinking of acting on it. For example, if you become convinced that someone means you harm, you might start thinking of defending yourself, which could possibly lead you to harm someone else. If you can't reach your case manager, seek out emergency services under these circumstances.

Ways to Cope with Hallucination

Sometimes people hear voices or see things when nothing is there. They might even feel, taste, or smell something when nothing is there. These experiences are often called "false perceptions" or "hallucinations." For some people, when this happens it is a sign that they are starting to experience a crisis.

*** In some cultures, communicating with ancestors is a common practice. You may need to check with family or community members to see if the voices you hear are culturally-based before labeling them as hallucinations.*

If you find the hallucination too distressing or distracting, you might want to try one or more of the following coping strategies:

<i>Ways to Cope with Hallucination</i>	<i>I Have Used It</i>	<i>I Would Like To Try It</i>
1: Distract yourself by doing something that takes your attention, such as having a conversation with someone, reading, or taking a walk. Hum to yourself or listen to a Walkman to drown out voices.		
2: Check out your experiences with someone you trust. For example, one person who thought he heard voices outside his window asked his brother to listen and give an opinion.		
3: Use positive self-talk. Tell yourself things like, "I'm not going to listen to these voices," or "I'm not going to let these voices get to me,"		
4: Ignore the hallucinations as much as possible. Some people say that it helps to focus on other things instead. You may tell yourself: "I'm just going to let it happen and go about my business. I'm not going to let it bother me or affect what I'm doing."		
5: Use relaxation techniques. Doing some deep breathing or muscle relaxation reduces the stress and reduces		

some of the intensity of the hallucination		
6: Other		
7: Other		

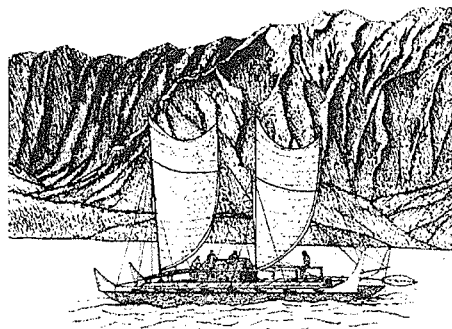
****If the voices start to tell you to do something to hurt yourself or someone else and you think you might act on this, however, you need to contact your practitioner or emergency services.**

Drug or Alcohol Use



Drugs and alcohol can make the symptoms of mental illness worse and can interfere with the benefits of prescribed medication. To stay well, therefore, it is very important to address any problems you might have with drugs or alcohol. In "Pathway 10- The Effect of Alcohol and Drug Use", specific ways for dealing with pilikia related to drug and alcohol use will be discussed.

VOYAGE TO RECOVERY



Pathway 9



Hale Na'au Pono

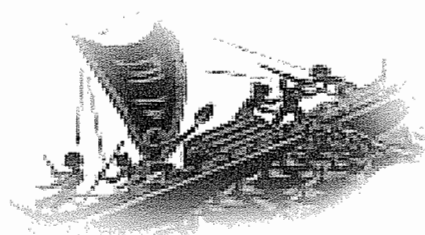
Wai'anae Coast Community Mental Health Center, Inc.
86-226 Farrington Hwy, Wai'anae, Hawai'i, 96792, 808-6964211

www.wccmhc.org



Hale Na'au Pono

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86-226 Farrington Highway Wai'anae, Hawaii 96792
Telephone: (808) 696-4211 Fax: (808) 696-5516



VOYAGE TO RECOVERY

Pathway 9-

Building Strengths and Reducing Crises



"Uliuli kai pali o Kahikinui,
Kokolo mai Ka 'ohu he 'ino."

Dark are the sea cliffs of Kahikinui;
when the mists creep, it is a sign of a storm.

'Olelo No'eau 2866

Canoe Plants of Ancient Hawai'i
--- 'ohi'a

There are many things you can do to build your
strengths, and reduce crises.

Let's find out what they are . . .

You have already learned some important pathways to build your strengths to deal with your pilikia in the earlier Recovery Pathways:

- Identify Your Own Strengths And Pilikia.
(Talking Story-Part 2)
- Identify And Set Your Personal Recovery Goals.
(Talking Story- Part 3)
- Learn About Your Illness And How It May Relate To The Imbalance Of The Elements Described In The "Kumu Ola Pono".
(Pathway-4)
- Learn To Be Conscious Of When You Are Under Stress And Develop Strategies For Coping With Stress.
(Pathway-4)
- Learn Ways To Expand And Strengthen Your Circle Of Friends.
(Pathway-5)
- Learn To Use Medication Effectively.
(Pathway-6)



In this handout you will learn some additional helpful strategies for staying well and reducing crises. You'll learn to

- Recognize events or situations that "triggered" crises in the past.
- Recognize the early warning signs that you might be starting to have a crisis.
- Develop your own crisis prevention plan to respond to early warning signs.
- Use the help of other people, such as Ohana/family members, professionals, and friends, to prevent early warning signs from becoming a full-blown crisis.



Strategy 1

Recognize Events Or Situations That Triggered Crises In The Past

Some people can identify certain events or situations that appear to have led to crises in the past. The events or situations that seemed to contribute to crises can be thought of as "triggering" events.

The following chart lists some examples of common triggers. Please check off the examples that reflect an experience you have had.

Personal Descriptions of Triggers	I Had Something Like This:
"I noticed that when I started staying out late, not getting enough sleep, my pilikia became worse."	
"When I'm under more stress about being pressured to find a job, I'm likely to start having pilikia again."	
"Every time I go back to drinking beer or using drugs, I end up needing to go back to the hospital."	
"When there's a change in my life, even a good change like getting to see my baby, I tend to feel stressed out. Then the pilikia seems to come back."	
"If I have arguments with my 'ohana, it really brings me down. Sometimes the pilikia get worse."	
"I stopped taking medicine. I thought I no need take medicine no more. Oh boy, didn't take long time, the pilikia started again."	
"When I think of bad things that happened in the past, then the pilikia come back."	
"No more money, no more benefits, no more cigarettes, no more housing. When I lose these things I know the pilikia is coming."	
"When I get pressure from systems (legal, cps, ssi, dhs) , the pilikia gets bad."	
"When I go to a sacred place that I shouldn't go, I know the pilikia come back."	
Other:	

Questions: Are you able to identify situations or events that triggered crises in the past? If so, what could you do to handle the situation differently?



Strategy 2

Recognize The Early Warning Signs Of A Crisis

Even when people do their best to avoid it, their pilikia may start to come back and they may have a crisis. Some crises may occur over short periods of time, such as a few days, with very little or no warning. However, most crises develop gradually over longer periods of time, such as over several weeks.

There are often changes in the person's inner experience and changes in their behavior when a crisis is starting. When people look back after a crisis, they often realize that these early changes, even the subtle ones, were signs that they were starting to have a crisis. These changes are called "early warning signs."

The following checklist has a list of common early warning signs.

Check The Early Warning Signs That You Had The Week Before Your Last Crisis

Early Warning Signs	I've Seen This Sign
My mood changed quickly. Like riding the top of the wave and getting slammed to the bottom of the sea all day long.	
I felt I had lots of energy.	
I kept dwelling on the past.	
I felt I had no energy to do anything.	
I lost interest in doing things.	
I lost interest in the way I looked or dressed.	
I felt discouraged about the future.	
I had trouble concentrating or thinking straight.	
My thoughts were so fast I couldn't keep up with them.	
I was afraid I was going crazy.	
I was puzzled or confused about what was going on around me.	
I felt distant from my 'ohana and friends.	
I had the feeling that I didn't fit in.	
I felt afraid that something bad was about to happen.	
I had trouble expressing myself. I couldn't speak clearly.	

I felt lonely	
I was bothered by thoughts I couldn't get rid of.	
I felt bored.	
I felt overwhelmed by demands or felt that too much was being asked of me.	
I had trouble sleeping.	
I felt bad for no reason.	
I was worried that I had physical problems.	
I felt tense and nervous.	
I got angry at little things.	
I had trouble sitting still. I had to keep moving or pace up and down.	
I felt depressed and worthless.	
I had trouble remembering things.	
I heard voices or saw things that others didn't hear or see.	
I thought that people were staring at me or talking about me.	
I felt I didn't need to sleep.	
I was more irritable.	
I was overconfident about my abilities.	
I increased my spending or shopping.	
I let my room or house get real messy.	
I hear the tv or radio talking to me all the time.	
I keep the curtains closed because I think people are following me.	
I don't eat.	
Other:	
Other:	



Strategy 3

Use the help of other people to prevent early warning signs from becoming full blown crises.

People are not always aware when their behavior has changed and they are experiencing an early warning sign of crisis. For example, someone might not realize that he or she is feeling unusually irritable. Instead, it may seem to him or her that other people are being especially annoying.

Friends, family members, co-workers, case managers or other health care workers, and other supportive people often notice when someone seems different or is acting out of character. They can help people recognize early warning signs.

If you ask them, your Ohana/family members, friends and case managers or other health care workers can be your "extra eyes and ears" for noticing early warning signs. You can tell them some possible early warning signs to look for, and let them know that you would like them to inform you when they notice these signs.

People Who Could Help Me See Early Warning Signs

Friends: _____

'Ohana Members: _____

Support Group Members: _____

Clubhouse Members: _____

Case Manager Or Other Healthcare Worker: _____

Co-Workers: _____

Others: _____



What can be done when you become aware that you are experiencing an early warning sign of crisis?

The more quickly you act on early warning signs, the more likely it is that you can avoid a full crisis. The following is a list of examples of what other people have experienced and what they did when they saw early warning signs. Some examples may sound familiar to you.

- "When I started to feel so irritable with everyone, even my best friend, I realized that I was under a lot of stress with changes in my life. I talked with my case manager about strategies for coping with the stress better so it didn't affect me so much."
- "I thought my medicine wasn't helping me, so I stopped taking it. My thinking got very confused. I kept forgetting things, too. I told the doctor at my next appointment."
- "My brother noticed empty beer bottles in the kitchen when he came to visit. When we got to talking, I realized that I was starting to use alcohol to help me fall asleep. The next day I called my case manager."
- "When I notice I am sleeping too much, isolating myself, or feeling bored; I know I need to call my doctor."
- "I was not taking care of myself (no bath, no food, messy house, kids running around in the street), and all I wanted to do was sleep. Then I knew it was time to get help."

When early warning signs are noted, it helps to ask yourself the following questions:

- Is my stress level high? What can I do to reduce it?
- Am I taking part in the treatments I chose?
- Am I going to my support group, doing my relaxation exercises, going to see my case manager, going to church or temple, etc.?
- If medication is part of my treatment, am I taking my medication as I'm supposed to? If not, how can I make sure I do?
- Should I arrange a special appointment to talk to the doctor?
- Do I need to start a medication? Do I need a higher dose of the medication I am taking?
- Should I contact someone for extra support (like a spiritual leader, Ohana member, etc.)?

Question: Have you had an experience where you were able to avoid early warning signs that you checked off on page 4 and 5? If so, what did you do?



Strategy 4

Develop Your Own Crisis Prevention Plan

It's not possible to know who will have only one or two crises and who will have more. Making a *Crisis Prevention Plan* can help you avoid crises and minimize the severity of episodes that do occur.

In developing a Crisis Prevention Plan, you may find it helpful to consult with the supportive people in your life. Friends, peers, case managers and mental health care workers, ohana, and others can help you remember details about what helped in past situations and can make suggestions about possible steps to take if early warning signs appear.

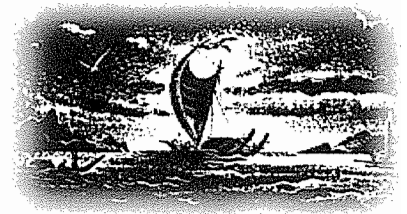
Plans for preventing crises are most effective if they contain the following:

- **Reminders Of Past Triggers**
- **Reminders Of Past Early Warning Signs**
- **What Helped You In The Past When You Were Having An Early Warning Sign**
- **Who You Would Like To Assist You**
- **Who You Would Like Contacted In An Emergency**

For example, before developing your crisis prevention plan with staff, you may want to talk with the supportive people in your life (Ohana members, friends, your counselor or case manager, and your doctor). You may ask them what they observed before your last crisis and included some of their observations in your list of early warning signs. You may also ask for their suggestions in making a plan for responding to an early warning sign and ask them whether they would be willing to play a specific part in carrying out the plan.

Questions: What would you include in your Crisis Prevention Plan?

You can use the following planning sheet to record your answer.



Name: _____

Phone Number: _____

Crisis Prevention Plan

Reminder Of Events Or Situations That Triggered Crises In The Past:

1. _____

2. _____

3. _____

4. _____

Reminder Of Early Warning Signs That I Experienced In The Past:

1. _____

2. _____

3. _____

4. _____

What I Think Would Help Me If I Am Experiencing An Early Warning Sign?

1. _____

2. _____

3. _____

4. _____

Who I Would Like To Assist Me, And What I Would Like Them To Do?

1. _____
2. _____
3. _____
4. _____

Who Would I Like To Be Contacted In Case Of An Emergency?

Name: _____	Telephone No: _____
Name: _____	Telephone No: _____
Name: _____	Telephone No: _____
Name: _____	Telephone No: _____

Who Should NOT Be Contacted In Case Of An Emergency?

Name: _____	Telephone No: _____
Name: _____	Telephone No: _____
Name: _____	Telephone No: _____
Name: _____	Telephone No: _____

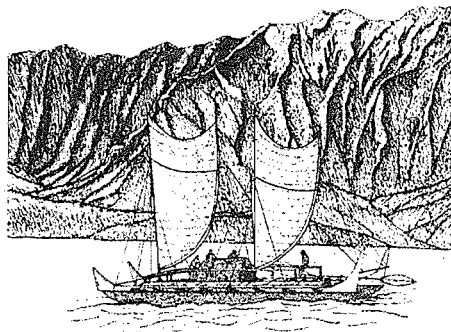
I Want The Following People To Have A Copy Of This Plan:

1. Case Manager: _____
2. Friend: _____
3. Parent or Ohana member: _____
4. Clinical Record: _____
5. Other: _____

Consumer Signature

Date

VOYAGE TO RECOVERY



Pathway 10



Hale Na'au Pono

Wai'anae Coast Community Mental Health Center, Inc.
86-226 Farrington Hwy, Wai'anae, Hawai'i, 96792, 808-6964211

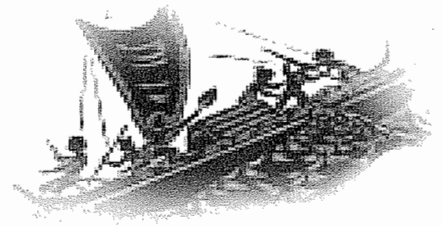
www.wccmhc.org





Hale Na'au Pono

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86-226 Farrington Highway Wai'anae, Hawaii 96792
Telephone: (808) 696-4211 Fax: (808) 696-5516



VOYAGE TO RECOVERY

Pathway 10-

Getting your Needs Met in the Mental Health System



Canoe Plants of Ancient Hawai'i
---`Awa

There are many services and programs that are available to you at the community mental health centers. These services aim to help you to prepare your voyage to recovery.

So, let's find out what these services are . . .










Services Offered by Community Mental Health Centers:









The needs of people with pilikia differ from one person to the next. Mental health centers often offer a variety of services to meet each person's needs. If your community mental health center does not provide the services you are looking for, the staff at the center may be able to give you information on where to find them in your community.

The following is a list of services that are often available in community mental health centers. You may have already used some of the following services and may be interested in trying others.

Mental Health Service Checklist

Service	I Have Used This Service	I Would Like To Try This Service
Mental Health Evaluation 		
 Case Management		
Medication Services 		
 Peer Support Consumer-Led Programs		
Individual Therapy 		
 Group Therapy		
Social Skills Training 		
Family Psycho-Education & Other Family Services 		
Housing Options 		

 Support Groups		
Emergency Services 		
Recreational Therapy 		
 Integrated Treatment For Mental Health And Substance Use		
Employment Services 		
 Assertive Community Treatment (Act)		
Information & Referral		
Family & Children Services		
Other:		
Other:		

Finding Out More About Specific Programs:

You may find out information about the key parts of these services from the community mental health centers, mental health research centers, consumer support agencies, and from advocacy groups. Some information is available on websites, and some can be found by checking your local phone book or by calling the offices of your state or county division of mental health.

Services Available at Hale Na`au Pono

At Hale Na`au Pono, we provide three distinct approaches for the care of adults with behavioral health needs. A case manager is the single point of access for all services. Individualized care plans are created based upon the preferences of those served and the clinical judgment of our professional staff. While each service is distinct, a consumer may, over time, take advantage of one or more services that we offer.

*At Hale Na`Au Pono, We Value The Rights, Dignity, Empowerment,
And Culture Of Every Person We Serve*

Key Programs:

Alcohol & Drug Treatment - Ho`okaulike

Ho`okaulike offers substance abuse and case management services which provide goal oriented and individualized support through assessment, planning, linkage, advocacy, coordination, monitoring, and treatment. Heavy emphasis is place on cultural and social components. Services are individually tailored to meet the unique needs of the consumers while ensuring that they are integrated and comprehensive in nature. The primary goal is abstinence.

Assertive Community Treatment (ACT)

ACT is the most intensive of the case management services for adults consumers recently discharged from the State or Community Hospital after multiple or extended stays. ACT's intensive, integrated, rehabilitative, crisis, treatment and community support services are provided by a team comprised of a psychiatrist, nurse, social worker, substance abuse counselor, and peer specialist. The amount of case management depends upon the needs of the consumer and generally include three visits/contacts per week by at least two staff members. Services are provided in the naturally occurring environment of the consumer's choice, such as their apartment or on the beach. The goal of ACT is to provide self-contained services to support the individual, to gain community tenure, and to allow the consumer to pursue life goals of their own choosing.

Hui Hana Pono - Clubhouse

Members of this clubhouse community are assured a place to come, a place of meaningful work, a place of meaningful relationships, and a place to return. The goal of the Clubhouse is to support adults with serious mental illness to live, to work, to be respected, to be appreciated, and to be an active participant in their community.

