

For clients who acknowledge they have a mental illness, this workbook provides an overview of schizophrenia, focusing primarily on symptoms and how symptoms can be managed.

Lilly

TEAM SOLUTIONS™

Understanding Your Illness

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INSTRUCTOR'S GUIDE

This instructor's guide and the corresponding workbook have been prepared in consultation with a number of leading authorities in the field of treatment of schizophrenia. They are designed and intended to be used with patients being treated for symptoms of schizophrenia as educational materials to supplement information provided by the patient's physician. This instructor's guide does not substitute for appropriate medical treatment and counseling. The material may be useful in answering questions about schizophrenia or medications. It may not answer all questions. Remember to remind patients that if they should have questions about their medications or particular treatment, or if they think they are having any possible unwanted effects, they should consult with their physician.

Instructor's Notes

Goals for This Workbook

After completing this workbook, individuals will be familiar with:

1. Common symptoms of schizophrenia
2. Reasons why people may have symptoms
3. Common feelings about dealing with a difficult illness
4. Things people can do to promote recovery
5. Signs and symptoms of relapse
6. How to handle an emergency

Note to Instructor

Duplicate the Knowledge Assessment (pre- and post-test) and have your clients complete it before starting this workbook. This will help you identify the subject areas in which your clients may need more help. When you've completed the workbook, have your clients complete the same Knowledge Assessment once again, so that you can measure how much they've learned and can identify subject areas that may require review. You will find the Knowledge Assessment at the end of these Instructor's Notes.

Page 2—Common Symptoms of Your Illness

Objectives for This Section:

After reading this section, individuals will be able to:

1. Verbalize an understanding of positive, negative, and cognitive symptoms
2. Give examples of positive, negative, and cognitive symptoms
3. Express an understanding that treatment can help improve symptoms

Suggested Approach:

After reading this page, encourage individuals to:

- Define the word “symptom”
- Share examples of current or past symptoms

Pages 2-3—Positive Symptoms, Negative Symptoms, Cognitive Symptoms, Treatment Can Help

Suggested Approach:

After reading each paragraph, encourage individuals to discuss:

- Their understanding of the different types of symptoms
- Personal examples (past or present) of the different types of symptoms
- What has helped improve their symptoms in the past

Potential Problem:

An individual doesn't remember having any symptoms in the past.

Suggested Response:

1. Provide reassurance that they aren't required to provide answers
2. Suggest that they may recognize some of the examples noted in the rest of the workbook
3. Move on

Pages 4-7—Recognizing Your Symptoms

Objectives for This Section:

After completing this section, individuals will be able to:

1. Identify some past or present symptoms
2. Discuss what tends to make their symptoms better or worse

Suggested Approach:

After completing each section of the symptom checklist, encourage individuals to discuss:

- The symptoms they checked
- A specific example of each
- Whether each is a past or present symptom
- How often they experience each (current) symptom

Potential Problem:

An individual denies having any symptoms (past and present).

Suggested Response:

Clients often deny their illness because of stigma. However, many people may benefit by progressing through this workbook.

1. Provide reassurance that they aren't required to provide answers
2. Acknowledge the importance of not disclosing personal information until they're ready
3. End the lesson on a positive note
4. Talk with the individual about stigma—how he or she feels about people with a mental illness and how people with a mental illness are often treated
5. If the individual continues to feel uncomfortable talking about symptoms, you may want to consider switching to a workbook that requires less personal disclosure of symptoms (e.g., *You and Your Treatment Team* or *Avoiding Crisis Situations*)
6. Review individual's chart to confirm or question diagnosis

Page 8—Recording Your Symptoms**Suggested Approach:**

After completing each section of the written exercises, encourage individuals to discuss their answers.

Page 9—Reasons Why You’re Having These Symptoms

Objectives for This Section:

After reading this section, individuals will be able to:

1. Verbalize an understanding of what causes symptoms
2. Express an understanding of the role of medication in managing symptoms
3. Explain what is most likely to happen if they stop taking their medication

Suggested Approach:

Before reading this page, encourage individuals to discuss:

- Their understanding of what causes their symptoms
- Their understanding of the role of medication in managing symptoms
- What is likely to happen if they stop taking their medication

After reading this page, encourage individuals to summarize:

- What this page identifies as the main cause of their symptoms
- The role of medication in managing their symptoms
- What is likely to happen if they stop taking their medication

Page 9—What Your Brain Chemicals Are Supposed to Do

Suggested Approach:

After reading this page, give an example of a situation that illustrates the three functions of the brain.

