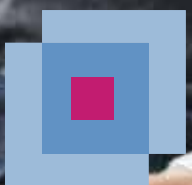


PART 1 CLINICAL GUIDELINES

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SWAG: The Staying Well and Achieving Goals Program



Care
Transitions
Network

for People with Serious Mental Illness

BRIEF OVERVIEW OF THE SWAG PROGRAM: STAYING WELL AND ACHIEVING GOALS

SWAG is a brief educational program designed to help people with schizophrenia learn information, strategies and skills to stay well and out of the hospital.

The primary goals of SWAG are to:

- Promote recovery and resiliency by identifying and building on the client's strengths.
- Help the client set and pursue personally meaningful goals.
- Increase the individual's understanding of the common causes of relapse of symptoms.
- Help the client develop a plan to prevent symptoms coming back so they can stay on track with their goals.

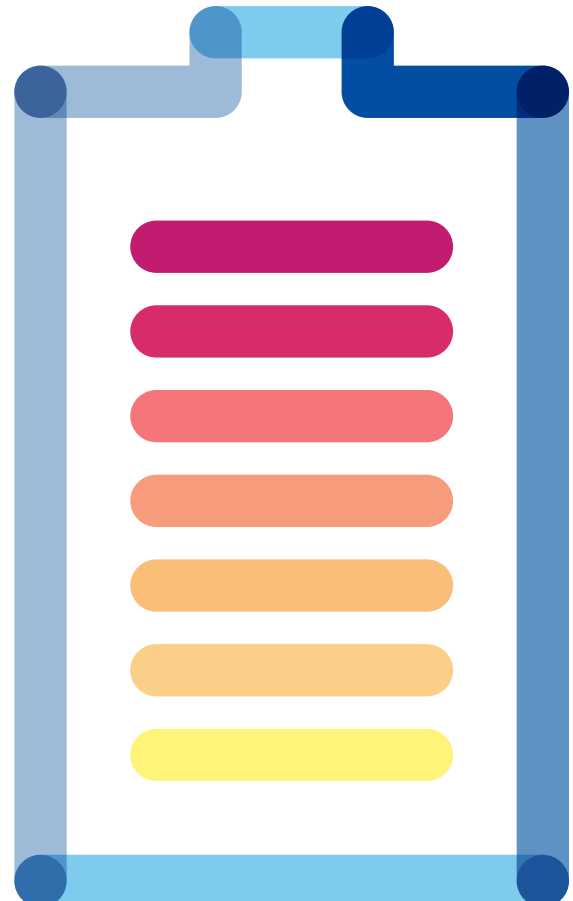
In this program, clients meet individually with clinicians to learn practical information, strategies and skills. The program usually takes about seven or eight meetings. We recommend weekly meetings, but meeting frequency depends on the client's availability.

There are specific topics for each meeting and many opportunities for discussion. The program is flexible, however, and the clinician should go at the client's pace. For example, some handouts, such as Handout #2, may take more than one session. In each meeting, the client will learn and practice a skill that will be helpful in their daily life. At the end of every meeting, the client and clinician develop a home practice assignment for the client to practice what they have learned in the meeting on their own and take a step toward their goals.

IMPORTANT FACTORS WHEN ENGAGING CLIENTS IN SWAG

It is very common for individuals with schizophrenia to have significant case management needs. Sometimes, the areas of need are referred to as "the social determinants of health." Some examples of common areas of need might include difficulties in the following areas:

- Housing
- Transportation
- Safety
- Employment opportunities
- Educational opportunities



- Literacy
- Access to healthy foods
- Income
- Social support
- Physical and mental health coverage

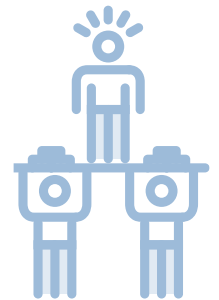
As much as possible, the clinician should evaluate the client for these needs and assist them, either prior to working with them with SWAG or in conjunction with their SWAG work. It is important to note that having all these needs met is not a prerequisite to participating in SWAG. However, these needs should not be overlooked and addressing them will optimize the client's success in achieving their goals and staying well.

