

Supporting a family member with schizophrenia

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PRACTICAL STRATEGIES FOR DAILY LIVING

SEAN KIDD, PhD, DAWN I. VELLIGAN, PhD, AND NATALIE J. MAPLES, MA

Foreword by KIM MUESER, PhD

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Foreword

KIM MUESER

Family members play an invaluable role in the life of a loved one with schizophrenia. Families are at the front line when it comes to recognizing when a member has developed a mental health condition, helping him or her access critical treatment and rehabilitation services, and providing the practical and emotional supports needed to rebuild a worthwhile and rewarding life. Equipped with the proper knowledge and skills, families are in a unique position to support a relative coping with schizophrenia as he or she works toward personal goals, harnesses the skills needed to be resilient, and strives for independence and inclusion in their community. Thanks to the outstanding efforts of Sean Kidd, Dawn Velligan and Natalie Maples, families now have a new and valuable tool for helping a relative with schizophrenia to live more independently and achieve greater self-sufficiency. The program works by providing collaboratively agreed-upon and strategically placed supports in the individual's living environment. These supports compensate for the cognitive impairments that frequently accompany the onset of schizophrenia, and that contribute to difficulties in day-to-day functioning. *Supporting a Family Member with Schizophrenia: Practical Strategies for Daily Living* is a manual that describes how to help a loved one become more independent in important daily living skills ranging from bathing, dental hygiene and medication management to shopping, money management and transportation.

The approach is based on years of rigorous research conducted by Dr. Dawn Velligan and her colleagues in developing and evaluating cognitive adaptation training (CAT) for schizophrenia. In the CAT program, trained mental health specialists implement environmental supports such as signs, checklists, alarms and the organization of possessions to cue and sequence adaptive behaviours in the home. Extensive research over the past 15 years has demonstrated the program's effectiveness at sustaining independent living and improving psychosocial functioning in the community in former long-stay state psychiatric hospital residents, and reducing risk of relapse and rehospitalization. The methods incorporated into the CAT program, which have been refined and perfected over years of research, are now described in a user-friendly, step-by-step, field-tested guide designed specifically for families and other key supports.

Supporting a Family Member with Schizophrenia is clearly written and organized, and free of technical jargon. The guide begins by providing families with basic information about schizophrenia, then discusses the nature of cognitive challenges that contribute to problems in daily living, and provides examples of environmental supports that compensate for those challenges. Families are then guided through the various stages of working with their relative—from collaborating in developing a customized CAT plan to address his or her living needs, to getting started on the plan, to then selecting specific cognitive-adaptive strategies.

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Suggested environmental supports are grouped into two sections: Section 5 provides Basic Strategies for Everyday Living (bathing, dressing, dental hygiene, makeup, toileting, eating and cooking, laundry, medication) and Section 6 includes Strategies That Go beyond the Basics (groceries, transportation, money management, social skills, leisure activities, work). Supports for each activity are organized into helpful, easy-to-follow topics, supplemented by pictures and charts, and include supplies, tips for implementing the strategies, and suggestions for celebrating successes. When warranted, supports are also tailored to people who have trouble getting started on tasks, and people who have difficulty staying organized. The guidelines are comprehensive, well organized, and presented in a format that facilitates learning and implementation of the different strategies.

Schizophrenia is a serious mental illness that can have life-altering effects on the individual with the disorder and his or her family. In spite of these challenges, people with schizophrenia are capable of recovering a life of dignity, contributing to society and enjoying close relationships with others. Families now have a new reason to celebrate with the publication of this practical guide, which they will find is a powerful tool for supporting the self-determination and independence of a loved one with schizophrenia or another severe mental illness.

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Preface

SEAN KIDD

This guide grew out of the pioneering work of Dawn Velligan and Natalie Maples at UT Health San Antonio. They developed an intervention—called Cognitive Adaptation Training, or CAT for short—and proved that it worked in an area seldom addressed well in clinical services: the major tasks involved in a person with schizophrenia having an independent and fulfilling life in the community. Over the course of my collaboration with Dawn and Natalie, we studied several modified versions of CAT, and I spoke about these approaches with many people—individually and through presentations at various meetings.

Meetings with family members were particularly striking. In them, families expressed a keen interest in the types of pragmatic, in-home support strategies that CAT offers and I received many requests to make them more available. This book is the response. While written by professionals, it is a product of dozens of conversations with people with mental illnesses such as schizophrenia, and with their families, clinicians and other supports.

Dawn, Natalie and I worked together to revise the CAT clinicians' manual to make it more accessible to lay readers. We then had six families pilot the manual: they all had open conversations with us about revisions that could improve it further. After this, we developed an accompanying video to demonstrate key concepts and strategies and moved on to formally study the impacts of the revised manual.¹

Overall, families found the manual to be helpful in improving areas of community functioning and in making families feel better enabled to support their loved ones with schizophrenia. Further feedback from this study, and from several parents who reviewed a draft of the manual, was integrated to create this final product. We sincerely hope that this tool helps you on your own recovery path if you are struggling with mental illness, or with helping you to better support your loved one if that is your role.

¹ Kidd, S.A., Kerman, N., Ernest, D. Maples, N., Arthur, C., de Souza, S. et al. (2016). A pilot study of a family cognitive adaptation training guide for individuals with schizophrenia. *Psychiatric Rehabilitation Journal*. Advance online publication. Retrieved from www.ncbi.nlm.nih.gov/pubmed/27547853. DOI: 10.1037/prj0000204

Introduction

This manual is designed to guide family members and other caregivers in supporting their loved ones with schizophrenia through cognitive adaptation training (CAT) strategies. CAT is an organized approach that uses what clinicians call “environmental supports”: these are supports that are integrated into the routines and living spaces of people struggling with schizophrenia and other similar mental health challenges. The supports include a range of tools such as signs, alarms, calendars, checklists, schedules and pill containers for organizing belongings and carrying out daily activities. They are all methods to get around or compensate for some of the thinking and motivation difficulties that can occur with schizophrenia. While all of these strategies are derived from CAT, we will use the term “environmental supports” in this manual as a term that better reflects the tools being provided.

Simply put, by bypassing cognitive problems and overcoming some of the other challenges associated with schizophrenia, the person can more fully engage in life and in the recovery process. Environmental supports are like giving glasses to a person who has difficulty seeing. Glasses do not fix what is wrong with a person’s eyes, but they do allow the person to see more clearly.

Environmental supports can help to improve the person’s hygiene if that is an issue—and help them to dress more appropriately and feel better about their appearance. Supports can also help the person to more independently take medications as prescribed and have fewer symptoms of mental illness. And finally, they can help the person to better meet goals around employment, education, leisure and socializing so they can be more independent and have a fuller life.

This is the goal of this manual: to give you tools that you will use in collaboration with your loved one. The guide provides a set of strategies that you can work on together, personalized to your relative’s goals, strengths and areas of difficulty. These strategies are tried and tested approaches that we hope you find helpful as you bring them into your loved one’s home and work together to overcome some of the debilitating challenges of their illness. We hope that this approach will improve your own quality of life as well as that of the person you care for. Hopefully you will both benefit by being able to enjoy a relationship that is less affected by concerns about your relative’s well-being.

Training with this manual is designed to be accompanied by the videos (see them at www.schizophreniafamilystrategies.com) to illustrate specific supports and how they are used to address specific problems. In the videos, we show two sets of individuals at different levels of functioning. We have Miles and his sister Jules, who has a type of schizophrenia in which she has trouble getting started on tasks. And we have Gita and her son Maleck, who has a type of schizophrenia in which he has trouble staying organized or completing tasks once he has got started. Each of the two pairs meets three times—in an

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initial visit, a week later, and finally a few weeks after—to demonstrate strategies for someone needing low support, and then three times to demonstrate strategies for someone needing higher support.

Some readers will find it helpful to watch all the videos first, while others will prefer to watch individual clips as they read through the strategies, and see how the strategies are being enacted for the supports they are trying to put in place for their loved one. Although some of the material in the videos will make a lot more sense after reading the book, seeing this work in action can help you visualize what you are reading about. You can then go back and re-watch them and think about how it applies to the person you will be supporting. See Appendix 4 for a description of each video.

The manual is divided into seven sections. It moves from providing basic information about schizophrenia, to discussing how to identify and assess where to get started, to identifying specific strategies. We provide a range of tools that you can customize to your own situation—with supporting materials in appendices at the back of this guide and on the guide's website www.schizophreniafamilystrategies.com.

Please play with these strategies, testing what works and what doesn't work with the goals and preferences of the person you are supporting. Not everything will work, but finding a few key approaches that do can make a big difference.

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Section 1

Understanding the signs and symptoms of schizophrenia

Overview

Schizophrenia is one of the most challenging forms of mental illness. This fact is often felt keenly by the family members and other caregivers of the one per cent of the population who develop the illness. Though the signs can appear early on, the full illness usually appears relatively suddenly—likely in late teens for men and in middle to late 20s for women. It has so many different faces, outcomes and interpretations that even experts in the field have difficulty agreeing on how it should be defined and understood.

Regardless, it is a sad, stressful and life-altering circumstance for the family and friends of people who develop the illness.

There are, however, many advancements being made in schizophrenia research and its treatment. Research has revealed a more optimistic picture than we have held in the past, with increasing recognition that most people with schizophrenia can lead rewarding lives and contribute to their communities over the long term. Treatments have advanced as well, though they are not without shortcomings. We do not yet have a vaccine or a cure for schizophrenia. And while medications can help reduce symptoms, they often have negative side-effects. Additionally, while medications help with some symptoms, such as hallucinations, they are much less helpful with others, such as the impact schizophrenia has on attention and memory—and its “negative symptoms,” which we will describe in more detail on page 3. (For general information about schizophrenia, see a list of online resources in Appendix 1.)

Before discussing strategies to help manage the effects of schizophrenia, it is important to understand key aspects of the illness. You might already know a lot, but sometimes a refresher doesn't hurt!

Schizophrenia 101

Schizophrenia is a severe psychiatric illness characterized by positive symptoms, negative symptoms and cognitive problems.

Positive symptoms

Positive symptoms refers to hallucinations and delusions.

Hallucinations are experiences in any of the five senses that are often not linked to something happening in the person's environment. For example, someone may hear voices commenting on his or her behaviour. Or they may think that an angel or demon is speaking to them, and that the voices are coming from someone or something outside of themselves. Not only are these voices distracting (imagine someone yelling in your ear while you are trying to do a job interview), they can also be terrifying: imagine firmly believing that a demon is screaming at you.

Delusions are beliefs that are not true. For example, someone may believe that people are sending messages to them telepathically. Someone else might think that they are being stalked and watched by a religious group. Generally, these are beliefs that something (often something very upsetting) is happening in the world, despite evidence to the contrary.

When positive symptoms are severe, they may interfere with a person's ability to perform activities necessary in daily life, such as cooking or talking with others. Family members are often unaware of the extent of positive symptoms. Some people with schizophrenia have learned not to discuss these problems because it makes family members uncomfortable. Even though it can be difficult for the person to talk about, having you know how intense and frequent the voices are and what they say, or telling you how scary it is to believe that you are being followed, can help people with the illness to feel understood.

Arguing with your family member about the truth of symptoms like these is not helpful. Neither is saying that you agree with a delusion (e.g., agreeing that the person is being followed by cult members). Usually the best thing to do is simply to express understanding that the person is experiencing these voices and beliefs and to empathize with the stress that these symptoms are causing.

Hallucinations and delusions are not the focus of environmental support strategies, though they might have an impact on the strategies you choose and the pace at which you go in your plan.

Negative symptoms

Negative symptoms, the second major group of schizophrenia symptoms, are a range of challenges such as:

- showing little emotion
- having problems with motivation
- slowed movements
- withdrawing from others.

Sometimes people with schizophrenia use few gestures when speaking, tend to maintain the same facial expression no matter what they are talking about, and speak in a monotone. People may walk, dress and speak very slowly, or spend much of their time sitting or lying down. They may lack the motivation to set goals or make plans, even for performing everyday activities (e.g., showering, socializing, answering the telephone or taking out the trash). Some people with the illness keep to themselves even when others are in the room.

Clearly these problems interfere significantly with daily functioning. Many tasks may be left undone or only partially done, and the person may remain inactive much of the time. Health care workers, family members and even people with schizophrenia themselves may misinterpret negative signs as laziness or unco-operativeness. They may not realize this group of behaviours results from the illness itself.

Problems in motivation, movement, speech and socialization are often the signs of schizophrenia that family members are most concerned about and notice the most. Unfortunately, if this kind of withdrawal goes on too long, they may lose interest in things around them, have trouble identifying goals, lose opportunities for experiencing joy, and begin to have trouble with skills that were once easy for them.

These negative symptoms can be very persistent. While medication and other treatments might make gains in other aspects of the illness, negative symptoms frequently remain unchanged. Indeed, people for whom negative symptoms are the largest component of the illness often have the greatest struggles and need the most support. With this manual, you will learn many strategies to help the person you are supporting gradually move out from under the weight of this part of the illness.

Cognitive problems

Thinking or cognitive problems represent the third major challenge faced by people with schizophrenia. People with this illness often have trouble focusing their attention on an activity when distracting things are going on around them. For example, they may have trouble filling out a form while people are talking nearby. They may also have difficulty staying focused, sometimes for as little as a few minutes. Memory difficulties are also common. Remembering everything, from verbal and written instructions to completing routine day-to-day tasks, can present a tremendous challenge.

Finally, people with schizophrenia often have problems in what we call “executive” functions. This term refers to complex thinking processes such as making plans, starting an activity, carrying out the steps of a complicated task, and completing a task in the face of distractions. Like the executive of a company, our executive functioning in many ways directs our lives.

So often we hear people with schizophrenia and their families expressing frustration that while medications have reduced the impact of hallucinations and delusions, these cognitive problems remain, and greatly hamper their ability to get on with their lives—to pursue work, education, hobbies, and even to form friendships and romantic relationships.

How environmental supports can help with these challenges

This manual will help you and your relative formulate a plan to work around the cognitive problems and negative symptoms they experience in everyday life. The supports we recommend are based on rearranging the environment and teaching skills to help the person get around their cognitive problems and negative symptoms. Through being helped to bypass cognitive problems and find sources of motivation, people with schizophrenia can manage their lives better—professionally and otherwise—and with less support. Applying environmental supports is about collaborating on effective ways of overcoming some of the major barriers that schizophrenia can present, and getting on with a fulfilling life. It can be done. With the right supports and strategies, people can make tremendous strides.

Please see Appendix 1 for some of the many online resources available to people who want to expand their understanding of schizophrenia.

Section 2

Executive functioning

Overview

As we learned in the last section, many people with schizophrenia experience cognitive challenges as a part of the illness—difficulties with attention, memory and the range of functions that fall under the term “executive.” In this section, we focus on executive functions, including the abilities to plan and carry out a specific task, be flexible in how we think, and monitor our own progress on tasks and activities. For example, someone experiencing executive functioning challenges might have a difficult time working through the steps of a recipe or might need a prompt to do some basic daily activities (we discuss this below). We are spending this time on executive functioning because it will help us think through what strategies will be the most helpful.

Levels of functioning

Your loved one’s level of executive functioning is one of the most important considerations as you work with them to set up their individualized plan. Someone with greater executive functioning challenges will need environmental supports to be more obvious (e.g., by making signs larger, brighter and more numerous). Supports will also need to be placed closer to where the activity is taking place. So, for example, a reminder about brushing teeth will need to be placed in the bathroom where brushing occurs, rather than in the bedroom. (To download signs, or customize ones for your relative’s home, please refer to www.schizophreniafamilystrategies.com.)

In general, someone with fewer executive functioning difficulties is able to perform daily activities with less structure and more subtle environmental cues. For example, the person might only need a calendar on their phone to keep organized rather than signs posted on walls all over the apartment. In the table that follows, you will find a few examples of the types of considerations that you will make depending on the person’s level of executive functioning. As you read through the table, think about your loved one and begin to assess the level of support he or she might need.

Intervention guidelines based on types of challenges

QUESTION	MINOR CHALLENGES	MORE SERIOUS CHALLENGES
How specific are the supports?	Environmental supports can address issues more broadly (e.g., a sign saying “How do I look?” placed on the bathroom door).	Environmental supports may need to identify all the steps in a task (e.g., a sign saying, “Is my hair combed? Is my shirt tucked in? Are my hands dry?”). These steps can be posted on a bathroom mirror.
What kind of daily living skills should I target?	Environmental supports can usually begin with more complex activities (e.g., working, cooking for the family, volunteering, doing job interviews), or with basic activities that are interfering with the performance of more complex activities (e.g., disorganized home environment is leading to delays getting to meetings).	Initial supports will focus on basic activities of daily living (e.g., hygiene, dressing), and only move on to more complex ones when basic activities are being done well.

Intervention guidelines (continued)

QUESTION	MINOR CHALLENGES	MORE SERIOUS CHALLENGES
How noticeable do the supports have to be?	Smaller signs (half sheet of paper) with smaller lettering (less than 2 cm) and smaller calendars will likely work. So can watches with smaller faces or more subtle alarms.	Large signs (whole sheet of paper) with large lettering (more than 2 cm) and desk-sized wall calendars may be needed, along with more verbal or voice prompts. Electronic devices (e.g., talking alarms) may help to prompt behaviours.
How many behaviours should I target?	Interventions can be targeted to specific areas that the person is struggling with (e.g., not responding to e-mails or not checking voice mail).	Interventions can address many areas of daily functioning (e.g., laundry, grooming, dressing).
How close do the supports need to be to the area where the behaviour is done?	Signs and equipment should be placed near to where the activity takes place. (A sign on the bathroom door can remind the person to check their appearance.)	Signs and equipment should be placed exactly where activity takes place. (A sign on the mirror can remind the person to check their appearance.)

Types of functioning

Along with the level of functioning described above, the type of functioning is another important part of the picture. Executive functioning problems tend to involve either having:

- trouble getting started or a hard time initiating actions and activities (sometimes referred to as apathy),
- or
- trouble staying organized when doing tasks.

“Trouble getting started” happens when a person does not start necessary activities without being told, or does not complete all the steps in a task because they have trouble starting each step in the process. For many people with schizophrenia, this problem can really lower a person’s quality of life. In milder forms, it can involve a person not reaching out to friends. In more severe forms, people might stay in their pajamas or not shower without prompting. To get a sense of what challenges may arise for someone having trouble getting started, see Video 2: Trouble getting started (Jules) at www.schizophreniafamilystrategies.com.

“Trouble staying organized” is quite different (though the two can sometimes go together). Someone is disorganized when his or her behaviour doesn’t match the situation or when the person gets easily distracted by irrelevant things in the environment. People having these kinds of challenges tend to be agitated or edgy, have thoughts going off in many directions and have a hard time organizing themselves to get tasks done. For example, they may dress in shorts in very cold weather simply because the shorts were on top of their dresser. Milder organization challenges might involve difficulties such as interrupting conversations or getting off the elevator at the wrong floor.

To get a sense of what types of challenges may arise for someone having trouble staying organized, see also Video 2: Trouble staying organized (Maleck) at **www.schizophreniafamilystrategies.com**.

Once we know whether a person has more trouble with getting started or with staying organized, we know generally what we need to do to help.

For trouble getting started, we can help by thinking of ways for the person to find motivation. We can help by using the environment to prompt them to begin a specific behaviour and complete all the steps in a task. For example, we could set a voice alarm with the message, “It’s time to get dressed now,” or put a brightly coloured sign above their alarm clock with the same message. (Many products like this can be purchased online, such as “Your Minder Personal Alarm Clock.”) We could set online calendar alarms to prompt the person to call a friend or relative.

For challenges with keeping organized, we can help by redirecting the person away from less helpful behaviours and removing cues in the environment that might distract them. For example, we could work collaboratively with the person to take clothing out of the closet that does not fit or is inappropriate for the time of year. We could also develop a weekly chore checklist that helps with keeping the environment organized and free from distractions (especially important for things such as studying for tests).

Section 3

Developing a plan

Introducing environmental supports to your relative

As we have discussed in the first two sections of the manual, environmental approaches can provide you and your relative with tools to make important life changes. But like any other tools, these strategies can only do so much. Much of their usefulness lies in how you use them. There is one word that should underlie all of the strategies that you use: collaboration. (For more about introducing the manual to your relative, see Section 7.)

This work will be most effective if you:

- engage the person in a conversation about the project, seek their input and build their motivation to take part
- design the plan collaboratively with extensive input from your relative
- link the work done to the person's life goals.

TIP: Take time at the beginning to engage the person you are supporting in this project—in coming to agree about why it might be helpful and how you can work together to make it happen. This will produce much better results in the end. Throughout this effort, the person should have the sense that you are embarking on a project together.

Here is how you might get started:

- Discuss the program with your relative. Talk to the person about why you want to use this program and how it might be linked to their goals. You may ask such questions as:
 - What do you want to do in life?
 - What would make you happier?
 - What would you like to be doing a month from now, a year from now or five years from now?
- For people who have difficulty coming up with ideas about goals, it can sometimes help to make a general statement about the current situation, and problems the person may be having. For example, you could begin by making one of the following statements:
 - I know that you have had trouble with your illness and you want things to be better. I found this book that talks about ways to get you going again and I hope we can work together on how to do that.
 - I know this last year has been hard for you...
 - I know you have told me that you wanted to have a life more like Jason's...