Sample Situation:

Receive: As I walk into a room I see two people and hear one of them talking.

Process: They’re probably having a conversation.

Make Decisions: I shouldn’t interrupt. I’ll join them and stand quietly until there’s a break in the conversation. Then I’ll apologize for interrupting, and tell them what I need.

- Talk about how the brain uses a network of nerve cells to send the information from one area of the brain to the next to do each function

Page 10—The Way Your Brain Receives Information

Suggested Approach:

After reading this page, use the same sample situation to illustrate problems that can occur with each function:

Receiving Information:

As I walk into a room I see two people and hear one of them talking.

1. Examples of information overload:
 - I notice the ceiling lights
 - I hear the clock ticking
 - There's a radio playing in the next room
 - Someone is knocking on the door
 - One person is wearing a brightly colored shirt
 - A person is on the sofa reading a book
 - The floor is very shiny
 - There's a picture on the wall...
2. Examples of the brain "playing tricks":
 - Walls seem to move
 - The lights are so bright they hurt my eyes
 - Numbers on the clock appear to get smaller
 - People in the room seem to be staring at me
 - The water fountain seems very loud
 - The radio is reporting I did something illegal
 - Voices say police are at the door—looking for me
3. Example of a storage mistake:
 - This is just like a TV show I saw yesterday...

Page 11—The Way Your Brain Processes Information

Suggested Approach:

After reading this page, continue using the sample situation to illustrate problems that can occur with each function:

Processing Information:

1. Example of the brain processing slowly:
 - It takes me a few minutes to realize the two people are talking to each other
2. Example of getting only pieces of information:
 - I heard part of what they said and it was about turning someone in
3. Examples of coming to incorrect conclusions:
 - They heard the radio report about me
 - They're talking about me
 - They're going to turn me over to the police

Page 11—Making Decisions Can Be Difficult

Suggested Approach:

After reading this page, continue using the sample situation to illustrate problems that can occur with each function:

Making Decisions:

Instead of deciding:

- I shouldn't interrupt. I'll join them and stand quietly until there's a break in the conversation. Then I'll apologize for interrupting and ask for what I need.

I decide:

- I better hurry up and explain that I was home all night last night. I'll leave before the police arrest me.

1. Encourage individuals to discuss problems they've had with making decisions
2. Facilitate discussion about the impact that medication, skill building, and/or confidence have had on their ability to make decisions

Page 12 – How Your Illness Was Diagnosed

Objective for This Section:

After reading this section, individuals will be able to:

1. Express an understanding of some of the factors that are considered when determining a diagnosis

Suggested Approach:

Before reading this page, encourage individuals to discuss:

- What the word “diagnosis” means
- Their thoughts and feelings when they first learned about their diagnosis

Potential Problem:

An individual denies having schizophrenia or schizoaffective disorder.

Suggested Response:

1. Explore their thoughts and feelings about the issue
2. Provide support
3. Suggest they consider the information provided on the next several pages
4. Recommend that they discuss the issue with their psychiatrist, if they haven't already
5. Review individual's chart to confirm or question diagnosis

Suggested Approach:

After reading each bullet, encourage individuals to discuss their responses to the item.

Page 13 – Other Factors

Suggested Approach:

After reading this page, facilitate discussion about:

- Each person's experiences with the factors mentioned on page 12 (types of symptoms, severity, etc.)
- The common myth that these illnesses are caused by family problems

Potential Problem:

An individual expresses belief in some external cause of their illness (black magic, the devil, being controlled by a computer, etc.).

Suggested Response:

1. Explore their thoughts and feelings about the issue
2. Determine if there are others in their support network who have suggested or supported this belief
3. Provide support
4. Assess how this belief may affect medication adherence
5. Express belief in the scientific evidence that indicates these illnesses are caused by a chemical imbalance in the brain that was probably caused by a genetic problem
6. Consider and plan other interventions to address this issue during future contacts
7. Move on

Pages 14-15—How Much Do You Know About Your Illness?**Objectives for This Section:**

After completing this section, individuals will be able to:

1. Verbalize an understanding of what may cause schizophrenia
2. Verbalize correct answers to some common questions about schizophrenia

Suggested Approach:

Before reading the questions, you may want to do the group debate activity described below.

