Manage - Able™

Self-Determination

A personal development programme handbook

Peter F. Matuszowicz. M.Ed.

www.manage-able.co.uk

Contents

Programme Agenda

Phase 1 – Classroom Training

Classroom Introductions
Pre-Evaluation
Time management commitment to complete post-evaluations [Photocopy when complete]
Introduction
The Issues
Break
Depression – An Outline
Treatment of Depression
Goal Setting and Decision Making
Break
Conversational Technique
Manage-Able Self-Determination – The Model
Role Play

Phase 2 – Distance Learning

Week 2 – E-mail; any questions.
Week 3 – E-mail; any questions.
Week 4 – Q & A support meeting with each participant and collect Post-Evaluation.
Week 6 – E-mail; any questions.
Week 7 – E-mail; any questions.
Week 8 – Q & A support meeting with each participant and collect Post-Evaluation.
Week12 – Q & A support meeting with each participant and collect Post-Evaluation.
Week 24 – Q & A support meeting with each participant and collect Post-Evaluation.
Week 48 – Q & A support meeting with each participant and collect Post-Evaluation.

Please respond promptly to follow-up communications. They are critical to your success, as this is your means of support and learning once the class is over. Your follow-up is also critical to the success of Manage-Able Self-Determination as a programme. Our policy is to continually refine and upgrade our programmes. We need your honest feedback to achieve that. Whenever you respond to a follow-up please feel free to share your successes, failures and any other positive or negative comments you might have.

Introduction

The employment structure of the UK economy is rapidly changing. Welfare reform programmes are now a part of daily life. As the number of available manufacturing jobs decline, the number of minimum wage service jobs and part-time positions increase. The poverty gap continues to grow and related social fallout abounds.

Changing employment structure

As a result, British society is experiencing a rapid expansion in the number of families and individuals who are defined as 'working poor' and/or living in transition. These are individuals and/or families who live under constant economic and psychological stress.

Psychological & economic stress

With welfare reform programmes, support services are often prematurely removed as government agencies rush to cut spending in an effort to prove the effectiveness of their programmes. Work wise, in the case of most part-time positions, there is very little in the way of flexibility or paid holidays. If an individual must take time off work because of personal illness or to look after a sick school aged child, they fall behind economically.

Few support services

Furthermore, in many 'working poor' households, siblings continue to live at home long after leaving school and getting their first job simply because they cannot finance independent accommodation of their own. The household then becomes overcrowded as these siblings start their own families in their parent's household. Hence, many of the working poor live in permanently 'marginal' circumstances.

Overcrowding

Ironically, as medical technologies advance, more and more people find themselves living with limiting life-long conditions. This might be the direct result of an acute incident or the outcome of treatment administered to address another illness. Such conditions, by the very nature of their source, are often associated with economic and/or psychological stress, creating a variety of 'marginal' pressures.

Improved medical outcomes

Limiting life-long conditions

Manage-Able Self-Determination will give you an understanding of the psychosocial issues commonly associated with marginal circumstances. Behaviours symptomatic of marginal circumstances are linked to their common denominator, depression.

Depression

The programme then introduces you to a treatment of depression using three specific forms of goal setting that promote self-management. You will learn how to implement these goal-setting techniques by instigating progressively structured conversation that promotes self-management in those whom you support. The process is laid out in an easy to follow step-by-step fashion that will enable you, as a routine part of your activities, to develop nurturing and trusting relationships with those whom you support.

Goal setting through conversation

Self-management

Good relationships

The methodology associated with developing self-management is parallel to the accepted means of mitigating the psychosocial problems associated with a marginal lifestyle. Self-management has also long been associated with a 'healthy' community; positive community culture and the many cost savings that emerge from this.

Positive community culture

Cost savings

A number of studies report that the good health associated with improved interaction and life long learning, both an outcome of Self-Directed Learning, are critical factors in determining the inner strength/mastery required to cope with marginal lifestyles.

Improved health through interaction

Poor psychological and physical health as associated with marginal lifestyles may be expected to improve as a result of better planning associated with the practice of self-direction.

Better planning

Additionally, it is not unreasonable to expect a diminishing of the social barriers that interfere with individuals seeking health care or any other assistance, be that in their community or working environment.

Fewer social barriers

Developing the ability to reason through situations will help individuals in marginal situations avoid, perhaps for the first time, what are often recurring situations of detriment. Apart from avoiding detrimental situations, self-directed activities improve the ability of an individual to develop appropriate relationships.

Fewer stressful situations

Once again, healthier individuals in all aspects create healthier communities. Healthier communities' experience reduced 'social costs'. Reduced 'social costs' free up funds for the promotion of other 'higher level' activities within a community.

