

Founders Resident Handbook

Name: _____

Date: _____

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Handbook contents include material for psychosocial and psychiatric rehabilitation program: supported employment, self-empowerment, self-concept, self-assessments and social skills training material, problem solving, assertiveness, relapse prevention and symptom management exercise sheets.

What have we learned about motivation, our self-concept, goal setting and optimism?

Founders House of Hope

June 15, 2010

by Elie Levy, Ph.D.

- 1) Motivation: Ideally—we want to be intrinsically motivated. Intrinsic motivation means your motivation to achieve rehabilitation outcomes (goals) comes from deep, inside of you. You're aware that achieving your goal (s) is a meaningful and value driven process, and that it's something you're passionate about. Examples of goals that are driven by intrinsic motivation include the desire to work, seek a romantic relationship, develop new leisure activities or hobbies, spend more time in your community.

- 2) Self-Concept: We now know that your self-concept is composed of four elements:
 - a) Intellectual Self-Concept
 - b) Physical Self-Concept
 - c) Social Self-Concept
 - d) Emotional Self-Concept

The reason we include these four components is because we seek to balance our lives in these spheres of life. Balance and congruence means we operate optimally in these four spheres of life. Optimally means operating in each sphere in healthy ways that gets us feeling good about ourselves.

Self-Concept is a cognitive term and speaks to how we see ourselves.

We need to view ourselves in positive ways, in addition to using a language to describe ourselves that is positive.

Adjectives and verbs we should use to describe ourselves include:

- | | | |
|---------------|-----------------|-------------------|
| a) capable | f) approachable | k) kind |
| b) optimistic | g) smart | l) altruistic |
| c) strong | h) social | m) generous |
| d) likeable | i) motivated | n) fair |
| e) friendly | j) interested | o) non-judgmental |

As much as possible, we need to operate in these four spheres of self-concept and create balance in our lives. If we neglect operating in any of the four spheres, we will feel unbalanced and ultimately see ourselves as incompetent, helpless and disempowered. So try to generate a positive view of yourself by operating in each of the four self-concept spheres.

- 3) Empowerment: We know that feeling empowered means having choices. The choices you make need to empower you—meaning that the choices provide you with opportunities to develop and learn more about yourself. Life is about learning, integrating and by doing so, leading more meaningful and value driven lives. You will always have choice—and knowing this should validate for you that you are free and self-directed. We want to provide you, as much as possible, with the skills, tools and other things that make you feel self-directed. Self-directed means you make your own choices (with guidance sometimes) and ideally, you accurately predict the desired outcome you want. Remember, life is about making choices and accurately predicting that we get the outcomes we want.
- 4) Right effort → Right Outcome: We must understand that unless we make the right effort, we don't get the right outcome. Right effort means being honest with ourselves—knowing when we do and do not make the right effort to achieve a personal goal. Making the right effort means being honest with ourselves when attempting to achieve goals—knowing that we need integrity and commitment to clearly see the goal and know what you need to do to achieve it. By being diligent, focused and motivated—we achieve goals. So—giving the right effort means not using wishful thinking to make a goal appear or being self-deceptive, which is a way of tricking yourself into thinking you've given the right effort—so you deserve to achieve the goal.
- 5) Self-Deception: Sometimes—we engage in self-deception to make ourselves feel good. You need to have enough self-awareness to know when you're engaging in self-deception. Sometimes—others who know you well will tell you that you're being self-deceptive. Again—it means taking short cuts and others will call you a slacker. So—listen to others who know you very well—and appreciate the feedback they offer you about yourself. Self-deception means we don't achieve our goals. It usually means we're trying to take short cuts to achieving something—and in the end, we're disappointed and not always aware we didn't give an honest, sincere effort that was imbued with commitment, integrity and passion. Self-deception is not seeing reality clearly and honestly.
- 6) Self-Esteem: In terms of self-esteem, we're talking about how you feel, not see, yourself. So—we need for everyone to feel worthwhile, valued and competent. Unless you have self-esteem, you won't seek to be around others, set meaningful goals for yourself, look to be in a romantic relationship or enjoy leisure activities. Everyone needs a consistent source of self-esteem—the kind one gets from being fulfilled in their work, relationships, and other sources like enjoying hobbies, family, exercising, etc. We need to feel good about who we are and what we can contribute to our community and world.
- 7) Leading a Meaningful and Value driven Life: In this realm, we're talking about leading a life by the choices you've made and conditions you've created for yourself through your choices. Again—the choices you make are very important—and they should be influenced by the values that drive your life. We've discussed the guiding principles of your life—and which one's are a core of your value and belief system. The principles that guide your life reflect who you are at the core. If you are honest, trustworthy, responsible, have integrity, are caring and non-judgmental—these are some of your guiding principles. Remember—guiding principles get you what you want in life. They are like virtues—when they get activated (showing them) they pay dividends. In other words, you get the job you want and achieve your other goals. Guiding principles are enduring, core values you possess and reveal to the world who you are and what you're about.

