**Homework and essence of Training Module 1**  
*(Attribution – Blaming and Taking Credit)*

**Attribution** = inferring causes for events (e.g. blaming and taking credit)

**Why are we doing this?**

Studies show that many people with depression [*but not all!*]:

- tend to attribute reasons for failure and negative events to themselves
- typically attribute success to fortunate circumstances or luck rather than to themselves

This may lead to **low self-esteem**!

Studies show than many people with delusions [*but not all!*]:

- tend to blame other people for negative events and failure
- sometimes tend to think that all events are beyond their own control

Especially the first attributional style may lead to **interpersonal problems**!

**Case example for false attribution:**

Klara often falls.

Own belief: Her uncle causes this by sending out pulses through electrodes in her head.

What really happened!: She is diagnosed with a severe neurological disease (multiple sclerosis).

We often overlook that the same event can have very different causes.

**Example:** A good friend does not listen to you.  
Which causes could have contributed to this situation?

| ...oneself          | • I am boring  
|                    | • I am mumbling  
| ...other           | • She is impolite  
|                    | • She may have problems.  
| ...situation or coincidence | • Radio is playing  
|                    | • Friend is distracted by his ringing mobile phone  

As demonstrated, events can have very different underlying causes. Moreover, in most cases several factors contribute in combination to a certain situation. Nevertheless, many people have a preference for seeing only one aspect as important (e.g. blaming others instead of oneself or opposite).
Depressive Attributional Style:
One feels solely responsible for negative events (e.g. failed exam = “I am stupid”). At the same time, positive events are attributed to luck/chance, the contribution of others, or one even doubts the positive nature of the event (“anybody can do that”).

**Disadvantage**: low self-confidence AND, if taken to extremes, this is an unrealistic evaluation of events.

Delusional Attributional Style:
Others are held responsible for negative events (e.g. failed exam = “examiner was unjust”; one does not get the job= “they disliked me from the start”). At the same time, positive events are attributed entirely to oneself (“I am the best”).

**Disadvantage**: self-confidence is raised BUT, at its extreme, this is an unrealistic evaluation of events. Moreover, this view of the world may easily annoy other people (“scapegoats”) and lead to conflicts.

Learning objectives:
*Strive for a healthy balance:*
- Always consider multiple possible factors that could have contributed to the outcome of a specific event (i.e. yourself/others/circumstances).
- We should try to be as realistic as possible in everyday life: It’s not justified to always cast the blame on others, just as it is not always our fault when things go wrong.
- Mostly, several factors contribute to an event.

**Attributional style (please find your own examples)**

<table>
<thead>
<tr>
<th>Example</th>
<th>Yourself</th>
<th>Others</th>
<th>Circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>I failed the exam</td>
<td>I was not well</td>
<td>Examiner was</td>
<td>Slept little</td>
</tr>
<tr>
<td></td>
<td>prepared</td>
<td>unfair</td>
<td></td>
</tr>
<tr>
<td>A friend invites me for a meal</td>
<td>I helped her a lot lately</td>
<td>My friend is very generous</td>
<td>My friend is very rich and can afford it</td>
</tr>
</tbody>
</table>
Homework and Essence of Training Modules
2 & 7 (Jumping to Conclusions I and II)

Why are we doing this?
Studies show that many people with psychosis [*but not all!*] make decisions on the basis of little information. This style of decision making can easily lead to errors. Therefore, a more deliberate style of decision-making involving thorough consideration of all available information should be preferred.

Many people with psychosis [*but not all!*] may have an altered perception of reality. Interpretations are considered that most other people would disregard.

Case example for jumping to conclusions:
During a high class social event, Carl claims to be the next King of Germany.
Background: Carl found a figure of a king with a crown in a surprise egg.
But!: No royal blood, the monarchy was abolished in Germany long ago; but above all: The content of the surprise egg cannot be considered conclusive evidence!

We make judgments on the basis of very complex information in our environment. Often, we conclude things without 100% proof.