There are two main components to the clubhouse program.

- 1) The Day Program or Work Ordered Day. This is where members work with other members and staff, side by side, to strengthen the member's abilities by contributing to the daily operations of the clubhouse. Besides learning food preparation and serving, record keeping, grounds and building maintenance, community education, and the production of a monthly newsletter, clubhouse members learn to take responsibilities, increase their self-esteem and self-worth, and engage in meaningful relationships.
- 2) The Transitional Employment Program or TEP. This program offers clubhouse members to work in real jobs out in the community, not sheltered workshops or created jobs. Members are paid the prevailing wage rate and the placement will last up to six months. For Hui Hana Pono and the participating employers, the Transitional Employment Program is an innovative partnership with a proven track record.

Hours of Operation:

Hui Hana Pono is operated Monday through Friday from 8:00am to 4:30 pm, except on Tuesday from 8:00 am to 7:00 pm and on Saturdays from 10:00 am to 2:00 pm.

Hui Hana Pono is also open on all holidays except for New Years Day.

Location Information:

Hui Hana Pono - A Clubhouse

85-888 Farrington Hwy.

Waianae, Hawaii 96792

(808) 696-3716

(808) 696-1067 fax

email: huihpono@wccmhc.org

Outpatient Services

Consumers receive medication management, individualized and group therapy, and follow-up from a team comprised of the consumer, psychiatrist, nurse, and social worker. The objective of the outpatient services is to promote a health and fulfilling life, pursuing self-chosen activities and goals.

Intensive Community Treatment

ICT provides intensive case management and rehabilitative services to consumers at risk of hospitalization by a team comprised of a psychiatrist, nurse, social worker, substance abuse counselor, and peer specialist. The amount of case management depends upon the needs of the consumer and generally includes weekly visits/contacts to support them in the community. Treatment and restorative interventions assist consumers to gain access to necessary services to reduce psychiatric and addiction symptoms and to develop community living skills. The goal of ICT is to assist adults with necessary support to stabilize, live, and work in the community.

Residential Services - Hale Kukunaokala

Hale Kukunaokala provides 8 to 16 hour and 24 hour therapeutic residential services. Residents receive individualized services in the group home to develop daily living skills, such as bathing, cleaning, cooking, and other self-care skills. Services are integrated in the community and used as transitional programs for those leaving inpatient or substance abuse residential treatment programs. 8 to 16 hour services are provided to consumers who required structure or verbal support to accomplish daily living skills and who do not require one-to-one attention to accomplish those tasks. 24 hour services are provided to consumers who need more attention with one-to-one assistance that is consistent with that consumer's needs.

Targeted Case Management

TCM services are provided, depending upon the needs of the individual, by a team comprised of a psychiatrist, nurse, and case manager. These services include maintenance types of services to promote continued consumer independence. The goal of TCM is to assist adults in maintaining stability in their community.

Financial Benefits



Are You Entitled to Financial Benefits?

Benefit programs are established to help members of our community when they are having financial difficulties. Sometimes people do not apply for these programs because they feel a sense of embarrassment attached to them. It is important to remember that you are part of a larger community and deserve to receive the financial and other supports that are intended to help people manage their lives.

Understanding and applying for benefits can be a complicated task. Talking with a case manager or social worker is a good way to find out what benefits you may be entitled to and how to apply for them. A case manager or social worker will also know of any recent changes in benefit programs.

Depending on your work history and current financial needs, you may qualify for one of the following financial benefits:

Social Security Disability Insurance (SSDI)

If you worked in the past and contributed to Social Security (or your disability started before you reached the age of eighteen) and are currently unable to work full-time because of mental illness, you may be eligible for SSDI. It is a federal program, and you can apply for it at the Social Security Administration Office. After two years of being eligible for SSDI, you might be eligible for Medicare health insurance.

Supplemental Security Income (SSI)

If you have not worked in the past (or are only eligible for a small amount of SSDI), are currently unable to work full-time because of mental illness, and have very limited financial resources, you may be eligible for Supplemental Security Income (SSI). It is a federal program, and you can apply at the Social Security Administration Office. If you receive SSI you may also be eligible for Medicaid health insurance.

Public Assistance

Each state offers different financial benefits and has different eligibility requirements. State benefit programs are often called "public assistance" or "temporary assistance for needy families" or "welfare programs." If you have a low income and have mental health problems that interfere with working full-time, you may be eligible for public assistance. It is usually a modest amount of money.

Many states also have programs to assist with the purchase of food, such as food stamps. Many states and communities have programs to help with housing costs. The housing programs may be operated by local housing authorities or by the states.

Because public assistance is funded by the state, you would apply at the state Office of Public Assistance or Office of Public Welfare. You may also be eligible for Medicaid health insurance, which is sometimes called "medical assistance."



Depending On Your Work History And Financial Need, You May Be Eligible For SSI, SSDI Or Public Assistance.

Questions: Are you currently receiving financial benefits?

If not, do you think you might be eligible for SSDI, SSI or Public Assistance?

Health Insurance Benefits



Are You Entitled To Health Insurance Benefits?

Social workers and case managers are usually well informed about health insurance benefits. The details about these benefits may vary from year to year, so it's a good idea to start by talking to someone who knows the most recent information.

You may be eligible for one of the following health care benefits:

Medicare

If you are unable to work full-time because of mental illness and have been eligible to receive SSDI for more than two years, you may be eligible for Medicare. It usually covers inpatient and outpatient bills, although it is subject to deductibles, co-payments and "ceilings" for certain services. Medicare has two programs, Medicare A and Medicare B. You can get information about these programs from your local Social Security Office. Even if you are not sure that you will receive Medicare or Social Security, you have the right to apply. Applications are made at the Social Security Administration Office.

Medicaid

If you have a low income (or no income) and have mental health problems that interfere with working full-time, you may be eligible for Medicaid, which is called "Medical Assistance" in some states. Even though the programs vary from state to state, they usually cover inpatient and outpatient bills, and medication costs. In some states you are required to pay small co-payments and there are restrictions on reimbursements. You can apply at the State Office of Public Assistance or Office of Public Welfare.

Appealing Decisions



The Social Security Administration and local state programs (such as Medicaid) have ways that you can appeal decisions that have been made about whether you are eligible for services. When you apply, ask about what the appeal process is. If you feel a decision was not made correctly, you have a right to follow the appeal process.

*****Depending On Your Work History And Financial Need, You May Be Eligible For Health Insurance Benefits From Medicare Or Medicaid. *****

Questions: Do you currently receive health insurance benefits?
If not, do you think you might be eligible for Medicare or Medicaid?

Speak Up for Yourself



How Can You Advocate For Yourself In The Mental Health System?

You may encounter a problem with the mental health system and may need to advocate for yourself. Here are some examples of problems that other people reported:

"I was on an endless list to see an individual counselor."

"I wanted to get a job. I couldn't find out how to get help with this."

"I was ready to leave the day treatment program, but people kept telling me there was no alternative."

Points To Remember When You Advocate For Yourself:

- **Keep a record of the details of the problem and what you have tried to do about it**
"I kept a copy of all my applications to the apartment program. Also, when I called someone at the housing office, I wrote down the date, who I spoke to, and what we

talked about. I keep all the information together in a folder. It made it much easier to present my case to the apartment supervisor."

➤ **Seek out the person on your treatment team who has the most experience in the type of problem you are having**

"I was frustrated about finding a job. I found out from my case manager that there is an employment specialist on my treatment team. I asked my case manager to refer me to work with that person. It's moving the process along."

➤ **Talk about your concerns calmly and clearly**

"I was getting very impatient about getting into an apartment. At first I used to get furious when I saw the housing coordinator in the hall. She was very uncomfortable when I raised my voice. Then I tried asking for an appointment and speaking more calmly. I even rehearsed what I was going to say before I went in. She was much more responsive."

➤ **If you are not satisfied after speaking with the appropriate person, take additional action**

"Sometimes I don't get results from talking to the designated person. I have learned to ask to speak to their supervisor or to go to the consumer advocate. Getting them involved usually helps."

➤ **Follow through on actions that are your responsibility**

"When I went to the social worker about getting Social Security Disability (SSDI), he told me that I needed to get my employment records organized and bring them in so he could help me make the best case. I was the only one who knew where my records were, so if I didn't bring them in, my social worker couldn't proceed."

➤ **Let people know that you appreciate their efforts**

"The nurse was pleased when I told her that I had tried her suggestions for coping with some of the side effects of my medication. She asked me to let her know if there was anything else I needed."

➤ **If at first you don't succeed, try, try again**

"I had to be persistent about getting transportation to the Artists-in-Recovery program. At first people said it wasn't possible. But I was determined to attend the program, because I knew it was helping me. So I kept pursuing it, and I got other people to speak up for me. I finally got transportation."



Who Can You Ask for Help If You Have a Problem With The Mental Health System?

❁ Get To Know The Consumer Advocate At Your Mental Health Center

Mental health systems can seem huge and overwhelming. Even when you speak up for yourself, there may be times when it's helpful to have someone to help you advocate for yourself.

In many mental health systems, someone is designated as a "consumer advocate" or "complaint investigator" to help people with problems they might be having with the system. It is a good idea to get to know the consumer advocate at your Mental Health Center. He/She can help answer your questions and guide you through the advocacy process.

Do You Know The Consumer Advocate At Your Community Mental Health Center?

The consumer advocate at Hale Na` au Pono is: The Vice Director.

Identify Someone On Your Treatment Team To Help You Advocate For Yourself If You Encounter A Problem With The Mental Health System

Sometimes people feel that they "get lost in the system." To avoid that experience, it usually helps to find someone on your treatment team whom you feel comfortable talking to and whom you could turn to for help if you are having problems.

People usually feel most comfortable talking to someone who listens to their problems, asks questions, remembers what was said in past conversations, offers suggestions, and avoids critical or judgmental comments. Most people look for someone who seems to take an active interest in their well being.

Once you identify the person you feel comfortable with, it helps to keep him or her informed about how things are going with you. Let the person know both when things are going well and when things are not going well. Maintaining good communication will help the person be more effective if a problem comes up for you.

Who On Your Treatment Team Would You Like To Help You Advocate For Yourself?

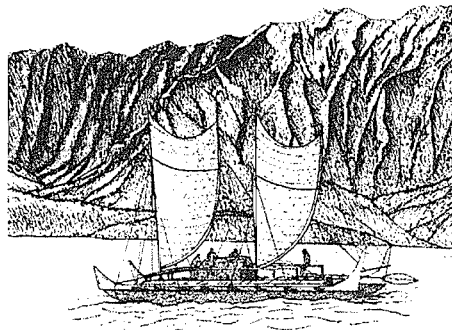
I would like _____ to help me advocate for myself.



Questions about What I Receive From the Mental Health System

Questions	Answers (Please Be Specific)
Are there additional services that I would like to receive? (see the "mental health services checklist," earlier in this handout)	
Are there any financial benefits that I would like to apply for?	
Are there any health insurance benefits I would like to apply for?	
Are there any food or nutrition programs that I would like to apply for?	
Are there any housing programs or benefits that I would like to apply for?	
Would I like to strengthen my skills at advocating for myself?	
Would I like to meet the consumer advocate at my mental health center or get to know him or her better?	
Would I like to identify someone on my treatment team who could help me advocate for myself?	
Is there anything else I would like to improve about what I receive from the mental health system?	

VOYAGE TO RECOVERY



Attachment 1



Hale Na'au Pono

Wai'anae Coast Community Mental Health Center, Inc.
86-226 Farrington Hwy, Wai'anae, Hawai'i, 96792, 808-6964211

www.wccmhc.org



DIE & OLA

Today, what we find is a jumbled flow of at least two distinct deep cultures within the Hawai'i society. One is prominent in the formal and the other in the informal systems of community life. The first contains strong elements of:

Domination - especially reflected in the formal economic, education, political, military and judicial systems. Ingrained within this element is the idea of expansion, an ever enlarging territory, market, or field of conquest as being a natural order of things.

Individualism - protected in the legal system, elevated in the expression of history and dominant Western philosophies. Ingrained within this element is the idea of singularity, a continual parceling apart, fragmenting of things, concepts, persons from people.

Exclusion - often accomplished by the depersonalization of the "other," the stranger. One favorite technique is by referring to others as non-human entities, "gooks" and "commies" for example instead of men, women and children, the "evil empire" instead of the people of another nation.

The acronym DIE is an easy reminder of the elements of that deep culture stream. It is prevalent in the formal economic, education, judicial and political systems of the Hawai'i society today.

The second stream contains elements of:

`Olu`olu - compatible, agreeable, creating relationships of comfort, of inter-relating with a high degree of respect and trust, even alongside one's competitor, of finding contentment with what one has, of staying within one's kuleana, territory or property;

Lokahi - collective effort, many working together for a common goal which gives a foundation for looking at the wide implications of small things,

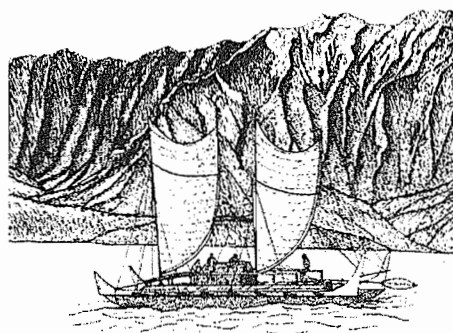
Aloha - a propensity toward inclusion of other people and different philosophies, a searching out for the humanity within others and trying to urge that humanity to the surface of inter-relationships.

This "OLA." is generally attributed to the underlying Hawaiian culture and the multiplicity of added cultures to Hawai'i. It is entrenched in the informal economy of sharing and caring, of non-formal education, of traditional healing, of alternate dispute resolution systems and community organizing. In the Hawaiian (and other Polynesian) language, it means both health and life.

Of course, one would have to look long and hard to find a pure DIE or OLA in the general community. These deep cultures continually mix, clash, and cooperate within individuals, families, situations, and systems. They add to the schizophrenia and to the compatibility of the society which makes Hawai'i so incomprehensible for some and so delightful to others. These deep cultures are more than interesting anthropological points of inquiry. They have very serious implications to our society. They form the foundation upon which we build our relationships with one another, how we interact with our environment, our attitudes to time, justice, sharing and caring, family, medicine, . . . They are guiding forces to our individual and collective futures.

Excerpt from: On Deep Cultures in Hawai'i, Feb. 14, 2000, Pōkā Laenui, Institute for the Advancement of Hawaiian Affairs, <http://www.opihi.com/sovereignty>

VOYAGE TO RECOVERY



Attachment 2



Hale Na'au Pono

Wai'anae Coast Community Mental Health Center, Inc.
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www.wccmhc.org



Mahiki

Mahiki – to peel off; to pry; as to peel the bark of a tree to judge the wood beneath; to scrape at the skin to remove a tiny insect burrowed beneath the epidermis. Also, to cast out, as of a spirit.

Deriv: *ma*, unknown

hiki, to reach; get to.

Related words: *`ohiki*, to clean out; *`ohikihiki*, to pry into the past, especially an unsavory past.

“Think of peeling an onion,” explained Mrs. Pukui in the previous *ho`oponopono* discussion. “You peel off one layer and throw it away, so you can go on and peel off the next layer. That’s *mahiki*.”

The “onion skins” are figurative ones. *Makihi*, in its behavioral context, is the disposing of one “layer” of action, motivation or emotion to reveal and dispose of yet another layer of acts, feelings and causes. *Mahiki*, implicitly understood or also ritually stated, is a way of “getting to the source of trouble and resolving it.”

In *ho`oponopono*, *mahiki* may be tracing the components of one problem and “setting it to rights” so that another problem can be considered. For example, the “top layer,” a husband-and-wife dispute, is settled, so *ho`oponopono* proceeds to the next family worry, the whining, or misbehaving child. What usually happens is that *mahiki* reveals a connection between what first seemed to be separate problems. The disturbing effects of quarreling parents on the consequently disturbed child become clear.

Or, *mahiki* in *ho`oponopono* may be investigation in depth of a specific incident or emotion. Revealing the unacknowledged anger and the more-or-less suppressed guilts involved in grief is one example. Disclosing the jealousy underlying a “personality clash,” and the low self-image that feeds the jealousy-this “burrowing down” is also *mahiki*. In its disclosure of new problems and new aspects of old problems, *mahiki* may be both diagnostic and remedial. And when it reveals and resolves a minor trouble source before it becomes a major one, *mahiki* is also preventive.

Mahiki also connotes eradication of the ills disclosed through intensive questioning. This is especially clear in the *mahiki* rites to exorcise a possessing spirit (*noho*). The procedure, in Hawaii’s past and present, is almost identical with exorcism rites in medieval Europe. The spirit is first identified and then banished. In Hawaii, whether the *kahuna* of old or the churchman of the 20th Century took charge, inquiries directed to the possessing spirit went something like,

Who are you? Where are you from? Who sent you? Why?

Traditionally, this questioning might conclude with the following statement:

“*Ke kala ka mahiki nei au I ke ia mau mea ho`opilikia.*”

(“I am peeling off and removing the causes of this trouble.”)

“*Ho`i no ai i kou kahu.*”

(“Go back and destroy your keeper.”)
The Hawaiian clergyman of today would conclude with,
“*Ke kauoha nei ou ia `oe, ma ka inoa o Iesus Kristo e puka mai `oe i waho.*”
 (“In the name of Jesus Christ, I order you to come out!”)

In it's most complete sense, *mahiki* is the total questioning plus self-probing plus ventilation plus some remedial action for each aspect or layer of troublesome behavior or emotion. The process of analytic psychotherapy and particularly of psychoanalysis are *mahiki*. In fact, Dr. Haertig recalls that the psychiatric literature beginning with Freud uses the onion and tree bark analogies to describe peeling away of layer after layer of the unconscious. Reach the core as Freud pointed out, and you near the end of the psychoanalysis.