8) Enduring Happiness: We've discussed how to achieve enduring, genuine happiness. Essentially—you want to know what your virtues are and how to show them to the world. If you do this—you're more likely to have genuine, enduring happiness. Some of the virtues we have include the following:

- a) honesty
- b) integrity
- c) wisdom
- d) spirituality
- e) love
- f) love of lifelong learning
- g) open to new ideas
- h) tolerant
- i) critical thinking: asking the right questions about life
- j) altruism: helping others
- k) responsible

Again—if you can show these virtues you are more likely to be happier and allow the happiness to endure. By behaving in ways consistent with these virtues, you'll surround yourself with people that bring out the best in you, and contribute to your happiness.

You deserve to be happy—and need to understand that happiness comes from inside of you; an inside out process and not outside in process. In other words, others will not make you happy.

You make yourself happy—it's inside out and you can do this by acting on your virtues.

Happiness can be short lived, pleasurable and related to a body sensation. Yes—these sorts of pleasures produce happiness, but you can't come to rely on these sources of bodily pleasure because they are short lived and getting addicted to them becomes a problem. Examples of these pleasures include food addictions, loveless sex and using drugs. We want you to identify longer lasting sources of pleasure like a fulfilling job, relationships and leisure activities. Also—be grateful for what you have. We find that people who are grateful usually have enduring, genuine happiness.

Name: _____

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You need self-efficacy plus self-esteem to be self-confident

Self-efficacy means mastering skills such as:

You must recognize your insecurities.

Talk about your insecurities with friends and loved ones.

Remember that no one is perfect.

Identify your successes—everyone is good at something.

What are you good at:

Be thankful for what you have. What do you have:

Be good to yourself. How do you show this?

Get involved in a physical activity. What physical activities do you engage in?

Be positive. How are you positive and what are you positive about?

Accept compliments.

Look in the mirror and smile.

Keep learning new skills. What new skills are you currently learning?

Stick to your principles. What are some of your guiding principles?

Help others.

Don't dwell on past mistakes.

Surround yourself with positive people, supportive people who bring out the best in you.

Who am I?

Where am I going?

Where do I want to go?

What route shall I take?

What is the self?

It is a component of our consciousness that gives us a sense of personal existence

It is the sum total of all we refer to as mine. It contains our subjective and intrapersonal world.

It includes our basic beliefs, values, attitudes.

The self grows and develops throughout our life. It is an evolution—an interaction between our genetic potential and our environmental experiences.

Remember—the most basic distinction between us and other creatures is our unique capacity for self-consciousness.

Self-consciousness requires more advanced and complex level of functioning.

In psychological terms—the self has two distinct meanings:

- 1) Self-as-object definition: this refers to our capacity to stand outside of ourselves and evaluate our attitudes, feelings and behavior from a more or less detached point of view. For example: we say I'm the sort of person who is or I would describe myself as
- 2) Self-as-process: in this case, the self is a doer in the sense that it includes an active group of processes such as thinking, remembering, perceiving, performing, etc. Examples such as I'm going to study hard for the exam tomorrow or I can recall thinking that way once but my ideas have changed since then.

What are some social roles you currently assume in life:

What are social roles you gave up the last few years?

What life expectations have you had to re-evaluate recently in your life?

What roles are you currently operating in that generate self-esteem maintenance?

Do you feel that some kinds of undesired change has taken aspects of life away from you?

If yes—please describe:

Are any of these adjustments and their impact on your life irrational beliefs on your part?