To get an idea of how you might present these strategies to your loved one, see, the first meetings in Videos 3 to 6 at www.schizophreniafamilystrategies.com, in which the relative introduces the strategies to their loved one.

Other points to consider when talking to your relative about the program:

1. **Consider timing.** The best time to start the conversation is when you are at a good point in your relationship with your relative, or having a positive interaction. You might doom yourself to failure if you pull out the manual in the middle of an argument: the person might think this will just be a new tool to support your side of the argument.
2. **Begin to think through and discuss how the collaboration will work**—asking for your loved one's input throughout. If you are approaching this intervention as a family, you might want to have a conversation with them first about the best strategy before speaking to your relative. Consider questions such as: “Is it best if one person takes the lead in being their support and, if so, who would that be?” “If more than one person is involved, how should we work together?”

3. *Discuss together what specific skills or areas of daily life would be best to work on.* Many caregivers want their relative to do certain things, such as take their medication, shower and keep up their room. If this is true of your family, you can suggest that these are things that are important to do every day. However, whatever you decide to work on, link it if possible to something important for the person you will be supporting. (The next step is one way to do that.)
4. *Tie the specific skills you are working on to one of your relative's long-term goals.* For example, if your relative wants to get a job or have more friends, explain that following a daily routine and showering are important first steps. To get a job, you have to be able to get up every day and look nice. If you want friends, you need to start doing things, so you have something to talk about. For every sign, calendar or other support you decide to use, remind each other that the idea is to help you work toward being able meet a long-term goal.

Customizing your plan

A good environmental support plan builds on a good assessment. Doing such an assessment involves two important steps:

1. Determining you relative's type and level of functioning
2. Knowing where to start.

Step 1: Determining your relative's type and level of functioning

It is helpful to first determine your relative's type of executive functioning (whether they are more on the "trouble staying organized" side or more on the "trouble getting started" side—as discussed earlier) and their level of functioning (minor challenges or major difficulties). This will tell you the types of strategies that will work best with them. If the person you are supporting doesn't fit exactly in a particular category, try to figure out which category they best fit.

Look at the tables below. The first table describes the type of functioning the person has and the second table describes the level.

Type of functioning

Directions: Check the one type of functioning that best fits the person you will be supporting. Do they have trouble getting started? Or is their difficulty more in staying organized? Ideally, you will complete this with your relative and will both agree on the selection. You might also seek input from other family members, clinicians or friends who know the person well.

TROUBLE GETTING STARTED ^{TGS}	TROUBLE STAYING ORGANIZED ^{TSO}
<ul style="list-style-type: none"> <input type="checkbox"/> Does not complete steps in getting dressed because unable to start and follow through on the tasks involved. <input type="checkbox"/> Has trouble starting or completing tasks. Might not get started, takes a very long time, takes long breaks, or keeps getting stuck and asking “What’s next”? <input type="checkbox"/> May not seek out any fun activities, or turns down offers to take part in leisure or social events. <input type="checkbox"/> Might talk very little, make little eye contact or have trouble keeping a conversation going. 	<ul style="list-style-type: none"> <input type="checkbox"/> Has difficulty picking the right clothes (e.g., chooses heavy coat in summer) because that is what is on top of the pile, or skips steps in getting dressed when distracted. <input type="checkbox"/> Gets distracted by noises or interactions with other people while doing tasks, or gets caught up in unimportant details. <input type="checkbox"/> May begin leisure projects but not complete them, or be disorganized (e.g., forget gym clothes or fees). <input type="checkbox"/> Makes others uncomfortable in social interactions due to odd or impulsive comments or gestures. Makes social plans and then doesn’t show up because becomes distracted by something else.

To help get a sense of whether your loved one has trouble getting started ^{TGS} or trouble staying organized ^{TSO}, see Video 2 at www.schizophreniafamilystrategies.com, which introduces Jules, who has trouble getting started and Maleck, who has trouble staying organized.

Level of functioning

Directions: Again, check the box that best fits your relative's level of functioning. Are the challenges they face minor, or more serious?

MINOR CHALLENGES	MORE SERIOUS CHALLENGES
<input type="checkbox"/> Can plan and successfully complete straightforward tasks such as basic grocery shopping or arranging to get together with a friend. <input type="checkbox"/> Successfully completes tasks that have several steps, such as cleaning an apartment or cooking a meal. <input type="checkbox"/> When completing tasks, will notice mistakes that happen, stop, and take on a different strategy. <input type="checkbox"/> Can be flexible in completing tasks; for example, is able to clean dishes or take a shower at someone else's house and can otherwise adapt routines depending on where they are.	<input type="checkbox"/> Has great difficulty completing tasks with more than one step, such as cooking a meal or cleaning a room. Needs multiple prompts or suggestions to figure out what needs to be done next. <input type="checkbox"/> Gets stuck on and repeats a strategy even when it is not working (e.g., keeps putting keys on a cluttered table where they are very difficult to find later) or lacks flexibility (e.g., will not be able to come up with alternatives when the regular bus is not running). <input type="checkbox"/> Has a great deal of difficulty in new situations (e.g., adapting basic self-care routines in the home of a relative)

The boxes you have checked tell you what kinds of interventions will likely work best with the person you are supporting.

Ideally, you will know if they fit in one of the four following categories regarding the level and type of functioning:

1. Trouble getting started + Minor challenges
2. Trouble getting started + More serious challenges
3. Trouble staying organized + Minor challenges
4. Trouble staying organized + More serious challenges

TIP: Don't worry if, after thinking it through and talking with others, you aren't able to determine the type and/or level categories. Sometimes people just don't fit in the boxes! All that means is that you may be in for a little more trial and error in picking the strategies that you will use. This work is set up with specific approaches based on these categories. If you aren't able to classify the person, you will need to pull approaches from multiple categories to see what works.

Step 2: Knowing where to start

Now that you know the approximate cognitive category of the person you'll be supporting, you'll need to determine the areas where environmental supports are needed and how to put them in place.

Where do you begin? This is an important question. If you try to do too many things at once, the person will get confused and overwhelmed. If you start with something that isn't linked to a goal the person cares about, it probably won't happen. (This is true for any of us.) To understand what your relative needs help with, look at what he or she is doing and not doing. We need to know what parts of the person's living situation are working and what things may need to be changed.

Looking at habits that need changing, we want to identify the problems in how the person organizes their belongings, and behaviours that may make doing everyday things harder than necessary. For example, getting ready for a doctor's appointment is harder when a person can't find their underwear or socks because potato chips, bills, hair care products and clothing are all in the same overstuffed drawer. If the environment is cluttered or dirty, it is usually harder for anyone to function. Make sure the person has all the supplies they need to perform their daily activities. Sometimes when people live on a limited budget, they purchase things like cigarettes rather than soap—but the person will not get the desired result from showering if they are not using soap.

Develop an activity schedule of the person's typical day. This includes information about what the person does from the time they wake up to when they go to bed. Everything gets written down, including naps. You may be able to fill this out based on what you know or, better yet, you can do it together. This can lead to conversations about what in the person's routines they might want to change. Here are some things to consider when getting started:

- How often does your relative do non-day-to-day activities (e.g., go to a volunteer job, do the grocery shopping, go to a church group, go to the movies with friends)?
- Does your relative have safety, organizational or cleanliness problems? (E.g., is the room messy, are dirty clothes mixed in with clean clothes, are sheets dirty, does the person leave a mess in the kitchen, are bugs present, are the person's medications and belongings strewn about?)
- What personal hygiene and household cleaning products does your relative need? (E.g., does the person have soap, shampoo, dishwashing liquid, a mop? Where are these things located? If her toothbrush and toothpaste are in her bottom dresser drawer, she is not going to use them. Does she know how to use the vacuum?)
- How often does your relative carry out basic household chores and personal grooming? (E.g., how often does he shower? How often does he do his own laundry? What about brushing his teeth? How often does he help with chores around the house?)
- What kinds of social relationships does the person have? Does he or she have meaningful and supportive friends and/or acquaintances?

- What does the person do for fun? What kind of productive activity does the person do (e.g., a job, volunteer work, helping around home)? Would they like to have more or better friends?

When you have thought these questions through and spoken about them with your relative and other people in their life, you will be in a good position to get started. You should have a sense of where problems lie and what the person’s goals are.

Use the tables below to document first where challenges exist and second what the person’s goals are. Ideally, you will complete these forms with the person that you are supporting.

Challenges in daily living

Directions: Rank each skill as follows:

0 = no problem 1 = some difficulty 2 = major challenge

SKILL	RANK (0–2)
<i>Basic</i>	
Bathing	
Dressing	
Dental hygiene	
Applying makeup	
Using the toilet	
Keeping the home clean and tidy	
Healthy eating and cooking	
Doing laundry	
Managing medication	
<i>Beyond the basics</i>	
Grocery shopping	
Transportation	
Managing money	
Social skills and communication	
Leisure skills	
Work skills	

Next, if you haven’t already done so, have a conversation with the person you will be supporting about their goals. This can be helped along by such questions as: “What would you like to be doing in one year, or five years?”, “What would you like to change about your life?”, “What would make you happier with your life?” Listed below are examples of goals that could help generate ideas.

My goals

ACTIVITY	GOALS	CHECK
Daily grooming	I want to brush my teeth every day.	
	I want to shower regularly.	
	I want to wear clean clothes and smell good.	
	I want to . . .	
Independent living	I want to keep my room clean and organized.	
	I want to take better care of my things.	
	I want to do my own laundry.	
	I want to live on my own.	
	I want to manage my own money.	
	I want to cook for myself and the family.	
	I want to . . .	
Leisure activity	I want to do something fun every day.	
	I want to take up a hobby.	
	I want to have something to talk about.	
	I want to . . .	
Social activity	I want to meet new people.	
	I want a girlfriend or boyfriend.	
	I want to go places with my friends.	
	I want my friends to come over more.	
	I want to . . .	
Meaningful activity	I want to get a job.	
	I want to volunteer.	
	I want to take a class.	
	I want to complete high school education.	
	I want to follow a routine.	
	I want to help around the house.	
	I want to . . .	

Deciding what to work on first

It can be difficult to decide what to work on first. In general, safety issues and guidelines for taking medication appropriately are good to address first. Then you can move on to grooming and cleanliness issues, care of the home, and leisure, social and work skills. This can be switched around according to your specific situation. For example, if your relative is in danger of losing her job, you may want to focus on work issues first.

To get a sense of how you might introduce supports into the home, see Video 3 for someone needing high support who has trouble getting started, and Video 4 for someone needing lower supports who has trouble getting started at www.schizophreniafamilystrategies.com.

To get a sense of how you might start introducing supports into the home, see Video 5 for someone needing high support who has TGS, and Video 6 for someone needing lower supports who has TGS at www.schizophreniafamilystrategies.com.

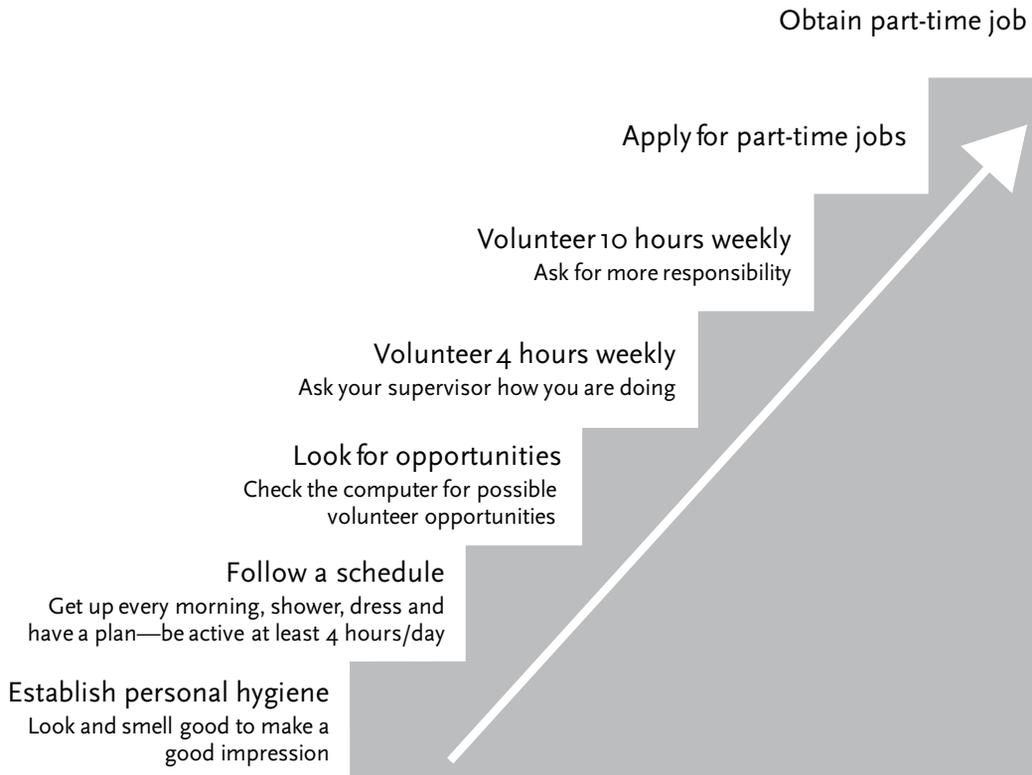
TIP: Sometimes, a person wants to work on an issue that might not seem helpful. For example, he may want to focus on getting a date with someone who is married. In this case your relative may be expressing an underlying desire to date or to improve social relationships. “Focusing on improving relationships” is a good way to restate this goal.

Or your relative may want to find a job even though she is not taking showers and is sleeping many hours during the day. It may be good to focus first on the basics of showering and following a daily schedule, to prepare to go to work.

Discuss the steps needed to reach the goals that are important to your relative. Remember, the key thing to improve your likelihood of success is agreeing on at least one goal before you begin!

If the person needs to work on several steps before working on the goal they selected, it may be helpful to make a stair-step chart (like the one below) that shows how the early steps relate to the goal. This will give you both a simple visual reminder of the ultimate goal, and help your relative to understand that each support will help form the foundation of the goal. The stair-step chart will also help you both to monitor progress toward the goal.

Steps to your goal: Getting a job



Pulling it all together

You are just about ready to get rolling—by now, you will have a sense of what challenges the person faces and what their goals are. Use the following form to map out up to three goals, and the main challenges that get in the way of the person reaching those goals, just like the stair-step diagram did. It's best to start with challenges that are linked to a number of goals, for example, hygiene and safety. It is unlikely that anyone will make headway on any goal if some basic things aren't addressed first.

Challenges to meeting my goals

Goal 1: _____

Challenges getting in the way of Goal 1:

Goal 2: _____

Challenges getting in the way of Goal 2:

Goal 3 _____

Challenges getting in the way of Goal 3:

Starting too many things at once doesn't work as well as focusing on a few key areas first. That is why we suggest starting with two or three areas where the person has challenges that get in the way of their goals. Make sure one of them is an "easy win." Mastering at least one relatively easy-to-fix problem can leave the person feeling hopeful that the larger project will work. Also, remember that this is just the starting point. As your relative successfully overcomes challenges and meets goals, they will then set new goals, which will lead to new challenges.

So now you are ready to start! You know about the types of challenges the person is facing, and their goals, and will have a few agreed-upon areas to start with.

Section 4

Getting started with environmental supports

Devices for recording and tracking progress

Some basic environmental supports help a lot of people. The purpose is to get the person to start doing something and to experience a quick success.

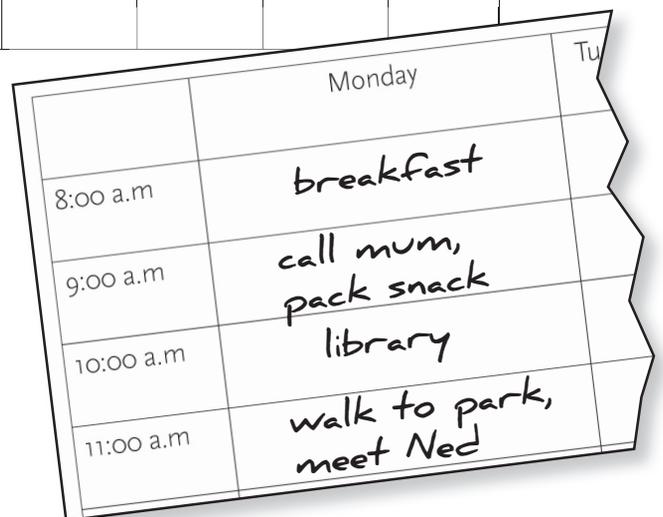
The following are three common strategies we use.

Use a chart or checklist

Depending on the information you gathered in the assessment, you may want to start by having your relative record his or her daily activities for a week. You can use this to start a conversation about what your relative is doing enough of, what would be good to do more of, and what activities he or she might want to start increasing. You can also copy this form or download it from www.schizophreniafamilystrategies.com.

Daily activity tracking log

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00 a.m							
9:00 a.m							
10:00 a.m							
11:00 a.m							
12:00 noon							
1:00 p.m							
2:00 p.m							
3:00 p.m							
4:00 p.m							
5:00 p.m							
6:00 p.m							
7:00 p.m							
8:00 p.m							



Next, along with your relative, create a checklist with five to six activities that your relative plans to complete daily (e.g., take shower, brush teeth, put on deodorant, put on clean clothes, take medication, talk to a friend, do a fun activity (e.g., paint, visit Sam, go to the park], cook a healthy meal, exercise, volunteer). You can copy the sample checklist below, and encourage them to insert their activity choices in the left hand column and check them off when completed. Most people find that it feels good to check things off on lists.

Sample checklist

ACTIVITIES	DAYS OF THE WEEK						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Hang up a large calendar

Hang a large calendar, with a pen or marker attached by a string, to help the person record their appointments and other scheduled activities. You can also use a computerized calendar—although a large paper calendar may be better for people who are likely to forget to check computerized calendars. You might need to teach your relative how to use the calendar to track what day it is and what needs to be done each day. Crossing off each day at the end can be helpful. If your relative uses a smartphone, help him or her track important events by setting alarms as reminders. Help your relative develop a habit of checking the date each morning to see what needs to be done that day or what needs to be prepared for the next.

Track medication use with pill containers

Pill containers, or organizers, can be used to help the person keep better track of their medication. You can work with your relative to have them fill their pill container each week, and then use the container to check on their medication. Sometimes people with mental illness can feel that others are nagging them to take medicine. With this approach, you can check the container daily to see if the medication has been taken, rather than asking repeatedly. (This way, you only need remind your relative when you see that a pill has been missed.) You can also set a voice alarm to remind your relative. They can record the message in their own voice and make up an individual goal (e.g., “It’s 8:00 a.m., time to take my meds. I want to take medication because when I don’t, the voices get really loud and I might lose my job and friends will worry.”)

Explain why using an organizer is helpful. You could tell your relative that if they get distracted and forget whether they’ve taken their medication, they can look in the container and see if the medication is still there. You can also explain that they can use this information to help their doctor make better decisions about their treatment: they wouldn’t want the doctor to increase their dose if they forgot to take their medication. Some pharmacies will supply pills in blister packs that serve the same purpose as organizers.

Supports that address memory and attention difficulties

Many of the supports already described help people bypass problems with attention and memory. For example, placing a toothbrush and toothpaste in direct view, and posting signs as reminders to brush, may help someone to start brushing. Here are some examples of supports that will help.

Memory

If the person you are supporting tells you about memory problems:

- With their permission, label the outsides of drawers and cupboards.
- Use an audio recorder, such as a smartphone app, to help them remember important brief information (e.g., where their car is parked, emergency phone numbers, a specific item to buy at the store).
- Have the person write down important information such as emergency numbers and medications on laminated cards to keep in their wallet.

- Encourage your relative to keep a small notebook on hand to write down what they need to do or get before leaving the house. Place a sign on the door that reads, “Remember to write down what you need to do in your memory notebook.” Each page should be headed with the date. Attach a pen to the book. Label a shelf or area on top of the person’s dresser with a sign that reads, “Keep Memory Notebook Here.”
- If your relative uses a file box for important papers, help him or her make a list of the contents and where they are filed. Tape the list to the front of the box.
- Label areas in the home where important items (e.g., keys, glasses, medication) are kept.

Choose strategies that place the least demand on memory (e.g., voice alarms with specific instructions rather than ringing alarms).

If your relative has an excellent memory, consider having them memorize a list to help in specific activities. Once your relative has memorized to-do lists they have posted on the wall, discuss taking the lists down or replacing them with less detailed lists.

Attention

If your relative has difficulty paying attention to things they hear or see, try some of these strategies:

- Change the colour of signs in the home every week.
- Print signs in fluorescent colours.
- If you are discussing a strategy or doing some work together and you see the person’s attention has drifted, gently touch their shoulder to bring their attention back to the present.
- Get your relative to repeat what they believe you have said, and then clarify what you said if there is any miscommunication.
- Practise with your relative how to tell other relevant people (e.g., employer) about the difficulties he or she has, and how best to teach him or her tasks—perhaps relying less on spoken instructions (e.g., put instructions in writing; give a demonstration first).
- Have your relative write down information to refer to later.