Healthier communities

The Issues

This section reviews the various experiences that individuals and families living in marginal situations encounter. It explains the behaviours that are typically symptomatic of these experiences and outlines the associated psychological theories, including the mutually common link of depression. The behaviours that you are likely to encounter are also itemized on your 'Evaluation' sheet.

Relationships

Families have non-supportive social networks or no family network at all from which they may obtain resources. It falls to social workers to intervene on behalf of these families and facilitate linkages between them and their family members or professional service agencies so that appropriate support mechanisms may be established.

Non-supportive networks

People report knowing individuals, often relatives, who make their life difficult. Additionally, many families live in poor neighbourhoods marked by physical and social deterioration, with nowhere to turn in times of crisis.

Relatives make life difficult

Individuals are prone to romantic fantasies, fulfilling a need to have someone to care about without suffering any negative consequences in doing so. In other cases individuals isolate themselves, becoming disoriented and losing the sense of self that one acquires from interaction in the social world.

Fantasies and social isolation

Despite fears of isolation, compared to 'normal' populations, a much larger percentage of the marginally housed are unmarried or separated and live alone. Quite reasonable: to escape disastrous relationships or personal problems that one is unable to cope with or finds embarrassing.

Physical isolation

Valuelessness

People develop "Learned Helplessness" from exposure to poor environments or agency control. Doctors publicly argue over whether or not a person should be moved to another hospital without any regard for ones' own desires.

Learned helplessness

Valuelessness

People often develop a sense of social valuelessness by internalizing the belief of the dominant culture that they and their peers are worth nothing.

Stereotyping

Another element of the valueless issue inherent in the stereotyping and labelling of families living in marginal situations comes from school authorities. Parents are viewed as incompetent rather than people in situational distress.

Hence underlying, treatable difficulties are attributed to "marginal lifestyles" and go unattended, isolation being exacerbated.

Tow the line

Often, the cost of good care from an agency is to distance oneself from any feelings or behaviours that might be in opposition to the aims of that agency. Hence an individual must disavow more assertive strivings for greater self-determination. Other studies reveal that agency screening procedures allow only the best functioning clients with the highest tolerance for traditional services to survive the obstacle course one must navigate in order to receive services.

Families hit hardest

Families comprise the fastest growing sector of the population experiencing marginalising pressures. Many of these families never request help for fear of dissolution by the very service agencies that are supposed to be helping them; dissolution being the price of shelter, the control issue already mentioned is again driving marginal people into isolation, avoiding assistance until crisis necessitates.

Status

Don’t admit failure

In other cases no one strives to improve ones self for fear they may be admitting to being a failure in doing so.

Improve one’s status

Conversely, independence from any assistance increases the status of an individual.

Appear in control

Instead of being helpless some people will not admit to the fact that they have any problems. Denying problems gives them the illusion they have control over a life that is in many ways governed by others.

There are often high health and psychosocial risks for families living in marginal circumstances; families that frequently only use healthcare facilities episodically or during times of crisis, even when healthcare is available.

High health risks

Many service agencies are long on treatment and short on reintegration for political reasons. I.e. society wishes to brush poverty and associated issues under the carpet, while many community mental health centres perpetuate negative stereotypes so as to leverage funding for programmes.

Agencies perpetuate negative stereotypes

Abuse

Many young people experience abuse. In response they run away. Or, their parents or guardians have thrown them out. Or they have been removed from one unsuitable environment (as wards of the state) only to be placed in another unsuitable situation that they again run away from. It is estimated that the number of foster care children coming from marginal populations is four times greater than among the general population.

Abuse of young people

People in marginal situations are more prone than average to victimization as a result of their bizarre behaviour and appearance. Bullies regard them as easy prey, especially as the dominant culture affords these people no credibility and consequently minimal protection, if any. Ironically, the very weak develop exaggerated behaviour patterns for what they perceive to be deterrence purposes only to be persecuted for the same.

Victimization leads to bizarre behaviour

There is also a significant relationship between depression and victimization. Detrimental situations have debilitating effects on people by triggering "flashback" to times when individuals were experiencing abuse and a concomitant lack of control over their lives; reinforcing the control issues outlined above. Alcohol and drug abuse is also as likely as depression to be the result of victimization.

Victimization and depression

There is no doubt as to the high levels of emotional, physical and sexual abuse that men as children, women, women as children, mothers and their children experience in marginal situations. Another reason for

Sexual abuse

social isolation and depression to develop as adults and children come to feel that they can trust no one. Sadly, the same abusive situations recur in public: individuals embrace any glimmer of caring in a stranger that often turns out to be just another betrayal once the needs of the stranger have been met.