- **Reasons/advantages**: saving time, makes one feel safe, may appear determined and competent to others (“A wrong decision is better than no decision.”)
- **Disadvantages**: risk of making an incorrect and dangerous decision...

A happy medium should be found between:
- making a hasty decision (risk: poor, incorrect or dangerous decision)
- being overly accurate (disadvantage: time loss)

**Without 100% proof - but little reason for doubt**
- small fluttering object in the sky: bird!
- smoke is coming out a window. Fire? Probably, saying: “No smoke without a fire”

**But**: A man is babbling: is he drunk?
Observe him closely: is the man coming from a bar or smelling of alcohol?
The man may be suffering from a language disorder after a stroke, or has a speech impairment.
→ hasty conclusions should not be drawn (e.g. showing disgust)
Learning objectives:
- When judgments are important and momentous, it is better to avoid hasty decisions and consider all relevant information (“better safe than sorry”).
- Therefore look for as much information as possible and exchange views with others, especially if decisions are momentous (e.g. feeling that your neighbour is chasing after you -> don’t attack the assumed enemies right away!).
- For events of minor importance, we may as well decide quickly (e.g. choosing a yogurt brand or sort of cake, picking lottery numbers).
- To err is human – be prepared for the possibility that you are wrong.
- **Doubt can be an unpleasant feeling but it often helps prevent us from making serious mistakes:** Life is often complex, and it can be difficult to take in all information at once. However, it is very important that we not do the opposite and jump to conclusions. Especially in complex situations, in which information may be easily overlooked, it is not helpful to be too confident in your initial judgment. Take some time to look for more information, and ask for the opinions of people you trust. Try to view problems from different perspectives (what are the pros and cons?). This may evoke an unpleasant feeling of doubt, but it helps to get a more realistic view of a situation and may prevent us from drawing incorrect conclusions. This, in turn, might reduce negative emotions like fear or threat in the long run.

<table>
<thead>
<tr>
<th>Hasty decisions/judgments/evaluations I once made (...and possibly regret)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example 1:</strong> After school I started vocational training as an insurance salesman. Although I had different interests and strengths my parents were pushing me. Now I regret this decision and have quit the training.</td>
</tr>
<tr>
<td><strong>Example 2:</strong> A pretty girl was looking at me in the club, I thought she wanted to dance with me. But then she slapped me, I guess I misjudged the situation.</td>
</tr>
</tbody>
</table>
Homework and Essence of Training
Module 3 (Changing Beliefs)

Why are we doing this?
Studies show that many [but not all!] people with psychosis continue to cling to their opinion or belief about an event, even when confronted with information that challenges this belief. This may lead to interpersonal problems and may obstruct a healthy, realistic view of the environment.

Case example of incorrigibility:
Latisha slashes her colleague’s tires!
**Background:** Latisha feels harassed.
**But!** Although some colleagues had really made snide remarks about Latisha, she had lumped them together and got completely involved in her conspiracy theory. She overlooked that some colleagues had behaved fairly towards her.

There is a human tendency to hang onto first impressions (e.g. prejudice, “first impression = best impression” attitude)

**Reasons:** laziness, “confirmation bias” (-> solely looking for proofs in favour of your theory), thoughtlessness, facilitates orientation in a complex world, pride

Problems:
- false judgments (e.g. racial prejudices) are maintained
- False over-generalization may occur (”seen one → seen them all”)
- Someone is not granted a second chance who might have deserved one

Learning objectives:
- Sometimes, events turn out differently than expected: early decisions frequently lead to wrong conclusions.
- You should always consider different interpretations/hypotheses and adjust unsustainable beliefs.
- Seek as much information as possible to verify your judgment.
**Changing Beliefs [please find your own examples]**

**Situations where I had to revise my first impression/judgment!**

*Example 1:* at first I did not like person XY, she seemed pretty arrogant, but as I got to know her better it turned out she is a really nice person.

*Example 2:* I used to think that all Asians are arrogant and have no sense of humour. But I have changed my views since I met a very funny and open-minded Asian guy.