If the person in fact has excellent focus, but perhaps gets lost in tasks and time, explore the use of calendar alarms and mindfulness apps to remind them to take a breath, step back from what they are doing, and decide if they have done enough for now. (Many mindfulness apps can be downloaded from the Internet for free as ways to help people deal with anxiety and stay focused in the moment. They include guided meditations on such topics as anxiety and having self-compassion, and meditations that can take anywhere from a couple of minutes to a half hour.)

Targeting specific activities for support

After you have set up some supports in your relative's home, you are ready to try some of the strategies outlined in Sections 5 and 6, which follow. Remember that environmental supports work a lot better when your approach is focused and systematic. Begin by looking at three or four supports for challenges that relate to the person's specific goals.

People may have challenges in many or even all areas, but by initially focusing on just a few, your relative won't get overwhelmed and will be able to understand the reason for taking on the challenge. You can explain that he or she won't be able to do Y unless they first do something about X.

For each activity in Sections 5 and 6, we suggest more specific strategies. Some strategies are more in line with the needs of people who have trouble getting started and others are more relevant to those who have trouble staying organized. Throughout we make suggestions about how to best match strategies with people's needs. After trying the more general strategies we have described above, move on to the more specific strategies, described in Sections 5 and 6, that are tied to people's goals. We have broken these down into basic strategies for everyday living (like bathing and dressing) in Section 5, and strategies that go "beyond the basics" (like grocery shopping and taking public transportation) in Section 6. The basic strategies are focused on getting the person out of the door in good shape, while "beyond the basics" is about what they do when they are out there.

In every section you will find strategies that are in line with the needs of people with greater challenges, and others that are more suited to those with fewer challenges. Based on your assessment (page 13), you will work to find approaches that seem to be the best fit and are in line with what your relative wants to engage in.

Try to phase in just a few strategies at a time. Seek the right balance between having a good visit and enjoying each other's companionship, versus working on strategies together. We recommend visiting your relative at least weekly to address these interventions (even if only briefly). At the same time, avoid overwhelming your relative by having every conversation be about them! Remember that these strategies depend on a positive and collaborative relationship. This work shouldn't detract from that relationship.

To help you, we have provided a diary for the intervention in Appendix 2 and examples of some signs that we have found helpful in Appendix 3. Good luck!

Section 5

Basic strategies for everyday living

Overview

For someone with challenges, sorting out the basics of life can sometimes be difficult and limit the person's quality of life. Without the basics it is hard to feel good about oneself, get out of the house in an organized way, and get on with important aspects of life—in leisure, friendships and work. However, these areas are not necessarily problems for everyone with schizophrenia: while some people may find certain basics of life challenging, others may not at all.

With or without a mental illness, no one sets laundry and using the toilet as life goals. So, when working on basics like these, always discuss them as a step to a more important life goal: time with friends, finding a romantic partner, working, getting to temple, going on a road trip. (For example, it will be easier to get a date if your clothes are clean and you have bathed.) This will help the person feel motivated to keep working on these strategies.

With some people, you might work on one or two basics at the same time as a higher-level task, as outlined in Section 6. With others, it's best to start simply with one or two basic tasks.

Try things, and consider strategies together. Most importantly, discuss, find common ground about where you and they hope this effort might lead, and then dive into the details.

We provide information about strategies in four different ways:

- For each activity, we provide a list of supplies your relative will need.
- We include illustrations with suggested supports for each activity, and a numbered list beneath them that provides additional information about how your relative could use the supports in their own home.
- You can download for free everything you see here—all of the signs, checklists, forms and even icons to make your own posters—from our website **www.schizophreniafamilystrategies.com**.
- You can review the accompanying videos in which actors demonstrate how the strategies work in real world environments, also at **www.schizophreniafamilystrategies.com**.

Your relative doesn't need to implement all these suggestions at the same time—that would probably be overwhelming! The illustrations and numbered lists below each one are there to give ideas about how to lay out the agreed strategies. Some of these strategies will be more relevant for people who have trouble getting started on an activity. Others may be more relevant for people who don't have trouble getting started, but who have trouble staying organized: these people can get distracted and off track once things are in motion.

In the lists of supplies and the illustrated list of strategies, we also use symbols (like the symbols in a menu for spicy food or vegetarian options) to highlight strategies particularly relevant to those who have trouble getting started **TGS** and those who have trouble staying organized **TSO**. For some activities, we also break out “trouble getting started” and “trouble staying organized” strategies into separate illustrations and numbered lists.

Feel free to mix it up, though. Be creative. Some “trouble getting started” strategies might be also helpful for people who get disorganized. Remember, this is a big experiment that you are working on together. Through trial and error, you will find out what works best for your loved one!

Bathing

Proper hygiene is critical to being with others and staying healthy.

For everyone, no matter what struggles might be happening, it is difficult to have a decent quality of life if bathing isn't being taken care of. Here we list the supplies you might find helpful with the suggested strategies and some comments about celebrating successes.



Let's start with supplies

Ideally, people will have bathing supplies that they like the look and smell of, that are in a convenient and obvious place, and are stored in a way that is easy to keep organized. Once you have your supplies, you will need to check periodically to make sure soap dispensers, shampoo and other bath amenities aren't empty or misplaced.

Here is a list of some potentially useful supplies (this will vary depending on the particular difficulties the person has).

In the bathroom: What do I need?

SUPPLIES	IDEAS	NOTES
Soap	Fragrant soap can help prompt people to wash. Bar soap TSO lasts longer than liquid soap TGS	
Shampoo	Pre-measure for single use or use travel-sized shampoo TSO if person takes too much at a time	
Shower caddy	Alternative: a colourful basket that will fit on a peg in the shower	
Loofah or other rough-textured sponge TSO	Can help people who might forget to wash parts of their body	
A terry cloth robe TGS	Robe is useful if the person tends not to dry off properly	
Audio recorder or laminated checklist with step-by-step instructions for showering	Checklist in shower with step-by-step instructions for washing hair: 1. Wet hair 2. Apply small amount of shampoo to palm of hand 3. Lather hair 4. Rinse hair so no shampoo is left.	
Waterproof timer or talking alarm clock TSO	Reminds person how long they've been in the shower	
Music player or radio TGS	Makes the showering experience more engaging and pleasant	
Slip-proof shower mat	For safety	
Laminated signs	For example, a sign saying "Do I have all my supplies?" or a sign saying "Take shower" TGS posted on the wall near the shower	
LEGEND: TGS trouble getting started TSO trouble staying organized		



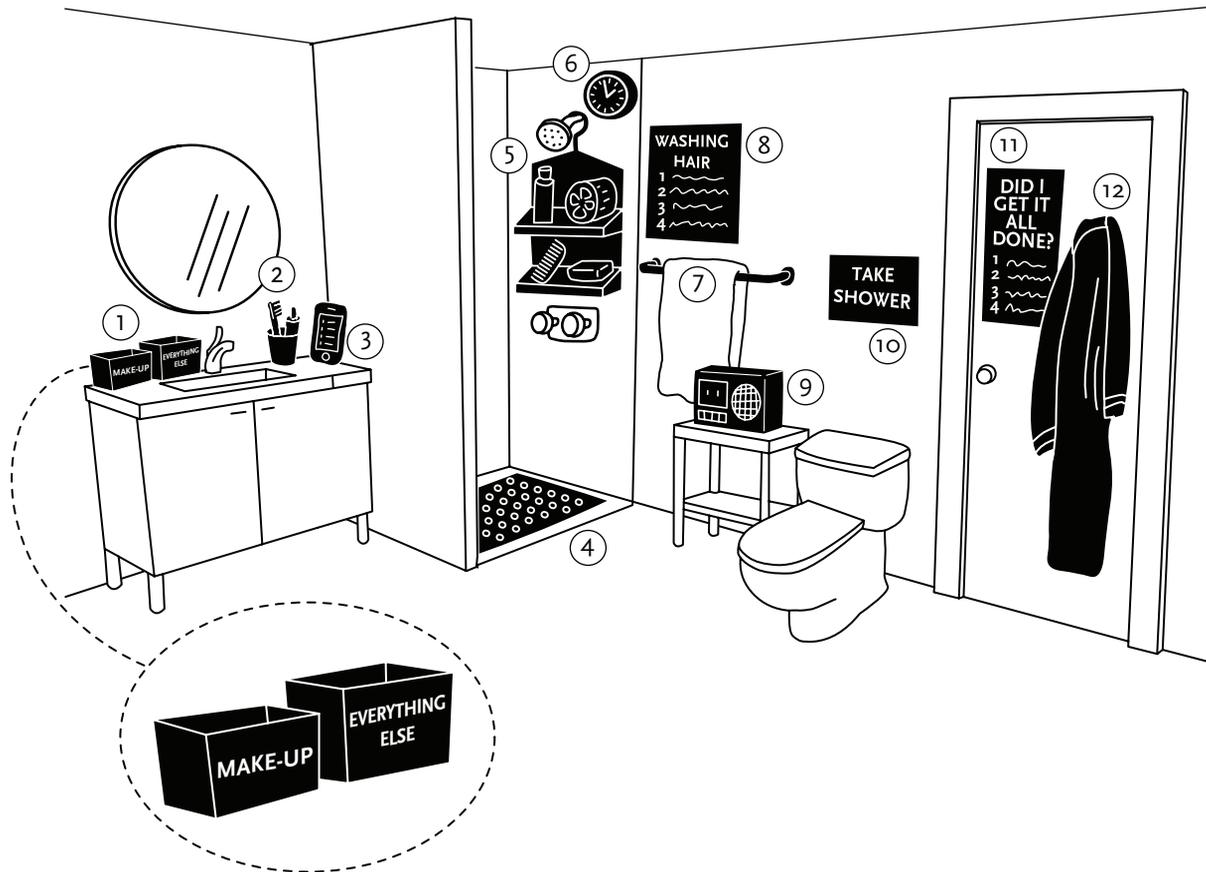
Strategies

The first step is to discuss the importance of bathing and have the person recognize it as a step to reaching life goals. (For example, if dating is a goal, they need to recognize that it is harder to get a date with body odour and greasy hair.)

After this conversation, you will have a rough sense whether their challenges relate to getting started or to getting disorganized once they start showering. You can then begin to work through the strategies listed below.

You'll find that some strategies work, while others do not or are less relevant. Mix it up if you have to: you might need to pull strategies from both categories (trouble getting started and trouble staying organized) if the person has difficulties in both areas. Keep in mind that an uncluttered space is helpful, particularly for people who have trouble staying organized. This includes removing any unneeded objects from the shower stall.

Bathing



1. Organize makeup in one container and other bathroom supplies in another. These can be put on the counter or next to the sink.
2. Put toothbrush in a toothbrush holder. Use travel-sized tubes of toothpaste **TSO** if over-use is an issue for a person with more challenges.
3. Put an audio recorder or smartphone with step-by-step instructions next to the tub or shower. For people with more challenges, have more steps.
4. Use a slip-proof shower mat.
5. Hang a shower caddy over the showerhead at eye level for soap, loofah and travel-sized shampoo bottle. (Use liquid soap **TGS**; use bar soap **TSO** if the person tends to use too much soap.)
6. Set a hanging shower clock over faucet to go off after 10 minutes to prompt the person to finish shower. **TSO**
7. Install a towel rack in view of shower.
8. Laminate and tape step-by-step instructions for washing hair to the bathroom wall.
9. Provide a music player or radio in the bathroom to make bathing more enjoyable. **TGS**
10. Put a sign over the toilet: “Take shower.” **TGS**
11. Put a sign on the bathroom door: “Did I get it all done—shower, shave and everything between?”
12. Supply a terry cloth robe that dries the person without much effort. **TGS**



Celebrating successes

Point out specific examples of how your relative’s social life has improved as their hygiene gets better:

Your skin looks so healthy and your hair looks really nice and shiny since you started showering every day. Do you want me to pick up some of that styling gel you like?

Not being dressed appropriately can affect people’s first impressions of you, and can be particularly challenging if the people you are meeting are your employers or people you are hoping will become friends

Dressing

Getting dressed is about a lot more than simply putting your clothes on. There are considerations around:

- finances: having decent clothing that your relative wants or needs can mean careful shopping (thrift shopping can be fun!)
- social demands: judging what to wear based on weather or level of formality or dressiness can be tricky for some people—and so can having the energy or caring enough to be bothered
- organization: keeping clothes clean and organized in the living space can also be a challenge.



Let's start with supplies

You may need your own checklist of items to help get things underway!

Here is a list of some potentially useful supplies, which will vary depending on the person's particular needs.

Getting dressed: What do I need?

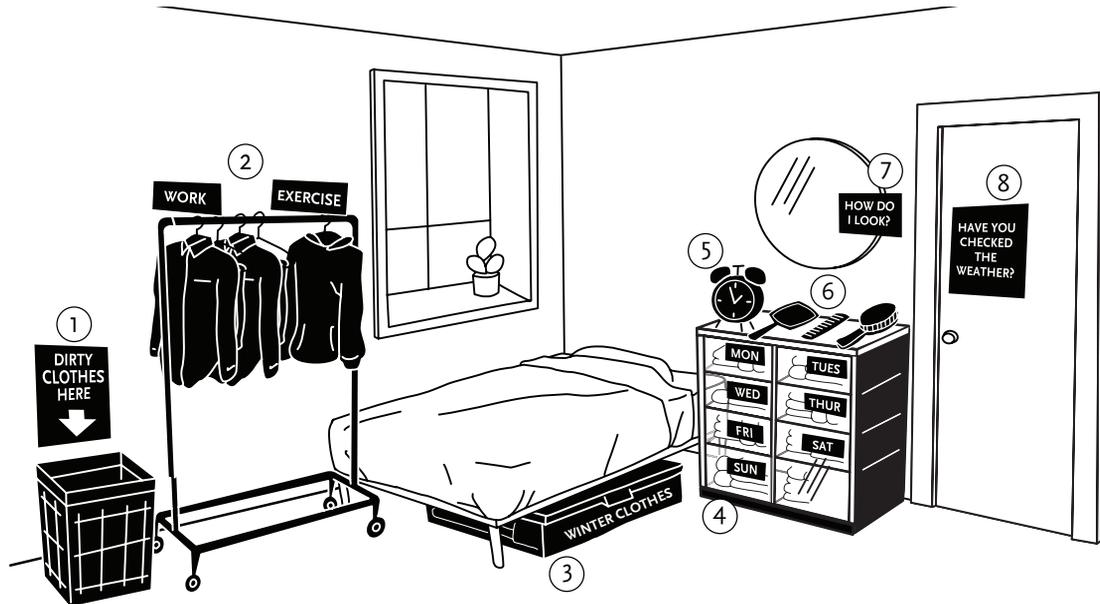
SUPPLIES	IDEAS	NOTES
Clear storage bin	Alternative: portable rack ^{TSO} or something similar to organize clothes (if needed, you could have seven sections—one for each day of the week)	
Voice-activated alarm ^{TGS}	The voice alarm could prompt, for example: "Time to get dressed"	
Laundry hamper	Could have two—one for darks and one for lights ^{TSO}	
Photo of the person dressed well, for comparison ^{TSO}	Placed on vanity mirror.	
Sign listing things to check about clothes before you go out	Put on wall next to the key rack.	
Containers that fit under the bed ^{TSO}	You can use these to put winter clothes away in summer, and summer clothes in winter	
LEGEND: ^{TGS} trouble getting started ^{TSO} trouble staying organized		



Strategies

Here are some specific environmental supports targeted either to people who have trouble getting started or those who have trouble staying organized. As with bathing, it's okay to mix and match these ideas! Not everyone's difficulties fit neatly into one of these categories.

Getting dressed



1. Put out a laundry hamper for dirty clothes with a sign that reads “Dirty clothes here.” You could start by placing the hamper where dirty clothes tend to be dumped. **TGS**
2. Organize by outfit and put each on a separate hanger on a moveable clothing rack (e.g., workout clothes: running shoes, sweat pants, T-shirt). **TSO**
3. To reduce clutter in drawers and closets, make sure winter clothes are put away in summer and vice-versa. **TSO**
4. Set up clear plastic drawers to organize clothes by day of the week. (These will need to be restocked weekly.)
5. Use regular alarm clock or voice alarm for reminder to get dressed. **TGS**
6. Ensure that things on the dresser are organized neatly (e.g., comb, brush).
7. Put a sign on the mirror: “How do I look?”
8. Encourage a routine that includes checking the weather before dressing.

Additional strategies

These are for people with more challenges who may need extra supports.

Organizing clothes

- Consider together what is needed and what needs to go. Then shop together for clothes that the person will enjoy wearing and that fit the budget.
- Make up outfits, folding pants around (for example) a shirt, underwear and socks. Put each outfit in a separate plastic drawer, organized by day of the week.
- Colour-code garments that go together (e.g., red-tagged pants go only with shirts that have a red tag). If a rack works better (e.g., if the person tends to not use drawers or bins), organize clothes by day on a portable rack in an obvious place.
- Provide lists of clothing appropriate for specific activities and/or weather conditions (e.g., baseball: sweat pants, T-shirt, tennis shoes, sports socks, cap; cold weather: pants, long-sleeved shirt, socks, closed shoes, coat).

Talk with your loved one about how to provide feedback in a way that will seem supportive and not overly critical

Helping to dress to impress

- Take a photo of the person dressed well and put it by their mirror so they can compare how they're dressed to the picture.
- Place a sign on the mirror asking if the person is dressed properly (e.g., "Is my fly zipped, is my shirt buttoned, is everything clean, will I be too hot or cold, am I happy with what I'm wearing?").
- Use an audio-recorded message for the dressing sequence. Go through the dressing sequence in exactly the same order each day to help the person develop a habit.

Providing feedback

- Talk with your loved one about how you can provide feedback in a way that is supportive rather than critical. For example, you could both rate how much you like a given item of clothing on a five-point scale. If neither of you like something, you could agree to donate it to charity. (Hold off making decisions when there is a lot of disagreement.)



Celebrating successes

Call attention to compliments as they come up:

Aunt Diane said the other day that she thought you were looking really sharp lately and you seemed more confident about yourself. I think so too. What do you think about that?

Celebrate when dressing is going well by going out for coffee or lunch or on a shopping trip together, or by giving a genuine compliment. Or give your loved one a small gift card to buy something special. Alternatively, you could suggest going out to show off the new look.

Dental hygiene

Dental hygiene is another basic task that might not seem like a priority but has major implications—from toothache and bleeding gums (creating problems that can be costly to resolve) to bad breath and feeling self-conscious about smiling. Challenges can include not having the right supplies, not brushing properly, getting distracted, losing supplies and forgetting to brush daily.

Helping to schedule dental check-ups is a good way to help the person to stay on top of their brushing. And reducing clutter and removing distractions around dental supplies can really help people avoid getting distracted from brushing partway through.

Here are a few other suggestions for developing a healthy dental routine at home.



Let's start with supplies

The first step is to make sure your relative has all the necessary dental supplies. They can be put in a basket right in front of the mirror or attached to it by a suction cup.

You may need a checklist to keep track of things you'll need, and you may want to add brushing to other hygiene lists.

In the bathroom: What do I need?

SUPPLIES	IDEAS	NOTES
Toothbrush	Could be an electric toothbrush with a built-in timer to ensure thorough brushing ^{TGS} (or you could use a regular toothbrush and a separate timer)	
Toothpaste	You could use toothpaste with a flip cap (if the person often forgets to replace the lid), single-use toothpaste packets or sponge tips with pre-applied toothpaste (if the person tends to use too much): all can help with using the right amount of paste without it drying out ^{TSO}	
Dental caddy	Alternative: You could also attach a cup to the mirror for storing toothpaste and toothbrush	
Individual flossers	Package taped to wall next to toothbrush holder	
Dental dye ^{TGS}	This will show places on the teeth that the person has missed brushing	
Online video	This can be used to outline steps to proper brushing	
Mirror	Put on bathroom door: the person can smile and make sure that nothing is stuck in their teeth and that brushing has been done Alternative: You can also have a sign on the mirror to educate the person about how long to brush, or to ask "Have you brushed your teeth today?"	

In the bathroom (continued)

SUPPLIES	IDEAS	NOTES
Sign with detailed instructions about brushing	<p>Tasks could be broken down as follows:</p> <ol style="list-style-type: none"> 1. Turn on water 2. Wet the toothbrush 3. Apply toothpaste to the brush 4. Brush teeth in a circular motion starting at the back, and reaching top and bottom teeth 5. Rinse mouth and toothbrush <p>Alternative: Attach pictures showing the tasks to the mirror</p>	
<p>LEGEND: TGS trouble getting started TSO trouble staying organized</p>		



Strategies

The following illustration provides tips for brushing teeth. Walk through the routine with your relative, providing feedback or finding an online video that demonstrates the steps to proper brushing. It may be helpful to model by brushing alongside your relative.