Studies confirm that alcohol abuse among the marginally housed is much more common than among the general household population. Although heavy drinking is not generally found to be associated with poverty and poverty not a significant cause of alcohol abuse, studies conclude that alcohol abuse does lead to marginalized situations. Many believe substance abuse to be the most common problem among the working poor as the result of self-medication in an effort to relieve associated anxiety and distress.

Substance abuse and stress

Stress is also a significant predictor of alcoholism, substance abuse being an accepted form of self-medication that also facilitates socialization.

Exacerbating marginal situations generally, alcoholism and substance abuse often precede falling out of the job market.

Loss of job

Social Context

Populations experiencing marginal lifestyles are significantly lacking in education. Studies indicate anywhere from 30 to 35 percent of high school students drop out with less than 12 years of schooling. In most urban environments, 25 percent of all adults over the age of 21yrs cannot read a newspaper, written at Entry Grade level. Not good news considering since 1973 there has been a drop in the earning power of all but young college educated men.

Lack of education and poor earnings potential

The unemployment rate is far higher among the marginally housed than among the general household population. Another dimension in defining typical low wage jobs of marginal populations is that these jobs exacerbate the situation because they are socially isolating, affording no opportunity for advancement.

Socially isolating jobs

Marginal/transitional living in cramped quarters takes a toll on children too. Whatever the facility, cramped quarters force once private relationships into the public domain. The atmosphere is often quite volatile. For

Cramped quarters create friction and negative self-images

mothers in shared accommodation, the result is a discharge of tension through argument, many times about children's behaviour. Such argument often serves to promote a negative self-image among the children that continues into adulthood.

Inconsistent parenting

A mother's understandable anxiety and depression regarding her functioning as a parent and her marginal situation leave little energy for consistent parenting. Overwhelmed by external stress or internal conflicts people often return to an earlier developmental level in the hope of meeting their needs.

Unruly behaviour

The outcome is that children become unruly and provocative in an effort to get more attention from depressed and anxious adults who are preoccupied with survival issues. The converse outcome regarding children is withdrawal and shyness, as they feel unsafe, unable to trust anyone or express their feelings and needs openly.

A further development of the parents' inability to cope is that of role reversal: children making decisions for their parents and children being surrogate parents to younger siblings. The ambiguity of this situation only serves to further destabilize the children and their subsequent adult lives.

Softened identities

Lack of physical space also causes other psychological problems. Healthy children and adults normally establish a sense of psychological security in developing proprietary interests over physical places by exercising the two space related attributes outlined below:

1. Individuals create a necessary psychological comfort level by personalizing a physical space and thereby managing their physical proximity to others. The degree to which the stimulation of one's surrounding environment cannot be filtered out creates an aversion to such stimulation.
2. Individuals usually manage their ability to control inputs from the outside world through their ability to withdraw physically, by ones' self or with others.

Confined accommodation denies individuals this sense of security, control and mastery over the demands of the outside world, the inability to personalize a space seriously softening identity.

Background Theory

For a variety of reasons, many individuals with marginal lifestyles have learned not to trust others. As a result, the relationships they develop are characterized by limited quid-pro-quo exchanges that do nothing to enhance their fragile relationships and the concomitant social isolation. This is a key characteristic of the majority of relationships endured by those who live in transitional or marginal situations.

Social Exchange Theory

Marginal situations being fragmented or abusive, children and/or adults may be separated from their parent figure/significant other respectively or often live under threat of separation. Individuals who, even in the face of danger, form anxious attachments rather than be left alone characterize the insecurity that results from such a situation. Strange and noisy environments or individuals as associated with marginal, transitional or threatening situations typically arouse fear. The worst situation is realized when an individual, not uncommonly, acts in an angry fashion to coerce an attachment figure into remaining close, such anger only being checked by the threat of desertion by the attachment figure should the situation get out of hand. When an individual is angered to the point that such anger threatens a coerced relationship is when one sees the anger inexplicably vented on outsiders, be that in frustration or with the aim of harming another.

Loss and attachment theory

Depression

Many studies concur regarding the range and scale of emotional problems exhibited by children and adults with marginal lifestyles, from aggressive to withdrawn behaviour, combined with depression, anxiety and stress. This is compounded by the inability to maintain friendships and exercise the requisite social skills of friendship as a result of living in constant transition; another cause for individuals with marginal

or transitory lifestyles to feel they have no control, this time over their social environment.

The one outcome common to all experiences, behaviours and thinking patterns of those with marginal lifestyles, including the associated sense of helplessness and dependency, is depression. Depression has four categories, ranging from relatively insignificant to severe.

Depression; the common denominator

Depression – An Outline

Normal depression

Experienced after returning from a holiday or a visit with distant relatives. Normal depression is routinely self-limited.

