

DEPARTMENT OF VETERANS AFFAIRS

Support And Family Education



Session Eight – Creating a Low-Stress Environment and Minimizing Crises

Materials Needed

- Handout M: Tips on Creating a Low-Stress Environment and Minimizing Crises
 Handout N: Tips on Getting the Most from your Psychiatric Medications
 Handout O: Note cards for Role-Plays
 Handout P: Resource List for Dealing with Emergencies

As discussed in previous sessions, mental illness is caused by a complex interaction between biochemical (e.g., heredity, genetics) and situational factors (e.g., life stress, coping resources, amount of social support). Both the emergence of the mental illness and the course of the disorder can be strongly affected by the consumer's environment.

For all people, family life can provide great joy and a sense of connection/belonging. However, stressors in the family can be very difficult for everyone and may result in a worsening of symptoms for those with mental illness.

I. Importance of minimizing stress in the family

Previous sessions have addressed numerous potential stressors in family life, especially those involved in dealing with a loved one with mental illness. This session will explain why decreasing stress is important and provide specific tips as to how family members can do so. Even when the entire family strives to minimize stress, crises do arise. Therefore, we will create a crisis plan to help your family deal with these difficult times.

- A. Research on the family environment (especially with schizophrenia and PTSD) has clearly demonstrated that the family atmosphere has a strong effect on the functioning of a person with mental illness. In fact, people living in families with high stress levels are more likely to relapse and/or be re-hospitalized (e.g., Tarrier, Sommerfield, & Pilgrim, 1999).

- B. More specifically, research has focused on a term, *expressed emotion*, which refers to high levels of criticism, hostility, and emotional over-involvement in families. Research has demonstrated that consumers can stay out of the hospital longer and function better when families reduce the level of expressed emotion in the household. This session will provide some specific tips on how you can do so.

II. Tips for creating a low-stress environment

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Discussion Question: What have you found to be helpful to keep the level of stress relatively low in your home?

Distribute Handout M: Tips on Creating a Low-Stress Environment and Minimizing Crises

1. Have a predictable schedule.
 - a. Stress in a family is minimized when there is a predictable routine and schedule. For example, the family may eat dinner together every night at 6pm, go to church on Sunday mornings, go on walks on Saturday afternoons, etc. Individuals with a mental illness often struggle with changes (even small changes) in routine, so maintaining predictability is especially important.
 - b. When a change in plans or departure from schedule can be anticipated, it's helpful for families to discuss the shift in advance, so no one is surprised. Plans can be made for coping with possible stress that may arise.
2. Maintain a calm atmosphere in the home.
 - a. Avoid excessive stimulation, such as unexpected visitors, loud music, violent television programming, etc.
 - b. You and your loved one can discover and practice calming activities (e.g., playing quiet music, lighting candles).
 - c. Ignore the "annoying but unimportant" things. The concept of "picking your battles" can be helpful, as some issues just aren't worth arguing about!
3. Define clear expectations for family members.
 - a. Families function smoothly when expectations for each person are clear and consistent. For example, assignment of household chores should be explicit and reviewed periodically.
 - b. Make consequences for failure to meet expectations clear, consistent, and appropriate.

4. Share family rituals, including physical exercise.
 - a. Families often bond with one another through shared rituals. Some families enjoy regular physical exercise, which can both strengthen relationships and release stress.
 - b. Some families share religious/spiritual practices, such as church attendance, shared prayer, etc.
 - c. Families may spend time together in nature.
5. Schedule and participate in regular family meetings.
 - a. Families work well when they have a regularly scheduled time to discuss issues or problems. Selecting a time that can be adhered to weekly is important (e.g., after dinner on Sundays).
 - b. Families may also use this time to plan family activities for the upcoming week.
 - c. Effective use of problem-solving skills (see Session Seven) and communication skills (see Session Five) is important in family meetings.
6. Use your support networks and take breaks.
 - a. At times family members feel reluctant to ask for help, but sometimes a few hours or days away can be refreshing. Develop a list of friends and/or family members who can pitch in when you need a break.
 - b. Be sure to participate regularly in relaxing, fun activities for yourself. Your tolerance and ability to manage stress in the family will be much greater if you take good care of yourself.
 - c. Explore community resources for possible respite care. Some facilities provide short-term care for individuals with serious mental illness, creating an opportunity for you to have time for yourself to recharge.