Brushing



1. Create a sign listing the steps to brushing teeth. For people with more challenges, use more steps and/or pictures.
2. Put a toothbrush in the dental caddy. (This could be an electric toothbrush with a built-in timer ^{TGS} or a regular toothbrush with a separate timer.)
3. Provide a timer, such as the purchase of a toothbrush with a timer on it, so the person knows how long to brush. ^{TGS}
4. Put the dental caddy next to sink.
5. Use individual flossers if the person has more challenges and tends to use too much floss. ^{TSO}
6. Use toothpaste with a flip cap if the person tends to lose the cap. Or try single-use packets or travel-sized toothpaste if the person tends to use too much. ^{TSO}
7. Put a sign on the mirror: "Did I brush my teeth today?" ^{TGS}

Faster, less complicated and less expensive dental visits are a perk of improved dental hygiene



Celebrating successes

As the person's more regular brushing develops positive results (e.g., they have fewer difficulties with bleeding gums and sore teeth, and do better in social situations), highlight how their new brushing and flossing habits likely contributed to these gains.

You can also point out that faster, less complicated and less expensive dental visits are another perk of improved dental hygiene: "Hey, the dentist seemed impressed—and no time with the drill this month, which is pretty great!"

Once brushing becomes a habit and is worked into the person's daily routine, you will probably find that posting signs and providing other reminders becomes less necessary.

Applying makeup

While not relevant to everyone, makeup is an important part of how many people feel about themselves. Its importance may depend on their social and cultural scene. For those with trouble getting started, makeup doesn't get put on at all or stays on for days, causing acne and rashes. When people are disorganized, they can put on too much, apply it unevenly or put it on in ways that people important to them might consider strange.



Let's start with supplies

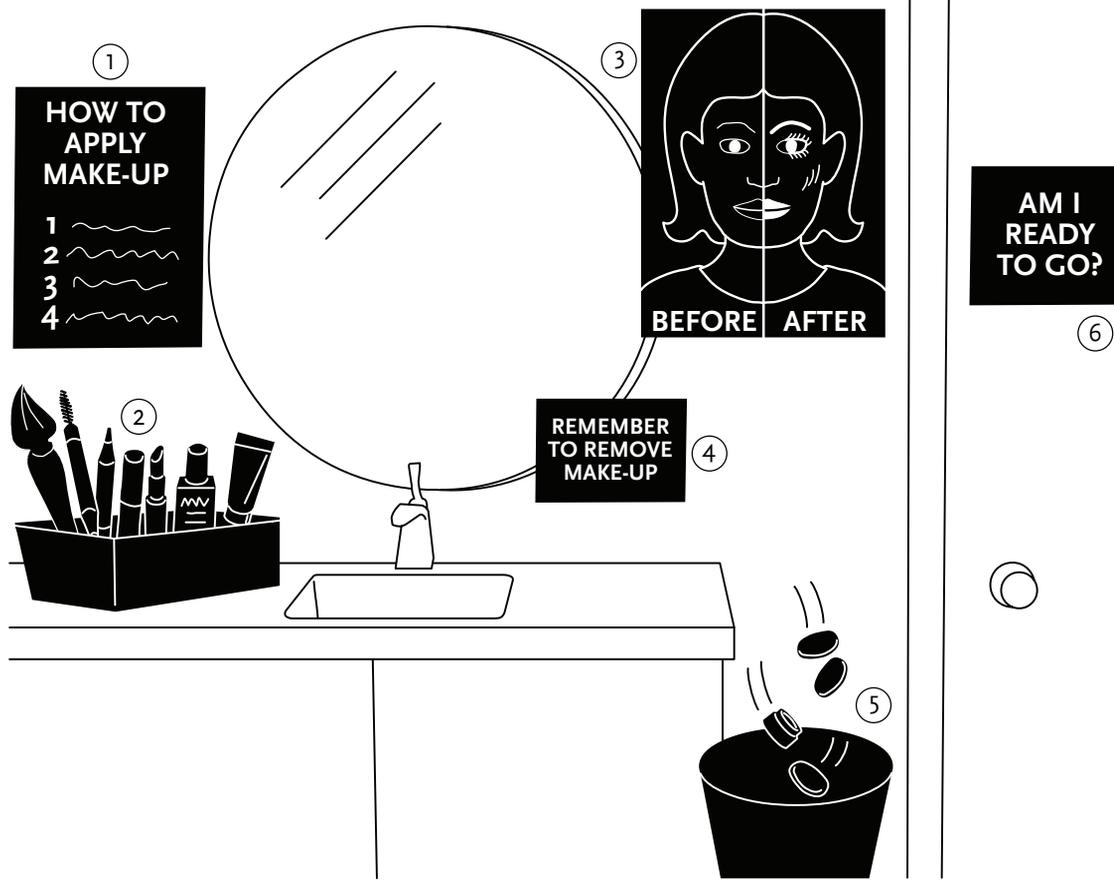
Go together to a cosmetic counter so the person can get a consultation on the best colours or products for their skin tone, and other makeup tips. You could also take this opportunity to buy some new makeup and get rid of products that are expired or dirty.

Using makeup: What do I need?

SUPPLIES	IDEAS	NOTES
Makeup remover, foundation, moisturizer, eye pencil, cotton pads, etc.	Put these in a basket on the dresser	
Makeup samples, or makeup bottles with stickers telling how much to use (if the person tends to use too much makeup at once)	Arrange them with more commonly used items in the front	
Pre-measured amounts of makeup, moisturizer, etc. (if the person tends to use too much makeup at once) ^{TSO}	Organized in a small tray with labelled drawers	
Signs (e.g., reminder to remove makeup)	Place at the top of the mirror, where the person sees it when brushing teeth in the evening	
Pictures (e.g., of face with well-applied makeup)	Place on the bathroom mirror	
Makeup lists	A list of products in the order of use, a list of colours, or types of makeup for specific occasions	
Makeup notebook	Use to record colours or tones that work for the person, and application procedures	
Sign with detailed instructions about removing makeup	Tasks could be broken down and put on a sign next to the mirror: <ol style="list-style-type: none"> 1. Get towel 2. Wet face 3. Put one squirt of cleanser on hand 4. Rub onto face as you silently recite a favourite poem or prayer (for timing) 5. Rinse face thoroughly 	
Towel	Use to clean the sink area	
<p>LEGEND: ^{TCS} trouble getting started ^{TSO} trouble staying organized</p>		

 Strategies

Applying makeup



1. Put step-by-step instructions for applying makeup by the mirror, with more steps for people with greater challenges.
2. Provide a basket with makeup remover, foundation, moisturizer, eye pencil, cotton pads, etc. on the dresser. (This could include samples or pre-measured amounts of moisturizer and other makeup so the person doesn't put on too much at once ^{TSO}.)
3. Put up a two photos of the person, one with them wearing makeup and one without, to show the positive difference makeup can make.
4. Provide a sign to remind them to remove makeup. ^{TGS}
5. Replace old or otherwise less-than-desirable makeup with better products—perhaps after an outing with a makeup consultation on colours.
6. Put a sign on the door that reads, “Am I ready to go?”, prompting one last check before heading outside. ^{TSO}

Share tips about makeup, or go together for a free consultation or makeover at a cosmetic counter



Celebrating successes

Help your relative notice any compliments they are getting. Point out times they are feeling better about their appearance and how their improved skin tone could be related to the attention they are paying to cleansing and the products they are using.

Share tips about makeup, or go together for a free consultation or makeover at a cosmetic counter. Experiment together with different looks. Or go through fashion magazines together and make a collage of looks you like: these kinds of activities can be great opportunities to spend time together.

Using the toilet

Using the toilet is about as fundamental as it gets. The challenges and their implications can be embarrassing and uncomfortable: unflushed toilets, unclean hands, fly left open, accidents due to distractions, and unhappy roommates.

Note: If you are concerned that there could be a medical reason for challenges in this area, please consult a doctor.



Let's start with supplies

The bathroom: What do I need?

SUPPLIES	IDEAS	NOTES
Toilet paper	Put a small rack next to the toilet that is clearly visible and can hold several rolls	
Soap	Bar soap is better than liquid soap if you want to prevent overuse ^{TSO} . But liquid soap is better if the person is not washing well enough with the bar soap ^{TGS}	
A dark-coloured washable rug under the toilet	Listed as a wash item to remember for laundry	

Section 5 • Strategies for Everyday Living

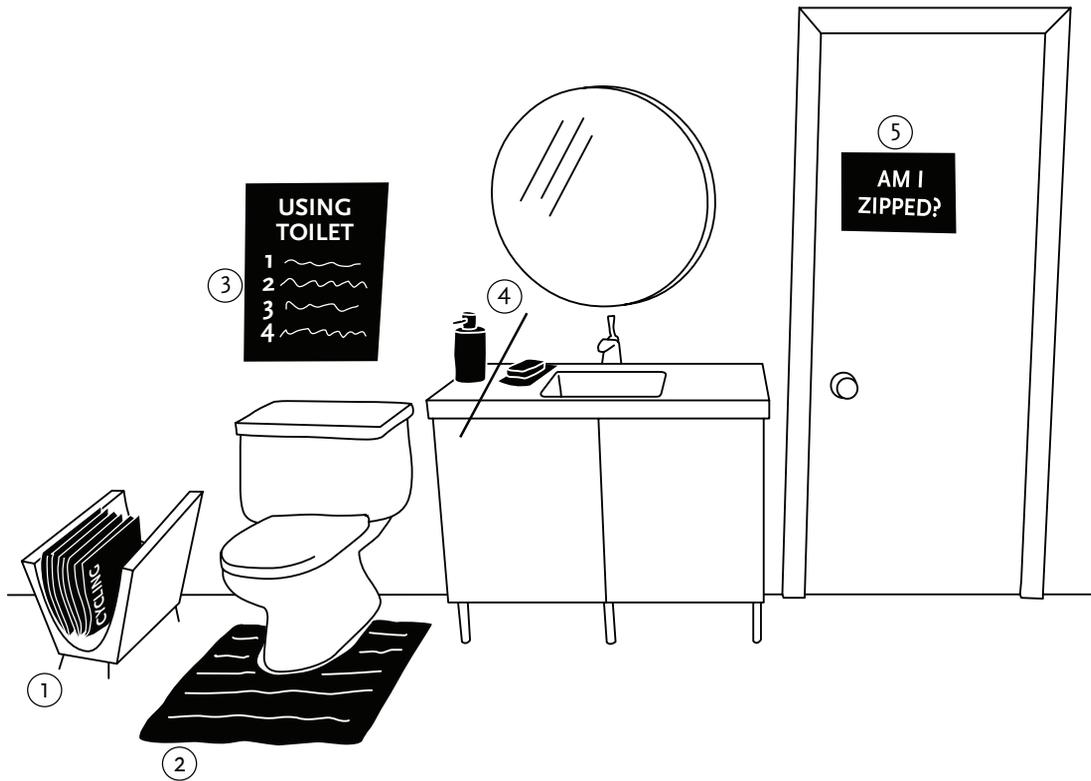
Using the toilet (continued)

SUPPLIES	IDEAS	NOTES
Mirror on the bathroom door	Check if zipped, shirt tails tucked in, etc., before leaving bathroom	
Hand towel	Place in an obvious location	
Sign on back of the toilet	It could say “Aim” or “Wipe thoroughly” or “Flush me”	
Instructions above toilet or on the door	<p>Could be instructions on what to do after using the toilet, such as:</p> <ol style="list-style-type: none"> 1. Flush 2. Tuck in shirt 3. Zip and button pants 4. Wash hands <p>Alternative: Provide instructions on the mirror that outline the steps of hand-washing and how long each should take</p>	
Schedule for using the washroom	Alternative: Watch with alarm set at two-hour intervals TGS	
Sign at the sink: “Check water temperature”	Alternative: If the person tends to get distracted and could possibly get burned, turn down water heater temperature TSO	
<p>LEGEND: TGS trouble getting started TSO trouble staying organized</p>		



Strategies

Using the toilet



1. Put something to read or look at in the bathroom, to make being there more appealing.
2. Put a washable rug around the toilet.
3. Walk through the steps of proper toilet hygiene, and if needed place an instruction sheet above the toilet or on the door that reads: 1. Flush. 2. Tuck in shirt. 3. Zip and button pants. 4. Wash hands.
4. Provide liquid soap ^{TGS} if the person isn't washing up well enough or bar soap ^{TSO} to prevent overuse.
5. Place a sign that reads, "Am I zipped?" on the bathroom door. (Or, depending on the person's difficulties, a sign on the mirror or the bathroom door could remind them to check if their shirt tails are tucked in or their hands are washed. Another option is a sign above the toilet that reads, "Flush me.")



Celebrating successes

Compliment a clean bathroom:

Since we share this bathroom, I really appreciate that you've been flushing and cleaning up after yourself. Have you also noticed the changes you've made?

Keeping the home clean and tidy

Keeping a livable space is about more than being neat and tidy. Having a clean and orderly home affects a person's health, as well as their ability to be organized, accomplish daily tasks, feel good about themselves, and have a place that feels safe and that they are proud to socialize in. Being organized will also help your relative to get out the door on time—without forgetting their phone, keys, glasses or any other crucial items.

People struggling with getting started might not have cleaning supplies, and may live with a lot of clutter, and food waste and dirty dishes that attract insects. Those prone to getting disorganized might often misplace important items; leave tasks half finished and the place cluttered; spend a lot of time losing and looking for items, and as a result being late and disorganized.



Let's start with supplies

The first step is to stock cleaning supplies and, later, to take a weekly inventory, with the person's assistance, to see what supplies need to be replenished.

Cleaning my space: What do I need?

SUPPLIES	IDEAS	NOTES
Cleaning equipment	Mop, broom and dust pan, vacuum cleaner, paper towels, toilet brush, dusters, cloths, sponge with a soap handle	
Cleaners	Non-toxic all-purpose and floor cleaner, vinegar, baking soda, sample size dish soap	
Calendar	Use this to schedule necessary cleaning tasks on the same day each week. You can also use audio prompts	
A voice alarm	Use this to cue a specific cleaning task each day ^{TGS}	
Clear plastic bottles	Place a piece of tape nearer the bottom to serve as a cue to replenish the contents	
Laundry hamper	Put in a place where dirty clothes tend to pile up	
Pouch that can be attached to the bed for glasses	May need Velcro or doublesided tape to attach ^{TSO}	

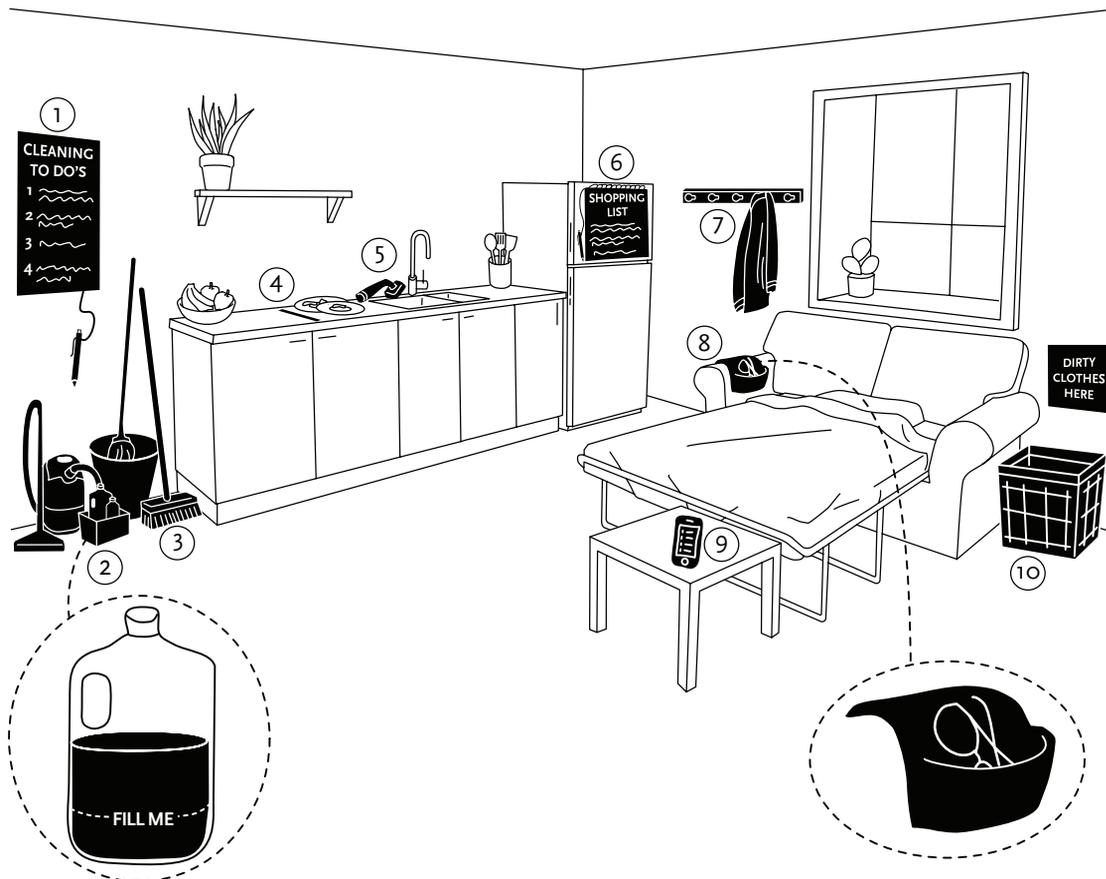
Supporting a Family Member with Schizophrenia

Cleaning my space (continued)

SUPPLIES	IDEAS	NOTES
Locating key chain (that barks or claps)	To help find keys. Alternative: hang a key rack next to the door	
Bins	Could be used for cleaning supplies, clothing, garbage, etc.; for garbage, put trash cans in plain sight in open areas (particularly in places where wrappers are opened and trash accumulates on the floor) TSO	
Ashtrays	Place in all areas where the person smokes, with a sign encouraging them to be emptied	
Sheets with Velcro attached	To make it easier to make bed	
Coat hooks	Place close to the door	
Magnetized note pad and pen or cleaning checklist	Put on fridge door with pen attached, to list cleaning supplies to buy, and a large detailed checklist with weekly cleaning routine so they can check off tasks they complete	
Masking tape	Use to mark area on counter to keep free of dirty dishes	
Signs about cleaning	Post signs in eating area to remind the person to clean up (e.g., "Take dirty dishes to sink," "Wipe off table")	
Labels around the room where each item needs to be placed TGS	Use bright colours!	
Step-by-step audio or visual cleaning instructions	Find these on YouTube or record instructions in real time. Allow a reasonable amount of time to pass, then give the next task (particularly for people with greater challenges) TSO	
LEGEND: TGS trouble getting started TSO trouble staying organized		

 Strategies

Cleaning and tidying up



1. Develop a cleaning checklist, which can be put on the wall with a pen attached by a string.
2. Place cleaning supplies where they are visible and organized (e.g., in a small bin, close to where the relevant task is done, with a line near the bottom of the container showing when it needs to be replaced.)
3. Put a broom, trash can, mop and vacuum cleaner in the corner.
4. Put tape lines on counters: explain that dirty items should not pass these lines and can be a reminder to wash up. **TGS**
5. Provide a sponge with a soap handle next to the sink to make cleaning easier.
6. Put a magnetized note pad and pencil on the fridge door where cleaning items to buy are noted.
7. Put a coat hook on the wall that is visible when the person walks in the door.
8. Attach a pouch to the bed for the person's glasses. **TSO**
9. Use voice alarms to prompt daily cleaning. **TGS**
10. Place a laundry basket next to the bed with sign that reads, "Dirty clothes here." Or place the basket exactly where clothing is removed, even if this is in the middle of the room.

Other tips for keeping organized and uncluttered

A key way to keep the home organized is to place needed items around the room where they are most visible, rather than putting them away in cupboards or drawers where they might be forgotten. Work with the person to remove clutter, and put belongings near where they are used. Winter clothes can be stored away in summer, and summer clothes in winter. Remove unnecessary distractions, such as shoes that are seldom worn and unused items that are piled near used items.

To begin, have the person start cleaning while you are there. Run through the routine together, so they know the order of the tasks, how to do them and where things should be kept. As needed, supervise their use of cleaning products at first, particularly with ones that tend to get misused or overused, which can be a particular challenge for people who have trouble staying organized. Provide support on key tasks such as making the bed and doing dishes.



Celebrating successes

Use before-and-after pictures to show what a difference the tidying and cleaning are making to your relative's living space. If your relative expresses interest in entertaining, you could offer to buy some snacks and drinks, or something that would add incentive to wanting to keep the space looking good.

You could also call attention to the benefits of having an organized space:

Seems like you've been having friends over occasionally these days. Is that because it's easier to have people drop by now that the place is looking so good?

I noticed that your landlord hasn't been on you. He must be happy that you've been taking out the garbage and recycling every week.

Healthy eating and cooking

The health of our bodies and our minds are inextricably linked. But healthy eating isn't only about proper nutrition. Planning and eating meals are also important social and cultural activities. And figuring out a meal plan, grocery shopping, cooking and of course eating can be fun. As well as planning regular weekly meals, consider planning meals for the holidays or a special occasion.