Situational depression

Perhaps in reaction to bereavement, situational depression is as common as normal depression and may last up to a few months. Losing one's job and income, forcing a move into shared accommodation would be a reasonable cause of situational depression. The concomitant loss of an important environmental / physical or emotional attachment to one's home results in a period of anxiety, fear, anger and protest followed by depression and despair. Indeed, the simple threat of losing one's job is a reasonable stressor that might trigger situational depression.

Secondary depression

Resulting from another psychiatric or medical illness, Secondary depression might well be the result of medical negligence, alcoholism, drug abuse, schizophrenia, injury or stroke, all issues associated with marginal lifestyles. Secondary depression is seen as a psychological reaction to a given illness. Secondary depression might also be the result of a chemical imbalance in the body caused by an illness or the legitimate prescription of medication used to treat a separate condition.

Many can help themselves

Although the more severe as well as chronic cases of these depressions require professional help, in many cases depressed people can help themselves. However, caution must be exercised.

Primary depression

Primary depression occurs without a pre-existing or concomitant condition. In primary cases there is often a history of depression or suicide in the family. Primary depression is also generally associated with disrupted sleep patterns, appetite and sexual drive. Diurnal mood variations exist, generally worse during the morning.

Emotionally flat

Primary depressed people think and behave very slowly, being unable to experience pleasure at all. Furthermore, if a stressful / problematic situation does arise, the response is out of all proportion. Primary

depression is also characterized by chronic episodes of severe depression that might alternate with severe mania.

Unipolar and Bipolar

If an individual is depressed or manic they are considered 'Unipolar'. If an individual alternates between periods of depression and mania they are defined as 'Bipolar'. Manic behaviour is associated with feelings of elation, euphoria or expansiveness. Manic individuals become inexplicably more active than usual. They talk a lot more than usual and experience difficulty communicating because they can't keep up with their thoughts.

Delusions

They are easily distracted, need less sleep and have an inflated self-esteem that may lead to their becoming delusional. Delusions do not allow the manic person to recognize the high potential for painful consequences their behaviour entails. In extreme cases a manic individual hears voices and sees things.

It is imperative that primary depression be differentiated from other categories of depression. Treatment and stabilization of primary depression is not a job for amateurs! *The recurrence and outcome of primary depression can be mitigated by the same cognitive treatment that milder depressions respond to. However, primary depression should be stabilized first and then treated behaviourally in conjunction with supervised psychiatric care.*

Treatment of Depression

Regarding the 'Normal' population an increase in stressful life events is clearly associated with an increase in depressive symptomology. Similarly a decrease in the number of stressful life events is associated with a decrease in depressive symptomology. Hence the accepted cognitive treatment of depression lies in reducing the net number of stressful events that occur within an individual's life.

Reduce occurrence of stressful events

Graded task assignments are used to increase self-esteem, relieving apathy, self-criticism and helplessness.

Graded task assignments

The depressed person chooses a goal. This creates the ownership of work. Whether one wants to complete a shopping trip or a small research project, the technique is the same.

Choose a goal

Itemise every step in the process that will be used to achieve the goal to begin with. Test negative assumptions by catching a bus to the shops and returning safely. Organise a ride to a library and get back on time one day. Next day catch a bus to the shops and enter the store to find out how the store is laid out and see if the store carries everything on the shopping list. Or, go back to the library again and go inside, this time to ascertain the presence of appropriate materials, including their referential location. Make a third trip to the shops, this time to establish prices and organise a budget upon another successful return. Make a third trip to the library, go in and open the appropriate books to establish their informational worth. Make a fourth trip to the shops and buy. Make a fourth trip to the library and take notes or copy the appropriate pages.

Achieve goal one step at a time

Goal Setting

No matter how poorly described the future is, its salience is primary. Without the expectation that things can get better, no effort makes sense. In fact, the expectation that things can get better is the central presupposition behind all that we do, no matter where we stand to begin with.

Belief in the present relies on faith in the future

Introduction

1. In the first instance identify someone known and admired, someone considered successful. Identify behavioural characteristics that the chosen individual exhibits.
2. List what learning or other action the chosen individual is perceived to have undertaken in order to exhibit previously identified characteristics.

Attributes of success

How to achieve them

Development

Form One

1. Future orientation and goal setting is achieved by describing circumstances without a given complaint. Conversation must constantly be brought back to when a given complaint is not present.
2. The next step is for one to describe what learning or other action must take place in order to achieve a life without the given complaint or situation. In common with Self-Directed Learning (SDL) and self set goals, this type of approach is built on the assumption that the individual constructs his or her own solution based on his or her own resources and past successes.