*Example 3:* after my illness, I was worried all my friends would turn away from me, but many such as my friend C.D. stuck with me.
Why are we doing this?
Studies show that many *but not all!* people with psychiatric problems (especially psychosis) have problems with the following:

- Difficulties detecting and evaluating the facial expressions of others (e.g. sadness, happiness)
- Difficulties deducing the motives/future activities of other people from on-going behaviour

Case example for social misinterpretation:
As Paul opens his window, his neighbour closes her curtains.
Appraisal: This is ultimate proof to him that his neighbours are conspiring against him and trying to get him out of the house.
But!: This could have been mere coincidence or perhaps the neighbour was undressed and did not want to be seen.

How problems with recognizing emotions promote misinterpretations during psychosis – examples:
Feelings of anxiety and panic prevent an objective assessment of other people or situations:

- Encouraging words from your friends are not believed.
- Understanding smile of the doctor is perceived as a grimace.
- A nervous face of a commuter on the bus is misinterpreted to be a warning (e.g. upcoming assault).

Sometimes we tend to overvalue the “body language” of others (e.g. scratching nose= lying?; crossing arms= arrogance?) or infer hastily about somebody’s thoughts or intentions. Often it is necessary to get to know somebody better in order to make valid judgements. Body language and first impressions of situations provide important information, however, one should gather more information to get the full picture.

What helps us to interpret other people’s behaviour?

**Example:** A person is crossing their arms.

*Why? arrogance, insecurity, the person may be cold?*

- **previous knowledge about the person:** does the person tend to be arrogant or shy?
- **environment/situation:** when a person crosses their arms in...
the winter, he/she is probably cold!

- **self-observation:** On what occasions do I cross my arms?  
  *(Caution! Do not immediately infer from yourself to others)*
- **facial expression:** does the person look angry or friendly etc.?

**Learning Objectives:**

- You should only draw firm conclusions about another person if you know the person well or if you have watched the person closely.
- Facial expression and gesture are important clues to what a person feels but can be misleading at times.
- When evaluating complex situations, it is crucial to consider all available information.
- The more information that is considered, the more likely a correct judgment.

**Situations/body language, I may have misinterpreted**

<table>
<thead>
<tr>
<th>Example 1: Yesterday, people were whispering behind my back. I referred this to myself and thought they were talking about me, but perhaps it was not about me at all.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 2: I always thought XY walked strangely because he lacked self-confidence; but now I found out he has a herniated/slipped disc.</td>
</tr>
<tr>
<td>Example 3: C.D. always seems so happy; last week I found out that she feels really bad but tries to conceal it.</td>
</tr>
</tbody>
</table>
Why are we doing this?
Studies show that many people with psychosis [but not all!] are more confident in false memories than people without psychosis. At the same time the confidence for true memories (i.e. things that really happened) is decreased in psychosis. This may lead to difficulties differentiating true from false memories and may obstruct a healthy, realistic view of the environment.

Case example for false memories:
Herbert recalls being kidnapped by the CIA.
Background: Herbert was admitted to psychiatric hospital after a relapse; caused by fear and confusion, he falsely remembers the paramedics to be secret service agents.

Our capacity to memorize information is limited.
Example: approximately 40% of the details of a story we have heard half an hour ago cannot be actively recalled.

- **Advantage**: Our brain is not overloaded with useless information. Mostly, irrelevant information is lost...*but*
- **Disadvantage**:... many important memories also vanish (appointments, memories from holidays, knowledge acquired in school...)

What disturbs storage of information in memory?
- **distraction** while studying (-> radio, other persons in room, unpleasant atmosphere)
- **stress & pressure**
- **excessive alcohol consumption**!
- **distracting activities** after studying (e.g. watching TV)

How can I memorize things better?
- **repeat & work through; COMPREHEND**
- with abstract matters: try to think of examples or simple mnemonic aids (e.g. for screws: *lefty = loosy; righty = tighty*)
- combine information with existing knowledge
- **avoid studying too long**
- drink no/little alcohol
- go to bed after learning (no further distraction)
- involve many senses while learning (e.g. listen, watch, write things down)
Caution: False memories may intrude our memories!!!

