# Pulling Pockets

This can be a game or an in-class activity. Based on the elements of chance, surprise, and quick thinking, it can be a cooperative game, with teams collaborating to come up with as lengthy a list as possible or a competitive game, where each resident randomly draws or selects a different pocket —called “pulling a pocket”—and attempts to solve the problem within it.

**Players:**

Whole class divided into two or more teams approximately equal in size.

**Materials:**

• “Pockets,” each filled with a different problem

A “pocket” is anything that can be closed, such as an envelope, a small tie bag (like the ones used at weddings, available in dollar stores), a small box, or a plastic egg as found everywhere at Easter. Basically, anything small and hollow works. Each tiny container is filled with a single problem, then closed.

**Rules:**

The team that “pulls the pocket” answers first. Teams then alternate pocket pulling.

Teams receive points for quickly providing “good” possible solutions. There is an element of subjectivity in determining the excellence of the response, so having a panel of judges who try to be objective (with the group facilitator’s help) is a good idea. Teams alternate giving solutions. They can’t repeat a solution already given, and when no one can come up with any more solutions, a new pocket is opened.

**Game at a Glance:**

1. Residents choose pockets and open. If using team approach, first one team chooses a pocket, reads the situation aloud, and then both teams are given 60 seconds to devise solutions.

2. Teams alternately give solutions, earning one point per solution.

3. The team having the most “viable” solutions — offered alternately and not repeated — will have the most points.

4. When there are no more solutions, a new pocket is opened. Example:

• Team A chooses a pocket which contains “I lost my attorney’s phone number.”

• At start signal, both teams brainstorm solutions to the problem. They stop at signal from the group facilitator. Signals can be anything familiar to the class, such as a hand clap, a whistle, a flicking of lights, or even just a loud “Stop!”

• Team A offers first solution. If acceptable, the team gets one point.

• Team B offers a different solution. If acceptable, the team gets one point.

• Team A has no more solutions, but Team B has one more, so gets one more point. (Team A has 1 point; Team B has 2.)

• Team B opens a pocket and continues as before.

**Possible Mental Health-Related Problems**

1. Your medication was recently increased and your throat starts hurt.
   1. Continue to monitor your symptoms
   2. Stop taking your medication
   3. Discuss the issue with your medical doctor
   4. Discuss the issue with your psychiatrist
   5. Read about the side effects to check if a sore throat is a possible side effect.
   6. Do nothing
2. You lost your medication.
3. You cannot remember when you need to take your medication.
4. You are currently taking psychiatric medications prescribed by a psychiatrist. You are meeting with a medical doctor, who diagnosed with diabetes and prescribed you medication for diabetes. You wonder if this new medication will be okay to take with your psychiatric medication.
   1. Inform the medical doctor of your psychiatric medication.
   2. Inform your psychiatrist of your new medication.
   3. Ask a pharmacist if both medications are safe to take together.
5. You feel like your symptoms have improved, but you wonder if you will be found competent to stand trial.
   1. Ask your psychologist/psychiatrist/treatment team to review your barriers to competency.
   2. Ask to review your most recent competency evaluation.
   3. Ask your attorney for advice.
6. You return back to jail after completing a period of competency restoration. While in jail, you notice your pills/medication look different.
7. You take your psychiatric medication in the morning. You are having a hard time falling asleep at night.
8. You start a new medication and begin having difficulty sitting still.
9. You start attending treating in the community, but you cannot remember what medication you were prescribed while at FSCRP/WSH.
10. You have a disagreement with your psychiatrist.
11. After you have recently started dating someone, they soon notice your medication bottle.
12. You recently started dating someone and they encourage you not to take your psychiatric medication.
13. You are hanging out with your friends and one of them says, “All schizophrenics are violent.”
14. You are filing for social security, but you are having a hard time filling out the paperwork.
15. You have been sober for all most one year and would like to continue avoiding drugs and alcohol. On your first date with someone, you find out that person takes drugs and drink alcohol every day.
16. You are having a hard time remembering to take your medication.
17. Your roommate tells you not to take your medication.
18. Your roommate wants you to give them your medication.
19. You just moved into a sober living house and your roommate is sneaking in bottle of alcohol.
20. Your roommate at the competency restoration facility (FSCRP/WSH) is cheeking their medication. The roommate started leaving the empty pill capsules throughout your room.
21. Your roommate is whiney and complains all day.
22. You will be going to court/trial in 2 days. Recently you started having problems with your memory and concentration.
23. Your anxiety is increasing and you have a meeting with your attorney in two days.
    1. Start using your coping skills
    2. Ask for a PRN prior to the meeting
    3. Inform your attorney of your experience
    4. Bring a notebook, pen, and calendar in order to take notes during the meeting
    5. Inform your prescriber (psychiatrist)
24. You are attending treatment in the community and you disagree with your new mental health diagnosis.
    1. Inform your psychiatrist
    2. Ask questions about this diagnosis/symptoms
    3. Request a second opinion
    4. Research the diagnosis
    5. Discuss diagnosis with a person who you trust and may know your mental health opinion