Some clinicians provide case management, while others coordinate with a separate case manager to provide this service. The important thing is to make sure your client has access to case management.

INVOLVING SUPPORTERS

The clinician should encourage the client to include family members or other supporters, such as friends or partners, in the SWAG meetings. The more they understand about the client's experience, the more they can support their loved one. If the client's supporters cannot attend all the meetings, even one or two meetings can be helpful. If they cannot attend any meetings, the clinician can encourage the client to share what they have learned in SWAG with them.

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TOPICS OF THE SWAG MEETINGS

The topics of the SWAG meetings are:

1. Introduction to the SWAG Program and Getting to Know You Better
2. Setting a Positive Goal and Staying Well
3. Using Medications as a Tool for Staying Well
4. Coping with Stress as a Tool for Staying Well
5. Making Choices about Alcohol and Drugs
6. Recognizing Early Warning Signs that Symptoms Might Be Returning
7. Completing Your Personal SWAG Plan for Staying Well

For each topic, there is a client handout that is designed to be reviewed together during meetings with the client.

For each handout, there is a short set of guidelines for you as a clinician to provide some tips on how to teach the client the information and skills outlined.

BASIC LOGISTICS OF USING HANDOUTS WITH CLIENTS

1. Provide each client with a binder. This binder should be divided with labeled tabs for each handout (1-7).
2. Hole punch all materials before presenting them to the client.
3. Distribute handouts to the client one at a time when reviewing them during the session.
4. Be flexible when using handouts. Some clients like to take turns reading back and forth, while others prefer to discuss the information in the handouts in a more conversational style.
5. Handouts should be used interactively, taking time for the client to discuss the information and helping them apply information to their own experiences.
6. Suggest that the client add the handouts to their binder behind the appropriate dividers as they are completed.
7. Some clients may need more time than others to complete a particular SWAG handout or the SWAG handouts in general. The goal is for the participant to learn the material and benefit from the knowledge gained. Extra time for some clients furthers these goals and handout sessions can be continued across multiple visits.

If a handout is taking longer than average for your client to complete, it is important to consider the cause of the need for more time. For example, some clients have cognitive problems or limited reading skills. For these issues, spending more time per handout is appropriate for the client to process the material. In other cases, the handouts may be completed slowly because the sessions lack focus and discussion of non-critical extraneous material is intrusive. When this happens, a better solution than providing more time for handouts is to provide more structure to the meetings so the client can learn the material more effectively.

FORMAT OF SWAG MEETINGS

Typically, the SWAG meeting is 45 minutes to an hour and is structured in the following manner:

1. Brief check-in (5-10 minutes), which usually includes the following questions:
 - a. How are things going with you in general?
 - b. Were you able to practice one of the strategies or skills you learned in the last meeting? How did it go?
 - c. Were you able to take a step toward your goal? How did it go?
2. Teaching materials from the handout for the day, including teaching a new skill and helping the client practice it. (30-40 minutes)
3. Developing a new home practice assignment. (5-10 minutes)
4. Check-in with the client on their perspective of the meeting and what they learned. (3-5 minutes)

As noted in the first step of the session structure, you should briefly check-in regarding any significant problem areas for the client, such as conflicts or areas of distress, substance use or medication non-adherence. If any pressing concerns emerge, it may be necessary to include them as agenda items.

Note that you need to be very responsive to emergency agenda items by addressing them immediately if they clearly represent a crisis. You should always prioritize pressing concerns that the client may bring in. However, when a client regularly presents with a "crisis of the week," it is important that you demonstrate understanding of the client's concerns, while adopting a problem-focused approach to prevent the session from becoming derailed. Individuals often come to a meeting with many issues to talk about. Creating a routine format for the meetings from the beginning is one way to encourage the client to discuss current issues while reserving enough time to teach information and skills.