Remove complaints

Action to overcome complaints

Form Two

2. Another approach is to ask, "Assuming ones life takes a dramatic change for the better, what behaviours would indicate this to friends and family?" "How would your peers/associates recognize the change?"
3. Again, "What learning or other action must take place to support these new behaviours?"

How will change be recognized

Action to preserve change

Prioritization

1 Introduce the decision making process.
2 Prioritize goals by preferred appropriate outcome.

Decision making

Measuring Progress

1. Furthermore, and again in common with SDL, it is more useful not just to set up goals but establish ways of measuring them; Complete a Personal Development Contract.
4. In performing this function ask one self, "How will you know when you have achieved your goal?" This also makes it a lot easier for people to create more positive relationships by focusing on what on what is going well in ones' life.

Personal Development Contract

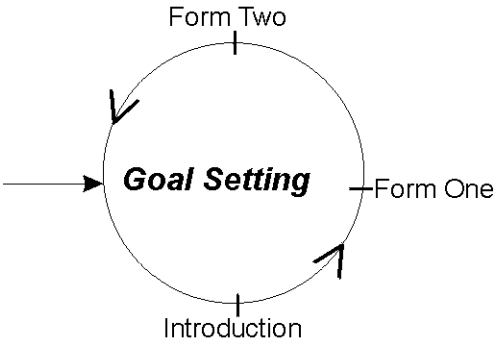
Immediate Assessment

All goals should meet the SMART criteria:

Goal check

Specific
Measurable
Attainable
Realistic
Tangible

Goal Setting Model



A Decision Making Model

Problem Identification

Set goals, priorities and/or identify problems that one needs to deal with before moving on to other things.

Preliminary Ideas

This is the time to brainstorm regarding one's original ideas. At this stage no idea is too ridiculous. The point of the exercise is to collect as many ideas (Plans of Action) as possible regarding how one might achieve a given goal or deal with a specific problem.

Refinement of Ideas

Now is the time to get practical and assess the outcome associated with each alternative means of dealing with a problem or achieving a goal as identified under the heading of Preliminary Ideas. Distinguish between positive and negative outcomes associated with each possible plan of action. Typically, one would discard those actions that carry a negative outcome.

Analysis of Ideas

Assess the positive outcomes associated with the alternative plans of action that you have not discarded. You should rank, in order, these actions based upon which is best and why.

Decision

Having completed a thorough analysis of your ideas, it is time to decide upon the best plan of action.

Implementation

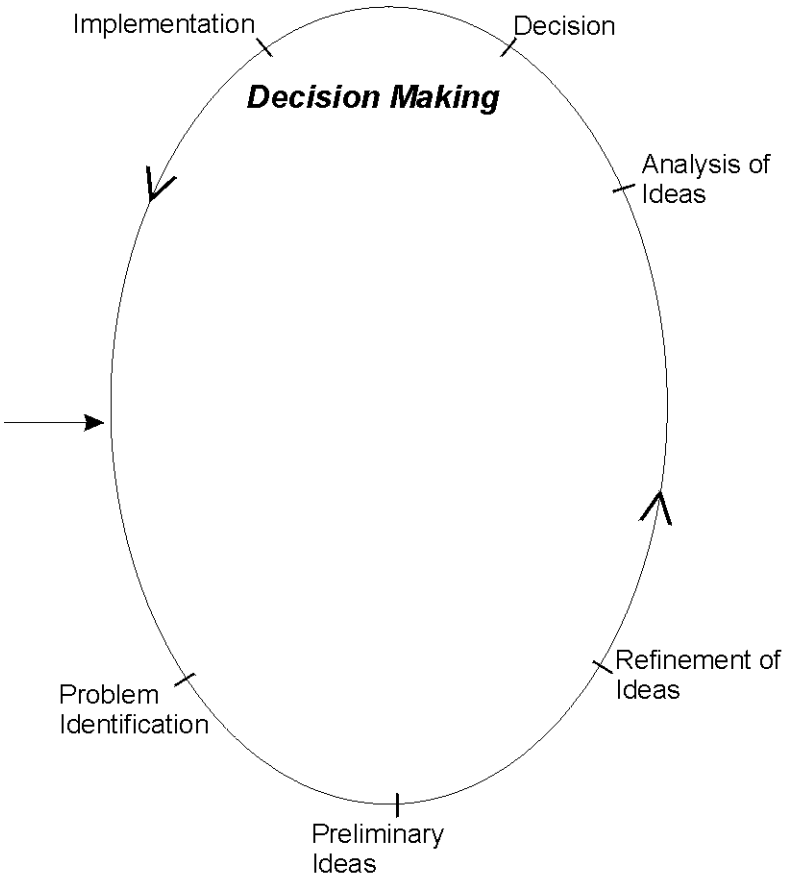
Act upon your decision! Put your best plan into action. However, never lose sight of the fact that this is not the end of the decision making process. This is in fact the beginning of a two-stage process. Once you act, things may or may not go according to plan. You will learn by experience. At this point you will want to refine your plan of action or completely disregard it and implement another. In other words this model is a continuous loop representing life's learning process.