Resident Name: _____ Date: _____

| Goal | Purpose of Goal | What you will sacrifice | Benefits | Resources Needed |
|------|-----------------|-------------------------|---------------|------------------|
| 1) | | | Psychological | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |

Due Date for Goal #1: _____

Due Date for Goal #2: _____

Due Date for Goal #3: _____

Due Date for Goal #4: _____

Resident Name: _____ Date: _____

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Philip Levine

Hungry and cold, I stood in a doorway on Delancey Street in 1946
as the rain came down. The worst part is this is not from a bad movie. I'd read Dos Passos'
USA and thought, "Before the night ends my life will change." A stranger would stop
to ask for my help, a single stranger more needy than I, if such a woman
were possible. I still had cigarettes, damp matches, and an inaccurate map
of Manhattan in my head, and the change from the one \$20 traveler's check
I'd cashed in a dairy restaurant where the amazed owner actually proclaimed
to the busy heads, "They got Jews in Detroit!"

You can forgive the night. No one else was dumb enough to be out. Sure, it was Easter.
Was I expecting crocus and lilac to burst from the pavement and sweeten
the air the way they did in Michigan once upon a time? This wouldn't be so bad
if you were only young once. Once would be fine. You stand out in the rain once and get wet
expecting to enter fiction. You huddle under the Williamsburg Bridge posing for Life.
You trek to the Owl Hotel to lie awake in a room the size of a cat box and smell
the dawn as it leaks under the shade with the damp welcome you deserve. Just the once
you earn your doctorate in mismanagement.

So I was eighteen, once, fifty years ago a kid from a small town with big ideas.
Gatsby said if Detroit is your idea of a small town you need another idea,
and I needed several. I retied my shoes, washed my face, brushed my teeth with a furry tongue,
counted out my \$11.80 on the broken bed, and decided the time
had come to mature. How else can I explain voting for Adlai Stevenson once and once
again, planting a lemon tree in hard pan, loaning my Charlie Parker 78s
to an out-of-work actor, eating pork loin barbecued on Passover, tangoing
perfectly without music even with you?

An exercise on defamiliarization: (page 41 in text: Writing Analytically)

Words that repeat exactly: (example: count the number of times words are repeated):

Strands: (example: powerful emotion and violent actions; drugs and adult games and escapism):

Binary oppositions: (example: group to individual value; how far I've come to how little I've come;
present-past)

SELF ESTEEM BUILDING

If you are not happy or satisfied with your life for reasons you can't pinpoint specifically, it's probably because your self-esteem might be in the *low* phase. Low self esteem can make you blame yourself for things that aren't your fault; underestimate your abilities, and make you a pessimist. Self-esteem plays a role in almost everything you do.

What is Self-Esteem?

Very simply put - *how much you like yourself and feel lovable and capable.*

Self-esteem is often confused with self-confidence. Self-confidence is the knowledge that one can succeed at something – relationship, career, goal etc. Self-esteem, on the other hand, is the capacity to like and love one self; and feel worthwhile, irrespective of all the ups and downs of life.

Someone with a healthy self-esteem simply likes himself or herself. A healthy self-esteem is not contingent on success because there are always failures to contend with. Neither is it a result of comparing ourselves with others because there is always someone better. With a healthy self-esteem, we like ourselves because of who we are and not because of what we can or cannot do or what others think of us.

Self-esteem is the foundation of our personality, a fundamental essence that defines everything about us. Self-acceptance and our personal identity together constitutes our self-esteem -

Self-Acceptance:

Self-acceptance is not a denial of a need for change or improvement - it is simply a recognition of who we are. As Dr. David D Burns says, *"We need to learn to accept and love ourselves as a flawed and imperfect human. We need to accept our strengths as well as our weakness without a sense of shame or embarrassment."*

It is foolish to deny our shortcomings since it helps us to empathise and connect with others. After all, for example, if you've never felt embarrassed or foolish how can you genuinely care for and understand someone who has? If you feel ashamed of certain feelings and avoid or try to repress them, how do you think you will react to those feelings from someone else? Our personal identity develops from self-acceptance. This is why self-acceptance is at the core, and the first and most important step we need to take to enhance our self-esteem.

Personal Identity:

What we think about ourselves, our self-image or personal identity, is also very important to our core of existence. It is our cultural and personal values, beliefs and philosophy by which we define our personal worth; it influences how we evaluate ourselves and others.

As mentioned before, self-confidence is knowledge and mastery of skills. In today's westernized culture, self-confidence does affect our personal identity (and thus self-esteem). But self-esteem plays a more dominant role in influencing the other.

Self-esteem isn't constant; it fluctuates - it is not an either / or proposition. There is high self-esteem and there is low self-esteem, and many gradations in between.