New material is taught in the second step of the session, as interactively as possible. Each handout includes several "Let's Talk About It" sections to encourage discussion. Each handout also includes a worksheet to encourage the client to apply what they are learning to their own situation.

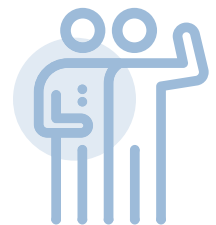
In the third step, you and the client should collaboratively determine an appropriate home practice assignment, including trying to identify ways that the client's natural supports (such as family members, close friends or partners) may assist with the assignment over the coming week.

The session should end with step 4, with the clinician checking in with the client to get his or her perspective on how the meeting went. Also, we strongly recommend asking clients, particularly those with attention problems, to share what they got out of the session. It may be helpful for you to jot down a few notes based on the client's recollection of the main points of the meeting (in the client's own words) that can be referred to by the client between sessions.

MAKING SESSIONS COMFORTABLE

Expressing warmth, empathy and respect for the client is invaluable. The objective is to make the individual feel valued, by assuring them they have a chance to share their attitudes, opinions and preferences. Methods of making the client feel welcome include offering coffee, tea or water if it is available; offering praise for positive efforts and participation in meetings; avoiding highly technical or clinical language; using the participant's name when they are addressed; informing the client that the clinician has been thinking about them between sessions; and showing interest in the client's life situations.

The objective is to make the individual feel valued, by assuring them they have a chance to share their attitudes, opinions and preferences.



CLINICAL GUIDELINES FOR HANDOUT #1

INTRODUCTION TO THE SWAG PROGRAM AND GETTING TO KNOW YOU BETTER

GOALS

1. Explain the SWAG Program and answer any questions.
2. Elicit information about the person's strengths.
3. Demonstrate and practice the skill of Relaxed Breathing.

TEACHING STRATEGIES

- Explain the purpose of this session. For example, "This is a chance for me to tell you about the SWAG Program and to find out from you how I can be the most helpful to you."
- Set a positive tone, give a lot of praise and listen to the person's experience.
- Ask the person if they have any pressing concerns. These issues could relate to symptoms, problems or situations that they feel need to be addressed immediately.
- Allow plenty of time for interaction. During this session, the person is sharing information about themselves and exploring how SWAG could be helpful.
- Present a hopeful, upbeat message to the client about their participation in the program. Let them know that people can and do get better, go on to accomplish their goals and live rewarding lives.
- Engage the person in discussion about how they spend their time, their interests and things that they might like to be different in their lives.

CLINICAL GUIDELINES FOR HANDOUT #2

SETTING A POSITIVE GOAL AND STAYING WELL

GOALS

1. Elicit information about the goals he or she wants to accomplish.
2. Demonstrate and practice the skill of breaking down goals into small steps.
3. Introduce the three common causes of relapse or symptoms returning: not taking medications regularly, difficulty managing high levels of stress and using substances like alcohol or drugs.
4. Teach the skill of "following up on goals."

TEACHING STRATEGIES

This handout may take two sessions.

- Engage the person in discussion about their personal goals.
- Focus on finding areas of desired improvements instead of identifying problem areas or areas of weakness. Discuss how identifying areas of potential improvement can enable people to make better progress towards their personal goals.
- Help the client identify a goal that is productive; that is, a goal that involves making something happen or obtaining or accomplishing something, rather than avoiding or preventing something from happening.
- Help the client identify a goal that is specific and measurable.
- Understand that reluctance to set goals may be a self-protective strategy to avoid the disappointment of setbacks. It may be helpful to focus on helping the client set a more short-term goal that helps them do something they enjoy more often or alleviate some immediate distress.
- Explore how the person would like his or her life to be different. Also, explore how life might be better if their goal was achieved.
- The goal should be broken down into sub-goals, which can usually be accomplished in a shorter period of time. Sub-goals should be broken down into small, specific steps.