Comprehensive Decision Making Questions

Generating thought provoking questions and providing elaborated answers enhances one's comprehension and assessment of many complex issues. ***After brainstorming*** for the collection of preliminary ideas, he following 'generic' question stems are a useful guide to the type of critical questions asked during a successful decision making process,.

- What is a major example of.....?
- How would you use.....to.....?
- What would happen if.....?
- What are the strengths and weaknesses of.....?
- How does.....tie in with what I have learned before?
- Explain why.....
- Explain how.....
- How does.....affect.....?
- Why is.....important?
- What is the difference between.....and.....?
- How are.....and.....similar?
- What is the best.....and why?
- What are some possible solutions for the problem of.....?
- Compare.....and.....with regard to.....
- What do you think causes.....?
- Do you agree or disagree with this statement:.....? Support your answer.
- When does.....happen?
- Who can verify that.....happens?
- Who is involved in.....?
- Why is.....involved in.....?
- Is it appropriate that.....be involved in.....?

Decision Making Model



Conversational Goal-Setting

Having good role models is an essential part of accessing appropriate empathy in any developmental situation. People learn from 'collaborating' with others, jointly enacting the decision-making processes as exhibited by another. Therefore, if possible, one needs to find an independent confidant willing to 'share the journey'.

1. Use conversational interview techniques to develop secure and trusting relationships. — Introductory conversation
2. Have both parties identify resources they can offer as well as those they need from the relationship. — Resources
3. Have both parties identify good and bad learning experiences. Be certain to identify why the good were good and why the bad were so. This improves self-awareness regarding learning styles. This also serves to remove personal responsibility for past failure in situations where outsiders have inappropriately dictated learning methods. — Past experience
4. Introduce goal setting. (Utilize Introduction, Form 1 or 2). — Goal setting
5. Prioritize goals using the decision-making process. — Decision-making
6. Agree concrete measurements that will indicate achievement of chosen goals and write them down. Ensure that both parties have a copy. — Development contract
7. Provide opportunities for both parties to anticipate obstacles to achieving goals and develop contingency plans to deal with these obstacles. — Obstacle contingencies
8. Provide opportunities for both parties to discuss such plans and discuss different perspectives on them. — Contingency review
9. As both parties begin to achieve goals, ensure that each is able to offer the other support by sharing successes and expertise in terms of solutions to any problems encountered and/or means of achieving specific successes. — Share achievements
10. When achievements are realized, ask the questions, "How will this achievement benefit me?" "How might I have improved on the outcome?" — Share benefits

11. *In providing feedback, both parties must take the opportunity to focus on interpersonal behaviour. Ask the question, "Is there any way in which your behaviour or attitude might be helping or hindering your ability to learn from others? If so, "How might such behaviour be improved upon?"*	Behavioural focus
12. *Ask the question, " Is there any way in which my behaviour might hinder my ability to achieve the goal in question?" If so, "How might such behaviour be improved upon?"*	
13. Create role-plays such that both parties may practice questioning each other to elicit information regarding a given subject. If possible, enlist the help of other suitable peers to be questioned in the same manner.	Role play
14. Encourage individuals to understand the feelings of both parties associated with the solicitation of assistance in learning, (Feeling awkward in asking, feeling awkward in responding. Ask the question, "Why is this the case?")	Assess feelings
15. Identify methods of overcoming hesitation in asking for help.	Overcome hesitation
16. Have both parties identify those skills that have helped them in their efforts and then consider how best to promote more of the same skills and habits.	Identify positive skills
17. Take time to examine the logical processes that are used to derive specific conclusions, i.e. Be sure both parties are familiar with the various stages of the decision making process.	Review the process
18. Focus on the characteristics of successful individuals, projects or groups. Then list these characteristics both parties feel they, the project or the group possess and which they, the project or the group lack.	Review attributes
19. Have both parties suggest ways of developing the characteristics they, the project or the group lack. Furthermore, ask the question, "What learning or other activities need to take place in order to accommodate this?"	Develop missing attributes
20. In considering item 17, focus on interpersonal behaviour (items 11 & 12). Both parties may also share notes and provide feedback to each other regarding 14 and 15. Again, ask the question, "*How might issues raised in items 14 and 15 impact responses to item 17?*"	Assess the development of new relationships

Role of social support

Social support within the context of an established trusting relationship provides the opportunity to be self-critical, consider alternatives and correct mistakes without falling into the typically depressed tendency of inferring personal inadequacy as a result of making a mistake.