“Trouble getting started” challenges include forgetting to eat, eating mostly junk food (as a personal choice or because the person can't afford or can't access good food), and leaving food out to spoil. For those who tend to get disorganized, challenges may include eating too quickly, not eating a balanced diet, burning or ruining food while cooking, and forgetting to turn off the burner. For both groups, dining habits can also be off track. People may need to be reminded to eat more slowly or quickly, keep the noise level down, and be more mindful to reduce spilling things.

You may want to arrange a physical exam and a consultation with a physician for health recommendations. (Refer to page 66 on grocery shopping for more on stocking up on healthy foods.)



Let's start with supplies

Here are some items to help stock the kitchen.

In the kitchen: What do I need?

SUPPLIES	IDEAS	NOTES
Vitamin supplements	Only if recommended by a doctor	
Prepared meals	Once a week, set time aside to prepare multiple meals and package them in meal-sized containers	
Healthy canned and dried foods	Develop new shopping habits, such as avoiding grocery shopping at more expensive convenience stores	
Alarms and checklist	Use these to prompt regular eating (e.g., alarm to remind the person to make a sandwich) ^{TGS} and checklists to track eating habits	

Healthy eating isn't only about proper nutrition: planning and eating meals are also important social and cultural activities

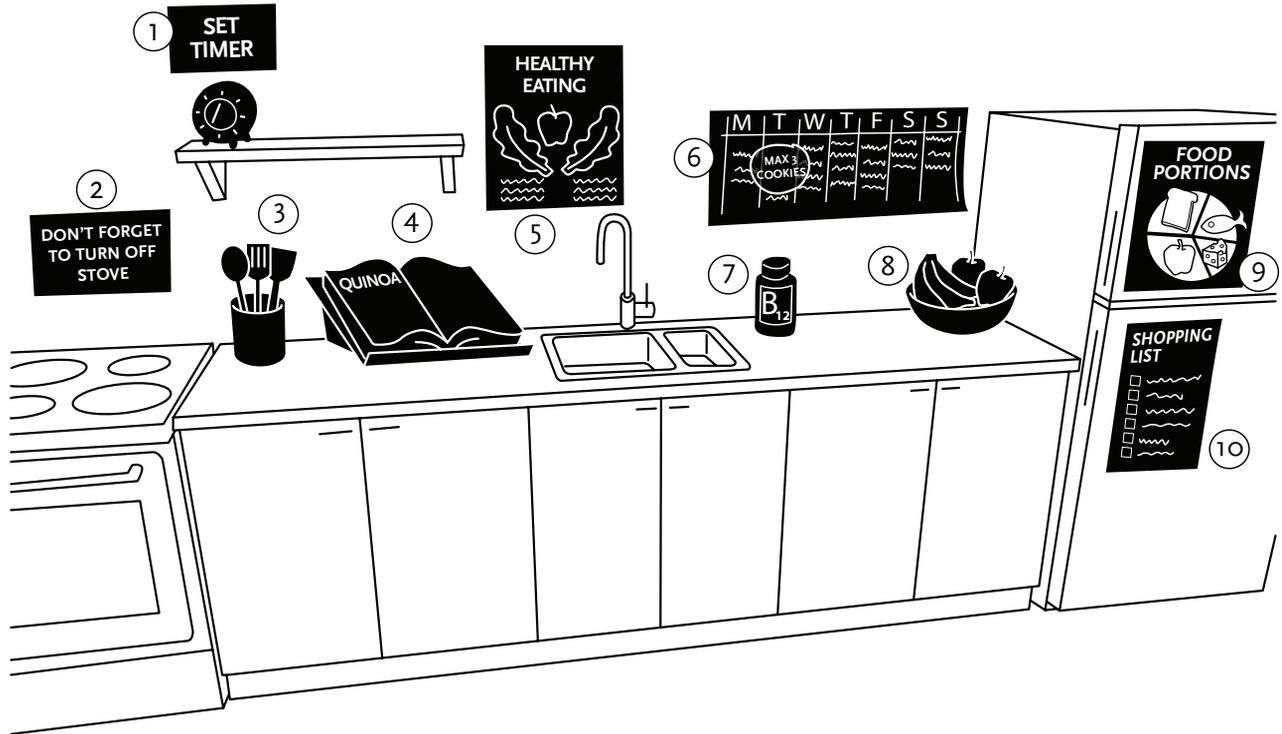
Supporting a Family Member with Schizophrenia

In the kitchen (continued)

SUPPLIES	IDEAS	NOTES
Audio recording with “real time” instructions on how to make a simple meal or on how to pace eating a meal (for people with more challenges)	For example: “To make a sandwich you will need two slices of bread—go get them. Now you will need either meat, cheese or peanut butter . . . ; “Take a bite now” every minute or two	
Nutritional shakes	For people who are skipping meals TGS	
Healthy and balanced foods that are convenient and don’t require cooking	For example, buy fruit, sandwich meats, low calorie snack packs, granola bars) and drinks (e.g., bottled water, diet and low-sugar beverages). Limit buying too much of foods that will spoil	
Sugar packets for coffee	Packets reduce excess use from pouring or scooping	
Shopping list and pencil	Attach list to the refrigerator and encourage reviewing regularly	
Educational material on nutrition, healthy eating habits and proper portion sizes	See www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php	
Timer	This could be a clip timer that attaches to clothing or an egg timer—used to time intervals between eating, or to lengthen the time spent chewing and swallowing, particularly for people with greater challenges	
Cookbook or box of family recipes	Bookmark favourites	
Fluorescent stickers	Put stickers showing the expiry date on perishable food and drinks such as milk or lunch meat	
<p>LEGEND: TGS trouble getting started TSO trouble staying organized</p>		

 Strategies

Healthy eating and cooking



1. Practise using cooking timers. Place a sign over the stove that reads, "Set timer."
2. Place a checklist or sign to prompt turning off the stove, wiping counters, etc.
3. Encourage cooking by putting spoons, spatulas, etc. in a canister on the counter.
4. Provide a cookbook with healthy—and easy—recipes. (Encourage the person to cook mindfully (i.e., not e-mailing, surfing the web or going out for a smoke at the same time); a clean, uncluttered space will help.)
5. Put up reminders about healthy eating.
6. Create a weekly meal schedule and checklist of items for quick meals to shop for and prepare, and place them on or near the fridge. Consider prepared meals that require little cooking and nutritional shakes for missed meals.
7. Check with doctor about whether vitamin supplements are needed.
8. Help stock the home with fresh fruit, healthy snacks and meals that are easy to eat and prepare. (Healthy foods can be kept out front and less healthy items in drawers and out of sight ^{TCS}. This includes putting a fruit bowl on the table, and placing groceries only one item deep in the refrigerator so everything is visible, with healthier foods on the top shelf and less healthy foods in the vegetable bin.)
9. Provide picture of healthy portions of dishes—and, if you want, other items that can be used for comparison.
10. Attach a shopping list with pen to the fridge door.

Other helpful tips

While signs can be helpful in every room in the house, they can be particularly useful in the kitchen where there are so many things to remember around eating and cooking.

Here are some examples of things you can write on signs, along with ideas on where to place them in the room:

- “Do I need my shopping list?” (on the door)
- “Put fork down after each bite”; “Clear place when done!”; “Food may be HOT!” (on the table)
- “Is it cooked enough?” (next to stove)
- “Turn off the stove”; “Put away unused ingredients,” “Wipe down counters” (above the stove)
- “Set timer” (on stove)
- “Open me—eat fruit” (on fruit drawer)
- “Remember XXX is in the fridge!” (on fridge door)

Consider sharing and enjoying a meal that the person you are supporting has cooked that includes some of his or her favourite things to eat

Here are some tips specific to meal planning, cooking and eating healthy foods:

- Work together to make a weekly list of quick meals to shop for and prepare. Do this for at least one month (i.e., at least four times) to create a new habit.
- Provide information about health eating—balanced diet, risks and benefits.
- Package or label soft drinks or foods the person eats too much of, to indicate a schedule for consumption (e.g., Friday lunch, Friday dinner, Saturday lunch). ^{TSO}
- For people with greater challenges: Remind person to cut food into small pieces and chew slowly to prevent choking. Use a timer (egg timer, small hour glass). Teach person to turn it over at each bite and to chew until the sand runs out. Then swallow. Place a sign on the timer with instructions.
- Provide support to the person as he or she follows a recipe and accurately measures out ingredients. Break down simple recipes into steps that can be ticked off when completed.
- Schedule favourite foods and drinks at specific times during the day.



Celebrating successes

There are many ways to celebrate success in cooking and eating nutritious food. Consider sharing and enjoying a meal that the person you are supporting has cooked that includes some of his or her favourite things to eat. As the basics are mastered, consider new more challenging recipes together. Compare notes on what is good and what didn't turn out, and try cooking with new and interesting ingredients.

And don't forget to support the gains being made.

Since you've started eating breakfast and having healthier meals and snacks, you seem to have lost weight and be less tired than you used to be. Have you noticed this yourself?

If the person is really interested in cooking and nutrition you could explore community kitchens, classes and volunteer or employment opportunities that involve food and food preparation. Remember, CAT is all about working on basic steps that lead toward larger goals: eating nutritiously at home could lead to helping others with their nutrition in the community.

Doing laundry

How we manage our laundry affects the organization of our living space, how we look, and how much time we spend digging around for presentable clothes. People who have trouble getting started may have dirty clothes piling up in their bedroom and may be wearing unwashed or wrinkled clothes. People who are disorganized may forget laundry soap, run out of money before the wash is done, mix dirty and clean clothes, forget clothes in the wash, and ruin clothes by improper mixing and drying.

If some of these difficulties sound familiar, we have some ideas for you. For this activity, we have included two illustrations. The first includes strategies for getting ready to do the laundry, for people who have trouble getting started. The second includes strategies for people who have trouble staying organized once they are doing the laundry.



Let's start with supplies

Laundry: What do I need?

SUPPLIES	IDEAS	NOTES
Laundry detergent and fabric softener	Use samples or buy large boxes of detergent and divide it up into single-load portions ^{TSO} that you can put in ziplock bags and store in the laundry hamper	
Clothes hangers	Place near the washer and dryer	
Laundry hamper(s) or basket(s)	Use two if you want to divide the laundry into light and dark ^{TSO}	

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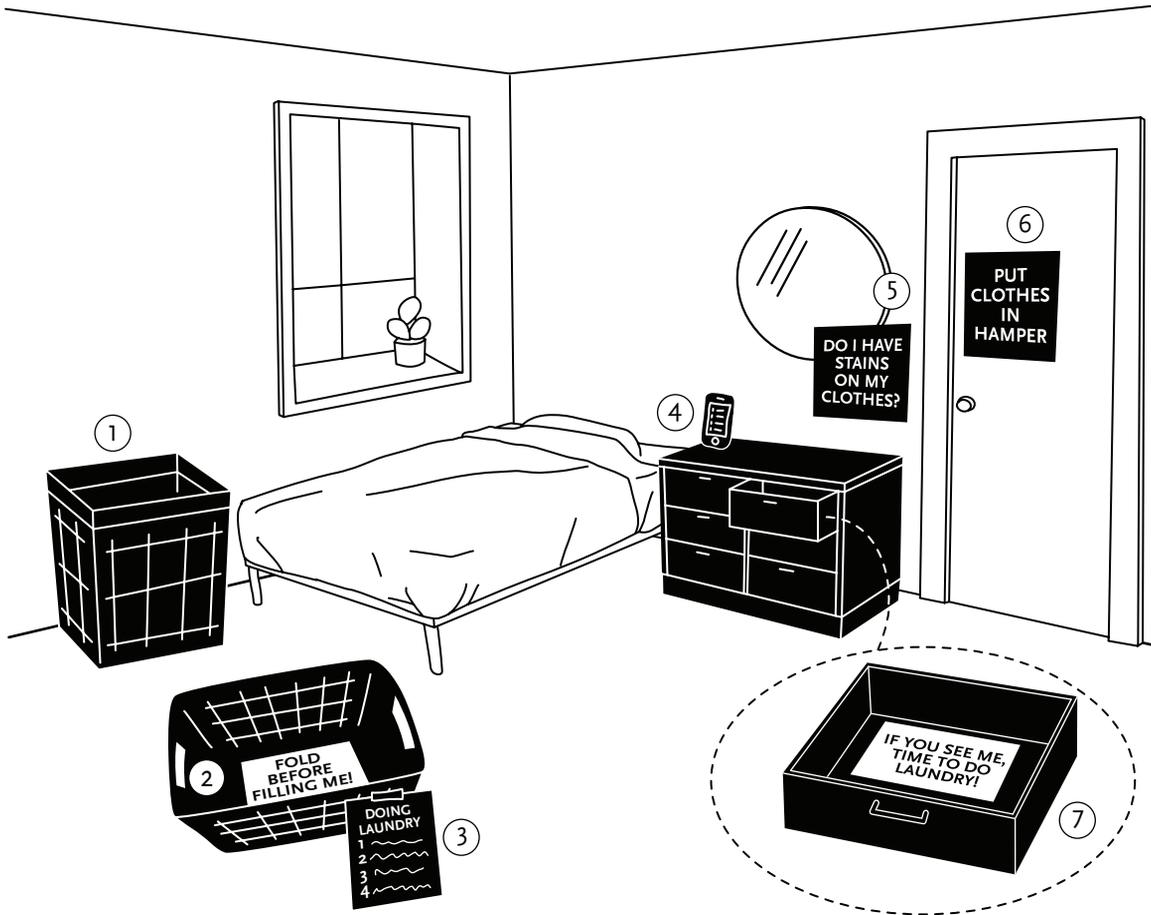
Laundry (continued)

SUPPLIES	IDEAS	NOTES
Voice or cell phone alarm or timer	Voice alarm can prompt picking up clothing off the floor ^{TGS} ; cell phone or timer can be clipped onto the person's belt and set to remind them to move clothes from washer to dryer ^{TSO}	
Quarters for laundromat	Put money in sealed envelopes labelled in large writing (e.g., "FOR DRYING CLOTHES ONLY")	
Magazines or books	Bring to the laundromat to pass the time	
Laundry time game for a smartphone	Find some apps or a brain teaser	
Audio recording of washing instructions on cell phone or digital recorder	Break down the steps in real time; e.g., "First, make sure all clothes are in the basket. Now get the laundry soap and put it in the basket. Now find out if you have X quarters. If not, go to the store to get change. Turn me [the recorder] off until you get back." Particularly helpful for people with more challenges. Alternative: You can also put these instructions in a sign over the washing machine	
Checklists	Add "Change clothes" and "Do laundry" to daily and weekly activity checklist. If doing laundry at a laundromat, make a checklist of "Things to do before going to the laundromat" and a separate checklist of "Things to check before leaving the laundromat"	
<p>LEGEND: ^{TGS} trouble getting started ^{TSO} trouble staying organized</p>		

 Strategies

Doing laundry

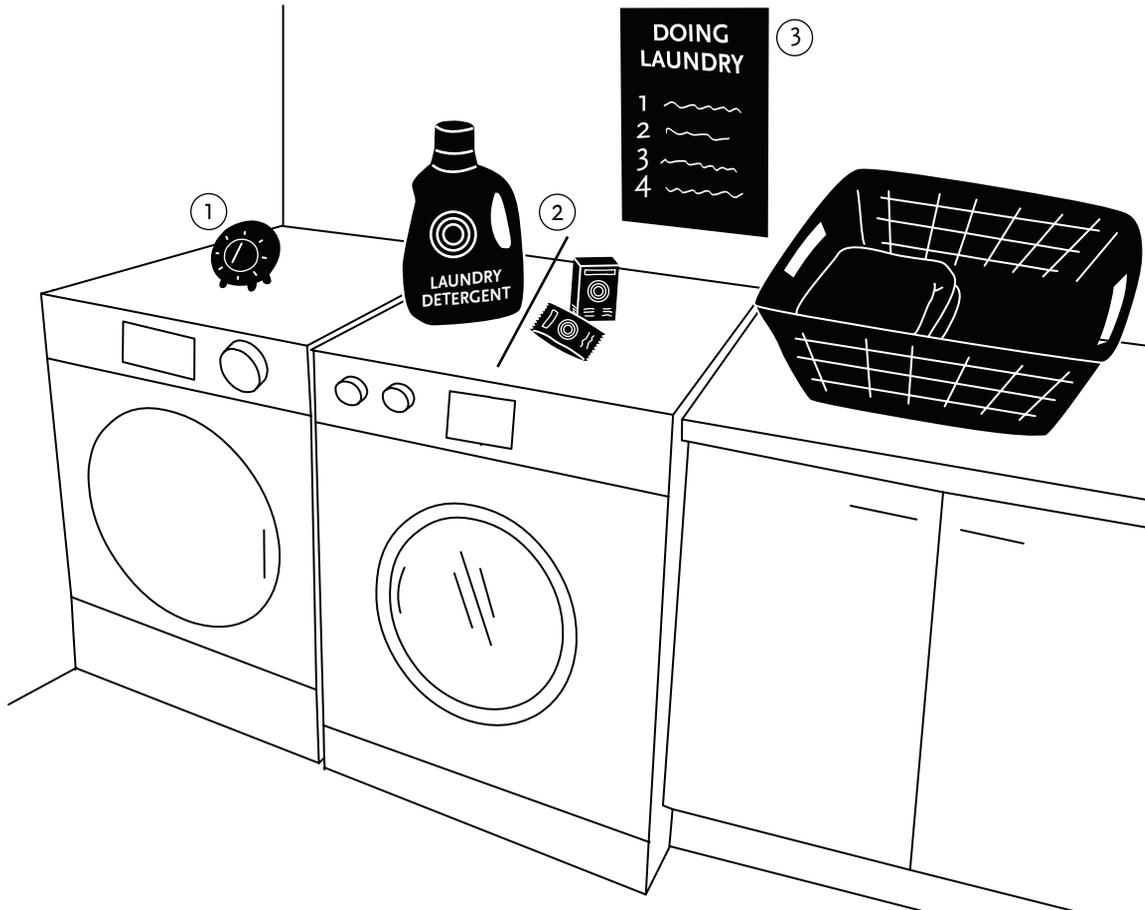
Trouble getting started



1. Put a hamper in the spot where the person tends to leave dirty clothes on the floor. Then once it is being used regularly, gradually move it to a better location.
2. Put a sign in the bottom of the laundry basket saying “Fold before filling me!”
3. Tape instructions for doing the laundry to the side of the laundry basket.
4. Use a phone (or other) alarm to prompt tidying.
5. Put a sign by the mirror that reads, “Do I have stains on my clothes?”
6. Put a sign on the door that reads, “Put clothes in hamper.”
7. Put signs in the bottom of sock and underwear drawers saying, “If you see me, time to do laundry!”

Doing laundry

Trouble staying organized



1. Make a checklist of things to do while in the laundry room. You could tape this to the side of the laundry basket. (If your relative uses a laundromat, organize money for the washer and dryer and put in separate envelopes.)
2. Provide detergent in single-use packets.
3. Work on using a timer or cell phone alarm when doing laundry, as a reminder to check loads or a signal when to move items to the dryer.

More general strategies

A great way to begin is first to practise doing laundry together, and make sure that the person adds “Is today laundry day?” to their hygiene list.

Doing a trial wash

Work with your relative to choose a specific day of the week to be laundry day. Then, before they do laundry independently, do a trial run together:

- Check the amount of soap used and ensure that washers and dryers are not overfilled.
- Put a line on the window of the machine to show the loading limit.

- Show the person how to choose a cold or delicate wash cycle if colours are mixed with lights.
- Demonstrate how to measure the appropriate amount of soap using the cap or measuring cup, and how to use the proper settings on the washer and dryer. Try using three steps, particularly when the person has more challenges:
 - Show the person how to do it.
 - Then watch and support as they do it.
 - Finally, ask them to teach you how to do it, telling you the steps as they happen.
- Think through with the person what they would like to do while they wait: bring a book or magazine, go for a coffee nearby, sit in a park? They will need to remember to use an alarm if there is a risk of losing track of time.

Using signs as reminders

You can post signs to help the person remember things. Pick and choose appropriate examples from the following:

- “Pick up clothes off the floor, put them in hamper” (on bedroom door)
- “Don’t forget to add soap!”; “Put clothes away”; “Remember to hang up your clothes” (in laundry area)
- “Check pockets! Put clothes in one at a time” (on the washing machine lid)
- “Wear clean clothing” or “Change clothing every day”
- “Dirty clothes only” (on top of hamper)
- “If you see me, time to do laundry” (at the bottom of underwear and sock drawer)
- “Do I have enough money to dry?” or “Do I have EVERYTHING I need to do laundry?” (inside the front door, if the person uses a laundromat)
- You can then follow up by calling the person once weekly and ask him or her to pick up all clothing and put them in the hamper. 



Celebrating successes

Have a conversation that encourages your loved one to think about the effects of their doing the laundry. Be mindful together of these small successes. Note how, along with success in other areas, this progress leads toward bigger life goals—dating, getting a job, developing and deepening friendships, and feeling like a whole person rather than a diagnosis.