Self-Esteem and Behavior

Low self-esteem fosters many unhealthy behaviors. Even though we might become aware of these behavioral problems, it's often a Herculean task to change them unless the root of the problem (the warped self-esteem) is not dealt with first.

For example: Perfectionists try to hold themselves to a higher standard than others because they fear criticism and seek approval due to which they often procrastinate, fear away from taking risks or are late in completing tasks.

Since their concept of self-esteem is based on getting 'outside' approvals (i.e. they feel good about themselves only when people whom they like and respect 'approve' them), unless they work on correcting this warped idea, they'll have great difficulty in changing their behavioral problems.

Self-esteem and Relationships

People who feel that they are likable and lovable (in other words people with good self-esteem) have better relationships. They are more likely to ask for help and support from friends and family when they need it.

How we look at our self also decides how we believe people judge us. This is why many with low self-esteem get stuck in unhealthy relationships - if we don't like or love ourselves, it's easier to believe that others will not too.

For example, an unhealthy self-esteem might make some people believe that their partner is much better than them and they're lucky to be with him / her. This might occasionally result in feelings of insecurity, jealousy and actions like making unrealistic demands from the other person. Low self-esteem can manifest as you looking for signs that your partner has lost interest in you or prefers someone else or is only seeing you because they pity you. Or it can make us defensive and feel like we are being criticized when we are not.

Self-esteem and Emotions

All emotions are actually healthy – even those so called negative ones like anger, sadness, frustration etc. It's natural (and healthy) to feel upset when you fail, or outraged at an injustice. "If you are facing, or think you are facing, a negative event, it is not healthy for you to feel good about the occurrence of this event, nor is it healthy for you to feel indifferent about it. Rather, it is healthy for you to feel bad about it. Feeling bad about a negative event helps you to think clearly about the event, to change it if it can be changed and to make a constructive adjustment to it if it can't be changed", says Dr. Windy Dryden professor of psychotherapeutics at Goldsmiths College, University of London.

But a warped sense of self-image can cause these emotions to become destructive – sadness can become depression, healthy anger can become unhealthy, destructive anger. The more unhealthy our negative emotions become, the more it interferes with our ability to think clearly about it, we are less likely to change it in constructive ways if it can be changed, and if it can't be changed our adjustment is likely to be a poor one.

Building Self-Esteem

The development of self-esteem is a lifelong task. From the moment we are born, we are all developing, refining and changing our sense of personal identity and self-acceptance. Here are some steps that can help us improve our self-esteem:

Focus on your strengths, not shortcomings - Using self hatred to 'motivate' yourself to change can be very damaging. Forgive yourself for your mistakes and focus more on your strengths than your weakness. Don't put yourself down and don't beat yourself for any lack of skill or any weakness.

Maintain a gratitude diary - Make a list of the things that you already have that were once goals - all the things in your day you can do, the activities and people of your life you are most grateful for, the resources you already have available to you. Add to this list ever day - write down at least one thing you are glad about every day.

Learn to identify cognitive distortions - The more our thoughts about ourselves are distorted / incorrect, the harder it is to like, love and accept ourselves and / or others. Cognitive therapy teaches us how to identify the distortions in our thoughts and beliefs, and correct them.

Compete with yourself, not others - People with healthy self-esteem compete only with themselves. The less self-assured person feels compelled to equal or surpass his colleagues' success because they equate their self-esteem with success, and hence feel threatened with someone more successful. They endlessly seek approval and applause, feel happy when they get it or devastated when they fail or are criticized.

Medication Class **Treatment Considerations** **Symptom Response** **Common Side Effects** **Reactions to be Reported ASAP**