Social support provides powerful evidence of acceptance, respect, and affection such that it neutralizes an individual's tendency to downgrade him/her self, another issue in the fight against depression.

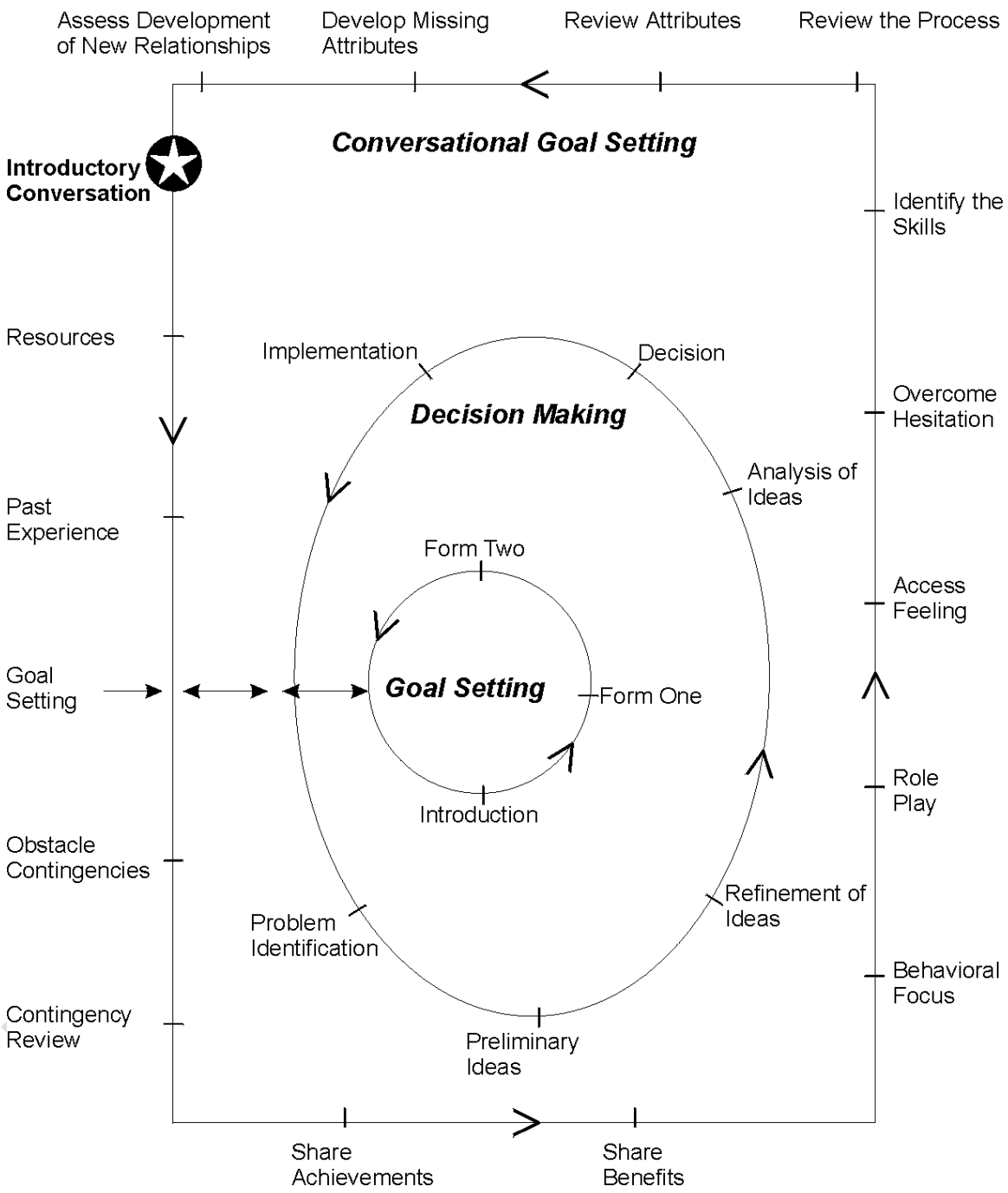
Social Exchange Theory

The activities outlined above are not at all on a quid-pro-quo basis. One person may help a second individual who in turn helps a third person as opposed to the first. Social Exchange Theory characterizes such a situation as requiring a credit mentality under which circumstance individuals take risks with other members of a social network. Risk taking in turn generates a strong sense of solidarity between friends, generating the kind of trust individuals from abusive or marginal situations need to combat depression and begin turning their lives around. Strong relationships and high levels of interpersonal trust are also important for positive communal culture and success.