CLINICAL GUIDELINES FOR HANDOUT #3

USING MEDICATIONS AS A TOOL FOR STAYING WELL

GOALS

1. Provide basic information on which medications are used to treat psychiatric symptoms, their clinical benefits and side-effects.
2. Help the individual identify strategies to help them take the medications as prescribed.
3. Teach the client the skill of talking to their doctor or nurse.

TEACHING STRATEGIES

- Before teaching the participant about the specific topic, assess their knowledge by asking them what they already know about medications, benefits, side-effects, etc.
- Do not assume that all participants believe medication is a desirable treatment.
- Normalize ambivalence about taking medications. It is important to note that many individuals don't want to be on medications (for any disease or disorder) and also that many people forget to take them.
- Use role playing to help the client prepare for discussion of medications with their doctor or nurse.
- After discussing different strategies with the client for remembering to take their medication, ask them which strategies they would like to use.
- The goal should be broken down into sub-goals, which can usually be accomplished in a shorter period of time. Sub-goals should be broken down into small, specific steps.

CLINICAL GUIDELINES FOR HANDOUT #4

COPING WITH STRESS AS A TOOL FOR STAYING WELL

GOALS

1. Provide information on stress, its signs and causes.
2. Help the client identify strategies to cope with stress and complete a Coping with Stress Card.
3. Teach the muscle relaxation technique for managing stress.

TEACHING STRATEGIES

- Ask the client about what stresses them out and what strategies they use to manage it.
- Normalize stress as something that everyone experiences.
- Ask the client about situations that have caused stress in their life including some common daily hassles such as daily chores as well as major life events such as getting married or moving into a new apartment.
- Informally ask the person about their own stress reactions and how they manage them. Use checklists such as "signs of stress checklist" to complement the knowledge they already have.
- Find out if the person is using relaxation techniques. If so, ask which ones and help them assess how effective they are.
- Practice the muscle relaxation technique in the session and encourage the person to practice it during the week.

CLINICAL GUIDELINES FOR HANDOUT #5

MAKING CHOICES ABOUT ALCOHOL AND DRUGS

GOALS

1. Provide information about commonly used substances and how they impact symptoms.
2. Review common reasons that people use substances and discuss suggestions for making a choice about substance use.
3. Encourage abstinence. However, if the person is not willing to consider abstinence, encourage them to cut down on substance use.
4. Demonstrate and practice the skill of finding ways to have fun without using substances.

TEACHING STRATEGIES

- Begin by asking the participant what they know about substance use and what role it may play in psychiatric symptoms.
- Normalize substance use (not abuse) in the culture; the point here is that people with psychiatric symptoms, including schizophrenia, are uniquely sensitive to substance use effects, even if they do not use more than others.
- Review types of drugs briefly; if the client is willing to talk about the impact of various drugs on their life, especially regarding symptom exacerbation and other negative consequences they have experienced, this is to be encouraged.
- Encourage the person to recognize perceived benefits (even if they are short-lived) for the substance use – this is a way to create empathy with their struggles.
- Review the list of negative outcomes from substance use – make sure the ones the client has experienced are identified.
- Help the client identify at least one activity that they would be willing to try that does not involve the use of alcohol or drugs.
- Convey the notion that discovering new fun things to do takes time and willingness to experiment. Ask probing questions to elicit the client's own experiences with fun in order to demonstrate the general principle that fun activities become more enjoyable over time as one becomes more familiar with them. This establishes the expectation that the client will try a new activity at least a few times before deciding whether to continue doing it or not.

CLINICAL GUIDELINES FOR HANDOUT #6

RECOGNIZING EARLY WARNING SIGNS THAT SYMPTOMS MIGHT BE RETURNING

GOALS

1. Define early warning signs and discuss common and unique early warning signs.
2. Help the client identify strategies they can use to respond to early warning signs.
3. Help the client make an action plan of steps they can take if they spot an early warning sign.
4. Teach the skill of "telling someone you notice you are having an early warning sign."