| | | | | |
|---|--|---|---|---|
| <p>Mood Stabilizers:</p> <p>example:</p> <ul style="list-style-type: none"> ▶ Lithium ▶ Depakote ▶ Tegretol ▶ Lamictal ▶ Trileptal ▶ Other | <p>Used for Bipolar Disorder, aka Manic-Depressive Disorder</p> <p>These medications can be monitored with blood levels.</p> <p>Some of these medications are also used for Seizure disorders (Tegretol, Lamictal, Depakote)</p> <p>Lithium is a salt. Clients should be encouraged to stay well hydrated</p> <p>Generally takes 2-3 weeks to see full effects of medication</p> | <p>Improvement in mood stability (mania and depression)</p> <ul style="list-style-type: none"> ✓ less irritability <p>Decrease in mood swings</p> <ul style="list-style-type: none"> ✓ mood swings | <p>Rash</p> <p>Drowsiness</p> <p>Blurred vision</p> <p>Appetite Change</p> | <p>Any signs of allergic reaction, rash, difficulty breathing, swelling of tongue/face.</p> <p>Bruising, bleeding, sore throat</p> <p>Lithium toxicity can be serious. Watch for slurred speech, seizures, uncoordinated movements, tremors, symptoms of dehydration</p> <p>Especially with clients on Lamictal, report any rash as this may be an early sign of a serious, sometimes life threatening skin condition called Stevens-Johnson Syndrome</p> <p>Trileptal can cause low blood salt with seizures and coma</p> |
| <p>Other Meds:</p> <ul style="list-style-type: none"> ▶ DDAVP ▶ Tenex and Clonidine ▶ Inderal | <p>Used for bedwetting/urinary incontinence</p> <p>Less risk of side effects with tablet vs. nasal spray</p> <p>Monitor Cardiac</p> <p>Used to treat</p> <ol style="list-style-type: none"> 1. Alternative to stimulants for ADHD 2. to assist with sleep 3. PTSD <p>Do Not Stop Suddenly</p> <p>Monitor Cardiac</p> <p>Used to treat PTSD and aggression</p> <p>Do Not Stop Suddenly</p> | <p>Decrease in enuresis</p> <ul style="list-style-type: none"> ✓ enuresis <p>Decrease in hyperactivity</p> <ul style="list-style-type: none"> ✓ impulsivity ✓ hyperarousal ✓ sleep <p>Decrease in aggression</p> <ul style="list-style-type: none"> ✓ hypervigilance | <p>No common side effects reported</p> <p>Dizziness, Drowsiness, dry mouth, fatigue</p> | <p>Allergic reaction</p> <p>DDAVP puts pt. at risk for low sodium blood levels</p> <p>Allergic reaction</p> <p>Irregular heartbeat, chest pain, hallucinations, persistent headache</p> <p>Unusually slow heart beat, blue fingers or toes, severe vision changes, swelling of hands/feet</p> <p>Worsening of asthma</p> |

Staff Observation Table for Psychotropic Medications

| Medication Class | Treatment Considerations | Symptom Response | Common Side Effects | Reactions to be Reported ASAP |
|---|--|---|--|---|
| Stimulants Example: Ritalin Adderall Concerta Focalin Others: | Used for ADHD/ADD Generally fast acting. Shorter acting formulations (Ritalin, Focalin, Adderall,) last about 4 hours Extended release formulations (Concerta, Adderall XR, Focalin LA, Ritalin LA) can last up to 12 hours. Extended release should NEVER BE CHEWED | Decrease in ✓ hyperactivity ✓ inattention ✓ impulsivity | Nervousness Loss of appetite Insomnia Increased hyperactivity, scattered behavior and thoughts, in other words, opposite of what you would want to see. | Rash or Allergic reaction Hallucinations, paranoia Changes in pulse or blood pressure, increased heart rate, palpitations, chest pain |
| Antidepressants Example: Prozac Zoloft Celexa Others: | Used for Depression, OCD and Anxiety Disorders May take up to 5 weeks to see full effects of medication | Improvement in ✓ mood ✓ motivation ✓ interactions with others | Dizziness Nervousness Stomachache Insomnia | Increased thoughts of suicide, worsening depression Manic Symptoms (irritability, agitation, excessive euphoria) Serotonin syndrome: Confusion, hallucinations, fever, rapid or irregular heart rate |
| Antipsychotics Example: Abilify Zyprexa Seroquel Risperdal Geodon Others: | Used for psychosis, and acute mania. May take up to 4-6 weeks to see full effects of medication | Decrease in ✓ psychosis ✓ hallucinations ✓ paranoia Decrease in ✓ aggression ✓ manic symptoms | Sedation Dizziness Weight gain/Increased Appetite increased thirst, urination or hunger | EPS: stiff muscles, especially neck, "thick" tongue, eyes may become "fixed" looking up, drooling Tardive Dyskinesia: uncontrollable slow, jerky movements NMS: fever, sweating, stiff muscles, confusion, abnormal thinking |

Psychotropic Medications

You have probably heard of Prozac

...Halcion or Lithium. These are powerful medications, which benefit many people. With any prescription drug, of course, there may be misuse, adverse reactions, and potentially harmful results. Deciding whether medication might be beneficial to you should be a thoughtful process including your being an informed consumer and getting accurate information and an evaluation from a physician. Hopefully, this brochure will help you as a consumer. It highlighted the major psychotropic medications available today, general information about the drug, its use, and factors to consider when medication is recommended.