Example: Many people (approx. 60-80%) claim to remember that there was a ball or a towel in this picture. In fact these two objects are not displayed. Our memory plays tricks on us!

Not everything we recall has actually happened!

- Our brain replaces and adds missing information by means of previous, related events (e.g. typical beach scene from holidays). Some objects are added by “logic” (in the example: ball, towel).
- Real memories can often be differentiated from false memories by means of vividness: false memories are rather “pale” and less detailed.

Learning Objectives:

- Our memories can play tricks on us!
- Especially for important events (quarrel, eyewitness, testimony etc.), keep in mind: If you cannot remember vivid details about an event:
  - Don’t be too sure that your recollection is true.
  - Seek additional information (e.g. a witness).

Example: You had a quarrel with someone and vaguely remember that he/she made insulting remarks to you. Consider that your memory may have played tricks on you or that your recollection may be distorted. Also, ask people who were present at the occasion.
**When has your memory been tricked?**

| Example 1: I remember how XY called me “stupid” during an argument. But everyone else who was around cannot confirm this, so maybe I was simply imagining this because I was so upset. |
| Example 2: I remember standing on the Eiffel tower at the age of 3. However, I probably was too young to remember and presumably my parents have told me this story so many times that I now imagine to remember this myself. |

**Memory [please find your own examples]**

| How can I personally memorise things better (can differ from the proposals above) and what disturbs my learning? |
| Example: listen to quiet music, comfortable environment, must feel like it |
Homework and Essence of Training Module 8 (Mood)

Why are we doing this?
Many people with mental health problems show thinking distortions that may **promote depression**. These thinking distortions can be changed through intensive and continuous training.

There is evidence for a genetic predisposition of depressive thoughts and low self-esteem. Furthermore, critical and neglectful parents and traumatic life-events can promote a negative self-image. **BUT:** Depression is not an irreversible fate! Depressive thinking structures can be changed, e.g. with psychotherapy and so-called cognitive restructuring. However, if cognitive restructuring is not performed regularly and over a longer time period, no enduring change of the negative self-image and negative thoughts will take place.

In the following you are asked to do some exercises for homework. These exercises are only an initial start-up/impulse and should be continuously practised.

<table>
<thead>
<tr>
<th>Exaggerated generalizations [please find your own examples]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong></td>
</tr>
<tr>
<td><em>Once I did not know a foreign word that everybody else knew.</em></td>
</tr>
</tbody>
</table>
**Learning objectives:**

- There is a difference between how I judge myself and how others judge me!
- If I consider myself worthless, ugly etc., others do not necessarily share this view.
- There are often multiple opinions/ judgments/preferences. Others may not agree with my understanding of intelligence or looks, etc.

**Catastrophic thinking [please find your own examples]**

<table>
<thead>
<tr>
<th>Example</th>
<th>Depressive appraisal</th>
<th>Helpful evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A friend of mine did not call on the arranged date.</td>
<td>He does not like me any longer, he would not treat other friends the same way.</td>
<td>Maybe something has come up; sometimes I also forget things.</td>
</tr>
</tbody>
</table>

**Tips to decrease depressed mood/low self-esteem (only helps when done on a regular basis)**

- Every evening note a few things (approx. 5) that were positive on the day, then go through these things in your mind.
- Tell yourself in front of the mirror: “I like myself” or “I like you”! [note: At first, you might feel a bit silly when doing this!]
- Accept compliments and write them down to use these resources when times are tough.
- Try to remember situations, in which you felt really good, try to remember these with all your senses (visual, feeling, smelling...), perhaps with the help of a photo album.
- Do things you really enjoy – ideally with others (e.g. movies, go to a cafe).
- Exercise (at least. 20 minutes) – but no drill – if possible stamina training, for example, a long walk or jogging.
- Listen to your favourite music.
Why are we doing this?
Many people with mental illness suffer from low self-esteem.

Self-Esteem: What is it?
Self-Esteem is the value that we attribute to ourselves. It is the subjective appraisal of one’s self and does not necessarily have anything to do with how others perceive us. Low self-esteem may contribute to psychological problems such as: self-doubt, anxiety, depressive symptoms and loneliness.