Loss and Attachment

The relationships developed from 'partnership activities' listed above, as associated with Social Exchange Theory are of service in relieving the sense of insecurity commonly associated with the fear of separation or loss of attachment figures, again helping to combat the depression commonly associated with marginal lifestyles.

Integrated Manage-Able Self-Determination Model



Personal Development Contract

What is my goal?	Target date to finish	How will I know my goal has been met?

Supporter:_____ Supportee:_____ Date:_____

Personal Development Contract Resource Guide

List activity, specific action or person to be contacted etc.	Date Began	Date finished

Do not write on this page. Make blank copies to complete as necessary.

Pre-Evaluation

Current number of individuals with whom one has supportive contact	
Current number of these individuals one has supportive contact with on a regular basis	
Current number of these individuals one has supportive contact with on an intermittent basis	
Number of individuals one has experienced ***regular*** supportive contact with in the last month	
Number of individuals one has experienced ***intermittent*** supportive contact with in the last month	

Pre-Evaluation

Behavioural Checklist *This evaluation applies to the last fourteen (14) days*	Time Cost
Complaints regarding the same or similar recurring personal situations for which one can't get help	
Complaints about relatives or friends who are making ones life difficult	
Often late for appointments, taking extended breaks or leaving early	
Difficulty completing assigned tasks in a timely manner	
Replying, "How do I do that?" when asked to do something	
Denial of a problem when one is clearly upset	
Refusing suggestions for help in dealing with a problem and/or constantly emphasizing, "I know what I'm doing"	
Statements like, "Nobody cares what I think"	
Little or no interest in self-improvement	
Statements like, "Nobody cares about me"	
Exhibition of romantic fantasies or talk about outlandish goals/solutions that alienate others	
Little or no utilization of routine healthcare services, seeking attention only in times of crisis	
Seemingly distant and/or exhibiting bizarre behaviour	
Seemingly very excited and at other times sluggish with difficulty focusing attention	
Constantly getting others to read and/or explain things	
Often tired and/or 'partying' heavily	
Sharing of limited accommodation with a large family or living with many extended family members	
Unusually frequent changes of home address	
Inability to mix well, often preferring to be left alone	
Argumentative with friends, then turning on others for no apparent reason	
Reactions to adversity out of all proportion to the circumstance at hand	
Little or no trust in others, perhaps unwilling to get 'involved', often contributing only with hesitation	
Other reporting measures	

Action Plan for Support

I plan to speak with the following individual(s) regarding support.

Name	Date	Date a Personal Development Contract was agreed

Notes

Action Plan for Support

I plan to speak with the following individuals(s) regarding support.

Name	Date	Date a Personal Development Contract was agreed

Notes

Do not write on this page. Make blank copies to complete as necessary.

Post-Evaluation

Current number of individuals with whom one has supportive contact	
Current number of these individuals one has supportive contact with on a regular basis	
Current number of these individuals one has supportive contact with on an intermittent basis	
Number of individuals one has experienced ***regular*** supportive contact with in the last month	
Number of individuals one has experienced ***intermittent*** supportive contact with in the last month	

Post-Evaluation

Behavioural Checklist *This evaluation applies to the last fourteen (14) days*	Time Cost
Complaints regarding the same or similar recurring personal situations for which one can't get help	
Complaints about relatives or friends who are making ones life difficult	
Often late for appointments, taking extended breaks or leaving early	
Difficulty completing assigned tasks in a timely manner	
Replying, "How do I do that?" when asked to do something	
Denial of a problem when one is clearly upset	
Refusing suggestions for help in dealing with a problem and/or constantly emphasizing, "I know what I'm doing"	
Statements like, "Nobody cares what I think"	
Little or no interest in self-improvement	
Statements like, "Nobody cares about me"	
Exhibition of romantic fantasies or talk about outlandish goals/solutions that alienate others	
Little or no utilization of routine healthcare services, seeking attention only in times of crisis	
Seemingly distant and/or exhibiting bizarre behaviour	
Seemingly very excited and at other times sluggish with difficulty focusing attention	
Constantly getting others to read and/or explain things	
Often tired and/or 'partying' heavily	
Sharing of limited accommodation with a large family or living with many extended family members	
Unusually frequent changes of home address	
Inability to mix well, often preferring to be left alone	
Argumentative with friends, then turning on others for no apparent reason	
Reactions to adversity out of all proportion to the circumstance at hand	
Little or no trust in others, perhaps unwilling to get 'involved', often contributing only with hesitation	
Other reporting measures	

Make at least eight (8) copies of this post evaluation for your records. You will be asked to complete and submit it at regular intervals.