Psychotropic Medications

Psychotropic/psychiatric medications affect the brain and central nervous system. They alter the process of brain chemicals called neurotransmitters, which act as chemical messengers between the brain cells. Medication is prescribed when symptoms of mental or emotional illness are severe, persistent, and interfere with normal functioning. Psychotropic drugs help control symptoms such as anxiety, agitation, profound sadness, depression, disrupted patterns of appetite and sleep, impaired thinking, poor concentration, altered perceptions and sensations, and discomfort from physical pain. Some psychotropic drugs are prescribed for medical and neurological disorders. On occasion, two or more medications may be prescribed to relieve multiple symptoms. Which medication is prescribed depends on an individual's unique characteristics-severity of symptoms, health, age, pregnancy, etc. All drugs require careful monitoring and may necessitate initial and ongoing lab work and blood tests, special dietary restrictions, and lifestyle changes. Some of the newer medications target specific neurotransmitters and provide more effective treatment with manageable doses and fewer side effects such as sedation and addictive qualities.

Medical Intervention

Psychotropic medications usually are prescribed by psychiatrists who are physicians trained in the diagnosis and treatment of mental and emotional problems. They are experienced in prescribing and monitoring psychotropic medication. Other physicians such as internists, family practitioners, gynecologists, and pediatricians may also prescribe these drugs. Frequently, they may consult with, or recommend you meet with, a psychiatrist for diagnostic and treatment purposes. Whenever psychotropic medication is prescribed, counseling may be recommended. Counseling and medication often facilitate treatment and hasten a return to health and well-being.

What you need to know

There are several factors to consider when working with a physician to determine if psychotropic medication is appropriate for you

- What is the diagnosis, and why is a particular medication recommended? What symptoms relief can you expect and when?
- By all means take medication as prescribed, but what should you do if you happen to miss a dose?
- What are common side effects (routine or predicted reactions) and how long will they last? Be ware of possible adverse reactions (such as rash, severe headaches, nausea, and vomiting, breathing difficulties, etc.) and what should you do?
- What initial and ongoing medical tests/lab work (usually to rule out other medical problems and establish a baseline from which to gauge the therapeutic dose for you) are required?
- How long will you be on medication, and how do you discontinue (taper off) the drug?
- Will your routine activities or diet be restricted in any way?
- What follow-up medication appointments and treatment sessions are required?

Remember

The doctor-patient relationship in which trust, mutual respect, and open communication exists is one of the keys to successful treatment. Medication is no magic for emotional or psychological pain. The most effective treatment includes counseling whenever psychotropic drugs are prescribed. Consider your options (always get a second opinion), weigh the risks, and make the best, most informed decision for yourself.

Antidepressants

Depression is a syndrome with varied causes. Multiple symptoms may include disrupted patterns of sleep and eating (too much/too little,) poor concentration, impaired memory, increased agitation or lethargy, pervasive sadness and hopelessness, etc. Discovered in the 1960's, antidepressants generally increase the level of availability of the neurotransmitters-serotonin and norepinephrine. Medication may take 4-6 weeks for full effect. An additional (interim) drug may be prescribed for a few months to a year or longer (unusually 6 months after symptoms subside). These drugs are also used for pain management.

| Name | Generic Name | Comments |
|-------------------|---------------|---|
| TRICYCLICS | | |
| | amitriptyline | TCA's discovered in the 1960's. Anticholinergic side effects: dry mouth, constipation, blurred vision, urinary retention, dizziness, etc. |
| doxepin | imipramine | |
| desipramine | desipramine | |
| nortriptyline | nortriptyline | |
| doxepin | doxepin | |
| | clomipramine | OCD (Obsessive Compulsive Disorder) |
| | protriptyline | |
| | trimipramine | |

MAOIs (monoamine oxidase inhibitors)

| | | |
|---------|-----------------|---|
| doxepin | phenelzine | Inhibits action of the MAO enzyme; restricted tyramine diet and use of other medications; atypical depression; panic and phobic disorders |
| doxepin | tranylcypromine | |
| doxepin | isocarboxazid | |

SSRIs (selective serotonin reuptake inhibitors)

| | | |
|---------|------------|--|
| doxepin | fluoxetine | wide applicability; panic disorder and OCD; quick acting; fewer side effects; simpler dosage |
| doxepin | paroxetine | |
| doxepin | sertraline | |