I’ve noticed that your clothes haven’t had any stains on them, and your room is looking way tidier since you started using that laundry hamper. What changes have you noticed?

If your loved one doesn’t immediately observe any changes, you could ask questions that would prompt them to think about how things improved. For example:

Are you feeling more organized? Does wearing clean clothes make you feel better about how you look? Are you more comfortable having your friends over?

Be mindful of small successes and how this progress leads toward bigger life goals— dating, getting a job, developing and deepening friendships, and feeling like a whole person rather than a diagnosis

Managing medication

For some people with schizophrenia, medications work well and are pivotal in their recovery process. Others have significant challenges around taking their medications. They may be concerned about the medications' effectiveness. They could be dealing with side-effects, or they may have difficulties keeping medications organized and taking them as prescribed. These kinds of concerns aren't unique to schizophrenia. But the stakes are high for schizophrenia because the impacts of becoming unwell are often profound. The risks are even greater when medications are stopped abruptly without other supports being in place, or when medications are taken improperly.

The person you are supporting needs to communicate any concerns with the doctor, collaborate on medication decisions, and take medications as prescribed. Otherwise, it will not be clear how the medications are working. In the beginning you may need to help the person to do this, but over time the person will need to learn to manage his or her illness independently.

If your relative wants to stop taking medications, work on developing a "pros and cons" list, remembering what happened previous times and collaborating closely with the physician and clinical team on plans that come out of this work.

If your relative has trouble getting started, challenges can include not taking medications or taking them incompletely, not requesting changes in medications, not taking medication with food (if needed), and running out of prescriptions. For those who are disorganized, challenges include misplacing medications, taking too many pills, getting sidetracked in discussions with physicians, and taking medications with other over-the-counter drugs in combinations that might be dangerous. Here are some approaches that could help.



Let's start with supplies

Managing medication: What do I need?

SUPPLIES	IDEAS	NOTES
Water bottle	Put bottle next to bed	
Crackers or granola bars	Put in a zip-lock bag next to medications that need to be taken with food	
Dosette or blister pack or cabinet caddy	Use to organize medications; tape it to the fridge or store somewhere obvious, such as on a bedside table, where it won't get buried or lost	

Section 5 • Strategies for Everyday Living

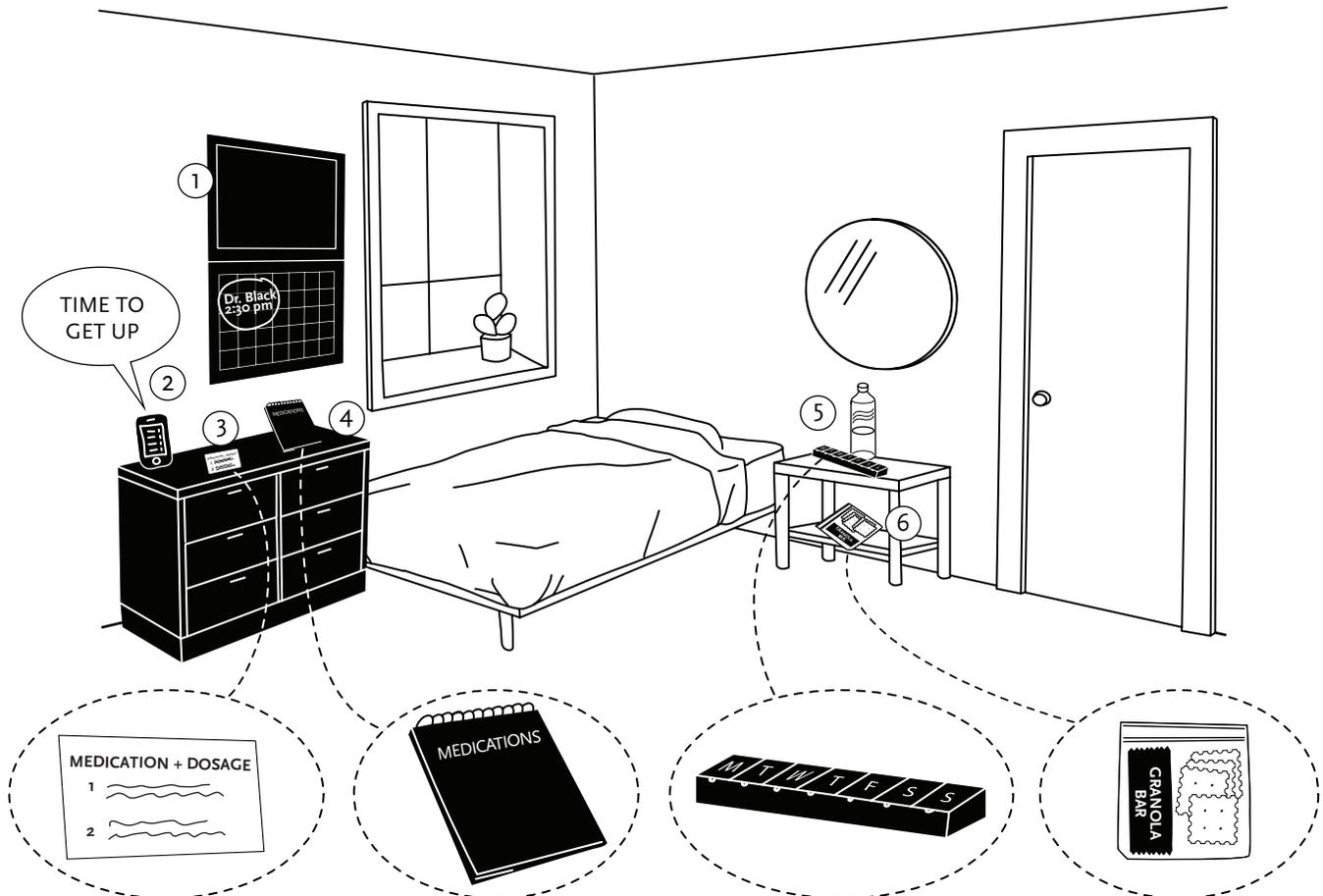
Managing medication (continued)

SUPPLIES	IDEAS	NOTES
Plastic medication container	Make sure it is clearly labelled and use it to store all medication bottles (if bottles rather than dosettes are used)	
Laminated wallet-sized card that lists all medications and dosages the person is taking	Keep in wallet	
Round coloured stickers	Use stickers to label each pill bottle or pill slot in the medication container; for example, yellow can indicate morning, blue can indicate evening ^{TSO}	
Voice-activated alarm	It can say, "It's time for me to get up and take my meds." Place it on a table away from the bed so the person has to get up to shut it off ^{TGS}	
Medication notebook	In a small notepad list the medication names, dosages, side-effects, pictures if available and reason for taking the medication	
Poster or whiteboard	Use to chart how they feel after taking medication. The person may notice they experience fewer symptoms after taking their medications	
Small notebook and pen	Use to write down questions for the doctor	
Daily checklist	Include the medication name and number of pills for every dose, to prevent the person from taking too many or too few pills. ^{TSO} Tape the checklist directly in front of pill container.	
<p>LEGEND: ^{TGS} trouble getting started ^{TSO} trouble staying organized</p>		

 Strategies

Managing medication

Trouble getting started



1. Incorporate a list of medications and doctors' appointments into a wall calendar (can also be done with checklists and alarm routines).
2. Set a voice alarm ("It's time for me to get up and take my meds") on a table away from the bed, so the person has to get up to shut it off.
3. Provide a laminated wallet card with a list of the person's medications and doses.
4. List each type of medication in a notebook along with the reason for taking it.
5. Keep a medication dosette and water bottle by the bed, so pills can be taken without having to get up.
6. Place crackers or other snacks in a zip-lock bag on the bedside table, next to medications requiring food.

Managing medication

Trouble staying organized



1. Designate a clean, visible area for a container with medication bottles and a sign that reads, "Do I have enough to last the week?"
2. Post a sign on the medication container saying, "If I am feeling bad, call the doctor (case manager, etc.)."
3. Store over-the-counter medications separately from prescription drugs, with a sign that reads, "Ask the doctor if it is safe to combine these medications with my prescription drugs."
4. List medications and doctors' appointments on a weekly wall calendar.
5. Put a sign on the fridge asking if medication has been taken.
6. Use a whiteboard to chart how the person feels after taking the medication, including both benefits and challenges.

Additional general strategies

Here are some other tips for storing medication, scheduling and attending doctor's appointments, and creating reminders and checklists.

Storing medication

- Keep medication in a cabinet or on a shelf by the bed with bottled water, so the person does not have to get up to take it. ^{TGS}
- Put the daily medication in a dosette and help the person fill it each week, until they are able to do it themselves. This will allow them to see if they will run out of medication before the week is up.
- Check to see if the person has enough medication for the week.
- Store over-the-counter medications separately from prescription drugs, with a sign that reads, "Check with doctor if safe to combine."
- If gel medications are getting stuck together in hot weather, store in the fridge.

Scheduling and attending appointments

- Make sure all medication appointments are scheduled to allow for missed appointments, rather than waiting until the last minute for refills. (Note: Many clinics schedule monthly appointments 29 or 30 days apart, without accounting for the fact that some months have 31 days or that people may be slow to pick up refills.)
- Practise sharing information with and making requests of doctors in advance of appointments, to help the person learn to advocate for themselves and more effectively make treatment decisions.
- Accompany the person to their first few doctors' appointments, and then gradually phase out your involvement—particularly for people with more challenges.
- Help the person to practise writing out information to bring in to appointments—notes about what is working, side-effects and any concerns or questions.
- Support the person in speaking with the doctor about any concerns or needed changes in prescriptions.
- Consider asking the doctor (together with your relative) for information about long-acting (injected) medications, if he or she is having significant difficulties taking medications as prescribed each day.
- Check and practise checking medication amounts in bottles or blister packs.

Creating reminders and checklists

- Add "Take medication" to the person's daily checklist.
- Remind the person to take their medication and to pick up their next prescription several days before their current one expires. Place a sign on the door: "Pick up prescription at pharmacy."
- Place a sign next to the medication container that reads, "Don't forget to take medication," "Refill medication container on ____day," or "Do I have enough medication to last the week?"

- If food is required with the medication, place a sign on the cupboard where medications are kept that reads, “Eat before taking medication.”
- Place refill dates on the calendar.
- Encourage the person to write down questions for their doctor in a notepad, and put a reminder on the calendar to bring the notepad to the appointment.
- Put a sign on the refrigerator and bathroom mirror: “Did I take my medication today?”
- Put a sign on the medication container: “If I’m feeling bad, call the doctor (case manager, etc.).”



Celebrating successes

Reinforce times that your relative speaks to their doctor about unpleasant medication side-effects or symptoms that don't seem to be improving:

I noticed that this time you talked to Dr. Richards about getting a dry mouth and having tremors since she increased your dose. I'm so glad you told her what was going on, rather than just going off the medication when you were frustrated.

Also point out ways that the medication seems to have helped:

I feel like ever since the meds have levelled off and you have them more organized, you've had a lot fewer ups and downs. Great to see. Maybe a step on the road to getting on with life, eh?

Section 6

Strategies that go beyond the basics

Overview

This next section focuses on life outside of the home. Without the basics addressed in Section 5, it is incredibly hard to get on with other important aspects of life like those addressed here. Learning the basics paves the way for the person to engage in these “higher order” or more difficult activities, for example, taking public transportation, buying their own groceries and perhaps studying or getting a job.

As in Section 5, strategies for some of the activities have two sets of illustrations—one for people who have trouble getting started, the other for people who have difficulty staying organized. Where the strategies will be similar regardless of the kinds of difficulties the person has, there is just one illustration. Feel free to pick and choose from the suggestions in each illustration. No doubt some will be more relevant for you than others.

Now, let's get out into the world.

Grocery shopping

A good diet can't happen without shopping to support it. Grocery shopping also provides an opportunity for people to get out. For people with negative symptoms of schizophrenia, and possibly depression and anxiety, shopping also is a potential way to overcome the inertia of the illness, practise a range of practical and social tasks, and battle anxiety.

People who have trouble getting started may not get around to shopping or may not shop until they are out of everything. They may not buy enough items, or may not put away food they have bought. People who are disorganized may buy items not on the list, go over budget, lose shopping items and belongings in the store, and buy without a plan so supplies run out and spoil.

Here are some strategies to consider if these things sound familiar.



Let's start with supplies

Grocery shopping: What do I need?

SUPPLIES	IDEAS	NOTES
Shopping instructions	Create a step-by-step check-list. For example: 1. Get money 2. Get shopping list 3. Get bus fare (both directions) 4. Take bus to supermarket 5. Get shopping cart 6. Check off items on list 7. Check change given	
Fanny pack or cell phone case with pockets	Use for storing grocery money. Alternative: Use a sealed envelope labelled with the intended date of shopping and "\$ for groceries" Keep coins for the shopping cart in a wallet	
Shopping list	Place by the phone, taped to the kitchen counter, or on the fridge or a magnetic board, with a pen or pencil attached by a string	

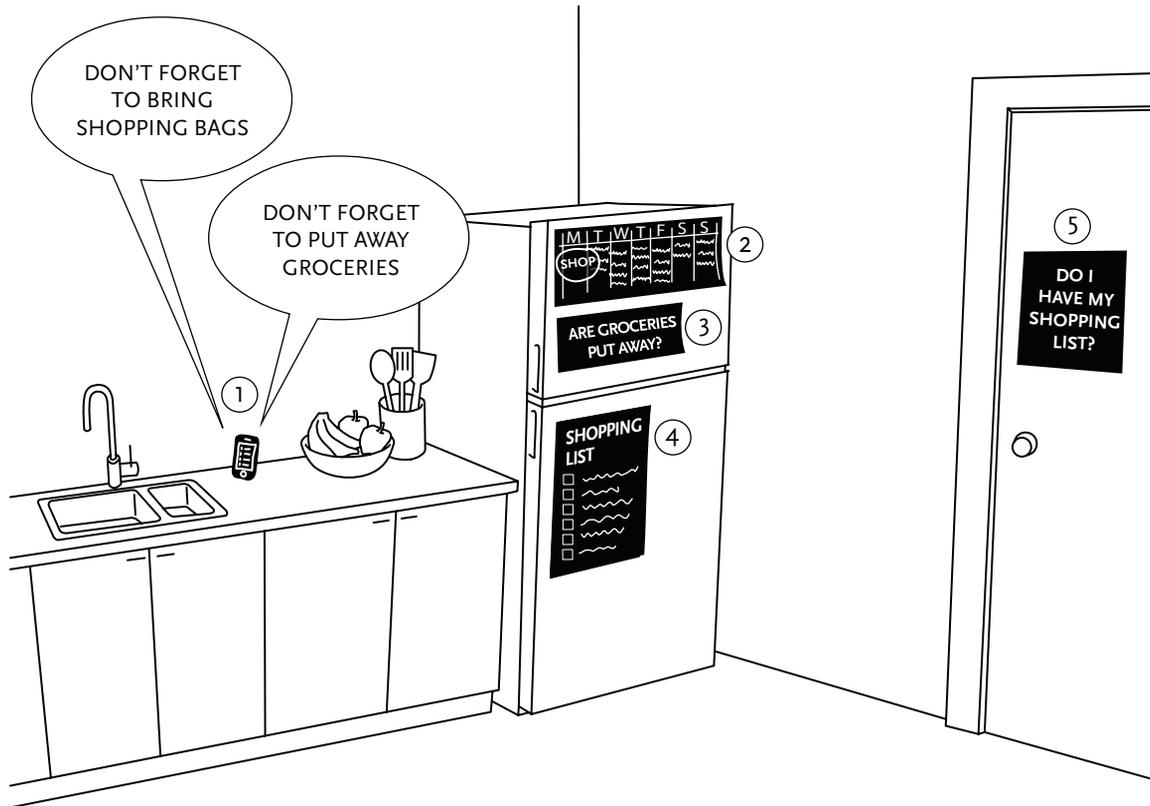
Grocery shopping (continued)

SUPPLIES	IDEAS	NOTES
Shopping bags	Put a container for shopping bags next to where shoes or the list are kept	
Pre-printed grocery lists with items needed regularly	<p>Leave space to add new items. Organize the list the same way the person moves through the store (e.g., fruit, then bread, then cleaning supplies)</p> <p>Include essential hygiene and self-care items as well as groceries. If the person tends to get disorganized or buys things on impulse, on top of the list write “Don’t buy anything that is not on the list!”</p>	
Checklists of things to bring shopping	Tape a checklist to the counter or post on fridge of items to bring (e.g., money, coins for the cart, bags, list)	
<p>LEGEND:  trouble getting started  trouble staying organized</p>		

 Strategies

Grocery shopping

Trouble getting started



1. Set a calendar alert on the person's cell phone that provides reminders about what to bring shopping and what to do when back home. Or, until the person is in the habit, send them a text or call to remind them.
2. Schedule shopping on the weekly calendar.
3. Post a sign on the fridge, or an alert on the person's cell phone, asking if they have put the groceries away.
4. Create a shopping list and post it on the fridge.
5. Put a note on the door that reads, "Do I have my shopping list" (or "Do I have my money, my backpack, my bags?").

Grocery shopping

Trouble staying organized



1. Write out the shopping list. At the top of the list, write, "Buy only what is on the list."
2. In a coat pocket, backpack pocket, fanny pack or purse, place money for groceries and a shopping list.
3. Put grocery money in a sealed envelope with a note to remind your relative to count their change. Cash is preferable because the person could overspend if using a credit or debit card. (If the person has a credit card, keep it at home in a secure place rather than in a wallet, with a sticker on both sides saying, "Do I really need this credit card?")

Additional general shopping tips

- Consider together the best time to shop—perhaps at a time when the supermarket is not very busy and is better stocked.
- Initially go to the store with the person for some trial runs—travelling by bus, car or walking. Go through the shopping routine together, preparing the route that will be used every time, and ticking off items on the list as you pick them up. (If you have made a meal plan ahead of time, this will help in making the list.) Practise a last recheck of the

list before heading to the checkout. Don't do the shopping for the person but provide support. This is particularly important for people with more challenges.

- Discuss afterward the different conversations the person had while on the shopping excursion. How did these interactions go? Is there anything that could have been said or done differently? What worked well and what didn't?



Celebrating successes

Talk together about what shopping was like—what was funny, memorable or irritating—and help the person to build it into their lives. Get together for a meal prepared by your loved one, sharing the story of picking the recipe, buying the items and preparing the food:

Since you've been doing all your own grocery shopping, have you noticed any changes? Have you saved money? Do you find your diet has changed? Are you eating better?

Give them money to buy a treat at the grocery store next time.

Transportation

Transportation greatly affects people's quality of life. How we get around and how much we get around—to social, leisure and work activities—is key to most of our lives. And the journey can be as important as the destination!

Social and community isolation is strongly linked to declining mental health, but transportation can help solve this problem. Though taking local transit or taxis can be expensive, there are subsidies for transit passes; and biking, practising walking longer distances, carpooling, saving for special trips and prioritizing are all ways to economize. As well, here are a few CAT-informed approaches to make the journey easier. They address issues such as getting lost, missing the bus, getting off at the wrong stop, losing bus fare, and leaving items on buses or in cabs.



Let's start with supplies

Getting around: What do I need?

SUPPLIES	IDEAS	NOTES
Wallet-sized laminated card	Include instructions on what to do if the person gets lost or misses the stop	
Wallet-sized map of transit system	This is available at transit stations	
Transit tokens or tickets	Preferable to cash if the person finds it hard to set money aside	
Backpack for belongings	Many compartments are better for organization	
A reminder recording or calendar alert	Use to remind the person what he or she needs for the trip	
Pass for a special service bus (if relevant)	Provides door-to-door transportation	
Recording to use with earphones	Messages every few minutes to encourage the person to be aware of their surroundings (e.g., "Where am I now?", "Is the next stop mine?" ^{TGS})	
LEGEND: ^{TGS} trouble getting started ^{TSO} trouble staying organized		



Strategies

Taking transit

Trouble getting started



1. Laminate a card for the person to keep in their wallet, with instructions about what to do if they get lost.
2. Consider routes that are more pleasing, interesting and motivating (e.g., getting a coffee on the way, passing a favourite landmark or park).
3. Keep fare money separately so it doesn't accidentally get spent on something else.
4. Set an alarm to alert the person when to leave for the bus (e.g., a two-minute warning or whatever will work best for the person).
5. Put a list of bus times by the door (or program into a cell phone app if this exists in your area).

Taking transit

Trouble staying organized



1. Work with the person to practise asking, “Is this my stop?” every time they exit transit.
2. Laminate a wallet card with instructions about what to do if the person gets lost.
3. Practise using a specific coat or backpack pocket or lanyard for passes or fares.
4. Make sure the person has a transit map if they tend to get lost.

Other helpful tips

Assess the benefits of getting out, and forms of travel

- Draw a line down the middle of a page. On one side list the benefits of getting out more and on the other side list the challenges. Consider them together and see if some of the challenges can be addressed with CAT skills. TGS
- Ask the person if physical issues (e.g., sore joints, foot pain, fatigue) are part of a problem with getting around. If so, consult a physician and address problems (e.g., more comfortable shoes, a walker, physiotherapy, progressive exercise).
- Brainstorm safe travel options other than transit, such as cycling and walking.