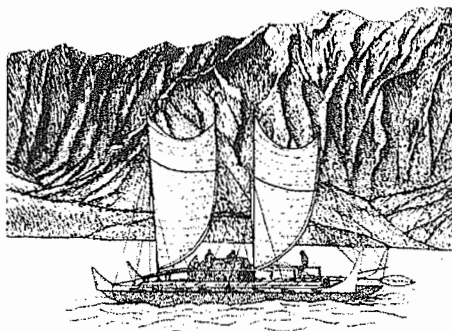
In a more limited meaning, detailed questioning for any helpful purpose is *mahiki*. Taking a medical or psychiatric history or a social case history is *mahiki*.

This serious questioning with intent to help is the exact opposite of the purposeless “nosey” inquisitiveness called *nīele*.

Knowing and discussing this difference with the Hawaiian patient or client may help change resistance to rapport.

Nana I Ke Kumu, Vol. 1, Pukui, QLCC Publication, (1972) pp. 75-77

VOYAGE TO RECOVERY



Attachment 3



Hale Na'au Pono

Wai'anae Coast Community Mental Health Center, Inc.
86-226 Farrington Hwy, Wai'anae, Hawai'i, 96792, 808-6964211

www.wccmhcc.org



What is stigma?

When referring to mental illness, the word "stigma" means the negative opinions and attitudes that some people have about mental illness.

Not everyone with mental illness has experienced stigma, although unfortunately, many have.

There are two major laws that protect against discrimination against people with physical or psychiatric disabilities.

- ✿ The Americans with Disabilities Act (ADA) makes it illegal to discriminate in the areas of employment, transportation, communication or recreation.
- ✿ The Fair Housing Act (FHA) prohibits housing discrimination.

Stigma is a complicated problem, and there are no easy solutions. Research has shown that as the general public gets to know more about mental disorders and as they get to know people who have experienced psychiatric illness, their negative beliefs go down.

Many organizations are working on national campaigns to educate the public and create more laws that protect against discrimination, including:

- ✿ The National Institute of Mental Health, (www.nimh.nih.gov)
- ✿ The Center for Mental Health Services, 1-800-540-0320
- ✿ The National Alliance for the Mentally Ill, (www.nami.org), 1-800-950-NAMI
- ✿ The National Mental Health Association, (www.nmha.org)
- ✿ The National Empowerment Center, (www.power2u.org)

Strategies and Resources for Responding to Stigma

What are Some Strategies for Responding to Stigma?

It may be helpful for you to develop some personal strategies for responding to stigma. There are advantages and disadvantages to each strategy. What you decide to do depends on the specific situation.

Some possible strategies include:

Educate Yourself About Mental Disorders

Sometimes people who experience psychiatric pilikia do not know the facts themselves. They may blame themselves for their pilikia or think they cannot take care of themselves or that they can't be part of the community. You may have had these negative thoughts or feelings. This is called "self-stigma."

It is important to fight self-stigma, because it can make you feel discouraged and cause you to lose hope in your recovery. One way to fight self-stigma is to educate yourself about psychiatric pilikia and mental disorders, and to be able to separate myths from facts. For example, knowing that no one causes schizophrenia can help you to stop blaming yourself or others.

Another way to fight self-stigma is to belong to a support group or another group where you get to know different people who have experienced psychiatric pilikia. You can locate support groups through organizations such as the Consumer Organization and Networking Technical Assistance Center (CONTAC, 1-800-598-8847 or www.contact.org).

The more you know about mental disorders, the more you can combat prejudice, whether it comes from others or from within yourself.

Point Out Inaccurate Information That Others Have About Mental Illness Without Disclosing Anything About Your Own Experience

A co-worker might say, "People with mental illness are all dangerous." You might decide to reply, "Actually, I read a long article in the paper that said that the majority of people with mental illness are not violent. The media just sensationalizes certain cases."

To fight stigma, you might decide to correct misinformation without disclosing personal experience

Selectively Reveal Your Experience With Psychiatric Pilikia

Disclosing information about your own experience with psychiatric pilikia is a personal decision. It's important to think about how the other person might respond. It's also important to weigh the risks and benefits to yourself, both in

the short term and in the long term. Talking this over with someone in your support system might be helpful.

People vary widely in whether they choose to disclose information about themselves, and if so, how much. You may decide to disclose personal information only to family members or close friends. Or you may disclose information to people only when it becomes necessary. For example, you might need a specific accommodation in order to perform your job.

You may feel comfortable disclosing information in a wide variety of settings. You may even be willing to speak publicly about mental illness for educational or advocacy purposes.

In certain situations, you might decide to fight stigma by disclosing some of your own experience

Become Aware Of Your Legal Rights

It's important to educate yourself about the laws against discrimination. Two major laws that protect against unfair treatment are the Americans with Disabilities Act (ADA) and the Fair Housing Act (FHA).

The Americans with Disabilities Act makes it illegal to discriminate against people with physical or psychiatric disabilities in employment, transportation, communication, or recreation. The Fair Housing Act prohibits housing discrimination because of race, color, national origin, religion, sex, family status, or disability (physical or psychiatric).

It is worthwhile to take some time to understand the basic principles of these laws and how they might apply to you. If you feel that your legal rights have been violated, there is a range of possible actions you might take, depending on the situation.

Sometimes it is most effective to speak directly to the person involved. For example, it is usually preferable to approach your employer about the need to provide a reasonable accommodation on the job. An example of a reasonable

accommodation would be asking to move your desk to a more quiet area in the office to improve your concentration.

Sometimes it may be more effective to talk to an expert to get advice, support, advocacy, mediation, and even legal help. For example, if a landlord refused to rent you an apartment because of psychiatric pilikia you may need to contact the Office of Fair Housing and Equal Opportunity (FHEO) in the Department of Housing and Urban Development (HUD) for advice and assistance. If an employer was unresponsive to your request for accommodation on the job, you might want to contact the Equal Employment Opportunity Commission (EEOC).

Strategies for Combating Stigma

Strategy	I Have Used This Strategy
Educating Yourself About Psychiatric Pilikia and Mental Disorders	
Correcting Misinformation Without Disclosing Your Own Experience With Psychiatric Pilikia	
Selectively Disclosing Your Experience With Psychiatric Pilikia	
Becoming Aware of Your Legal Rights	
Seeking Out Assistance if Your Legal Rights Are Violated	
Other Strategies:	

Resources

Anti-Stigma Organizations and Websites

Chicago Consortium for Stigma Research

7230 arbor Drive
Tinley Park, IL 60477
Phone: 708-614-2490

Otto Wahl's Homepage and Guide for Stigmabusters

Dept. of Psychology
George Mason University
Fairfax, VA 22030
website: iso.gmu.edu/-owahl.INDEX.HTM

National Stigma Clearinghouse

245 Eighth Avenue

Suite 213

New York, NY 10011

Phone: 212-255-4411

website: community2.webtv.net/stigmanet/HOMEPAGE

Resource Center to Address Discrimination and Stigma

1-800-540-0320

website: www.adscenter.org

Federal Agencies

Equal Employment Opportunity Commission (EEOC)

1801 L Street, NW

Washington, D.C. 20507

Phone: 202-663-4900

To locate the nearest office: 1-800-669-4000

website: eeoc.gov

Office of Fair Housing and Equal Opportunity (FHEO)

Department of Housing and Urban Development

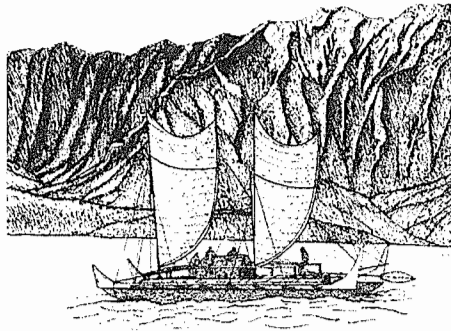
451 7th Street SW

Washington, D.C. 20410

Phone: 202-708-1112

website: hud.gov

VOYAGE TO RECOVERY



Attachment 4



Hale Na'au Pono

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www.waianaehc.org



Attachment 4: Hawaiian Code of Conduct

INSTITUTE FOR THE ADVANCEMENT OF HAWAIIAN AFFAIRS

Hawaiian Code of Conduct

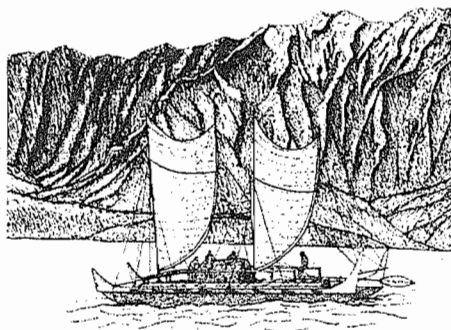
The conquest of a nation is only complete, not by military subjection, however thorough, but by destruction of the national consciousness. Therefore, every Hawaiian is responsible to all other Hawaiians for the survival of our cultural identity, our historical memory, our deep and abiding culture of OLA, and our Aloha for our whole environment. We hereby dedicate ourselves to retain, teach and rescue our Hawaiian national consciousness for the sake of our posterity, our fellow Hawaiians, our nation and ourselves.

1. Since the Hawaiian language is a fundamental pillar of our identity, we shall make every effort to learn, use, teach and support the sustaining of our Hawaiian language.
2. Our children are the most treasured investment of the values and traditions of our culture. We must make every effort to cultivate in our children the pride in being Hawaiian and provide every possible opportunity for them to learn of the values and traditions of our people.
3. We shall practice Aloha, the heritage from our ancestors, mindful of the virtues of Akahai, Lokahi, `Olu`olu, Ha`aha`a, and Ahonui.
4. We shall engage in hard work, realizing that laziness breeds unhappiness and weak mind.
5. We shall continually strive for spiritual development and adopt an attitude of tolerance and understanding to those who conceive of spirituality in a way different from our own.
6. We shall extend and display respect to all others which reflects our own appreciation of humanity. We shall carry our pride quietly, neither boasting of ourselves nor speaking badly of others - often a dishonest

method of self-praise. Yet we must unashamed of our principles and honest in our criticisms.

7. We shall try to avoid conflict and cooperate with those who do not understand us and whom we do not understand; yet, we shall speak our truth openly and stand firm in our own beliefs and right to assert our Hawaiian identity.
8. We shall be patient, enduring the pains of injustice but never surrendering to or joining such injustice.
9. We shall respect and engage in humor, the helper to love and affection, the positive expression of humanity.
10. _____
(To be filled in by you)

VOYAGE TO RECOVERY



Attachment 5



Hale Na'au Pono

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www.wccmhc.org



Attachment 5: Four Agreements

The Four Agreements

Be impeccable with your words

Speak with integrity. Say only what you mean. Avoid using the word to speak against yourself or to gossip about others. Use the power of your word in the direction of truth and love.

Don't take anything personally

Nothing others do to you is because of you. What others say and do is a projection of their own reality, their own dream. When you are immune to the opinions and actions of others, you won't be the victim of needless suffering.

Don't make assumptions

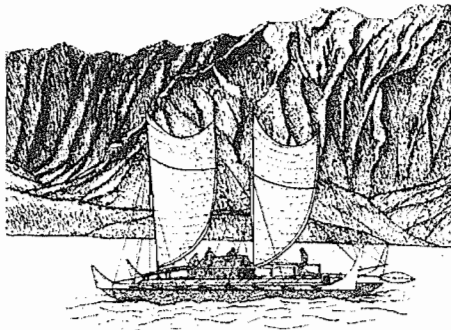
Find the courage to ask questions to express what you really want. Communicate with others as clearly as you can to avoid misunderstandings, sadness, and drama. With just this one agreement you can completely transform your life.

Always do your best

Your best is going to change from moment to moment. It will be different when you are healthy as opposed to sick. Under any circumstance, simply do your best and you will avoid self-judgment, self-abuse, and regret.

The four agreements: Don Miguel Ruiz

VOYAGE TO RECOVERY



Attachment 6



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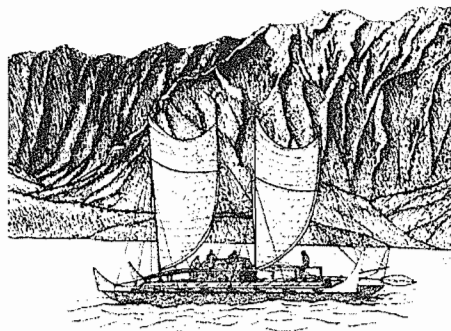
The Serenity Prayer

God grant me the serenity to accept the
things I cannot change, courage to accept
the things I can, and the wisdom to know
the difference -

living one day a time,
enjoying one moment at a time,
Accepting hardships as the pathway to
peace,
taking as he did this sinful world as it is,
not as I would have it,

Trusting that he will make all things right
if I surrender to his will -
that I may be reasonable happy in this
life and
supremely happy with you forever.

VOYAGE TO RECOVERY



Attachment 7



Hale Na'au Pono

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www.wlcchc.org



Attachment 7

DESIDERATA

Go Placidly amid the noise & haste & remember what peace there may be in silence. As far as possible, be on good terms with all persons. Speak your truth quietly and clearly and listen to others, even the dull & ignorant; they, too, have their story. Avoid loud and aggressive persons; they are vexations to the spirit. If you compare yourself with others you may become vain & bitter; for always there will be greater & lesser persons than yourself.

Enjoy your achievements as well as your plans. Keep interested in your own career, however humble; it is a real possession in the changing fortunes of time. Exercise caution in your business affairs for the world is full of trickery. But let this not blind you to what virtue there is.

Many persons strive for high ideals and everywhere life is full of heroism. Be yourself. Especially do not feign affection.

Neither be cynical about love, for in the face of all aridity and disenchantment, it is perennial as the grass.

Take kindly the counsel of the years, gracefully surrendering the things of youth.

Nurture strength of spirit to shield you in sudden misfortune. But do not distress yourself with imaginings. Many fears are born of fatigue and loneliness.

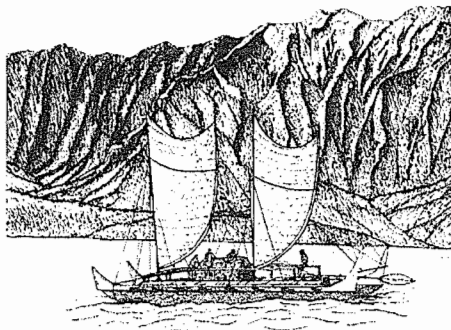
Beyond a wholesome discipline, be gentle with yourself. You are a child of the universe, no less than the trees and the stars. You have a right to be here. And whether or not it is clear to you, no doubt the universe is unfolding as it should.

Therefore be at peace with God, whatever you conceive Him to be and whatever your labors and aspirations in the noisy confusion of life, keep peace with your soul. With all its sham and drudgery and broken dreams, it is still a beautiful world.

Be Careful. Strive to be happy.

ALOHA

VOYAGE TO RECOVERY



Attachment 8



Hale Na'au Pono

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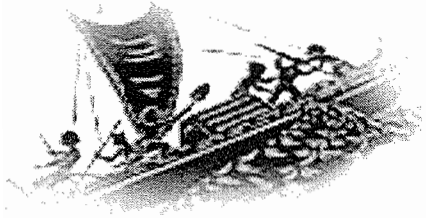
www.wccmhc.org





Hale Na'au Pono

Wai'anae Coast Community Mental Health Center, Inc.
86-226 Farrington Highway Wai'anae, Hawaii 96792
Telephone: (808) 696-4211 Fax: (808) 696-5516



Cultural Competence Requires

- **Ability** to understand how the dynamics of cultural difference affect intercultural interactions of services delivered to culturally diverse groups.
- **Awareness** - Cultural competence is also a mindset. It requires understanding and awareness of the population being served, as well as an ability to provide services to and interact with them in a culturally manner.
- **Knowledge** - Well-developed culture-specific knowledge of your consumers' cultures. It also requires knowledge of institutional barriers that prevent some culture groups from accessing resources.
- **Skills** that recognize the significance of different cultures based on different behavioral norms, values, language, ethnicity, cultural attitudes, World views, and tendencies toward certain ways of thinking.
- **Personal Attribution** - Personal qualities that reflect genuineness, empathy, non-possessiveness, warmth and a capacity to respond flexible to a range of possible solutions. Acceptance of ethnic different between people. A willingness to work with consumers of different ethnic backgrounds. Articulation and clarification of the clinician's personal values, stereotypes, and biases about his/her own and other's ethnicity and social class. Also, recognizing ways that these views may accommodate or conflict with the needs of consumers from different cultures.

Guidelines for Practitioners

Talking Story (Part 1) - Let's Get to Know Each Other

Basic Cultural Competence: Accept, appreciate and accommodate cultural differences. Value diversity and accept and respect difference. Understand and manage the dynamics of difference when cultures interact.

The Goals for Talking Story:

Informal Sharing

Active Cultural: Reflect how while we may share a general culture with other people, each of us have grown up with a special set of experiences and influences that have formed us as unique individuals, establishing relationship; and building trust.

Information Gathering

Use talking story as an informal way to gather information. Focus on getting information about client's cultural history and background.

Maintain Culturally Appropriate Communications

Demonstrate cultural competency - Aware of your own cultural beliefs and values; show sensitivity to and respect of client's cultural history and background.

Questions You May Find Useful to Guide Clients Telling of the Stories of Their Ancestry, Family and Birth History:

Where are your people from?

How many generations ago did your family/ancestors come to Hawaii?

In what country were you born?

Describe your birth place?

How long have you lived in Hawaii?

Where were you raised?

Who raised you?

How important is your `ohana to you?

Describe your `ohana?

Do you feel a strong connection to your `āina hānau (land of one's birth, homeland)?

Do you speak your native tongue?

Do you feel you have lost touch with your cultural roots?

Do you know the rituals of your ancestors?

Guidelines for Practitioners

Talking Story (Part 2)

Identifying Strengths, Kuleana (Responsibility) and Pilikia (Difficulty)

The Goals of Talking Story (Part 2):

Continue Informal Sharing

Continue to establish relationship; build trust.

Information Gathering

Use talking story as an informal way to gather information about clients' strengths, social roles and problems in their cultural context.