After reading each question, encourage individuals to:

- Use their hand or another piece of paper to cover the answers
- Discuss their responses to each question

Suggested Learning Activity for Group Debate

After completing this section:

- Organize the participants into small groups of four
- Direct each group of four to select one question from pages 14-15
- Instruct the groups of four to divide into two teams of two each
- Direct them to decide which team will debate that the correct answer is true and which team will debate that the correct answer is false
- Give the teams 15 minutes to write a list of all the points that will support their position
- Organize and facilitate the debate
- Give each team five minutes to present their arguments
- Give each team three minutes to refute their opponents' arguments
- Provide positive feedback
- Facilitate identification of the correct answer to the question

Note to Instructor: This learning activity may not be appropriate for some groups. Consider the interests and abilities of the individuals in your group, but avoid underestimating their capabilities.

Page 16—Coping With a Difficult Illness

Objectives For This Section:

After completing this section, individuals will be able to:

1. Recognize some common feelings people experience when coping with a disabling condition
2. Describe some of the feelings they have experienced in coping with their illness

Suggested Approach:

After completing the written exercise, encourage individuals to discuss their responses.

Page 17— No Fault, No Shame, No Blame

Objectives for This Section:

After completing this section, individuals will be able to:

1. Explain why these are “No Fault, No Shame, No Blame” illnesses
2. Describe the potential negative consequences of assuming fault, feeling shame, and placing blame
3. Discuss the feelings they’ve experienced while adjusting to having a mental illness

Suggested Approach:

Discuss how mental illness affects families and friends. Encourage discussion among participants.

After reading this page, encourage individuals to discuss:

- Reasons it might be hard for some people to believe “No Fault, No Shame, No Blame”
- The differences it could make in a person’s life if they **don’t** believe “No Fault, No Shame, No Blame”
- The differences it could make in a person’s life if they **do** believe “No Fault, No Shame, No Blame”

Potential Problem:

An individual is steadfast in assuming fault, feeling shame, or placing blame.

Suggested Response:

1. Explore their thoughts and feelings about the issue
2. Determine if there are others in their support network who have suggested or supported their idea(s)
3. Provide support
4. Assess the impact these ideas are having on the person’s recovery
5. Express belief in the idea that they have a “No Fault, No Shame, No Blame” illness
6. Consider and plan other interventions to address this issue during future contacts
7. Move on

Page 18 – Rating Your Feelings

Suggested Approach:

After reading this page, encourage individuals to:

- Discuss their responses
- Observe any commonality among group members' responses

Note: In a one-on-one situation, you may want to “normalize” the person’s feelings as “universal.”

Page 19 – Reacting to Your Feelings

Objective for This Section:

After reading this section, individuals will be able to:

1. Identify some of the common, normal feelings people experience when facing a serious illness

Suggested Approach:

After reading the first two paragraphs, encourage individuals to discuss:

- Their personal experiences with denial
- What eventually led them to accept their illness

After reading the third paragraph, encourage individuals to discuss:

- Their personal experiences with feeling defeated and giving up
- What eventually led them to gain hope and take positive steps toward recovery

After reading the fourth paragraph, encourage individuals to first discuss:

- Their personal experiences with feeling angry and blaming themselves or others
- What eventually led them to realize no one is to blame for their illness

Potential Problem:

An individual seems to be strongly caught up in denial, defeat, or anger.

Suggested Response:

1. Explore their thoughts and feelings about the issue
2. Determine if there are others in their support network who share their feelings
3. Provide support and “normalize” their feelings
4. Assess the impact of the feelings on the person’s medication adherence and overall recovery
5. Express belief in their ability to work through these feelings in their own time
6. Consider and plan other interventions to address this issue during future contacts
7. Move on

Pages 20-21—Building a Road to Recovery**Objectives for This Section:**

After completing this section, individuals will be able to:

1. Identify the importance of working toward recovery instead of waiting for recovery to happen to them
2. Explain the value of doing activities as one step in working toward recovery
3. Verbalize a plan to begin (or continue) working toward recovery

Suggested Approach:

After reading the first paragraph, encourage individuals to discuss:

- The differences between believing: “Recovery is something I work toward” versus “Recovery is something that happens to me”
- How people can ease into an activity they may think is difficult, by starting out in small steps and working their way up gradually to a more difficult level

Before completing the written exercise:

- Help individuals brainstorm a list of possible activities
- Encourage them to mention every idea without evaluating quality or feasibility
- Write all the ideas on a chalkboard, white board, flip chart, or paper

After completing the written exercises, encourage individuals to:

- Discuss their written responses (pages 20 and 21)

Potential Problem:

An individual seems unwilling or unable to identify any activities they might enjoy.