Sources of self-esteem
- Self-esteem is not a constant, but may occur in various areas of our lives and in different forms.
- It is important that we consider our abilities and strengths, rather than focusing only on our weaknesses.

People with low self-esteem...
- Tend to focus on their (apparent) shortcomings
- Tend to make generalized negative self-judgments (e.g., “I am worthless”).
- Do not differentiate between the person as a whole and behaviour (e.g., “If I am unsuccessful at one thing, it means I’m a loser”).

People with high self-esteem...

What is outwardly observable:
- Voice: clear, well-articulated, appropriate volume
- Facial expression/gesture: eye contact, confident appearance
- Posture: upright

Not directly observable:
- Confidence in one’s own abilities
- Accepting one’s own errors or failures (without devaluing oneself)
- Self-reflection and willingness to learn from one’s own errors/failures
- Positive attitude towards oneself, e.g., praising oneself for success
Below you are asked to do some exercises for homework

1. **Considering own strengths:**

What are you good at? What have you gotten compliments for in the past?

Example:

„I am handy with tools and can repair old cars."

What strengths do you have?

2. **Imagine your life as a shelf with different filled boxes.**

- Are there boxes that have been disregarded for some time? Fill in the boxes of the shelf with examples of strengths in the different areas your life.
Learning Objectives:

- Self-esteem is the value a person attributes to one’s self.
- Become aware of your strengths in different areas of your life and try to boost your self-esteem using the strategies discussed.
- Search for hidden strengths (“hidden treasures”) by asking your friends or by keeping a daily joy diary (noting positive current events)

Tips to increase one’s self-esteem

- Express your own wishes to other people.
- Try to speak loudly and clearly.
- Make eye contact. If you find this challenging, you can start with people you know, then proceed with strangers.
- Stand tall: Remember the impact of an upright posture on your self-esteem and the people around you.
Homework and Essence of Additional Module
[Dealing with Prejudices (Stigma)]

Why are we doing this?
Many people diagnosed with schizophrenia or psychosis [but not all!] may perceive or experience discrimination. In order to prevent prejudices, it can be helpful to explain the disease and symptoms to other selected people.

- Stigmatization occurs when people or groups are associated with negative attributes.
- Stigma can happen when one does not do a critical reality check.
- Stigma may lead to devaluation and/or segregation of individuals.

Consequences of stigmatization

- The terms psychosis and schizophrenia may be associated with inaccurate beliefs in other people.
- Biased descriptions/representations in the media can lead to general (false/inaccurate) assumptions. („You know one, you know all“).

In order to reduce stigma, common stereotypes about people with schizophrenia or psychosis must be identified and corrected/addressed.

What to do?
Read up & communicate about your illness experience accurately!

How do I communicate about my illness?
Recommendation: Explain your symptoms rather than telling the diagnosis.

- Especially, if you do not know people very well, it is often advisable to describe your symptoms rather than to tell the (ambiguous) names (schizophrenia, psychosis). For example, „Almost everyone knows the feeling of being watched, like in the subway or in the street. I had the same feeling but much worse and it lasted for a longer period. In the meantime, I am doing something about it and the feeling has become rare.“
- To be able to explain your illness to others, you need to become an expert on it yourself!
Think of some suggestions on how best to communicate your main symptoms.

<table>
<thead>
<tr>
<th>Symptom:</th>
<th>Communication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallucinations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Delusions</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Non-specific symptoms such as depression, speech disorders and attention deficits</td>
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</tbody>
</table>

**Learning objectives:**

To prevent prejudice and stigma, it is important to adequately communicate your illness to other people.

- Mental disorders are common.
- You are not obligated to share details of your medical condition if you do not feel comfortable talking about it.
- For general support and to ensure relapse prevention, it can be helpful and also important to tell people you trust about your diagnosis.
- Sometimes, others may hold inaccurate beliefs of an illness. Explaining your symptoms (of psychosis) can be more helpful than sharing a possibly misunderstood diagnosis.