Maintain Culturally Appropriate Communications

Demonstrate cultural competency - Aware of your own cultural beliefs and values; show sensitivity to and respect of client's cultural background and identity.

Consider Religion and Spirituality

Demonstrate how religion and spirituality may work as a potential source of strength and support.

Questions You May Find Useful to Guide Clients Telling of Their Stories: (NOTE: NOT EVERY QUESTION HAS TO BE ANSWERED)

1. Spirituality

What is the role of spirituality in your life?

What part of spirituality do you want to work on?

- Making right with yourself?
- Making right with God?
- Making right with your Ohana?
- Making right with somebody you hurt?
- Making right with something you did?
- Learning how to pray?
- Getting rid of spirits?
- Strengthening your soul?
- Cutting off a curse?
- Getting a different name?
- Addressing ancestors' needs?
- Fulfilling your obligations: individual, family, ancestral?

Building on the Strengths of the Consumer

While consumers may experience real and serious mental health concerns, it does not diminish the fact that they also possess many strengths and abilities. A culturally competent intervention plan recognizes these strengths and places the onus on the clinician to uncover, build an incorporate consumer's strength as a core part of their service plan. The following list identifies come culturally related strengths and support of Asian American and Pacific Islanders consumers:

Type of Strength	Example
Personal Strengths	<ul style="list-style-type: none">• Pride in one's culture• Religious faith or spirituality• Artistic abilities• Bilingual and multilingual skills• Group-specific social skills• Sense of humor• Culturally-related knowledge and practical skills• Culture-specific beliefs that help one cope• Respectful attitude toward the natural environment• Commitment to helping one's own group• Wisdom from experience
Interpersonal Support	<ul style="list-style-type: none">• Extended families, including non-blood related kin• Cultural or group-specific networks• Religious communities• Traditional Celebrations and rituals• Recreational, playful activities• Story-telling activities that make meaning and pass on history of the group• Involvement in political or social action group
Environmental Conditions	<ul style="list-style-type: none">• An altar in one's home or room to honor deceased family• Member and ancestors• A space for prayer and meditation• Foods related to cultural preferences (cooking and eating)• Pets• A gardening area• Access to outdoors for subsistence or recreation

Despite gaps in our knowledge
And skills,
We can learn a structured
Process like the
Outline for Cultural
Formulation,
WHICH CAN HELP US FRAME
Cultural issues
That impact on diagnosis and treatment.

DSMV-IV Outline for Cultural Formulation

- A. Inquire about individual's cultural identity.
- B. Explore possible cultural explanations of the illness.
- C. Consider cultural factors related to the psychosocial environment.
- D. Critically examine cultural elements in the clinician-individual relationship.
- E. Render an overall cultural assessment for diagnosis and care.

CULTURAL RELEVANT ASSESSMENT TOOLS

The cultural assessment outlines was developed by the Cultural Consultation Service, Institute of Community and Family Psychiatry Sir Mortimer B. Davis - Jewish General Hospital, Montreal, Quebec Canada. This assessment tool is an elaboration of the cultural formulation on DSM-IV. The first sections summarize information usually collected in a comprehensive psychiatric history but with questions added to address common issues and experiences for immigrants, refugees and members of ethnocultural minorities. The crucial section focuses directly on the cultural formulation.

Cultural Assessment Outline

CLINICAL HISTORY

A. Referral

1. Reasons for referral: (quote referring person's own words)
2. Referral source: (specify clinic/institution, person/clinician, profession)
 - ☐ Consumer (self-referred)
 - ☐ GP
 - ☐ Psychologist
 - ☐ Lawyer
 - ☐ Pediatric Ward
 - ☐ Family, migrant and refuge health services
 - ☐ Medical specialist
 - ☐ Social Worker
 - ☐ Emergency Ward
 - ☐ School
 - ☐ Other
3. How did the referral source learn about the existence of the agency?
4. Does the referral source know a particular person associated with the agency?

5. How was the suggestion for referral received by the consumer/family?
6. How did the triage process take place? (List all applicable)
____ From within agency?
____ Call by consumer/family to intake?
____ Call by referring person to intake?
____ Call by consumer/family to a staff member?
____ Call by referring person to the agency?

B. Consumer Identification

1. Age
2. Sex
3. Religion
4. Country of origin
5. Languages spoken, primary language spoken at home
6. Parent's occupation, current and past
7. Citizenship and immigration status
8. Length of stay in the U.S.
9. Who lives at home
10. Who lives at home
11. Children's school and grade
12. Language of instruction at school
13. Eligibility certificate option

C. Presenting Problem

1. Describe in the consumer's/family's own words
2. Note duration

D. Setting of Evaluation

1. Who was present at the assessment interviews?
Family members (list all present)
Team members (list all present), if more than one team member present, what were their roles in the interview?
Culture brokers or interpreter:
____ Family member acting as interpreter
____ Professional interpreter
____ Other (specify) _____

2. What was the physical setting of the assessment interview?

Institution

Room/space

Seating pattern

Use of one-way mirror, video, recording, etc.

E. History of Present Illness

1. Nature of problem
2. Symptoms described
3. Evolution of problem
4. Level of function at home, work, with friends, extended family, community
5. Previous help-seeking for problem
6. Did the consumer/family consult a medical specialist for the present problem?
7. Did the consumer/family consult alternative resources for the present problem?

F. Past Medical History

1. Major illnesses, injuries, disabilities
2. Hospitalizations
3. Surgeries
4. Medications
5. Drug or alcohol use

G. Psychiatric History

1. Previous involvement with psychiatry, psychologist, other mental health professional, social worker, school counselor
2. What was the problem at the time?
3. What formulation of the problem was offered to the consumer/family (e.g., DSM-IV, other)?
4. Previous treatments (medication, hospitalization, psychotherapy, family therapy, other interventions.)
5. Was the treatment successful or not?

H. Family History

1. Identify people living together in household
2. Identify any nuclear family members not living together (e.g., left behind in country of origin)
3. Did any family member have a mental health difficulty?
4. How was this difficulty managed/treated?
5. Did anyone have a problem similar to the identified consumer's?
6. Relevant family events and stresses (e.g., death, loss or separation, chronic illness or disability, imprisonment or threat of imprisonment, harassment)

Consumer's Family: Mother's/Father's family

7. Where was mother/father born?
8. Birth order in family
9. Number of siblings
10. What was mother's/father's relationship with her/his father like?
With her/his mother?
11. Is there a history of migration in mother's/father's family?
12. Trauma due to political violence?
13. A history of parent child separations?

Marital or Relationship History (if applicable)

14. How did the couple meet?
15. How old were they?
16. Are they married?
17. Was the marriage arranged?
18. How did both families accept the union?
19. Was either partner previously married?
20. Does either partner have other children?

Children's History (if applicable)

21. How were the children's names chosen?
22. What do their names mean?
23. Are there other children in the family whom they are responsible for?
(e.g., fostered, adopted)
24. How are they related to the couple?
25. Were there children born since their arrival to the U.S.?

26. Does the child have a filial or emotional bond with adults other than the parents? (e.g., maternal uncle in some matrilineal cultures; mid-wife, etc.)

Migration History

27. What are the couple's countries of origin?
28. When did they leave?
29. Why did they leave?
30. Who decided to leave?
31. What was their migration route to the U.S.?
32. Did they live in a refugee camp? For how long?
33. What was their perception of their migration experience?
34. Were family members left behind?
35. Were their children left behind and with whom?
36. Did their children travel separately?
37. Were they accompanied?
38. Are there plans to reunite with family members who stayed behind?

I. Social and Development History

J. Family Assessment

1. Pertinent mental status of family members
2. Communication issues
3. Instrumental functioning
4. Problem solving skills

K. Mental Status Exam

L. Psychological Testing

1. Past
2. Current

M. Other Investigations

1. Laboratory tests
2. Other

N. Diagnostic Formulation at Assessment (DSM Axes I-IV)

CULTURAL FORMULATION

A. Cultural Identity

1. Cultural Reference Group(s)

- a. Ethnocultural and religious groups with which the consumer self-identifies
- b. Other ethnocultural background the consumer may not explicitly identify with
- c. Father's ethnocultural and religious background
- d. Mother's ethnocultural and religious background

2. Language(s)

- a. Languages spoken while growing up
- b. Language(s) currently spoken between consumer and family
- c. Language(s) spoken at work
- d. Language(s) spoken in health care settings
- e. Language(s) in which consumer literate?

3. Cultural Factors in Development

- a. Involvement with siblings,
- b. Involvement with peers
- c. Social activities

4. Involvement With Culture of Origin

- a. Contact with family or friends in country of origin
- b. Involvement with community organizations
- c. Does consumer attend a group with peers of his culture of origin (e.g., religious organization or leisure setting?)
- d. Does consumer have friends from his culture of origin?
- e. Does consumer socialize with extended family members?
- f. What is consumer's perception of his culture of origin?

5. Involvement With Host Culture

- a. Does consumer attend a group with peers of host culture (e.g., work, religion. Leisure etc.?)
- b. Does consumer have host culture friends?
- c. What is consumer's perception of host cultures? Has s/he experienced racism?

B. Cultural Explanations of the Illness

1. Predominant Idioms of Distress and Illness Categories

2. Meaning and Severity of Symptoms in Relation to Cultural Norms

- a. Of cultures of origin
- b. Of host culture

3. Perceived Causes and Explanatory Models

- a. Prototypes (self, other, media)
- b. Cause
- c. Course
- d. Mechanism
- e. Expected outcome
- f. Treatment

4. Help-seeking Experience and Plans

- a. With the formal health care system
- b. With traditional healers and alternative services

C. Cultural Factors Related to Psychosocial Environment and Levels of Functioning

1. Social Stressors

- a. Current political situation in country of origin and in host country
- b. What does individual/family feel is the worst stressor?

- c. Taking into account cultural norms and social and family structure, what unique stressors can the clinician identify?

2. Social supports

- a. What are the most important past and current sources of support for the individual/family?

3. Levels of functioning and disability

- a. At home
- b. In extended family
- c. Community of origin
- d. Host community
- e. School
- f. At work
- g. With peers

D. Cultural Elements of the Clinician-Consumer Relationship at Assessment

- a. What is the clinician's ethnocultural background?
- b. Does the clinician speak the consumer's language?
- c. Does the clinician have specific knowledge about the consumer's culture?
- d. What is the history of the relationships between the consumer's culture of origin and the clinicians' (e.g., colonization, sociopolitical conflict, local history and conflict, racism?)
- e. Was this issue addressed or not?
- f. Were there any value conflicts between the clinician and the consumer?

E. Overall Cultural Assessment

- a. Go back over each category above and draw out implications for the case
- b. What role do social and cultural factors play in this consumer's problems and their potential solutions?
- c. Did the migration history play a role in the consumer's problems and their potential solution?

d. Did cultural factors change the formulation or/assessment of the ... (Please check all that are applicable and describe)

_____Diagnosis

_____Judgment of illness severity

_____Rating of level of functioning

_____Rating of level of social supports

_____Rating of level stressors

_____Prognosis

_____Treatment plan

_____Therapeutic alliance

_____Method of communication with consumer or family

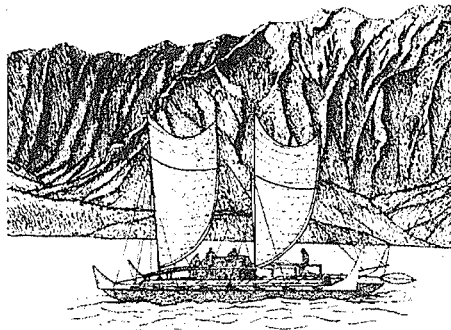
_____Involvement of others in treatment

_____Family

_____Community

_____Traditional or alternative healing

VOYAGE TO RECOVERY



Attachment 9



Hale Na'au Pono

Wai'anae Coast Community Mental Health Center, Inc.
86-226 Farrington Hwy, Wai'anae, Hawai'i, 96792, 808-6964211

www.wccmhc.org

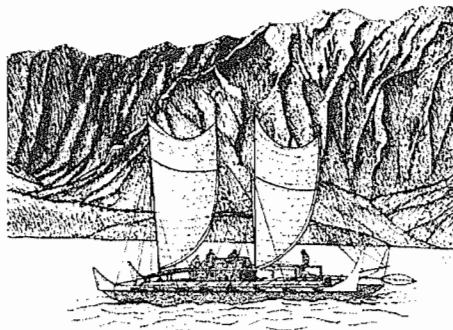


Attachment 9:

Additional Community Resources

[illegible]

VOYAGE TO RECOVERY



Attachment 10



Hale Na'au Pono

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DIVERSITY IN CONSULTATION

Contextualizing the Symptom in Multicultural Consultation: Anger in a Cultural-Historical Context

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Anger has become a major focus of clinical and consultation services in school settings. This phenomenon, like all phenomena, can only be properly assessed and conceptualized in context. Colonization, disempowerment, cultural oppression, and the processes of political and psychological decolonization have been highly relevant contexts in Hawai'i and throughout the indigenous world in which to consider anger and its manifestations. This article considers the symptoms and phenomenon of anger in this context.

Much attention has been given to anger and its manifestations in school settings. Anger management has become a common focus of interventions without an adequate consideration of the historical, cultural, and social situations that may render its meaning more accurately interpretable (Salzman, 2000). The purpose of this article is to consider anger in the historical and cultural context of colonization, cultural trauma, and decoloni-

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zation as experienced by Native Hawaiians and other indigenous peoples throughout the Pacific and Americas (Salzman, 2001). The phenomenon of anger is examined in the light of these social and historical realities so that its functions, meaning, and genesis may be illuminated relative to the sensibilities that best support responsive consultation services.

Smith, Larson, DeBaryshe, and Salzman (2000) reviewed 194 studies on anger management, anger reduction, or anger regulation programs for children and adolescents. They found a lack of consideration and understanding of cultural and ethnic factors related to anger expression and control. Anger-management programs designed to deal with anger problems have invariably placed the locus of causality within the individual, ignoring contextual factors and the complexity of person-environment interactions. Keawe (2000) found that in Hawai'i there was a higher incidence of the experience of anger and destructive anger expression for Hawaiian youth than for youth of other ethnicities examined in her study. Historic trauma, cultural trauma, the multigenerational transmission of trauma, and current efforts at political and psychological decolonization seem immediately relevant as a context for Keawe's findings. Anger exists in context and like any phenomenon, it is not accurately interpretable when decontextualized. Investigating the links between anger and the ongoing processes and dynamics of colonization, cultural oppression, and decolonization may inform more accurate assessments of observable behavior and the generation of context-congruent interventions, thereby increasing the probability of effective consultation.

THE IMPORTANCE OF CONTEXT

An analysis of an event or behavior cannot be conducted independently of the social-ecological-cultural context (Bronfenbrenner, 1979; Lerner, 1994). Developmental-ecological models of human development rest on the principle that human development and its behavioral expressions are strongly influenced by context. The ecological model posits four levels for classifying context (Bronfenbrenner, 1979, 1995; Bronfenbrenner & Crouter, 1983). This classification begins with those ecologies the child interacts with directly (microsystems), such as the family and school. The classification proceeds to social, cultural, and historical forces that, although operating at higher levels of abstraction (e.g., mesosystem, exosystems and macrosystems), may powerfully impact human development and experience. The macrosystem represents the broadest level of systemic influence. This contextual force includes ideological and institutional patterns and

events that define social reality and influence psychological experience and its behavioral manifestations. The macrosystem represents an overarching context that includes historical events such as colonization, decolonization, community, and cultural trauma (Salzman, 2001). An analysis of the relation between the macrosystems (i.e., history, culture) and microsystems (i.e., family, school) is an essential component of the consultation process. Context has received increased attention by counselors and clinicians in support of efforts to promote multicultural competency in the counseling profession. Pope-Davis, Liu, Toporek, and Brittan-Powell (2001) noted that "One of the significant hallmarks of multicultural counseling is the recognition that context (sociopolitical, historical, and cultural) is an influential factor that affects clients' behaviors, attitudes, experiences, world-views, and perceptions" (p. 31). Indeed it is context that frames the manner in which phenomena such as anger may be understood and thereby productively addressed clinically and through consultation services to individuals, communities, and organizations. This is particularly true when clinicians and consultants work cross-culturally.

Psychological consultants address a wide range of behavioral manifestations in culturally diverse school settings. Sheridan (2000) described the challenges inherent in applying Conjoint Behavioral Consultation (CBC) across cultures. She noted that the manner in which "problems" are identified in multicultural CBC must be considered carefully in view of ecological factors and contextual factors influencing the participants and therefore the process and outcomes of CBC.

Social psychology has informed us of the human tendency to attribute cause to the actor while minimizing the contribution of contextual factors. This has been called the *fundamental attribution error* (Krull, Loy, Lin, Wang, Chen, & Zhao, 1999; Ross, 1977). Such a tendency requires an intentional attention to contextual factors to assist the accurate assessment of behavioral manifestations and to inform a congruent and effective intervention selection. The absence of such intention and attention implies that consultants risk what Shinn and Toohey (2003) identified as *context minimization error*. This source of error may occur when the impact of contexts on human behavior is ignored. Shinn and Toohey reviewed evidence of associations between neighborhood and community contexts and trends in health, psychological distress, risky behaviors, psychological attitudes, and child development. They found evidence that supported these associations. In addition to community contexts, human behavior is also embedded in historical and cultural contexts. The probability of error in all phases of the consultation process may be reduced by due consideration of the meaning and potential functions of symptoms (i.e., anger) in the con-

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text of historical and cultural factors. For example, the critical "entry" and establishment of rapport phases of the consultation process may be greatly facilitated by an awareness of an individual's, people's, or a community's history.