Suggested Response:

1. Determine what the obstacles might be—using a concerned, supportive approach
2. If appropriate, ask them what activities they enjoyed before they became ill
3. Suggest that they write down one or two of those ideas
4. Move on

Page 22—Other Things You Can Do to Feel Better**Objective for This Section:**

After completing this section, individuals will be able to:

1. Identify some things they can do to help themselves feel better

**Suggested Approach:**

After reading this page, encourage individuals to discuss:

- Their experiences with any of the ideas listed
- Other things they do that help them feel better

**Potential Problem:**

An individual seems frustrated or hopeless, “Nothing helps me feel better.”

Suggested Response:

1. Acknowledge their feelings
2. Provide support
3. Group setting: Ask others if they’ve ever felt the same and how they worked through those feelings

One-on-one: Normalize their experience by suggesting that everyone who learns to cope with a disabling illness goes through a period of time when they feel frustrated or hopeless

4. Express belief in their ability to work with the treatment team and make progress toward recovery
5. Consider and plan other interventions to address this issue during future contacts
6. Move on

Page 23**Suggested Approach:**

After completing this page, encourage individuals to discuss their answers.

Page 24—The Danger of Relapse

Objectives for This Section:

After completing this section, individuals will be able to:

1. Define “relapse”
2. Identify ways to prevent a relapse
3. Define “residual symptoms”
4. Identify some personal examples of residual symptoms
5. Define “early warning symptoms”
6. Identify some personal examples of early warning symptoms

Suggested Approach:

After reading this page, encourage individuals to discuss:

- What “relapse” means
- Personal experiences with the ideas listed
- Other things they do (or could do) to prevent relapse

Page 25—Keeping Track of Your Symptoms

Suggested Approach:

After reading this page, encourage individuals to discuss:

- What “residual symptoms” are
- Personal examples of residual symptoms

Page 26—Early Warning Symptoms

Suggested Approach:

Before reading this page, encourage individuals to discuss:

- The meaning of “early warning symptoms”
- The connection between early warning symptoms and relapse

After reading this page, encourage individuals to discuss:

- Personal examples of early warning symptoms
- Whether they’ve ever experienced a relapse after having early warning symptoms

Page 27**Suggested Approach:**

After reading this page, encourage individuals to discuss:

- Personal experiences with keeping track of symptoms using a calendar or checklist
- Ideas for keeping track of symptoms
- How family members or friends can help them in keeping track of symptoms

Potential Problem:

An individual says they've had trouble getting help in the past when they noticed a relapse starting.

Suggested Response:

1. Acknowledge their feelings
2. Explore the specifics of the experience(s) they're referring to
3. Provide support
4. Group setting: Encourage others to share similar experiences and feelings. Facilitate discussion about potential solutions for similar situations in the future
One-on-one: Facilitate exploration of possible solutions for similar situations in the future
5. Move on

Page 28—Feelings of Anxiety or Depression**Objectives for This Section:**

After reading this section, individuals will be able to:

1. Identify some common causes of anxiety
2. Verbalize an understanding of the difference between being sad and being depressed
3. Define “postpsychotic depression” and identify what to do if they experience it

Suggested Approach:

After reading this page, encourage individuals to discuss:

- Personal experiences they may have had with each of the various causes of anxiety
- What to do if they have persistent problems with anxiety

Page 29—Depression

Suggested Approach:

Before reading this page, encourage individuals to discuss:

- The differences between being sad and being depressed
- Personal experiences with depression
- Ideas about why people might be most likely to get depressed when their symptoms are improving

After reading this page, encourage individuals to discuss:

- What “postpsychotic depression” means
- Personal examples of postpsychotic depression

Page 30—Handling Thoughts of Suicide

Objectives for This Section:

After reading this section, individuals will be able to:

1. Verbalize the importance of getting immediate help if they have thoughts of suicide
2. Identify who they will call for help

Suggested Approach:

After reading this page, encourage individuals to discuss:

- Personal experiences they may have had with thoughts of suicide
- What they’ve done in the past if they’ve had thoughts of suicide
- What they plan to do now or in the future if they have thoughts of suicide

Potential Problem:

An individual says they’re having thoughts of suicide. You are unable to persuade them to contact their doctor and they insist you keep the information confidential.