Practice taking the bus together

- Start by providing simple, clear instructions on how to use transit to get to regular destinations (e.g., nearest bus stop, fares, transfers, schedules).
- Ride with the person on regular routes at first, to practise. But don't help too much! People learn the most by making small mistakes and getting help afterward. This could include going to the doctor's office or grocery store. Then provide step-by-step instructions for taking the route, which the person can keep in their purse or wallet. This may apply more to people with greater challenges.
- Help the person come up with a good way to ask the driver to remind him or her of the stop ("Could you please tell me when the xx stop is next?"); to practise asking themselves, "Is this my stop?"; to look for a specific landmark as they leave the bus; and to figure out ahead of time what they will do if they get lost.
- Encourage or help the person practise using more challenging routes—going further as desired, to enhance skills.



Celebrating successes

There are many ways to celebrate gains in getting around more easily. Go on trips together. Ask the person to tour you through their neighbourhood, share what they have discovered and, when spending time together, use skills to explore and enjoy each other's company.

Call attention to how having an easier time getting around is leading to bigger goals:

Since you have started taking the bus, it seems like you've been getting to work on time, seeing friends and family more, and doing more shopping. Does it feel more liberating to be out and about more on your own? Do you find that you're saving money by being able to go to different shops to find things that could be cheaper?

Managing money

Most people with schizophrenia who live on benefits struggle with the stress of not having enough money. This problem is almost always due to the inadequate funds society allocates to support people with such illnesses. Managing the little money they have then becomes all the more important. Problems in managing money can include too often allowing others to borrow food, cigarettes and cash; not paying bills; and spending too much on some things while not having enough for others. Try to work collaboratively and keep a focus on key goals: having money for a special purchase or vacation, eating more healthily and being able to travel in the city and get to events. These should be the primary goals, and being strategic about money is the means to get there.



Let's start with supplies

Here are some strategies that might help.

Managing money: What do I need?

SUPPLIES	IDEAS	NOTES
Change jar	Keep on the dresser	
Wallet or change purse	Keep in a regular place (e.g., on the dresser)	
Gift card	Load with a limited amount of money, if spending too much in one place is an issue. (You could also tape a card inside the person's wallet that reads, "Is this in my budget?")	
A file box	Use a box or other container for bills and important papers	
A monthly spreadsheet of expenses	Alternative: a spending diary or notebook	
A backpack with a pocket for storing money and important belongings	Alternative: a cell phone with a money pocket	
Envelopes and stamps for paying bills	Not needed if you can set up an online process for paying bills	
<p>LEGEND: trouble getting started trouble staying organized</p>		



Strategies

Problems in managing money can include often allowing others to borrow food, cigarettes and cash; not paying bills; and spending too much on some things while not having enough for others

Managing money

To begin, discuss the benefits to your relative being able to manage their money independently. Then follow these tips to help this happen. Strategies presented here are quite general, and so they will often be the same whether the person has trouble getting started or trouble staying organized.



1. Add paying bills to calendar or checklists.
2. Put a picture on the wall of what the person could buy in a month with their savings, and mark what they have saved so far and how much more they need. (You could also use a reminder sign about the goal of saving, e.g., "If I spend too much money on pop, I won't have money for a dinner out or the game at the end of the month.")
3. Start using a spending diary to record expenses. Review when visiting.
4. Practise using a spreadsheet to track bills and expenses for groceries, movies, etc.
5. Work with the person on the best way to store money (e.g., in envelopes by category such as groceries, restaurants, transportation). Also discuss the best ways to pay for things (e.g., credit and debit cards, cash). Purchase a wallet, etc., as needed.
6. Start a file box where you can keep bills.

Other helpful tips

Managing a budget and paying bills

- Help the person to:
 - manage first \$20 a week, then gradually increase the amount (if the person has not had control of finances before)
 - create a spreadsheet for monthly bills
 - create a budget for all expenses, incidentals and entertainment for the month
 - pay bills (include paying bills on one daily checklist per week or on the calendar)
 - use envelopes to manage money for the month, with each envelope allocated for a specific purpose (e.g., clothing, groceries) ^{TSO}
 - figure out how much is spent per month or year on an unhealthy habit such as smoking (if this is a problem), and consider what that money could go toward instead (e.g., a trip, a special piece of furniture)
 - start a spending diary; assign homework of recording every expenditure during the week. Review each time you visit. After the person has kept a diary for one month, use the knowledge gained to plan the budget for following months.

Finding ways to economize or spend carefully

- Encourage the person to count any change that is handed to him or her when shopping.
- Discuss strategies such as buying in bulk; for example, instead of buying individual snacks or pop, buy a large bag of snack food (e.g., chips or pretzels) and put in small zip-lock bags. Label with each day of the week.
- Place out of sight food or other items that the person too often gives away to visitors, and have them practise politely saying no.
- Shop in less expensive stores.

Creating reminders

- Make a sign to remind the person of their saving (or not spending) goal (e.g., “If I spend too much on sodas, I won’t have money for dinner out at the end of the month.”)
- Put a reminder on the refrigerator with dates to mail bills.
- Tape a card to the inside of the person’s wallet that reads, “Is this in my budget?”
- Write down how to politely decline when people ask to borrow money or other items, and review this as needed in the moment.



Celebrating successes

After reviewing the spending diary, celebrate successes rather than point out problems. Help them see their being able to accomplish these tasks as steps to reaching bigger life goals.

You didn't run out of grocery money this month. That must have felt like a big relief. And you didn't even have to borrow money to do that. How are you feeling about that? It looks like you are now halfway to meeting your goal of being able to buy a cell phone.

Social skills and communication

CAT does not generally provide social activities through its program, but does encourage people to get involved in activities in their community. People may not initiate conversations, or may isolate themselves, and not answer the phone. Others may speak too loudly and keep jumping topics, talk a bit too much and get too close to people, and may lose track of social events.



Let's start with supplies

Staying in touch: What do I need?

SUPPLIES	IDEAS	NOTES
Phone	This could be a land line or a cell phone (smartphone or otherwise)	
Laminated wallet card with list of greetings and conversation starters	Examples: "Man, it's cold, eh?" "You been on any trips lately?"	
Phone numbers of friends taped near the phone	Add pictures of the friends as well as their names if more of a prompt is needed TGS	
Sign saying, "Am I talking too much or too loud today?"	Place this sign near the phone	
Daily checklist, calendar and alarm that include social activities (e.g., "Call a friend")	Practise filling in new information for each week	
Note pad with pen or pencil	Attach to phone with string	
Instructions for answering the phone (for people with greater challenges)	Attach it to the phone, along with a pen or pencil and pad. Steps for when the person being called is not home: 1. Say hello 2. Let caller know the person they want is not in 3. Ask if you can take a message 4. Write down what they say 5. Read the message back to the caller and make any corrections	
LEGEND: TGS trouble getting started TSO trouble staying organized		

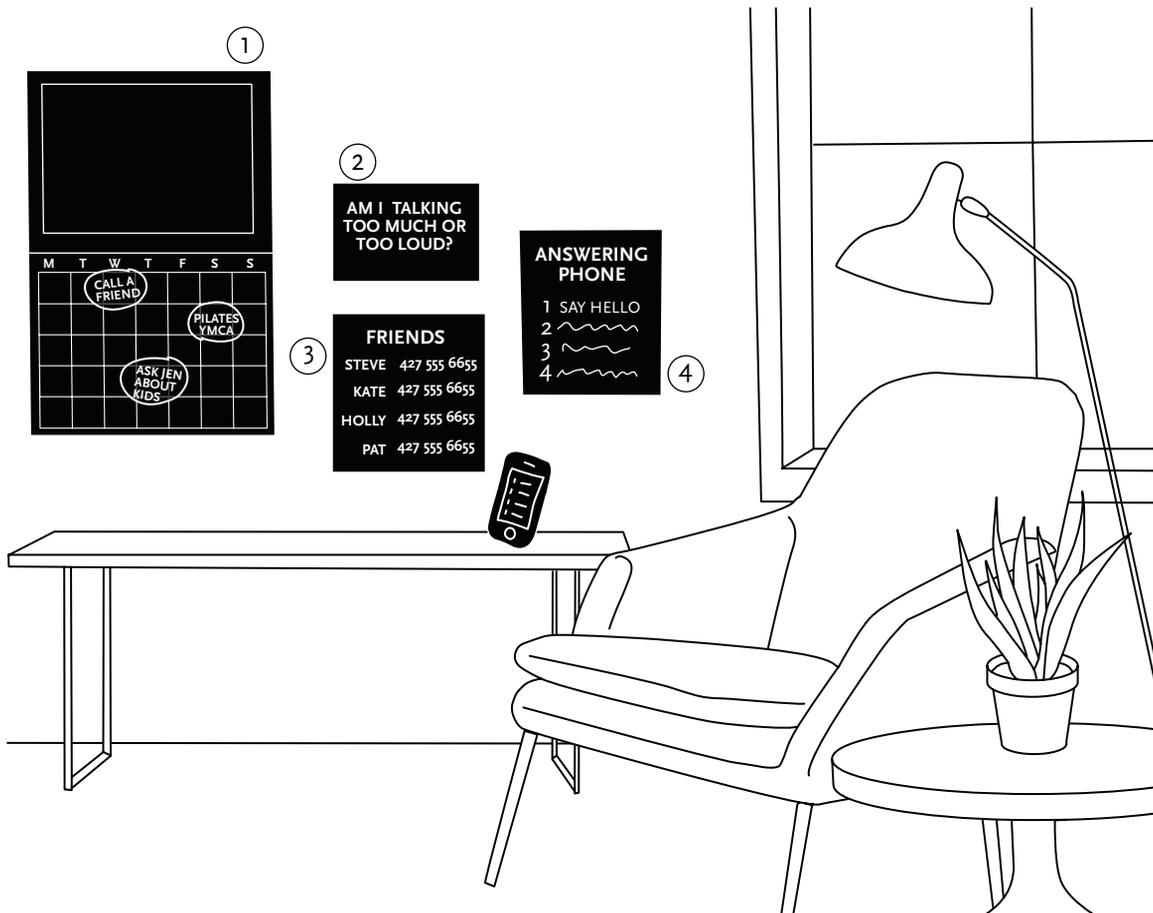


Strategies

Here are a few ideas to address challenges someone might have with having conversations, talking on the phone and getting involved socially, whether with friends or in different organized activities.

Socializing and communicating

Trouble getting started



1. Put a calendar on the wall that includes social activities (e.g., call a friend on one day, “go to class at the Y” and “ask Jen about kids” on another).
2. Put a sign in the living space saying, “Am I talking too much or too loud?”
3. Tape a list of friends’ phone numbers near the phone.
4. Create a sign that lists the steps to answering the phone.

Socializing and communicating

Trouble staying organized



1. Engage in a conversation to give your relative practice in talking to others. Provide gentle feedback about volume, amount of talking and personal space.
2. Engage in different activities together, such as playing cards.
3. Provide a list of greetings and conversation starters (e.g., “Man, it’s cold/hot today, eh?” “You do any trips lately?” “You following the playoffs?”). Then practise them together.
4. Put a sign in the home (as appropriate) that reads, “Am I talking too much or too loud?”

Other helpful tips

Practise having conversations

- Gently provide feedback about how it would be helpful if the person looked at you when talking and spoke a little louder.
- Demonstrate appropriate eye contact, if staring is an issue.

- Role-play the difference between interactions with family members, with friends and with strangers in the community.
- Change the phone alarm sound frequently so it remains noticeable, to remind the person about the shared project of keeping better connected.
- Try conversational role-plays.
- Discuss topics and boundaries—what types of things are best spoken about in service settings, with friends and family, with acquaintances?

Think about ways to socialize

- Add social activities to calendar, alarm and checklist routines.
- Do social things together. Provide gentle encouragement and feedback as needed.
- Encourage participation in a sport, game, leisure group/club or spiritual-based activities. They could also join a social skills group or special interest or hobby group, or get involved in a religious program, if that is relevant for them.
- Work through transportation issues, if the person wants to get involved in different social activities. (Review the section on transportation on page 70.)
- Take the person out into a social situation (e.g., to a restaurant, store, day program or grocery store, or on a walk) and model social behaviours such as smiling, saying hello or starting a short conversation). Discuss afterwards how these interactions went.
- If others live with the person, try to include them in conversation and to foster connections.
- Encourage them to get involved in different activities (e.g., board games, walk to coffee shop).
- Tour a local community centre together, and explore other budget-conscious options to get more socially active.

When your relative gets better at socializing, they'll tend to feel better: they will be less isolated, will get positive feedback from others and will have better self-esteem



Celebrating successes

Unlike more basic strategies for daily living, improving social skills are likely to be obviously and inherently rewarding. People will tend to feel better: they will be less isolated, will get positive feedback from others and will have better self-esteem. You could consider and celebrate together how the person has progressed from working on more basic skills to developing more complex ones that can enrich their lives.

A few months ago, you were barely leaving the house. And now you're going out almost every day and calling and connecting more with your relatives.

It was great the way you engaged your cousin at the park today—with the questions, the handshake, all of it. You are getting back in the groove, my friend!

How are you enjoying spending time at the community centre? And what do you think of that yoga group?

How about we celebrate by going out to dinner and a movie tonight?

Leisure skills

For many people, leisure activities are an important part of the path to wellness and a better quality of life. Being involved in different activities can help people to feel more included socially and more engaged psychologically, culturally and spiritually. And for many, having activities to go to can provide the impetus to get up and get out of the house in the morning, and possibly find eventual volunteer or paid employment.

People who have trouble getting started might not be able to identify what interests them, and they may spend a lot of time alone, watching TV. People who are challenged by being disorganized might start a lot of things or make choices about activities that they then abandon, either because they lose interest or because they don't have the money or resources to continue.



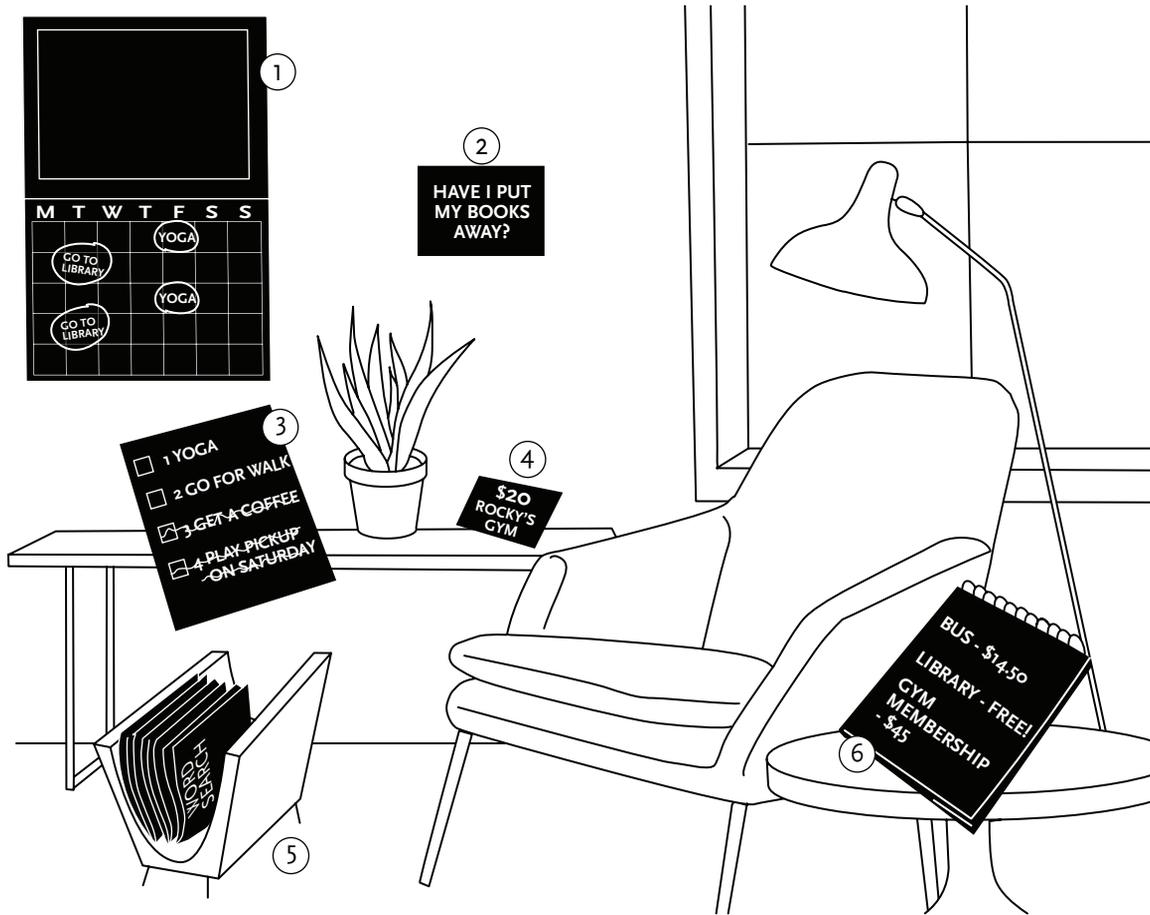
Let's start with supplies

Being active: What do I need?

SUPPLIES	IDEAS	NOTES
Books or magazines, cards, board games, paints, fishing rod and tackle, gym membership, etc.	Put in obvious places in the home ^{TGS}	
Small gift cards to pay for a certain activity	Discuss together the most appealing ones	
Transit passes for travel to activities	Ensure they are stored in a consistent place	
Notepad	Jot down ideas for activities	
Checklist or calendar	Use to record or keep track of activities	
LEGEND: ^{TGS} trouble getting started ^{TSO} trouble staying organized		

 Strategies

Spending leisure time



1. Schedule specific activities into a checklist or calendar (e.g., read sports magazine for 15 minutes, go to library to catch weekly music performance, do yoga, go for a walk, get a coffee, play pick-up on Saturday).
2. Post a sign that reads, “Have I put my books away?” and any other signs to remind the person to tidy up.
3. Make a checklist of possible activities for the day (e.g., yoga, going for a walk, meeting a friend for coffee, planning a pick-up game for the weekend).
4. Provide gift cards to ensure that money is used for that activity rather than on something else.
5. Provide the person with supplies to engage in activities, such as reading, baking, fishing, or playing word or board games. Create a dedicated space where indoor activities can be done (e.g., a sofa and table in a quiet area of a room), and remove clutter and distractions from the space.
6. Leave a notepad next to the sofa to write down possible activities for the day, and their cost.

Other helpful tips

Explore different activities and interests

- Initially engage in activities with the person.
- Work with the person to identify one leisure interest. If they have trouble coming up with ideas, ask about interests they had before they got ill. Ask about specific activities (e.g., “Do you like any sports? What about music?”)
- Provide the person with supplies to engage in activities, such as reading, painting, baking, fishing. You may initially need to do the activity with the person until he or she gets into the swing of things.
- Ask the person what their favourite subject was in school. Bring things for them to do that might allow them to enjoy similar types of things at home (e.g., books, art supplies, signing up for a free math course online).
- Work with the person to identify the space in the home that would be best to work on certain hobbies.

Create a schedule of activities, and checklists and reminders

- Give the person a weekly schedule, with days of the week across the top, and time in one-hour increments (e.g., from 7:00 a.m. to 7:00 p.m.) down the left margin. Before scheduling new activities, ask the person (or others if you are not sure the person can do this on their own) to fill it out for one week, so you can both see what the person is doing on a typical day. If it is mostly blank, reflect together on how great it would be to have more happening. Then make a daily checklist that—in addition to other tasks—includes one leisure activity. Be specific (e.g., “Garden for half an hour,” “Watch one TED Talk”).
- Leave a notepad next to the bed or any other convenient place, and a sign that reads “What activity would I like to do today?” Have the person write these ideas down for a week. Review the list at the next visit.
- In an obvious place, post a list of the leisure ideas that the person has suggested. Have the person check them off as they participate in them through the week.
- Post a sign that encourages the person to finish an activity; for example, “Did I finish quilting?” 
- Put a sign on any unopened supplies to encourage the person to complete unfinished projects before engaging in new ones. It could read, for example, “Don’t open until I finish painting the clock.” 



Celebrating successes

This is one of the easier areas to celebrate. Join the person in what they are doing. Admire what they have produced, and help them recognize what they have accomplished—maybe using photographs, or posting on social media if they use it (e.g., taking a selfie at the park to share with family).

Work skills

A large body of research and experience speak to the crucial role of employment in the lives of people with severe mental illness. Among other benefits, employment allows people to be more involved socially, to know that their identity is not defined by their diagnosis, and to alleviate financial strain. It also helps them on the road to recovery. Even working a few hours a week can make a big difference in someone's confidence.

People who have trouble getting started might have difficulty beginning work tasks. They may complete one task without moving on to the next, and work slowly. People who struggle with disorganization might have trouble focusing and finishing tasks, may focus on less important parts of tasks, and might get caught up in conversations and other activities that take them away from their work.