In his revision of his classic work, *Cultures Consequences*, Hofstede (2001) noted the importance of the study of history in any effort to comprehend cultural differences. He stated that "cultural differences cannot be understood without the study of history" (p. 12). The study, or at least the awareness of a people's history, would seem a prerequisite to addressing the issues of trust and mistrust that may likely exist among culturally and racially different consultants, consultees, and clients where historical relations of the different populations have been characterized by oppression, exploitation, and denigration (Sue & Sue, 2003). This observation would clearly apply to those populations, such as Hawaiians, who have experienced devastating losses and colonization at the hands of powers that may be seen as represented by White Euro American consultants and therapists. This mistrust must be overcome before a successful entry is accomplished. The knowledge and acknowledgment of a people's culture as well as history is essential to that process. The context of culture can be successfully employed to inform and guide the consultation process as indicated by Salzman's (2002) work at a Bureau of Indian Affairs boarding school. In this culturally congruent consultation framework, assessment, intervention generation, and selection were informed by knowledge of traditional Navajo family decision-making tendencies. The evaluation of this intervention indicated the effectiveness of, consideration, and use of the cultural contexts of client and consultees in the consultation process.

THE CONTEXT OF TRAUMA, COLONIZATION, AND DECOLONIZATION

Trauma, colonization, and the processes of psychological and political decolonization are both proximally and distally relevant contexts needed to inform consultants working with the indigenous peoples of Hawai'i, Pacific Island Nations, Native America, and Alaska. In its most basic form, colonization takes place when one group of people claims ownership of the territory already occupied by another group of people. The more powerful group then proceeds to govern the less powerful by imposing their own laws, customs, language, and values on the people they deem their "inferiors." The result is a population comprised of colonizers (members of the ruling group) and the colonized (the ruled). Decolonization may be seen as

a process where a colonized people, by developing a consciousness based on the remnants of the traditional culture and political struggle, redefine themselves as peoples and reassert the distinct qualities that historically guided their existence. Decolonization, as a political as well as psychological process, usually involves the acquisition, by colonized peoples, of control over their own territory (Fanon, 1968; Memmi, 1965). Colonization, the nature of the relation between the colonizer and the colonized, and the psychosocial processes of decolonization are highly relevant to the experience and expression of anger and its manifestations within families.

Europeans colonized the Pacific region from Alaska to New Zealand. Genetically diverse indigenous peoples have suffered similar symptomologies such as high incidences of substance abuse and suicide across great geographical distances resulting from contact with the European colonial enterprise. This generalized experience suggests the power, relevance, and common impact of colonization across time, geography, and genetics (Bennett, 1994; Dougherty, 1992; Napoleon, 1996).

Colonization and its consequences have been the subject of much investigation (Fanon, 1968; Memmi, 1965). Fanon, a psychiatrist who studied the processes and effects of both colonization and decolonization, described colonialism as a form of violence. The denigration of indigenous cultures and people, supported by military and institutional power and internalized by the colonized, has devastating consequences. The example of Micronesia is illustrative of the processes associated with colonization. According to the Director of the Center for Pacific Island Studies at the University of Hawai'i, for example, "violence, domination, exploitation, and racism would all characterize to varying degrees the tenures of each metropolitan power that governed Micronesia at different times between 1886 and the outbreak of World War II" (Hanlon, 1994, p. 93). Fanon (1968) observed that, "when the Native is confronted with the colonial order of things he finds he is in a state of permanent tension. The settler's world is a hostile world which spurns the Native" (p. 52).

The trauma, marginalization, and stress resulting from devastating contact and colonization is often manifested within families and communities. This dynamic was stunningly portrayed in the film *Once Were Warriors* (Duff, 1995). The film revealed the stress resulting from people attempting to meet their basic material and psychological human needs in an oppressive colonial context. Thus the initial trauma of oppression and loss may be transmitted across generations through such mechanisms as domestic violence and abuse, whereas the colonial suppression of history may make the truth of the original trauma inaccessible to those suffering from the wounds of its transmission.

In his classic work, *The Colonizer and the Colonized*, Memmi (1965) observed that "colonization weakens the colonized and all those weaknesses contribute to one another" (p.115). Fanon (1968) noted that the colonial system has the power to promote the internalization of negative evaluations that become the self-concept of the colonized people. Inferiority feelings are devastating because they heighten anxiety and promote destructive compensations (i.e., generalized anger expressed in the family) to alleviate this aversive state (Ansbacher & Ansbacher, 1946). People are strongly motivated to do something about them. What is done is often destructive to self, family, and community, thereby creating more trauma, grief, tragedy, and destructive compensations.

Consequently, the psychological processes of decolonization (political and psychological) produce anger as well as affirmation. Initially, that anger may be turned inward as external oppression (colonization) is internalized in the form of depression, grief, and feelings of inferiority and powerlessness in the face of overwhelming colonial power, tragedy, loss, theft, and grief. The original and internalized trauma imposed and maintained by external oppression (colonial power and institutions) may then be passed across generations through such behavioral manifestations as substance abuse, domestic violence, and self-denigration. These behaviors may be seen as maladaptive attempts to manage the anxiety and depression produced by context. Such symptoms then become causes of further trauma within families and may be so conceptualized when context informs assessment.

Anger is a powerful emotion that may serve many purposes. Anger, rooted in historical trauma and associated with a particular people, may be generalized to include well-intentioned consultants. This anger may subjectively serve a perceived protective function that may make the establishment of a trusting relationship (e.g., entry) difficult to achieve. Anger, decontextualized, may influence the assessment and problem definition phase of consultation by appearing to be an impulse control disorder rather than a reasonable, energy mobilizing, or even healing response to pain, loss, and oppression. The symptom of anger, decontextualized, may then be targeted with consultant-recommended interventions designed to diffuse rather than use this potent source of potentially liberating energy. Finally, consultants who evaluate the effectiveness of their consultations with people who are and have suffered colonization without due consideration of the context of the symptom may confuse apparent calm with success. Consultants who are educated and informed of relevant context(s) of trauma, colonization, and decolonization may work effectively in a variety of situations. Consultants may work with community and organizational

leaders (consultees) to develop cultural, historical, and language recovery interventions to serve community and organizational constituents. Consultants may work with teachers to enhance educational experiences that may reveal accurate history, affirm cultures, and use these to help shed light on students' current realities. Consultants may work with counselors to help family members identify the sources and meanings of anger and develop constructive expressions of this powerful emotion.

Context: Processes of Colonization and Decolonization

To understand the phenomenon of anger as embedded in the colonization and decolonization processes, it is useful to examine a model of these processes developed by a Native Hawaiian scholar and sovereignty activist, Laenui (2000). These constructs have become processes familiar to many Hawaiians, Native Americans, and Alaska Natives. Laenui's model demonstrates how the seeds of anger are embedded in the colonization and decolonization processes through trauma, loss, tragedy, grief, reconstruction, and recovery. Consultants informed by these processes would be better able to assess the meaning of anger and its precursors (e.g., depressive withdrawal, psychosomatic pain, learned helplessness) and inform their interventions accordingly. An abbreviated description of these processes follows:

Denial and withdrawal. When a colonial people first come upon an indigenous people, the colonial strangers will immediately look upon the indigenous population as a people without a culture, with no moral values and possessing nothing of any social value to merit kind comment. Thus, the colonial people deny the very existence of a culture of any merit among the indigenous people.

Destruction/eradication. The colonists take bolder action by physically destroying and attempting to eradicate all physical representations of the symbols of indigenous cultures. This may include the burning of their art, their tablets, their God images, and the destruction of their sacred sites. At times the indigenous people themselves may participate in this destruction. Some may even lead in the destruction.

Denigration/belittlement/insult. As colonization takes a stronger hold, the new systems that are created within indigenous societies such as churches, colonial-style health systems, educational systems, and new legal institutions, will all join (intentionally or unintentionally) to denigrate, belittle, and insult any continuing practice of the indigenous culture. These processes of colonization directly impact families. In the face of the trauma of conquest and the apparently overwhelming power of the colonizers, family members may turn against each other by absorbing the colonizer's prejudices and thereby becoming conflicted about identities. Some family members may attempt to "pass" and assimilate into the colonial system and other family members may resent them for doing so. Those most exposed to prejudice and discrimination are most likely to internalize negative feelings about their ethnic identity (McGoldrick, Giordano, & Pearce, 1996). Where these processes are occurring consultants may work with family counselors, therapists, and teachers (consultees) to assist families in adopting a longer view of history that identifies the methods used by the family and the ethnic group to survive such circumstances. A people's stories (i.e., stories of the Jewish people's survival through past disasters and oppressions) are a rich repository of meanings and survival strategies that may sustain families through current traumas. Consultants may suggest interventions designed to have such stories (i.e., *Roots*) recalled and retold to support the resiliency of families through difficult circumstances. The meaning-making capacity of narratives may help families and individuals to make sense of current circumstances in a way that enhances the probability of achieving psychological and behavioral health.

Surface accommodation/tokenism. In this stage of colonization, whatever remnants of culture have survived the onslaught of the earlier steps are given surface accommodation. They are tolerated as an exhibition of the colonial regime's sense of leniency to the continuing ignorance of the natives. They are given token regard (e.g., Waikiki Hula and cultural rip-offs).

Transformation/exploitation. The traditional culture, which simply refuses to die or go away, is now transformed into the culture of the dominating colonial society. A Christian church may now use an indigenous person as a priest, permitting the priest to use the indigenous language to incorporate some indigenous terms and practices within the church's framework of worship. Indigenous art, which has survived, may gain in popularity and now forms the basis for economic exploitation.

Although people who have experienced various forms of oppression have exhibited strength and resiliency, the extreme nature of that stress and its predictable consequences are enduring and undeniable. It is important to note that the colonial situation manufactures the colonizer just as it manufactures the colonized (Memmi, 1965). Because colonization has such devastating psychological consequences, decolonization must necessarily be considered a psychological as well as political process for all involved. Anger is a natural by-product of these shifts needed to break the internal and external chains of oppression. Consultants, aware of the person-situation dynamics resident in the contexts of colonization and decolonization, may better be able to assist in the constructive use of anger. Indeed, Kaiser Permanente (2004) suggested to its membership that "Anger can be directed to become a positive driving force behind your actions" (p. 325). The consultation process may generate interventions that channel this force toward psychological and political liberation, leading to an affirmation of self and community rather than negation and destruction. Indeed, anger may be a force that is needed to overcome the shame and humiliation embedded in the processes of decolonization as described by Laenui (2000), but unless it is but a temporary route to affirmation and reconnection it may well become toxic to its hosts.

Phases of Decolonization

The decolonization process involves the identification of the source of the oppression, the naming of it, the story of it, and the integration of that trauma into the larger narrative of a people's history. This process may generate anger and energy. The internalized oppressor must be purged and anger is an essential part of the process. Laenui (2000), in consultation with Virgilio Enriques, suggested five distinct phases of a people's decolonization. These phases are rediscovery and recovery, mourning, dreaming, commitment, and action. The reader is invited to consider how these colonization/decolonization processes reflect Herman's (1992) description of the recovery process from psychological trauma in general. Herman described the process of recovery from trauma as consisting of: (a) a healing relationship, (b) safety, (c) remembrance and mourning, (d) reconnection, and (e) commonality. The reader may see colonization and its associated death and destruction (Bennett, 1994, Dougherty, 1992, Napoleon, 1996) as a massive communal trauma, and decolonization (psychological and political) as corresponding with Herman's understanding of the mechanisms and processes of individual trauma and recovery. Consultants may use

these general phases of recovery to inform their interventions. For example, greater care may be taken in establishing a solid healing relationship and safety than would generally be the case. Interventions may promote the remembrance of times prior to the trauma and the opportunity to grieve and mourn the loss associated with the trauma individually or collectively (as with the annual communal mourning of the overthrow of the Hawaiian Monarchy in 1893). Consultants may indirectly assist consultees in helping their clients (individuals or communities) reconnect with lost traditional values that may be applied to currently realities in ways that truly resonate with people suffering the pain of historical trauma. The context(s) of consultation may vary. Consultation may be focused on helping consultees (i.e., parents, teachers, community groups, and organizational leaders) assist clients (individuals, families, communities, and organizations) name and cope more effectively with the consequences of historical trauma (i.e., dramatic depopulation due to deadly imported diseases, colonization, the traumatic disruption of meaning systems, and disruption of the social fabric). Consultation may focus on assisting individuals, families, communities, and organizations in the process of political and psychological decolonization that acknowledges anger as a necessary by-product and facilitator of the decolonization process. Laenui's (2000) phases of a people's decolonization are described following.

Phase I: Rediscovery and recovery. This phase sets the foundation for the eventual decolonization of the society. People who have undergone colonization are inevitably suffering from concepts of inferiority in relation to their historical, cultural social background. They live in a colonial society, which is a constant and overwhelming reminder of the superiority of the dominant society over that of the underlying indigenous one. In this phase, young people seek and listen again to elders, rediscover history, listen to the stories, and try to make sense of a painful present by recovering a suppressed history. This is when language, culture, and traditional spirituality are revived. Relevant consultation with families and communities may assist the process of rediscovery and recovery by helping generate interventions that include research into lost history, revival of traditional methods of conflict resolution, archeological research, language recovery, and genealogy reconstruction (Napoleon, 1996; Salzman, 2001; Shook, 1985).

Laenui (2000) described his experience as a volunteer member of the U.S. military when he came across a book he found at a military base library in Hawai'i. The book was written by Queen Lili'uokalani and started his entry into this phase of decolonization. He described the curiosity that led him to

read the words left by Hawai'i's Queen years before, telling of the conspiracy and overthrow of the Hawaiian nation. Once coming upon these words he undertook his own study of a history of which he had previously been unaware. Laenui read and interviewed every source of information he could find on Hawai'i's history and Hawaiian cultural foundations. The Hawaiian society has been in this phase (rediscovery and recovery) since the late 1960s as greater sensitivity for racial identity and pride as well as the growth of distrust for the government of the United States developed. This phase of rediscovery of one's history and recovery of one's culture, language, and identity (and spirituality), Laenui suggests, is fundamental to the movement for decolonization. It forms the basis for the further steps to follow.

Phase II: Mourning. A natural outgrowth of the first phase is the mourning. It is a time to lament victimization and loss. Anger is part of the mourning/grief process and an essential part of the healing process. The oppressor is named and identified. It is the beginning of the expunging of the internalized oppressor. Laenui (2000) described his experience "As a young member of the U.S. military, plodding through the mounds of history and recovering from a loss of native identity I experienced great anger, wanting to blow up the colonial system, take up arms to drive that very same military out of my native home. Others have expressed themselves in very similar ways, finding that they had been lied to for so many years while in the educational systems of Hawai'i. Their anger and frustration have ranged from flying chairs across a room to roaming streets wanting to beat Americans to contemplating para-military action" (p. 157). This anger, if not understood in context, may be extremely uncomfortable for consultants and those in relatively privileged positions in the dominant society and culture. This discomfort may produce reluctance in the consultant to allow the mourning phase to be truly undertaken. Consultants would be well advised to consider this aspect of the healing process.

The mourning phase can also accelerate the earlier stage of rediscovery and recovery as anger provides energy. Recovery from trauma requires that the story be told (Herman, 1992). Herman sees "remembrance and mourning" as essential to the process of recovery from trauma because trauma cuts people off from their past. The individual perpetrator and the systemic colonizer both cut the victim off from their true histories through the mechanisms of disempowerment and disconnection. Techniques of domination by the colonizer and the individual perpetrator appear parallel. Herman described such methods of domination as including the use of

rupturing the present from the past (destruction of history), intermittent rewards that bind the victim to the perpetrator, and the destruction of attachments that cut the victim off from sources of power (in the colonial situation it is common that traditional spirituality is condemned as evil and is suppressed). The perpetrator (colonizer) thus gets the victim to see the world through the eyes of the perpetrator or colonizer. Herman, based on her extensive clinical experience, suggested that protracted depression is common in chronically traumatized people as the burden of unexpressed rage may be directed against self.

A reconnection is needed to reconstruct the full narrative of a person's or a people's trauma to integrate the trauma into a more complete and accurate narrative, thereby depriving the trauma of its ability to overwhelm peoples' construction of themselves and of their natures (Herman, 1992). Yes, there was a long and rich history of African people prior to slavery and of Hawaiian peoples prior to the arrival of Europeans. The process of mourning and remembrance will likely produce anger as people realize what has been lost and stolen. Consultation-generated interventions relevant to this process may include the construction of opportunities for the trauma narrative to be told and heard. Community-level consultation strategies (with community and organizational leaders as consultees) might assist families in the accurate construction of such narratives that may be told to children and be the basis of family discussions. The recovery of history is an essential part of decolonization and recovery.

Phase III: Dreaming. The panorama of possibilities for a new social order is explored (i.e., models of sovereignty in the Hawaiian context). This phase must be allowed to run its course and not be cut short prematurely. True decolonization is more than simply replacing indigenous or previously colonized people into the positions held by colonizers. It is a psychological transformation. In consultation, this phase may correspond to the generation of community-level interventions such as community meetings, conferences, and conventions. Communal trauma may be best addressed by community-level (i.e., school and wider community) interventions especially in more collectivist-oriented cultures (Hofstede, 2001). Because "dreaming" is an inherently affirmative and optimistic endeavor, consultants may suggest the possibility that such discussions be pursued in family meetings and discussions. The product of these discussions may be contributed to larger community-level discussions.

Phase IV: Commitment. The combining of voices into a clear statement of direction follows a process of considering possibilities. In Hawai'i, this will involve a consensus on how to operationalize self-determination and sovereignty.

Phase V: Action. After a consensus is reached in the commitment phase, action is taken toward manifesting the vision. Laenui (2000) indicated that this phase can be properly taken only upon a consensus of commitment reached in Phase IV. Otherwise, the action taken cannot truly be said to be the choice of the people colonized. This process is a process of affirmation. Consultants working with families could suggest interventions where families might join with other members of the community to work toward the manifestation of the vision. Consultants may suggest interventions whereby family members might transform anger into meaningful, creative action.