III. Encouraging medication compliance

Encouraging your loved one to take his/her medications can be extremely important. When consumers decide to discontinue their medications, they are at risk for relapse. The level of stress in the family can be kept low when consumers take their medications regularly and as prescribed.

Some family members help their loved ones by organizing the pillbox weekly, setting pills out at mealtime, and/or giving gentle reminders. Issues surrounding medication can involve power/control struggles in families, so use of effective communication and problem-solving skills is important.

Distribute and discuss Tips on Getting the Most from Your Psychiatric Medications (Handout N).

This handout was created for veterans, but includes reminders that are important for families to understand. You might choose to talk with your loved one about this handout. Even if he/she has heard these tips before, reviewing the themes can be helpful. Common sense is not always common practice.

Note the website listed on the handout: www.safemedication.com, which contains helpful, clear information about many medications (although it is not a substitute for talking to the doctor).

IV. Paying attention to “red flags”

Crises rarely emerge “out of the blue,” and families can be very helpful in preventing a relapse by learning about warning signs. Each person’s warning signs are different, so it is important to observe the specific cues for you and your loved ones.

- A. A key task for family members is to pay attention to signs that their loved one may be decompensating. When families notice these early symptoms, a relapse or hospitalization may be avoided.
- B. You may notice red flags in both the individual’s behavior and in how he/she interacts with others:
 1. Individual red flags may include:
 - a. Significant change in sleep patterns (sleeping much more or less than usual, worsened nightmares, etc.)
 - b. Significant change in eating habits (eating much more or much less than usual)
 - c. Refusing to take medications as prescribed (or at all) – may include “cheeking” pills
 - d. Hearing voices or describing delusions (false beliefs)
 - e. Increased agitation, such as being nervous, pacing, being irritable, having angry outbursts
 - f. Increased depression and/or mood swings
 - g. Social withdrawal (refusing to participate in family activities)
 - h. Deterioration in personal grooming and dress
 - i. Change in spending habits
 - j. Paranoia or suspiciousness
 - k. Using more illicit substances (alcohol/other drugs) or nicotine than usual
 - l. Talking about suicide and/or homicide
 - m. Others?
 2. Red flags seen in your relationship with your loved one may include:
 - a. Decreased communication
 - b. Increased conflict or fighting

- c. Change in sex life
- d. Violence or threats of violence
- e. Jealousy
- f. Decrease in pleasant activities
- g. Others?

- C. When you notice these red flags, you can help your loved one by
1. Encouraging him/her to contact the case manager/doctor. (If the consumer refuses, contact 911 or the provider yourself – especially in the face of a crisis such as when your loved one is making violent threats or behaving in a violent manner or appears to be experiencing psychotic symptoms.)
 2. Encouraging him/her to follow the treatment plan, including medications and therapies.
 3. Negotiating that each of you take a break and go to a quiet place to relax.
 4. Keeping alcohol and other drugs out of the house.
 5. Encouraging your loved one to stay in contact with his/her support system.
- D. How you do these tasks is just as important as what you actually say. You can know the very best problem-solving (recall Session 7) or decision-making skills in the world, but you need to apply them in a supportive, encouraging manner.
- E. More specifically, your loved one will be better able to hear you when you
1. Express empathy, care and understanding for him/her.
 2. Approach him/her calmly. A soft and gentle tone of voice and talking slowly maximize the effectiveness of the communication.
 3. Listen quietly when your family member is sharing his/her concerns.
 4. Pay attention to nonverbal cues. For example, it's important to give him/her space (rather than hovering over him/her), minimize distractions (e.g., TV, radio, etc.), and maintain appropriate eye contact.

V. Communication strategies for times of crisis

Because of the cyclical nature of mental illness, many consumers occasionally experience a crisis. During these times, consumers may experience very intense emotions, have difficulty thinking clearly, show poor judgment and insight into their situation, hear voices, feel very afraid and confused, act (or threaten to act) in aggressive ways, experience a flashback, threaten suicide, etc. Consumers usually have little awareness of the impact of their behavior on you. When alcohol or street drugs are involved, the situation may feel even more out of control.

These times can be very frightening for everyone involved, so getting professional help immediately is important. As we will discuss later in this session, knowing your local law enforcement/sheriff can be helpful if your loved one needs to go to the hospital.