Let's start with supplies

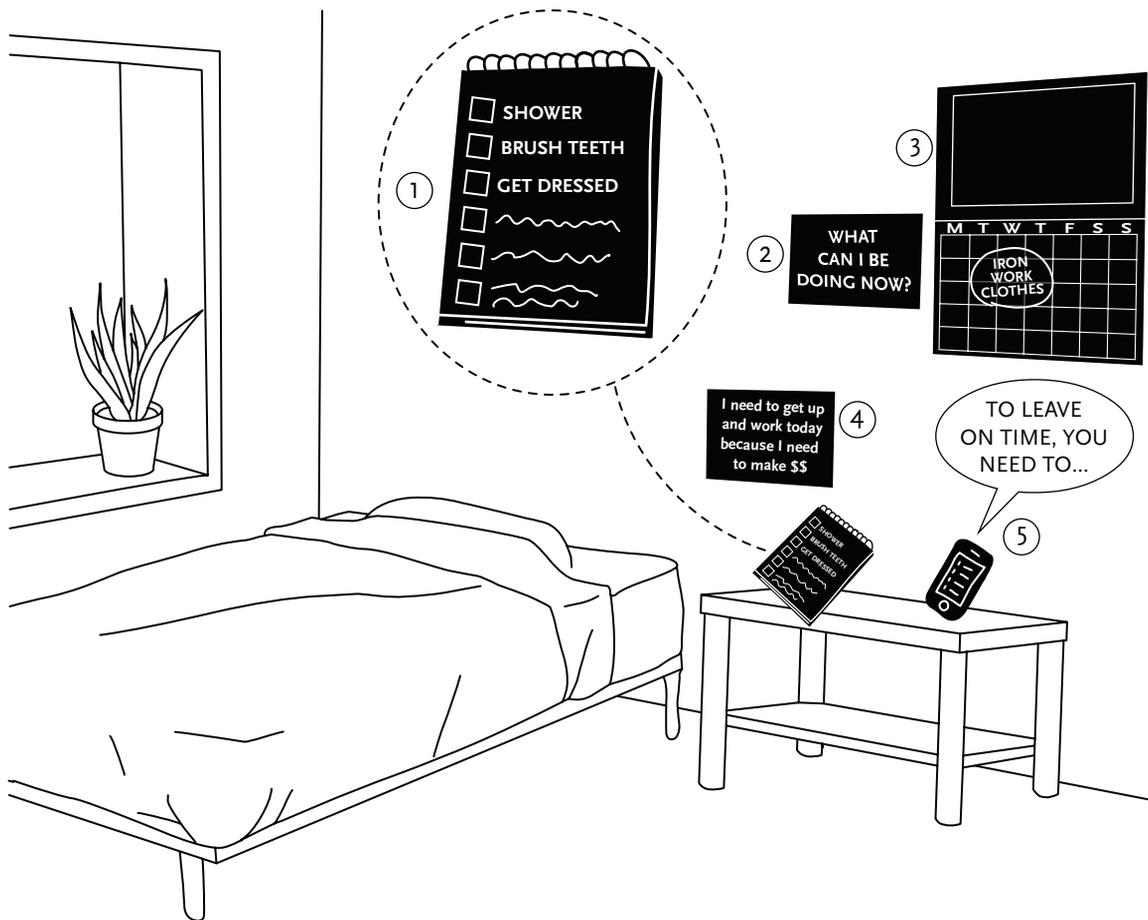
Work skills: What do I need?

SUPPLIES	IDEAS	NOTES
Audio recorder	For recording steps to tasks TSO	
Wall calendar with a pen attached	Same calendar used for recording other CAT activities, but with a focus on work	
Phone or other alarm	Program in work-related activities	
Signs	Place in key places where prompts are needed for specific activities or to break down tasks	
A "What if" list	Top five to 10 problems that might arise in the work situation, and their solutions	
LEGEND: TGS trouble getting started TSO trouble staying organized		

 Strategies

Working

Trouble getting started



1. Put a checklist on the bedside table of things to do to get ready for work (e.g., shower, brush teeth, pack transit pass and money for lunch).
2. Create signs that ask things like, “What is next?” “What can I be doing now?” “Have I finished getting ready?”
3. Include on the wall calendar things required to get ready for work (e.g., iron work clothes).
4. Create a sign next to the bed that reads, “I need to get up and work today because it will help me [in X, Y, and Z ways].”
5. Have the person practise what they will need to do by using audio recordings of the required tasks, by practising together or by putting them on an app on their cell phone (e.g., “Are you on task? . . . Check off what you’ve done . . . Are you all finished?”).

Working

Trouble staying organized



1. At the workplace, post a sign at eye level that prompts the person to remember what they are working on today. This sign might need to be revised each day.
2. Post a sign that reads, “Remember to check your work.”
3. Remove all distractions from workspaces. Work on things like finding a space to work that is not next to distractions (e.g., chatty people). Practise turning off the cell phone.
4. Keep a notebook with a list of workplace instructions.
5. Get an app that provides quiet alarms periodically, or use a recorded message that periodically cues the person to look at what they are doing, determine whether they have finished their current task, and decide what is needed next. These should be simple steps that break down tasks into manageable parts.
6. Use checklists, broken down by steps and tasks, to be ticked off as work is completed. Encourage and practise the regular use and checking of this list.

Employment allows people to be more involved socially, to know that their identity is not defined by their diagnosis, and to alleviate financial strain

Other helpful tips

Here are some CAT suggestions:

Record steps, create checklists, provide prompts and minimize distractions

- Give the person a checklist with each larger task broken down into steps. For example, rather than say “Stock the shelves,” provide a list of each stage in the task. The more challenges the person has, the more detailed the steps should be; consider using pictures.
- Use an audio message to walk the person through each step in a work task, which can be repeated as needed, with reminders (e.g., “Remember, you're working on putting the A part on the B part today”). Each step should also include a verbal prompt to signal that the person should begin (e.g. “It’s time to place labels on files now. I’d like you to start by . . .”). Make sure to record encouraging statements and reinforce the person’s efforts along the way (e.g., “You have already made four folders. Great work. Let’s keep going.”)
- Remove all distractions from the workspace. If possible, have the person work in a cubby area with walls on three sides to minimize distractions from others. Remove phone, posters, plants and any other objects irrelevant to the specific work task.
- Provide frequent verbal prompts—as often as every few minutes—to redirect the person to focus on the task. 

Post signs as reminders

- Place a sign at eye level directing the person’s attention to the specific task (e.g., “What should I be doing right now to get this job done?”)
- Place another large sign at eye level that reads, “When this job is done, ask X, ‘What can I do next?’”
- Place a sign where the task is completed, reminding the person to check their work. For example, if the task is to make files with matching labels and then place them in a cabinet, the sign on the file cabinet would say, “Do the labels match?”
- Clearly label all relevant work supplies.
- Meet with the person’s supervisor or employer to discuss these kinds of strategies and how they might be integrated into the work space.



Celebrating successes

Celebrate work successes, such as getting their first pay cheque, getting their hours increased or receiving a promotion:

You hadn’t been working for three years, and now you’ve managed to keep your job for several months, and you’re getting your hours increased after the holidays. Let’s go out and celebrate by getting something you’ll need for work—a mug? A lunch bag?

Section 7

Putting supports into practice

Environmental supports

Your first discussion—introducing the manual

Key principles and techniques

- Begin with strengths—what your relative is good at.
- Use their own words to describe problems.
- Discuss how cognitive problems affect everyday tasks.
- Answer any questions that arise.

Here's an example of what you could say to the person you are supporting:

I know you have wanted something to help you get better. You have been through a lot and you have a great deal of courage. I'm interested in seeing whether this program involving environmental supports will help you to get even better.

When people have schizophrenia, sometimes they have trouble paying attention, remembering things and making plans. This environmental support program talks about using signs and technology to help you with your everyday tasks so that things become easier, and you can start to move on with your life plans.

The program suggests that you and I put up signs and use alarms that will let you know when it's time to do certain tasks. The program also gives ideas about how we can organize your room so it will be easier for you to get going in the morning and do your everyday activities. You know how I am always nagging you to pick up your dirty clothes? Well, the program actually has a plan that will make tidying up easier for you without my having to keep telling you to pick up after yourself.

For example, you know how you take your clothes off next to your bed and leave a pile there. The program suggests that we put two laundry baskets in your bedroom—one for clean clothes and one for dirty ones. That way you are sorting them as you go along, and it will be easier to do laundry because they will already be in baskets.

We can also work on other things like what to do in your spare time, how to take care of the dog, and maybe ways to get a job.

Talk to your relative about what he or she sees as the most important things to work on. Compare the situation now with how things used to be before the person got ill. For example, you might say, "You used to get out so much with your friend Janelle. Maybe you would feel better if you started doing that again. Every time I see her she asks how you are doing."

You can begin to look at what supports you can introduce once you have:

- explored the person's goals
- figured out the first steps to getting there
- agreed about where the person has the most difficulty (e.g., trouble getting started).

You could begin with one of the supports that applies to most of the strategies (e.g., a calendar) as well as a few specific strategies that apply to a particular task (e.g., organizing hygiene supplies in a small basket).

It is usually best to begin with a simple strategy, like brushing teeth, because your relative needs to master some basic steps before working toward larger goals like getting a job or dating. Here's how you could address brushing teeth.

OK, so brushing your teeth is bit of a problem because, if you don't brush, your teeth hurt. Then you don't brush because your teeth hurt. What I can do is buy some toothpaste that is made especially for sensitive teeth and an extra soft brush. You can start to use that to help your teeth hurt less. We could also attach a cup to the bathroom mirror for your toothbrush and toothpaste. Then you'll see it whenever you go in there. How does that sound?

If your relative doesn't like the plan or it won't work for some reason (e.g., they live in a board-and-care home, where other residents may use the brush if it is in a public place), you can suggest an alternative. The main thing at the beginning is to start with something that you agree about and can get going with, so you both feel you are accomplishing something.

Select supports for two or three problems and set a time, within a few days, for you and your relative to set them up. Depending on your situation, you may want the person to accompany you to the store to buy the supplies you selected. For examples of how this first visit could go, see the first meetings of Videos 3 to 6 at www.schizophreniafamilystrategies.com.

Second visit—about a week later

Key principles and techniques

- Remind your relative about what you discussed in the first visit.
- Show your relative the things you brought.
- Have your relative help you set up the supports.
- Explain and demonstrate the use of each item.

For each support that you put in place, try to use an approach like this:

Caregiver: Remember last time we talked about how it was hard for you to get going, and that one thing you have trouble with is brushing your teeth? Let's put up the cup on the mirror. Now put in your brush and toothpaste. [Tape instructions to the mirror, along with a checklist]. Also, after you have brushed, you can check it off on this "to do" list for each day. Did you brush your teeth today?

Relative: No.

Caregiver: Why don't you do that now, and then we can check off Tuesday. Use the dental caddy for your supplies and the checklist to remind you to brush every day. This is one of the first steps in your goal to get out more and feel better about how you look.

Toward the end of this second visit, you can select one or two other things to work on. Repeat the process described for the initial discussion.

Caregiver: Now, let's talk about what other supports we can pick up for next week. I remember you told me you were tired of bland, starchy food. What do you think about working on varying your diet?

Relative: Sure, that could be good.

Caregiver: Maybe we could take a look at what you have in the fridge and in your cupboards. Do a bit of an inventory. Then we could look online for a few simple recipes to begin with. Next we could figure out a shopping list and budget how much the groceries might cost. Maybe we could shop together the first time for you to get into the swing of things, and go from there?

Relative: That sounds OK. I used to cook a lot and I miss doing that.

Schedule the next time you will work on this—ideally a few days or a week from now, and then at the same time each week. If you have given your relative a calendar or they already had one, make sure they write down the time and date of each activity (e.g., throwing out spoiled food; looking up a new recipe and writing down the ingredients).

[For examples of how the second visit could go, see "one week later" in Videos 3 to 6 at www.schizophreniafamilystrategies.com.]

Subsequent visits

In all subsequent visits, you will need to check the strategies put in place in the home on the last visit. Then identify any problems the person has had in implementing specific supports or strategies, and make alterations as needed. Then work with the person to select new targets for attention.

Key principles and techniques

- Review the supports set up on the previous visit.
- Troubleshoot any difficulties.
- Make necessary changes.
- Have your relative help you set up the supports.
- Explain and demonstrate the use of each item.

Address any immediate problems or concerns first before working on environmental supports.

How did last week go?

Your relative may have new concerns, or you may know that things did not go well. If you know, acknowledge the difficulties. For example, you could say:

I know things didn't go too well for you last week. Let's talk about what we can do differently this week.

Next, review the supports set up the previous week. Find out which ones were used, and which did not seem to work. Use the troubleshooting guide (page 95) to identify what went wrong. If an aspect of the plan needs to be changed weekly (e.g., colour of sign to capture attention, updating a social activity list), do so.

If a checklist was not used, discuss with your relative whether they did the task and forgot to write it down, or did not do the task. If they simply forgot to write it down, have them check the appropriate boxes, and try again with next week's checklist.

Caregiver: I notice that you checked off that you brushed your teeth every day. That's great! So this basket and checklist are working.

Or:

I notice that there are no check marks on this. Did you brush your teeth last week?

Relative: Yes.

Caregiver: OK. Then go ahead and make check marks on each day that you brushed. Good. Now, let's put up the new list. See if this week you can make a check when you brush, all right?

If they did not do the task, review with your relative the reasons they thought the task was important and explore other options from the manual that may work.

Caregiver: So this didn't work to help you brush your teeth. How about if we try something else? I can get an alarm that records your voice. You can make it say, "I need to brush my teeth." We could put it in the bathroom and set it for a specific time.

Relative: That might be better, because I'd have to go in the bathroom to shut it off.

Caregiver: Right, and while you're in there, you could brush your teeth. In fact, it might be better to let it keep going off until you're done brushing.

Relative: OK. I can try it.

Add new interventions when the ones already established are working. Repeat the process described for the end of the second visit.

Caregiver: Well, it looks like you did a great job with these things. What would you like to work on next week?

Relative: Well, my wallet is where I keep all these important papers. It's getting too full. Can I get a new wallet?

Caregiver: It looks like you may need a file box for all those papers. That way you wouldn't have to carry them around all the time, and you would know where to find them when you needed them. How about we pick one out for next week and we can work together on filing your important papers?

Repeat this process as you move through the steps toward the person's goal. Remember that this is an experiment that you are doing together. Some things will work and some won't. What we hope you see is that areas that might have required a lot of support early on become more automatic later. Over time, we hope you can move together toward the higher order goals of life—playing, working, having loving relationships—so the person is as fully engaged in the recovery process as they can be and the illness takes up less and less space in all your lives.

For example of how a follow-up visit could go after several weeks of implementing the supports together, see “several weeks later” in Videos 3 to 6 at www.schizophreniafamilystrategies.com.

Troubleshooting

Here are some questions to ask yourself when an intervention is not working.

Is your relative convinced of the importance of the targeted problem?

If your relative is not convinced of the need to address the problem, you will need to go back over the benefits of doing the task and the consequences of not doing it. Work with your relative to see if they recognize that the target problem is an important one. If this goal is one they do not care about, you may want to shift to another goal they see as more important as a way to keep them engaged. You can attempt to return to the original area later. If your relative is committed to working on a specific problem, you should together be able to come up with a support that will help.

Is the support set up in the wrong location?

If you have set up a support too far from where the targeted activity takes place, you may need to move it closer. For example, if the person undresses by the bed and you put laundry baskets in the closet, you may have empty hampers in the closet and piles of dirty clothes by the bed. Move the baskets to the foot of the bed where your relative gets undressed.

Would another type of support work better?

If your relative prefers voice alarms to signs, or vice versa, try to set up interventions for more difficult problems according to their preference. Initially, both voice and visual reminders may be used together.

Are distractions getting in the way of the task?

If there are too many distractions in the area of the environmental support, you will need to clear the area or move the support to another location. For example, your relative may not notice a pill container if it is on a counter with many other objects, and it won't have the desired effect of helping to remind them about taking medication.

Does your relative have the supplies needed to complete the task?

If, for example, you have signs asking your relative to check his or her shirt for stains, you need to be sure the person has some shirts that are not stained. If they don't, you may need to provide some so that the intervention can work.

Does your relative have the skills required to complete the task?

Make sure your relative has the knowledge needed to successfully complete the task you have set up. You may need to have your relative try the activity while you are there. Teach the skills needed to be successful, providing any information or reminders about the steps, if that proves helpful.

Frequently asked questions

In the strategies listed in Sections 5 and 6, several supports address the same problem. How do I pick one?

Several interventions are presented as options because not all of them will work in every case. For people who have fewer challenges, you can go over the options and they can select which one to try first. For those who need more assistance, you may want to select the option you think would be easiest for them in their environment. Another reason why several options may be presented is to allow for different types of interventions for different problems. For example, using alarms for many different problems could get confusing, so you may want to use an alarm for one problem and a sign on the refrigerator for another.

How do I know whether an intervention is working? And what do I do if it isn't working?

The most obvious answer is that an intervention isn't working if nothing is changing or improving. However, you'll need to continually assess the supports. At each visit, ask which interventions are being used, and find out if any problems have arisen that you'll need to adjust. For example, if a sign is placed on the refrigerator and your relative never opens the refrigerator, they may not see the sign. The sign may have to be moved to the person's bedside or bathroom to be noticed. You may need to troubleshoot (see the previous subsection).

How many problems should we work on at one time?

This depends in part on how similar the problems are and how much support is needed for each. One daily checklist can prompt the person to take medication, as well as to carry out hygiene and household tasks. See what the environment can tolerate. You do not want 10 signs on the refrigerator, or four alarms going off. The idea is to make the environment user friendly—not to bombard the person. We suggest beginning with two to three problems and selecting interventions for those. Once these are being used with ease, you can then try two or three more interventions. Whenever you can, use the same intervention to address several behaviours at once. For example, one daily checklist can help remind someone to carry out hygiene tasks, take medication and try different leisure activities.

Are some environmental supports good for everyone?

Yes, everyone should have a calendar, a watch and an alarm clock or cell phone that they know how to use. If they do not have these items, you need to provide them and explain how to use them.

Can an intervention be taken away after a while?

That depends on the person. Your relative may tell you she does not need a sign any more because she always does a specific task. You can suggest taking the sign down, and then check in with her at the next four visits to make sure the task continues to be done. If the

person does not tell you they want something removed, the easiest thing to do is just keep it up.

How does a person explain to neighbours and friends about the supports being put in place?

You can suggest they tell visitors that they have trouble remembering things, and so they are setting up their house to help them. You can use the example of a bell that rings when you leave your car lights on. It reminds you to turn your lights off. Your relative can say that they decided to use that strategy in a lot of areas of life so that everyday tasks are easier. If your relative is concerned about others seeing the environmental supports, you will need to place them inconspicuously. For example, you could put toothbrush and toothpaste in an obvious place without a sign, and checklists on the back of a door.

Where do I buy supplies?

Most drug stores, grocery stores or local discount stores will have the supplies you need. You can buy voice alarms and recorders online.

Appendix 1

Schizophrenia resource list

NHS Choices

www.nhs.uk/Conditions/Schizophrenia/Pages/Introduction.aspx

Schizophrenia Society of Canada

www.schizophrenia.ca

Canadian Mental Health Association

www.cmha.ca/mental-health/understanding-mental-illness/schizophrenia/

Centre for Addiction and Mental Health

www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/schizophrenia/Pages/schizophrenia.aspx

National Institutes of Health

www.nimh.nih.gov/health/topics/schizophrenia/index.shtml

Appendix 2

CAT intervention diary

Date: _____

CAT strategies in place:

What has not been working since last visit:

What has been working since last visit:

Changes in CAT strategies this visit:

Any other feedback or things to keep in mind:

Items to buy:

Appendix 3

Sample signs

To download these signs, or for other signs, forms and checklists, please visit www.schizophreniafamilystrategies.com. On this site, you will also find tools to customize signs that might better fit the needs of your relative.



Appendix 4

The videos

VIDEO 1: Introduction

VIDEO 2: Introduction to Two Versions of Schizophrenia: Trouble Getting Started and Trouble Staying Organized

- Trouble getting started (Jules)
- Trouble staying organized (Maleck)

VIDEO 3: Schizophrenia and Family—Trouble Getting Started—High Support

- A first meeting between a brother and sister
- One week later
- Several weeks later

VIDEO 4: Schizophrenia and Family—Trouble Getting Started—Low Support

- A first meeting between a brother and sister
- One week later
- Several weeks later

VIDEO 5: Schizophrenia and Family—Trouble Staying Organized—High Support

- A first meeting between mother and son
- One week later
- Several weeks later

VIDEO 6: Schizophrenia and Family—Trouble Staying Organized—Low Support

- A first meeting between mother and son
- One week later
- Several weeks later

About the authors

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Ms. Maples is recognized as an expert in structured interviewing and rating for clinical research, and has produced many training tapes in this area. She is author and co-author on numerous publications, abstracts and presentations.