CONCLUSION

In conclusion, no symptom or observation can be accurately interpreted without due consideration to social, historical, political, and cultural contexts. Anger may be a phenomenon rooted in a person's interactions with these contexts. Without a fair consideration of these interactions, consultants will likely err in the assessment of their observations by defining the problem as residing solely with the individual, by generating interventions that prevent the resolution of trauma, and by evaluating the results of selected interventions by inappropriate criteria. Well-intentioned consultants may feel personally accused and hurt by the symptomatic expression of anger but may be inoculated by considering Memmi's (1965) astute observation that it is the situation that creates the roles of the colonizer and the colonized. Consultants are free to consciously reject the role of colonizer. We may then address the unjust situation and its consequences rather than interpreting expressions of anger as a personal attack. Given the natural tendency to decontextualize observations (e.g., the fundamental attribution error), the consultant's attention to relevant context must be an act of intention and perhaps courage.

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Michael B. Salzman, PhD, is an associate professor of counselor education at the University of Hawai'i at Manoa and a licensed psychologist. He has worked with culturally diverse populations as a teacher in an inner city public school district in Brooklyn, a school counselor in the Navajo Nation, and a clinician in a community mental health center in South Tucson, AZ. He worked closely with Alaska Natives as a coordinator of a collaborative model rural mental health program serving Alaska Natives and has most recently worked with the Native Hawaiian Leadership Project and Native Hawaiian Education Association in Hawai'i. On the basis of these experiences, Salzman has developed interests in the psychological functions of culture, the consequences of traumatic cultural disruption, indigenous psychologies, movements of cultural recovery, ethnocultural conflict, and the processes of psychological decolonization.

Please submit manuscripts and address inquiries regarding the Diversity in Consultation column to Mary M. Clare, PhD; MSC 86, Counseling Psychology; Lewis & Clark College; Portland, OR 97219; 503-768-6069; henning@lclark.edu; Fax: 503-768-6065.

War and displacement: Understanding the refugee experience

Dr. Kimo Alameda, Director of AMHD's Office of Multicultural Services

As a case manager, you have recently been assigned to "Mrs. K" who is a 50-year-old Vietnamese woman who is seeking services for her depression and frequent nightmares of atrocities and the death of her husband. She and her two daughters fled Vietnam in 1985. During their escape, one of her daughters died. Mrs. K. spent three years in a refugee camp in Thailand before coming to Hawai'i. Mrs. K managed to support herself and her daughter all this time, but the recent departure of her daughter to college has triggered memories of the past. Mrs. K's depression has led to suicidal thoughts and disturbed memories involving her husband and deceased daughter.

As a case manager or provider, is your agency equipped to serve Mrs. K? How knowledgeable are your social workers, nurses, psychologists, and psychiatrists in treating refugees? Are there agencies or departments that you could network with regarding specialized services for refugees? What are your best next steps in working with Mrs. K?

This is a scenario that I presented at a recent training. After much discussion, it was apparent that there would be some challenges in working with Mrs. K especially if she was not fluent in English. Getting access to interpreters as well as providing non-English speaking consumers with documents (such as their recovery plan) in their primary language is difficult. In addition, there is a basic lack of understanding of the refugee experience and how refugees are different from migrants or immigrants.

First, what sets refugees apart from amigrants or migrants is the fact that refugees flee persecution, sometimes for their lives, with little or no prior planning. Although we don't see as

many refugees now as we did in the '80s and '90s, particularly from Southeast Asia, we still have a few individuals and families who are unable to return to their country because of their fear of persecution. Today, these individuals are primarily from Vietnam, Burma, and the Ukraine. These refugees are at high risk for mental health problems as a direct result of their refugee experience. The primary factors associated with this risk are the experiences of war and displacement. The witnessing of acts such as bombings and other means of mass killings creates trauma like no other. Even brief contact with war or war-like circumstances has a lasting effect on many people. Consider 9/11 and the Oklahoma City bombing for example, these are events that have impacted the lives of millions of Americans, including people who were not directly involved. In addition to the often life-threatening stresses experienced prior to leaving, refugees frequently experience recurring losses and challenges in their attempt to resettle. Displacement is the term that represents this experience.

Displacement is much like it would be for you to walk away from your home, family, friends, accomplishments, social status, career, culture, and everything familiar. The most common negative outcome of trauma and displacement is post-traumatic stress disorder (PTSD). Depression, suicidal ideation, and grief are other normal responses to the many losses associated with being displaced. Exploring and expressing feelings about the trauma or loss and the events leading to the occurrence is vital to recovery.

Consumers may need help in understanding their survival story — sequencing the events, clarifying details, and separating what is real and what is not. Guilt is another issue that is likely to

surface because it is almost universal. It should be directly addressed by helping the consumer conclude that neither the trauma nor the response is their fault. Forgiveness of self can be a powerful experience. Moreover, helping consumers understand common processes and problems associated with trauma can be helpful. Although the pain is not lessened, understanding common processes helps decrease the sense of shame and isolation. Helping consumers get basic needs met, including shelter, food, clothes, and medical care are often important first steps in treatment. Finally, consideration should be given to the spiritual component. Traditional treatments and ceremonies often have a spiritual component and may be an effective recourse for traumatized or grieving clients.

For more information regarding refugee resources check out the Office of Refugee Resettlement on the Web (www.acf.hhs.gov/programs/orr). O'ahu Catholic Charities (808-528-5233) and Pacific Gateway (808-845-3918) have specialized services for recent refugees. Child and Family Services (808-681-3500) has supports and services for refugees who have settled in Hawai'i. The Susannah Wesley Community Center can also be a great resource (808-440-5820). ✱

Dr. Alameda may be contacted by emailing ckalamed@amhd.health.state.hi.us.

SAMHSA Issues Consensus Statement on the Principles of Mental Health Recovery

The Substance Abuse and Mental Health Services Administration today unveiled a consensus statement outlining principles necessary to achieve mental health recovery. The consensus statement was developed through deliberations by over 110 expert panelists representing mental health consumers, families, providers, advocates, researchers, managed care organizations, state and local public officials and others.

"Recovery must be the common, recognized outcome of the services we support," SAMHSA Administrator Charles Curie said. "This consensus statement on mental health recovery provides essential guidance that helps us move towards operationalizing recovery from a public policy and public financing standpoint. Individuals, families, communities, providers, organizations, and systems can use these principles to build resilience and facilitate recovery."

The 10 Fundamental Components of Recovery include:

. Self-Direction: Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life.

By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

. Individualized and Person-Centered: There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

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

ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

. Holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services (such as recreational services, libraries, museums, etc.), addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

. Non-Linear: Recovery is not a step-by step process but one based on continual growth, occasional setbacks, and learning from experience.

Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

. Strengths-Based: Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

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

nity.

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

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

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

The National Consensus Statement on Mental Health Recovery is available at SAMHSA's National Mental Health Information Center at www.mentalhealth.samhsa.gov or 1-800-789-2647.

"If the Earth is Bipolar, Why can't I be?"

Crystal Choate, Peer Advocate from Alaska.

Continued from Front Page

Three more Bridges classes will be starting shortly (see Page 2). Or you can join the exciting Bridges Class at Queen's Outpatient which is going on now through mid November from 8-10am. You will love the class, the friends you make, the food, and the opportunity to get new insight.

New Support Group Locale and Format

Manic? Depressed? Well, so are we! So you'll fit right in at our Bipolar/Depression Support Group. Come join our group and be with people who really understand what it's like to be us and learn more about how we can all recover together. Who? Well, the group is made up of a wide variety of wonderfully different and interesting people (so you'll fit right in) and is facilitated by Sharon Rohner and Emily Wilkinson (that's me!)

What do we do? Lots of different things to help each other on our path to recovery through sharing our personal experiences, art projects, introspective topics, guest speakers, interesting take home handouts, aaaand... we all know it wouldn't be a United Self-Help support group without a free Subway sandwich of your choice! When? Every 1st and 3rd Monday of every month from 6:00pm to 7:30pm.

Where? At the new United Self Help office located right above Down to Earth. 2525 S. King St, third floor room 303.

Why? To make friends, form a support network, learn more about ourselves, our illness and how to cope, talk about new ideas, vent our feelings, share our different insights, problem solve, free computer loans, all kinds of things but most of all to have some fun doing it!

Call the USH office at 947-5558 Monday thru Friday from 8:30 am to 4:30 pm. Ask for me, Emily or leave a message.

Questions from Readers: Response from Bud

Question: I want to do CBI wrap but I hear that no one gets paid, is that true?

Response: Absolutely not, everyone is paid \$10 an hour -- but since the State is involved, it takes awhile to get paid and may seem complicated. They love paperwork!

CBI wrap is a little bit of a mess because the bureaucrats are involved, but doing the work is worth it --you make good money and can really help your fellow consumers who need a friend. Except you have to wait to get paid and sometimes reapply because you are not working for United Self-Help, they just got you the job, you are working for the case manager who is supposed to be tracking you, and you are paid directly by Adult Mental Health. Because Case Managers have such a heavy load, they sometimes get the wrong authorization number on the form, or wait to send the form in.

In some cases you fill the form out wrong and the CPA firm kicks it back to you. They could call the case manager first and get it straight, but now, they'd rather mark up the paper and send to the worker =Auwe!

But you will get paid, promise, if you got an OK from a case manager -- \$10 an hour. All you need to be is responsible and a Bridges Graduate, and turn in your paperwork.

You can watch someone with a mental illness and help them, take them to a movie, whatever the case manager recommends (the expenses are yours and the clients, though, CBI wrap doesn't pay for movies.

You have your own business --you get a general excise tax license and you can work for each individual case manager.

HERE'S WHY IT IS A MESS:

The government is involved and they are only good at pushing paperwork. The timesheet has to go to the case manager, then it is signed by the manager, who puts an authorization number on it and sends it to an accounting firm, who compares the time authorized and authorization number with the

Here is what you need to do to get \$10 an hour for CBI WRAP PEER MENTORING.

You watch the client, and have him sign your time sheet saying that you have watched him. Then you take the time sheet to the case manager and have him sign off on it and put the authorization number on it and send it to the accounting firm who writes you a check directly.

Here's why it is screwed up: often times, the wrong authorization number put on the form, and the accounting firm wants it perfect. Instead of calling the case manager to get it straightened out, they send the rejection back. Sometimes, the peer mentor fills out the form wrong. The State also says they'll fix it.

Hilo, Maui Has New Support Groups!

Bridge to Health - A Faith based support group, has begun in Hilo, and you are invited. It is held on the 1st and third Saturday, from 11:30am -1pm at the library at St. Joseph's Church. There are already a nice group meeting there. We set them up and trained them and you'll love Jim and Carol and all the loving members there. Call Jim at 935-9913 in Hilo for more information.

Kahului, Maui Has A New Group

It meets the 1st & 3rd Thursdays from 6-7:30 pm Kahului Union Church, Room #15, corner of Kamehameha and Lono in Kahului, Lynn or Kehau 298-5413, 244-6960 or Julia at 344-5737. Thanks Gang.

Have Something for Our Newsletter?

Whether it's poems or new information about mental illness, send submissions to director@unitedselfhelp.org.

Submissions due by the 5th of the month.

Want to Talk!
Warm Line every day
4:30-9pm

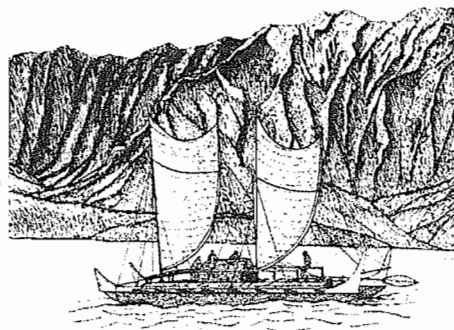
947-5558

or for Neighbor Islands 1-
866-866-HELP (4357)

or Access Line (for Crisis
or adult mental health access)

-24 hours, other services too!
832-3100, or 1-800-75 Entry

VOYAGE TO RECOVERY



Attachment 11



Hale Na'au Pono

Wai'anae Coast Community Mental Health Center, Inc.
86-226 Farrington Hwy, Wai'anae, Hawai'i, 96792, 808-6964211

www.wccmhc.org



Correcting Wrongs

Exploring The Ho`oponopono Process

Thoughts on the subject
By

Pōkā Laenui
86-226 Farrington Hwy.
Wai`anae, HI 96792

Wednesday, September 05, 2007

Church of the Crossroads

I: What Wrongs?

Invasion, Overthrow, Occupation, Colonization

II: What Processes?

Structures

- a) United Nations Mechanisms
 - a. Special Committee on Decolonization
 - b. Security Council Intervention
 - c. Judicial-Obligatory Processes
- b) U.S. Congressional Responses
- c) U.S. Judicial Responses
- d) U.S. Executive Responses
- e) Regional Organization Processes – South Pacific Forum
- f) State Processes
 - a. Legislative
 - b. OHA
 - c. Executive
- g) Civil Society
 - a. Clubs, Organizations, Institutions
 - b. People's Movements

Approaches

Superior/Inferior

(A Thief in Judgment of Itself) (U.S. method of management of Indian Tribes)

Reparation

Restitution

Restoration

Reinstatement

Recognition

Reconciliation

Judicial

(International or Internal to the U.S.)

U.S. Cases: Tribunal Assumes Jurisdiction

International Cases: Tribunal must be accorded Jurisdiction

Civil Society

(Parties Consent to Process, Equality of parties)

Mediation

Ho`oponopono

Ho`oponopono

A: Fundamental Principles:

- i) absolute truthfulness and sincerity (‘oia`i`o) is required;
- ii) self-scrutiny, introspection, and review of individual conduct, attitudes and emotions required.
- iii) All discussions are channeled through the Haku in order to maintain control over disruptive emotions, no cross-talking is allowed.
- iv) Haku may question involved participants in an on-going search for absolute honesty in the participants.
- v) If disruptive behavior arise, tempers flare, or other conduct which interferes with getting to the problems one at a time takes place, the Haku may call for a time of peace, cooling off, silence, or Ho`omalua. Hopefully, this ho`omalua will provide the participants a time to reflect on the purpose of the process and to bring aroused emotions under control.

B: Stages of the Process

1) Gathering of the parties

2) Selection of the venue

3) Proceeding to Ho`oponopono

Haku

a) Pule

b) Kukulu Kumuhana

c) Mahiki,

d) Mihi,

e) Kala,

f) Ho`omalua,

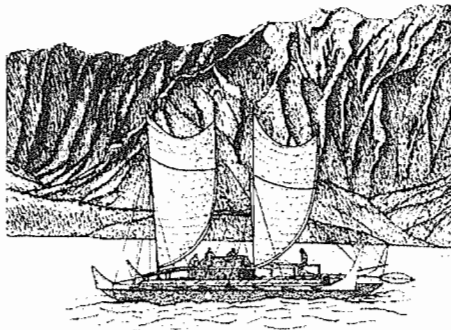
g) Pani,

4) Post-Ho`oponopono

Parties are restored to a place of reconciliation through a process in which they became actors, participants, and owners of the process. Parties are cleansed and released from the kaumaha or burden of the past they may have carried, and which they could have transferred on to their children.

If the process fails, try again later. Gained clarity in the positions and the personalities involved. Wait for the parties to change.

VOYAGE TO RECOVERY



Notes



Hale Na'au Pono

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www.wccmhc.org



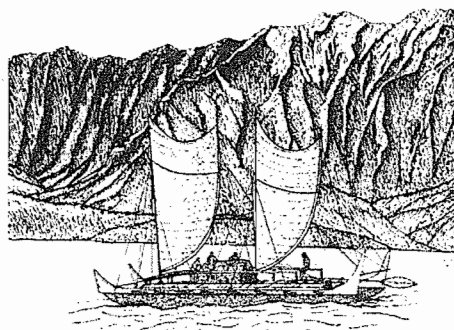
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Notes

VOYAGE TO RECOVERY



Addendum



Hale Na'au Pono

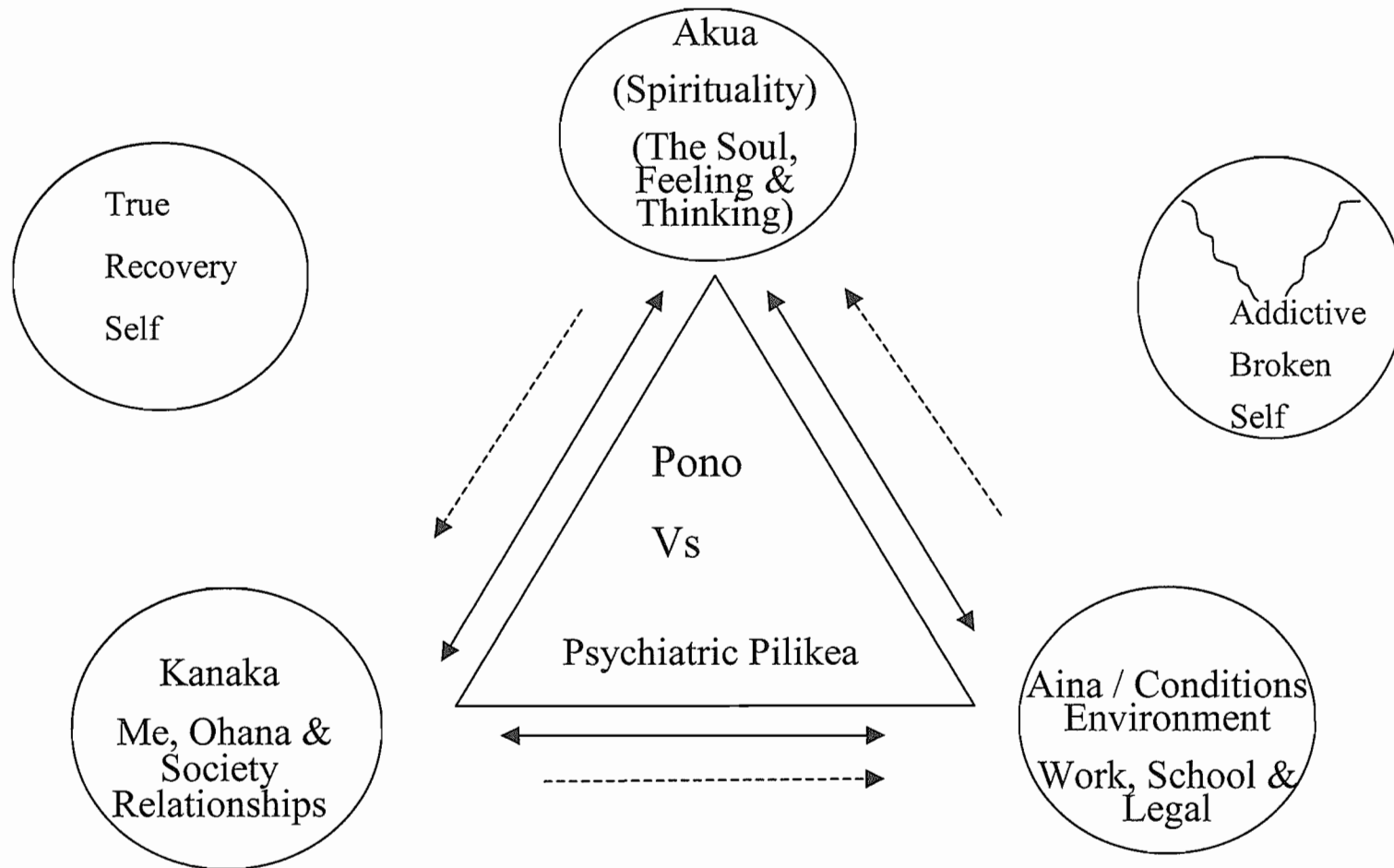
Wai'anae Coast Community Mental Health Center, Inc.
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Group – Week #1 (O. L. A)