Suggested Response:

1. Acknowledge their desire to keep the information confidential, and provide support
2. Explore their reluctance to talk with their doctor
3. If you are in a group setting, you may want to encourage others to express their opinions and concerns about the situation. Facilitate discussion about potential solutions
4. Express your concerns about keeping the information confidential
5. Explain that you have a personal and professional responsibility to inform their doctor
6. Offer them the choice of calling the doctor now or sitting with you while you call the doctor
7. Call the doctor or provide support while they make the call

Page 31 – When to Call Your Doctor**Objective for This Section:**

After reading this section, individuals will be able to:

1. Identify examples of when to call their doctor or another member of their treatment team

**Suggested Approach:**

Before reading this page, encourage individuals to discuss:

- When to call someone on their treatment team
- What to do if the person they called isn't available or doesn't call them back

Pages 32-33 – Handling Emergencies, Your Emergency and Assistance Plan**Objectives for This Section:**

After completing this section, individuals will be able to:

1. Verbalize the value of having an emergency assistance plan
2. Explain their emergency assistance plan
3. Identify people in their support system

Suggested Approach:

Before reading page 32, encourage individuals to identify who they usually call when they have an emergency.

Pages 34-36—You Are Not Alone, Helpful People List

Suggested Approach:

After reading the first three paragraphs, encourage individuals to discuss:

- The importance of reaching out to and staying in touch with others
- Their personal experiences with going to a club, drop-in center, or support group

Page 37—What Can You Expect in the Future?

Suggested Approach:

Before reading this page, encourage individuals to discuss:

- What they can do to prevent relapse
- What's likely to happen if they decide to stop taking their medicine
- What they can do to stay focused on recovery

Options for Getting Closure at the End of the Workbook:

- Help the person summarize the main points of the workbook
- Ask the person what parts of the workbook were most helpful
- Ask the person to identify two things they learned from the workbook
- Turn to the Contents page and help them identify one main point for each topic

It's time to complete the Knowledge Assessment. Please note that the Knowledge Assessment that follows is an original document that will need to be duplicated for your use.

Knowledge Assessment

For each question or statement, circle the best answer:

1. **Positive symptoms of schizophrenia are fun, enjoyable, and exciting experiences for most people.** (pg. 2)
 - a. True
 - b. False

2. **Examples of positive symptoms are:** (pg. 2)
 - a. Believing you can recover
 - b. Not feeling like getting out of bed in the morning
 - c. Experiencing thoughts, beliefs, and sensations that aren't real
 - d. Being able to speak up for yourself in an assertive way

3. **Negative symptoms are:** (pg. 3)
 - a. Problems such as lack of energy, motivation, or interest in doing things
 - b. Just a good excuse for being lazy and doing nothing
 - c. The symptoms that frighten people the most
 - d. Hearing voices and being afraid of people

4. **Having cognitive symptoms means:** (pg. 3)
 - a. You're stupid and you'll never amount to anything
 - b. You have trouble thinking clearly, learning, and concentrating because of your illness
 - c. You should just give up
 - d. Your brain is working lots better than it used to

5. **For most people, even proper treatment can't help improve positive, negative, or cognitive symptoms.** (pg. 3)
- a. True
 - b. False
6. **Recognizing your symptoms means:** (pg. 4)
- a. Knowing the names of the voices you hear
 - b. Being able to name the spirits you see in visions
 - c. Learning what your symptoms are so you gain control over them
 - d. Having trouble figuring out who you are
7. **Being bothered by colors and lights that seem too bright or noises that seem unusually distracting are:** (pg. 5)
- a. Examples of overstimulated senses
 - b. Signs that you take life too seriously
 - c. Examples of being more in tune with the true meaning of life
 - d. Signs that you're developing a higher level of consciousness
8. **Believing you have special powers or that other people control your thoughts are examples of symptoms called delusions.** (pg. 7)
- a. True
 - b. False
9. **Not feeling like getting out of bed, doing things, or being around people are:** (pg. 7)
- a. Just laziness and should be severely punished
 - b. Signs of weakness and lack of personal willpower
 - c. Problems that show you weren't raised right
 - d. Examples of negative symptoms