OTHER

| | | |
|---------|-------------|---|
| doxepin | bupropion | dopamine reuptake inhibitor; rapid cycler bipolar; seizure risk |
| doxepin | trazodone | depression with anxiety |
| doxepin | amoxapine | quick acting; potential tardive dyskinesia; seizures |
| doxepin | maprotiline | |
| doxepin | venlafaxine | blocks reuptake of serotonin and norepinephrine |

Mood Stabilizers

lithium (manic-depressive) mood swings alternate between extreme depression and mania (elevation, grandiosity, hyperactivity, etc.). Drugs alter the metabolism, kidney, and thyroid functioning, and possibly an electrocardiogram, may be required. Regular bloods tests (weekly/monthly) help establish the therapeutic range. Short-term use of a major tranquilizer or antidepressant along with a mood stabilizer normalizes the mood range.

| Brand Name | Generic Name | Comments |
|--|---------------|--|
| lithium carbonate | lithium | Discovered effective for mania in 1949; increased thirst and urination; fine hand tremor |
| LITHIUM SUBSTITUTES (anticonvulsants)* | | |
| carbamazepine | carbamazepine | Used for forms of epilepsy in the 1960's; helpful for BP (bipolar) who are nonresponsive to lithium; atypical depression (increased sleep and weight gain) |
| valproic acid | valproic acid | Increases levels of GABA neurotransmitter and inhibits abnormal nerve impulses which cause seizures; used with wide and rapid mood changes (rapid cyclers) |
| clonazepam | clonazepam | Adjunctive drug for BP (bipolar); anti-anxiety drug with potential physical dependence |
| *Most of anticonvulsants developed from the theory of mania known as kindling (persistent excitability in the brain causes an affective seizure or manic attack) | | |

Stimulants

medication increases the release of norepinephrine and causes wakefulness, alertness, and increased attention span. Prescribed for hyperactive children, and with attention deficit disorder, it relieves distractibility, impulsiveness, and restlessness. Also, it is prescribed for narcolepsy, some depressive conditions, and use with serious medical illness. Careful monitoring, with routine medical tests, is recommended.

| Brand Name | Generic Name | Comments |
|------------|-------------------|-------------------------------|
| ritalin | methylphenidate | |
| ritalin | pemoline | periodic liver function tests |
| drine | dextroamphetamine | |

-Anxiety Drugs (Anxiolytics)

usually used for temporary relief of anxiety, these drugs are prescribed for panic disorder, phobias, OCD (obsessive compulsive disorder), alcohol/drug withdrawal, and symptoms related to medical problems. These drugs alter the activity of the GABA neurotransmitter and slow the limbic system. Possible drug dependence requires careful monitoring of dose, length of treatment, and tapering off the medication. Frequently, antidepressants, and more than one drug, may relieve anxiety.

| Name | Generic Name | Comments |
|-----------------|--------------|--|
| BENZODIAZEPINES | | |
| alprazolam | alprazolam | short-acting; anxiety with depression, panic and phobias; potential anterograde memory (forget things that occur a |

| | | |
|----------------------|------------------|---|
| alprazolam | alprazolam | few hours before taking the drug) |
| clonazepam | clonazepam | used with alcohol/drug withdrawal |
| clonazepam | clonazepam | used for seizure disorder; adjunctive with BP (bipolar) and psychoses |
| chlordiazepoxide | chlordiazepoxide | |
| diazepam | diazepam | |
| halazepam | halazepam | |
| lorazepam | lorazepam | short-acting |
| oxazepam | oxazepam | short-acting |
| prazepam | prazepam | |
| OTHER | | |
| buspirone | buspirone | affects dopamine, norepinephrine and serotonin; effective long-term with generalized anxiety; non-sedating with few side effects |
| diphenhydramine | diphenhydramine | antihistamines; mild sedation with anti-anxiety qualities |
| hydroxyzine | hydroxyzine | |
| meprobamate | meprobamate | high risk for dependency |
| BETA-BLOCKING AGENTS | | |
| propranolol | propranolol | short-term relief of social phobia, performance anxiety; blocks action of sympathetic nervous system; lowers oxygen demand and blood pressure; relief from migraine headaches |
| atenolol | atenolol | social phobia/performance anxiety; relieves high blood pressure and angina |

Atypical Antipsychotics (Major Tranquilizers) (Neuroleptics)