TEACHING STRATEGIES

- Be matter of fact about the content; normalize variations in symptoms over time.
- Suggest and, if possible, practice how the client can discuss early warning signs with family members or other supportive people.
- Be aware that the client's knowledge and experience regarding their early warning signs or symptoms in general may be very limited. Praise the client for sharing whatever they can remember.
- Discuss how the client can share the information they have learned about early warning signs with a family member or friend. Also, help the client practice how to approach this person to help fill in the gaps in terms of their early warning signs (and the timeline/order in which they occurred).
- Link the benefits of preventing triggers and recognizing early warning signs to helping the client make progress towards his or her goal. Review how a relapse could make it more difficult to achieve a goal.

CLINICAL GUIDELINES FOR HANDOUT #7

COMPLETING YOUR PERSONAL SWAG PLAN FOR STAYING WELL

GOALS

1. Review the three common causes of symptoms returning, which have been covered in Handouts #3, #4 and #5.
2. Help people develop a SWAG Plan that includes how to prevent the common causes of relapse, how to recognize early warning signs and how they plan to respond if symptoms start to return.
3. Teach the skill of sharing your SWAG Plan.

TEACHING STRATEGIES

- Offer hope and confidence that the client can reduce relapses and move forward in their recovery.
- Review the topics of previous meetings for Handouts #3, Using medications as a Tool for Staying Well; Handout #4, Coping with Stress as a Tool for Staying Well; Handout #5, Making Choices about Alcohol and Drugs; and Handout #6, Recognizing Early Warning Signs that Symptoms Might Be Returning. After reviewing each meeting, complete a section of the client's personal plan for staying well.
- Identify and discuss how the client can use their personal strengths to help manage stressful situations.
- Review the example of Alexander's SWAG Plan for Staying Well. Ask the client for their thoughts on it.
- When possible, practice some of the steps of the SWAG Plan in the meeting. Model coping strategies for the client where needed. For example, practice relaxation strategies that the client can use if they notice early warning signs or practice making a phone call to a supporter to ask for assistance.

PLANNING FOR THE FUTURE

After completing the seven SWAG handouts, some clients can use their regular therapy sessions to continue to work on their goals and use their SWAG Plan for Staying Well. They often benefit from reviewing some of the strategies and skills from SWAG. For example, if a client achieves the goal of getting a job, they may find certain aspects of work to be stressful. This would be a good time to review Handout #4, Coping with Stress as a Tool for Staying Well. If a client is working on the goal of getting an apartment, they may find that drug and alcohol use is getting in the way of saving money for a deposit. This would be a good time to review Handout #5, Making Choices about Alcohol and Drugs. If a client is experiencing relapses, they may benefit from reviewing Handout #7, Completing Your Personal SWAG Plan for Staying Well.

After completing SWAG, some clients benefit from participating in another program that includes information, strategies and skill-building. Here are some examples:

If a client wants to build more...

social support, they might benefit from participating in social skills training, either in group or in individual sessions. Curricula for social skills training can be found in [Bellack, A., et al., *Social Skills Training for Schizophrenia: A Step-by-Step Guide*, 2nd Edition, 2004, Guilford Press.](#)

If a client wants to learn more about...

illness management and coping strategies, they might benefit from participating in Illness Management and Recovery (IMR). Curricula for this program can be found in [Gingerich, S. and Mueser, K., *Illness Management and Recovery*, 3rd Edition, 2013, Hazelden Publications.](#)

If a client is interested in...

a variety of skills to help them manage common problems, such as assertiveness, managing anger and time management, they might benefit from the curricula in [Gingerich S. and Mueser K., *Coping Skills Group*, 2005, Wellness Reproductions Publishing Company.](#)

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