10. **The best way to relieve your symptoms is to:** (pg. 9)
- Blame your family for causing them
 - Take medication regularly as decided upon by you and your doctor
 - Ignore them and hope they'll go away
 - Get high or drunk regularly
11. **When you start feeling well you should stop taking your medicine because you don't need it any longer.** (pg. 9)
- True
 - False
12. **The chemicals in your brain help you receive information, process information, and make decisions.** (pg. 9)
- True
 - False
13. **Your illness can cause your brain to process information more slowly.** (pg. 11)
- True
 - False
14. **Symptoms are the most important clue in diagnosing your illness.** (pg. 12)
- True
 - False
15. **Your age when your symptoms first appeared and your family history are:** (pg. 13)
- Rude questions that you should take offense to
 - Not very important information so don't discuss them
 - Information that can be helpful in reaching a diagnosis
 - Examples of advanced directives

- 16. Using street drugs and alcohol:** (pg. 13)
- a. Can cause symptoms that are similar to schizophrenia
 - b. Won't show up in blood or urine tests
 - c. Shouldn't be tested for because it won't help get an accurate diagnosis
 - d. Is the best way to control the symptoms of your illness
- 17. Schizophrenia means split personality.** (pg. 14)
- a. True b. False
- 18. Schizophrenia is not a real disease.** (pg. 14)
- a. True b. False
- 19. People with schizophrenia are always disabled and are never able to live on their own.** (pg. 14)
- a. True b. False
- 20. Many symptoms of your illness can be managed by continued treatment with medication.** (pg. 14)
- a. True b. False
- 21. Your illness was caused by family conflicts during your childhood.** (pg. 15)
- a. True b. False
- 22. It's important to tell someone on your treatment team if your symptoms are getting worse or if you have new symptoms.** (pg. 15)
- a. True b. False

- 23. Feeling embarrassed, angry, or lonely are:** (pg. 16)
- Signs of weakness
 - Delusional
 - Normal reactions to a serious illness
 - Symptoms that medicine will control
- 24. Denying your illness, being angry, or blaming others:** (pg. 19)
- Are good, healthy ways to make progress toward recovery
 - Are normal reactions, but holding on to those feelings can be unhealthy
 - Will help you manage your illness and control your symptoms
 - Are unusual reactions for a person facing a serious illness
- 25. One way you can help prevent a relapse is:** (pg. 24)
- Ignore your symptoms when they get worse or new ones appear
 - Skip doses of medicine or stop taking it when you feel better
 - Get drunk or high at least once a week
 - Keep track of your symptoms
- 26. Residual symptoms are:** (pg. 25)
- Signs that you have totally recovered
 - Hopeless problems that you can't do anything about
 - Symptoms that have decreased but haven't gone away completely
 - Early warning signs of relapse

- 27. Early warning symptoms are:** (pg. 26)
- a. Changes that happen when you start getting sick again
 - b. A sure sign you should be in the hospital
 - c. Something to be ashamed of, so avoid talking about it
 - d. A sign of weakness and failure
- 28. If you have thoughts of suicide you should just keep quiet so you don't end up in the hospital.** (pg. 30)
- a. True
 - b. False
- 29. If you're having a crisis or think you might hurt someone:** (pg. 31)
- a. Tell a member of your treatment team
 - b. Keep quiet and handle it the best you can
 - c. Go to bed and hope you'll feel better in the morning
 - d. Take a double dose of medicine and hope it helps
- 30. Schizophrenia is a medical illness that can be treated.** (pg. 37)
- a. True
 - b. False

Answer Key

1. b	11. b	21. b
2. c	12. a	22. a
3. a	13. a	23. c
4. b	14. a	24. b
5. b	15. c	25. d
6. c	16. a	26. c
7. a	17. b	27. a
8. a	18. b	28. b
9. d	19. b	29. a
10. b	20. a	30. a