Developed in the 1940's to calm pre-surgery patients, these drugs sedate and relieve symptoms of confused, disordered thoughts and severe bipolar mood swings. The medication reduces/blocks the dopamine neurotransmitter. Though non-addictive, these drugs are potentially harmful. Careful monitoring is required to prevent irreversible side effect. An additional medication may be prescribed to counteract side effects from the primary drug.

| Brand Name | Generic Name | Comments |
|--|-----------------|---|
| TYPICAL | | |
| chlorpromazine | chlorpromazine | |
| thioridazine | thioridazine | low potency |
| mesoridazine | mesoridazine | |
| fluphenazine | fluphenazine | high potency - high risk for EPS (extrapyramidal symptoms) parkinsonian-like symptoms: muscle weakness, slow rigid movement, muscle spasms, restlessness, involuntary movement of the face, mouth, eyes, neck, etc. |
| perphenazine | perphenazine | |
| trifluoperazine | trifluoperazine | |
| thiothixene | thiothixene | |
| haloperidol | haloperidol | |
| loxapine | loxapine | |
| molindone | molindone | |
| ATYPICAL (dopamine and serotonin inhibitors) | | |
| clozapine | clozapine | FDA approved in 1990; this has fewer side effects; targets lethargy, mood and withdrawn behavior; requires weekly blood tests to avoid risk of agranulocytosis (white blood cell abnormality) |
| risperidone | risperidone | |
| pimozide | pimozide | requires weekly monitoring; Tourette's syndrome |
| DRUGS TO COUNTERACT SIDE EFFECTS (ANTIDYSKINETICS) | | |
| benztropine | benztropine | |
| trihexyphenidyl | trihexyphenidyl | |
| diphenhydramine | diphenhydramine | |
| amantadine | amantadine | |

Medications

Complex brain function, sleep is influenced by many factors and unique to each individual. Medication is prescribed for a limited time period, at a low dose, and use it fosters dependency, and has side effects with rebound insomnia. It is used as an adjunctive drug with antidepressants (which take 4-6 weeks to take effect). Rarely life threatening, sleep deprivation can impair thinking, perceptions, and physical activity. Sleep disorder clinics provide definitive diagnosis of a chronic sleep problem.

| Brand Name | Generic Name | Comments |
|--|-----------------|--|
| BENZODIAZEPINES (acts on the thalamus, hypothalamus, and limbic system) | | |
| Somnolux | estazolam | short-acting |
| ProSom | flurazepam | |
| ProSom | quazepam | |
| ProSom | temazepam | |
| ProSom | triazolam | shortest acting, potential anterograde amnesia (impairs recall of new information) |
| BARBITURATES | | |
| Barbitone | amobarbital | very sedating/addictive |
| Barbitone | pentobarbital | |
| Barbitone | secobarbital | |
| ANTIHISTAMINES | | |
| Benadryl | diphenhydramine | over-the-counter medication with sedative qualities |
| Benadryl | doxylamine | |
| Benadryl | hydroxyzine | |
| OTHER | | |
| ProSom | chloral hydrate | one of the oldest (1860) - "Mickey Finn" short term effect (two weeks) |
| ProSom | ethchlorvynol | high abuse potential |
| ProSom | methypylon | |
| ProSom | zolpidem | |

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The ultimate truth came to me when....

I was awakened to the truth when ...

I've always thought that

I recently discovered that

My ultimate moment came to me when

The path to my solitude is

One guiding principle of my life has been to

The relentless pursuit of happiness led me to discover that ...

My imagination has enabled me to ...

1) I'm still asking why

2) It's still mysterious to me ...

3) I've always wanted to ...

4) I wish I had never

5) As I've grown older, I've realized ...

6) I'm now done thinking about ...

| | | | | | | | |
|-------|------------|-----------|---------|-----------|------------|-----------|---------|
| ze | birth | wisdom | purpose | activate | silent | kindness | dread |
| te | mature | meaning | imagine | fantasy | sage | ocean | quiet |
| | voice | powerful | run | old | choice | spiritual | act |
| | illuminate | dream | aging | emerge | nature | agony | console |
| 1 | listen | message | awaken | movement | solitude | suffer | forgive |
| | judge | heaven | moral | freedom | tree | grief | blossom |
| om | develop | adulthood | judge | spiritual | understand | empathy | absurd |
| ssion | atone | relief | sudden | onset | sunrise | deepen | lasting |