Oluolu (Non-Confrontational), Lokahi (Unity, Team Work & Group), Aloha
(Compassionate, Love & Kindness)



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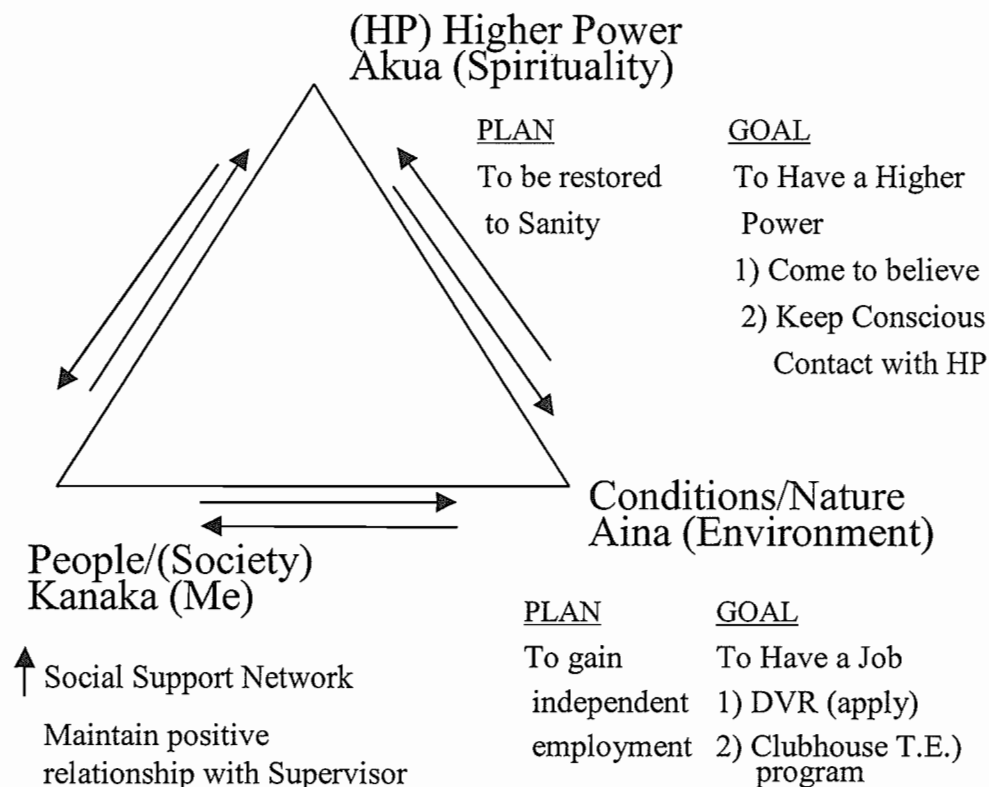
Decreasing The Potential of Relapsing

❖ Finding a Cure

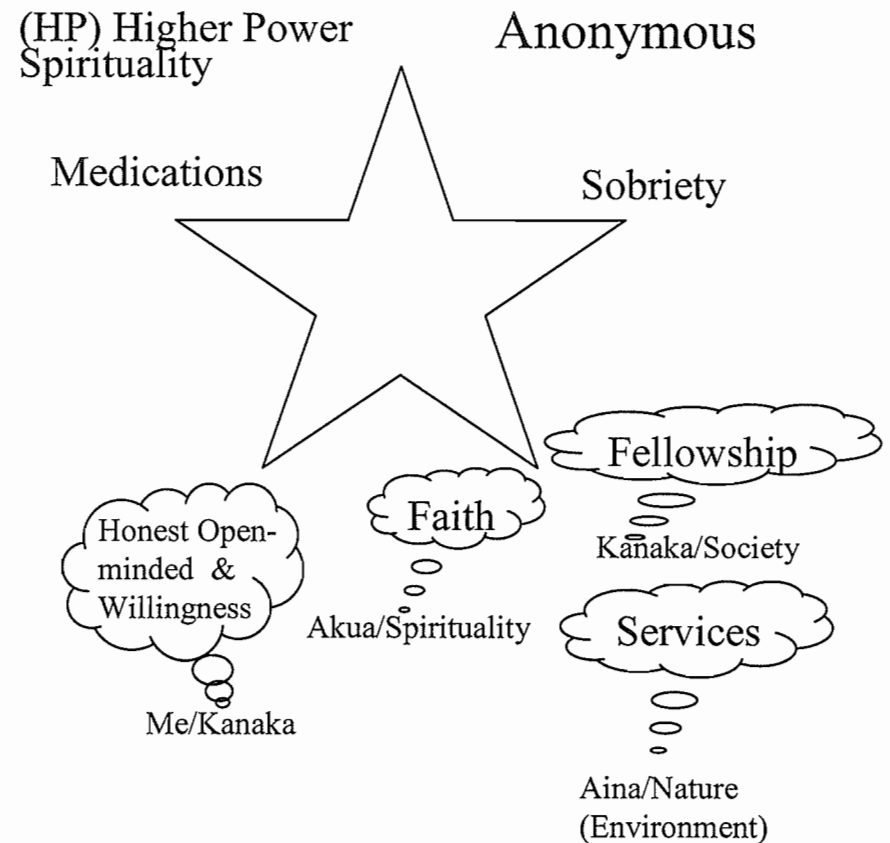
❖ Reclaiming your Health

❖ Bring back a place of Functioning

Kumu Ola Pono

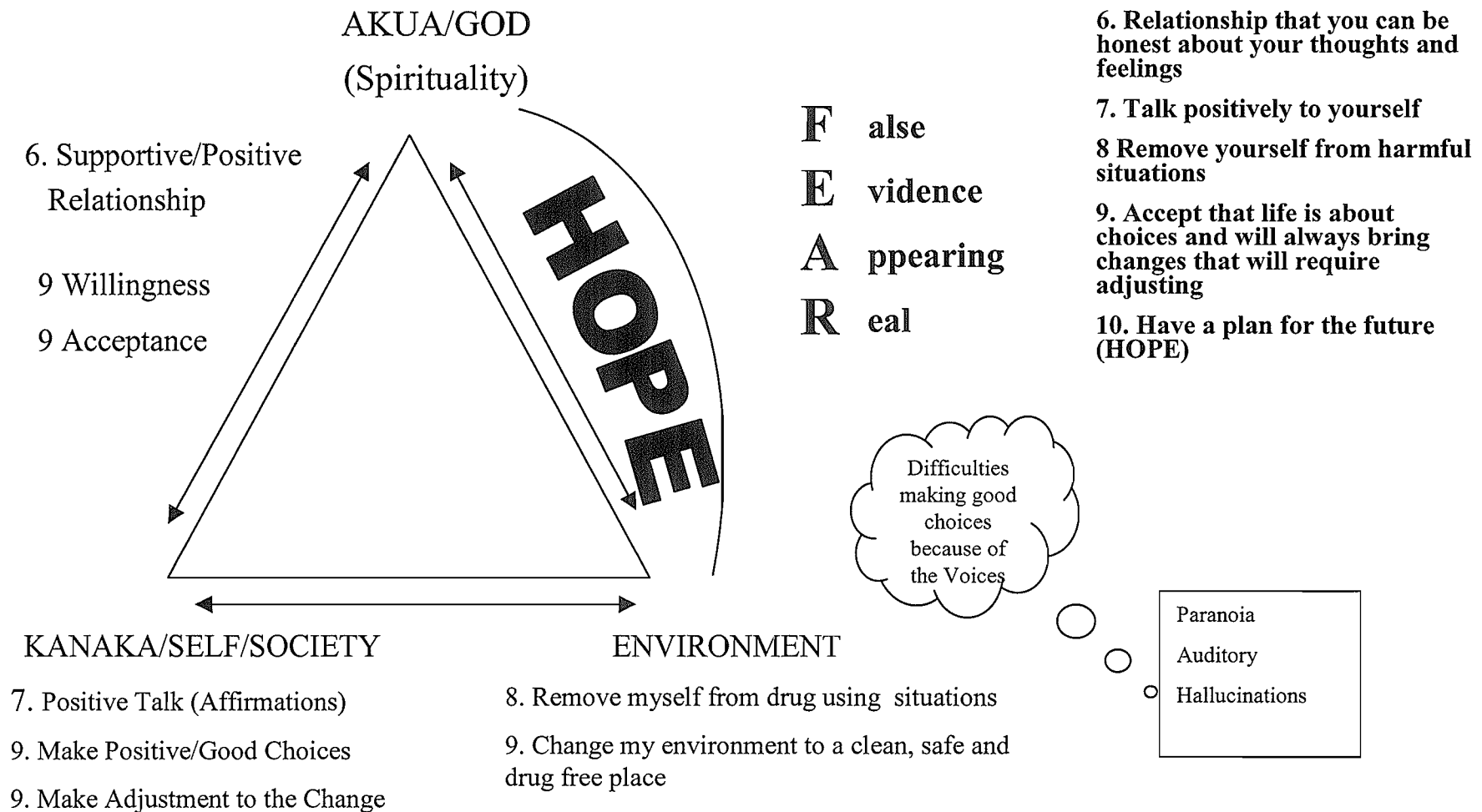


Dual Diagnosis Anonymous



Shirley J. Davenport, MSW, CSAAS, (2007): Integrating MISA (Double Trouble) with Wai`anae Wellness Model. Adapted from The Wai`anae Community Mental Health Center, Cultural adaptation of Illness Management & Self Directed Recovery, "Kumu Ola Pono (Voyage to Recovery)" and the Dual Diagnosis Anonymous © Shirley Davenport – April 6, 2007

RULES (6-10) For Emotional Health In Decreasing the Potential for Relapsing

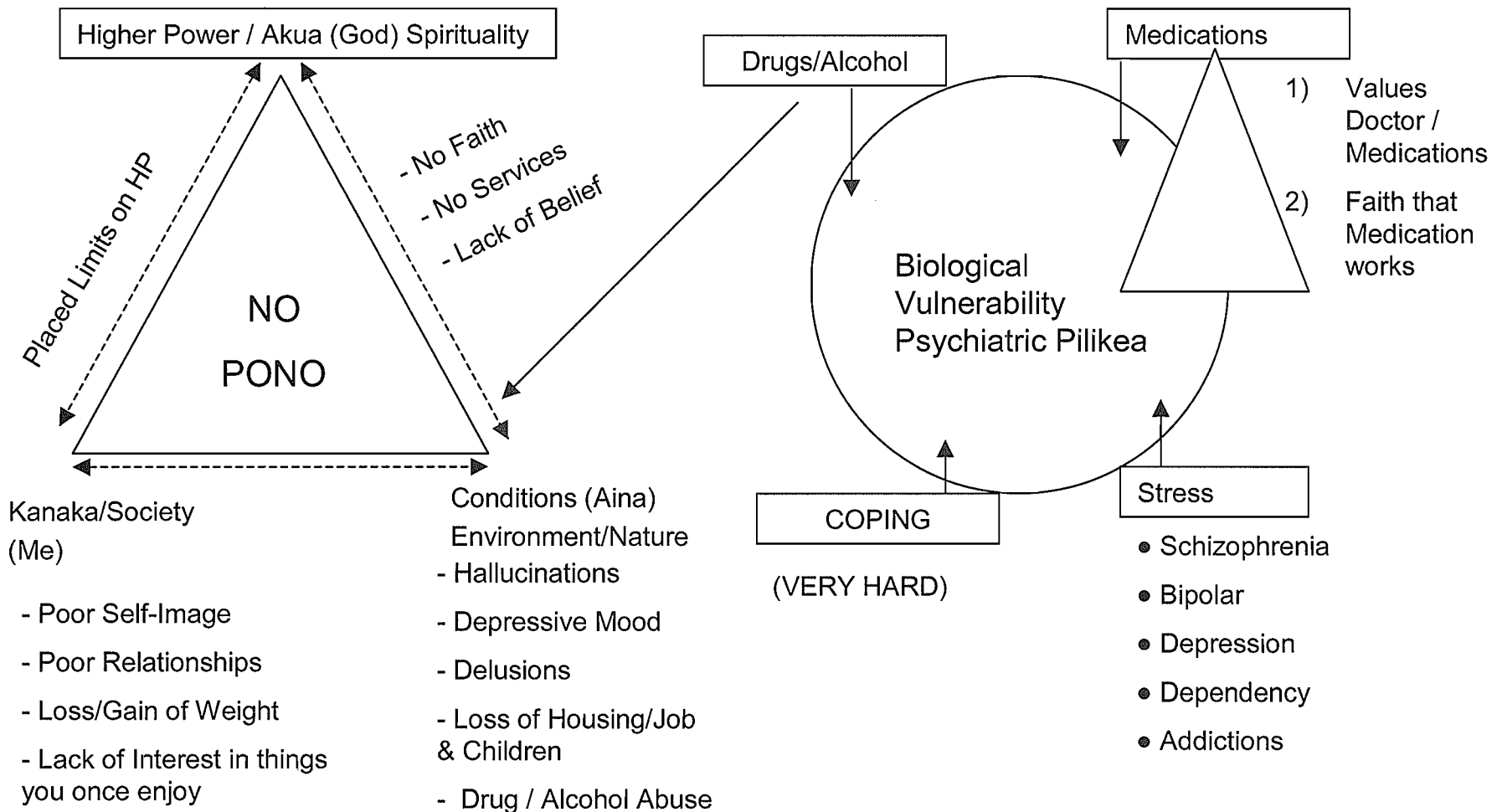


Shirley J. Davenport, MSW, CSAAS, (2007): Integrating MISA (Double Trouble) with Wai'anae Wellness Model. Adapted from The Wai'anae Community Mental Health Center, Cultural adaptation of Illness Management & Self Directed Recovery, "Kumu Ola Pono (Voyage to Recovery)". © Shirley Davenport – April 12, 2007

Avoiding Stressor that Lead to Relapse

The Stress Vulnerability Model

Mental Illness and Substance Abuse

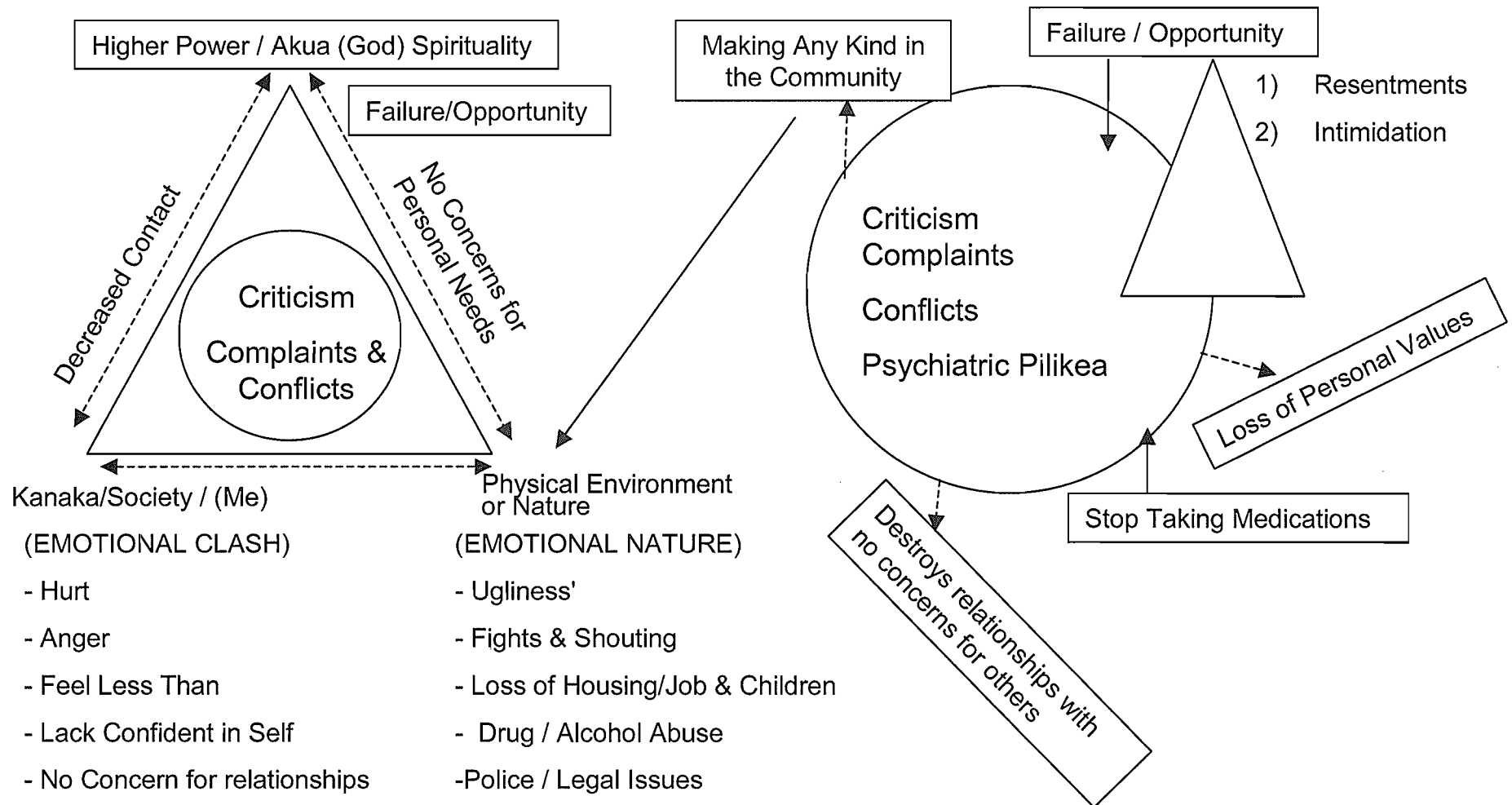


Shirley J. Davenport, MSW, CSAAS, (2007): Integrating MISA (Double Trouble) with Wai`anae Wellness Model. Adapted from The Wai`anae Community Mental Health Center, Cultural adaptation of Illness Management & Self Directed Recovery, "Kumu Ola Pono (Voyage to Recovery)". © Shirley Davenport – April 19, 2007

Recognizing The Effects that Criticism Have on Individual

The Stress Vulnerability Model

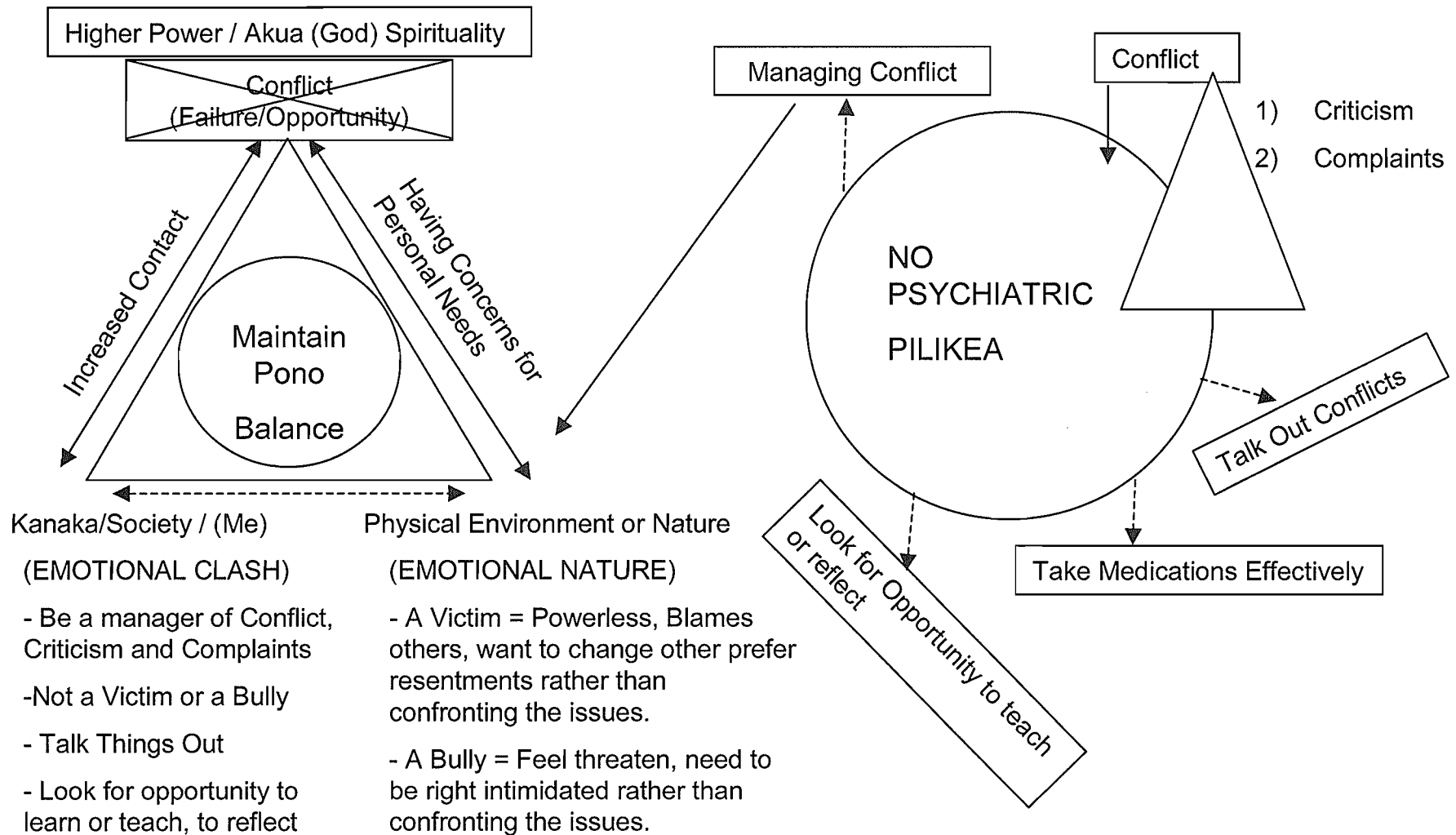
Mental Illness and Substance Abuse



Develop Strategies for Managing Criticism

The Stress Vulnerability Model

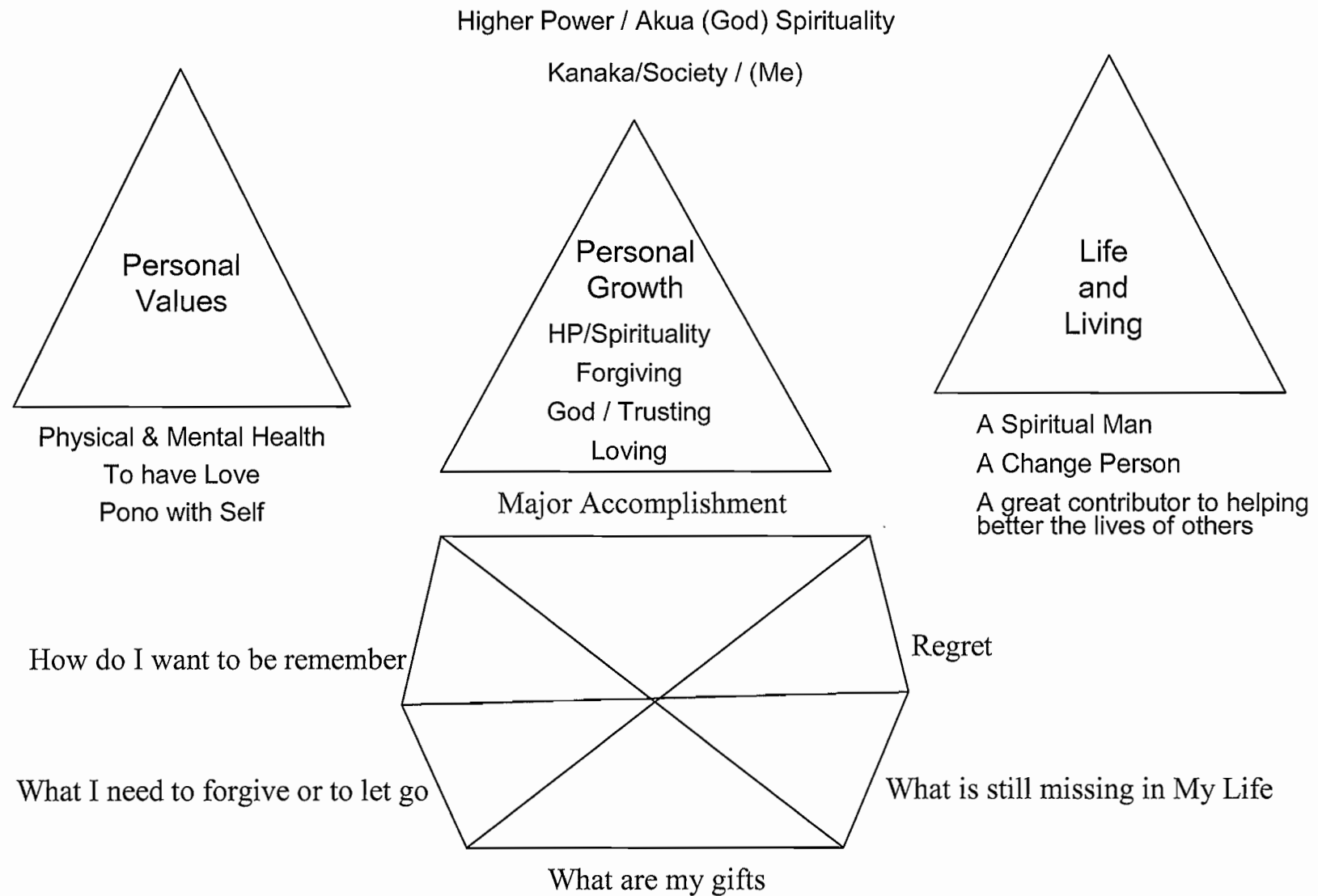
(Mental Illness and Substance Abuse)



Shirley J. Davenport, LSW, CSAAS, (2007): Integrating MISA (Double Trouble) with Wai`anae Wellness Model. Adapted from The Wai`anae Community Mental Health Center, Cultural adaptation of Illness Management & Self Directed Recovery, "Kumu Ola Pono (Voyage to Recovery)". © Shirley Davenport – April 26, 2007

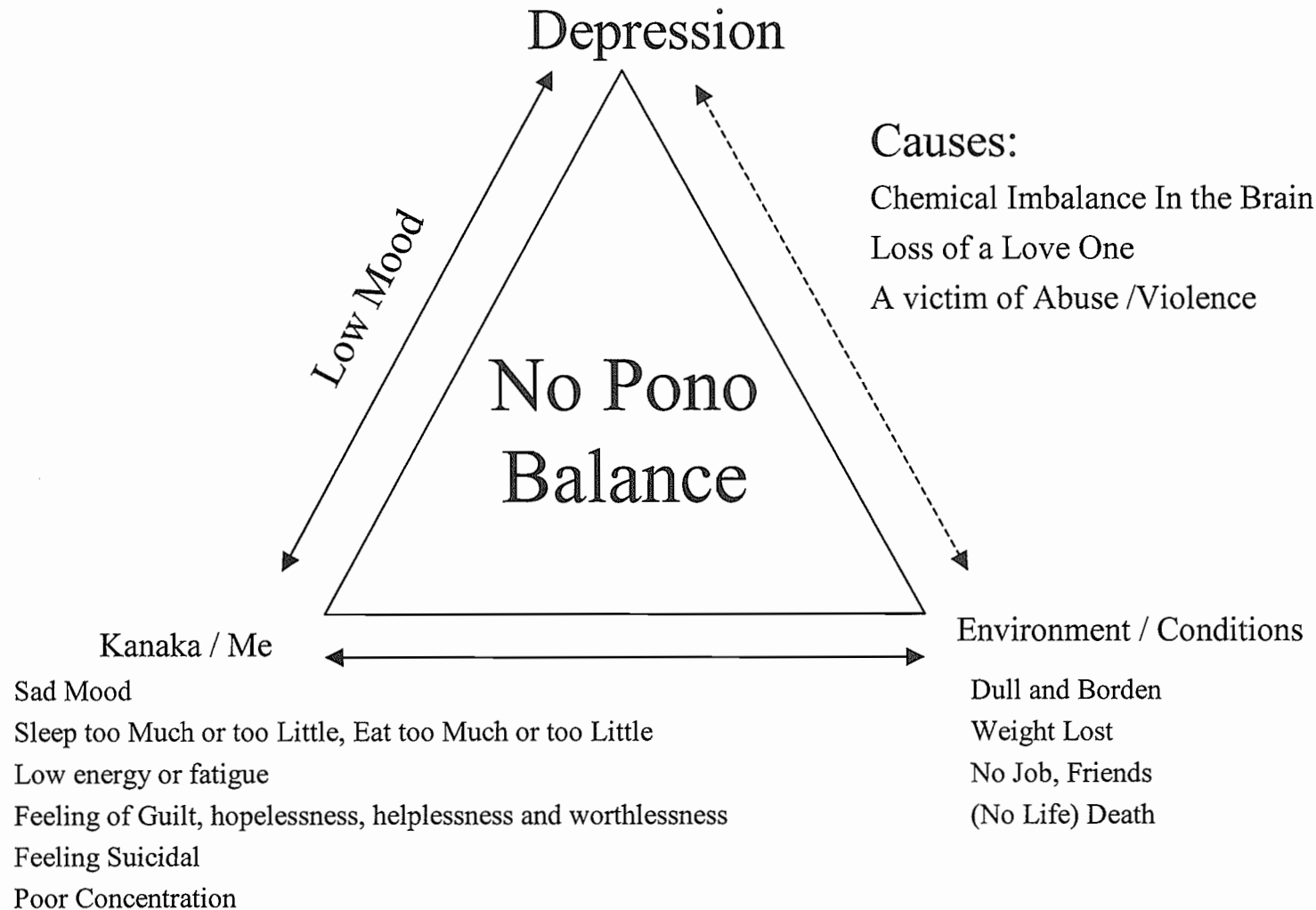
(2 of 2)

What I Value Most In Life (Establishing a Vision for the Future)



Practical Facts About Depression

“The effects of Depression on our Pono”

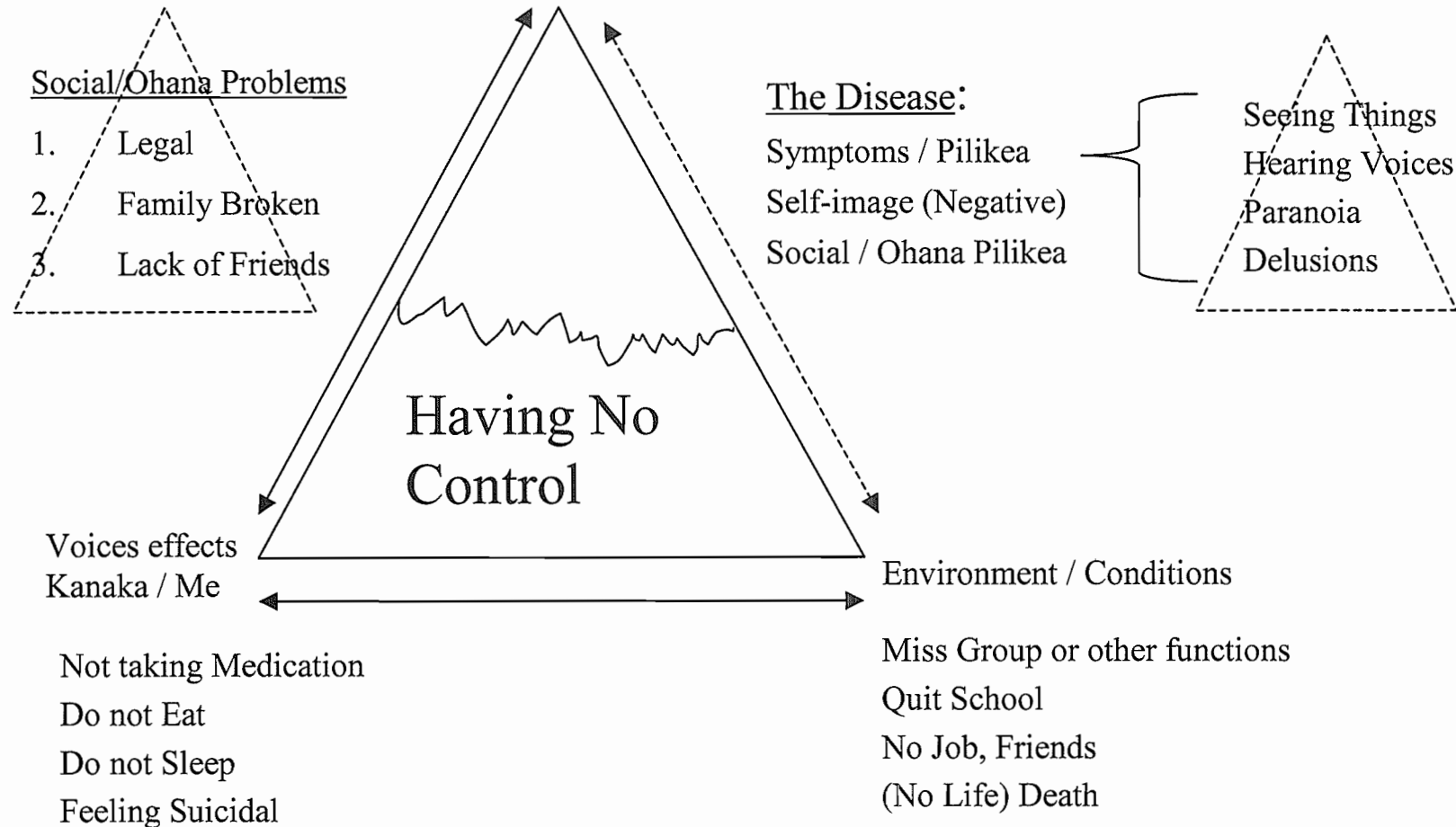


Shirley J. Davenport, LSW, CSAAS, (2007): Practical Facts about Depression, Wai'anae Wellness Model. Adapted from The Wai'anae Community Mental Health Center, Cultural adaptation of Illness Management & Self Directed Recovery, "Kumu Ola Pono (Voyage to Recovery)". © Shirley Davenport – May 15, 2007

STEP ONE

“Dual Diagnosis – a no-fault illness”

Powerless / Unmanageability



Shirley J. Davenport, LSW, CSAAS, (2007): 12 Steps Recovery integration with Wai`anae Wellness Model. Adapted from The Wai`anae Community Mental Health Center, Cultural adaptation of Illness Management & Self Directed Recovery, “Kumu Ola Pono (Voyage to Recovery)”. © Shirley Davenport – May 16, 2007