Although you may feel overwhelmed and scared during these times, how YOU handle the stress can have a significant effect on the situation. Although easier said than done, the following suggestions can often be helpful in crisis situations:

1. Speak calmly, slowly, clearly and quietly to him/her. If it appears that your loved one isn't listening to you, he/she may be distracted (e.g., by a flashback, hearing voices or experiencing other hallucinations, etc.).
2. Give him/her space. Avoid too much eye contact (which can increase his/her paranoia and fears) or physical contact. Don't block the doorway (which can make him/her feel trapped).
3. Avoid threatening him/her. Doing so can further aggravate the consumer and may worsen the situation.
4. Call a trusted, calm friend or family member to help both of you. Keeping your discussions with your support people quiet and unemotional will foster a calmer atmosphere.
5. Avoid criticizing your family member. For example, you may be frustrated, thinking that his/her choice to discontinue taking the psychiatric medications caused this crisis. This is not the time to discuss medication compliance! Doing so will likely only further agitate your family member.
6. Avoid trying to reason with him/her. Remember that when people experience strong emotions, they aren't able to think clearly—so arguing will only further provoke them. Also, trying to “talk someone out of” a delusion, hallucination, or flashback is usually counterproductive. Rather, listen calmly and in a nonjudgmental way.
7. As much as possible, comply with his/her requests (as long as they aren't dangerous). It's helpful to “pick your battles” and help the consumer feel “in control” as much as possible during this frightening time.

Modified from Tips for Handling a Crisis

(<http://www.schizophrenia.com/family/60tip.html>)

Group activity

Solicit two volunteers. Request that one volunteer play the role of the veteran (John, a 55-year-old man with PTSD) and the other volunteer be the wife (Mary, a 53-year-old woman). This couple has been married for 33 years. The volunteers will do two role-plays, the first demonstrating some unhelpful communication techniques and the second showing some helpful skills. Pay attention to what you observe.

Give each a note card with the following scenarios and ensure that they understand the situation (see Handout Q for note cards):

Mary's note card - SITUATION: Although you love John very much and are aware of his genuine struggles with PTSD, he's really been getting on your nerves lately. He hasn't showered for over 4 days and has begun smoking cigarettes in the

house again, which really bugs you. To top it off, he's now saying he doesn't really feel like going to your granddaughter's birthday party this weekend – an event you have been really looking forward to. You want to share your concerns with John.

John's note card - SITUATION: This is a really difficult time of year for you, as you lost several buddies in a bad combat situation during this month many years ago. You're feeling depressed, and have been irritated with Mary lately because she's really nagging you. You're anxious about the granddaughter's birthday party this weekend because groups/crowds of people are difficult to be around. You wish Mary would just leave you alone.

Mary will have different approaches in the two rounds of role-plays. For the first role-play, give her the following card:

Mary - Round One: You really lay into him, venting all your frustrations from the past few months. Your tone of voice becomes loud and angry, and you tell him how sick and tired you are of his "pity party." You just wish he'd "get over it" and get back to being the husband you married.

For the second role-play, give her the following card:

Mary - Round Two (new and improved Mary): Use the tools addressed in this session. Try the "softened start-up," and acknowledge this as a difficult time of year for him (an anniversary of a traumatic event). Select one issue to address rather than dumping all the problems at once. You're hopeful he will hear you.



Discussion Questions:

- How did it go?
- What are the benefits and costs of each approach?
- What skills did you notice Mary using in the 2nd role-play?
- What skills are toughest for you to use in real life?

VI. Making a crisis plan

Even with the best planning and prevention efforts, crises sometimes do occur. Given the cyclical nature of mental illness and the consequences of some consumers' choices (e.g., not taking medications, using alcohol or other drugs), relapses and multiple hospitalizations are often part of the experience of mental illness.

A. You can prepare for potential crises in numerous ways.

Distribute Handout P: Resource List for Dealing with Emergencies.

1. Create and post a list of emergency telephone numbers, including:

- a. Local sheriff/police
 - b. Case manager/doctor(s)
 - c. Emergency room
2. Create a “hospital” pack, including:
 - a. Insurance card/information
 - b. List of current medications and dosages
 - c. List of current medical problems
 - d. List of mental health treatment history
 - e. Clothes and personal belongings necessary for an admission
 3. You might choose to talk to your employer about your loved one’s illness so your boss can be supportive if a family emergency develops.
 4. You might also consider informing neighbors or friends of a potentially impending crisis. They may help with childcare, pets, or other household needs during a possible hospital admission.
- B. If your loved one is admitted to the hospital, it’s helpful for you to:
1. Give him/her some space for about 24 hours to settle into the new environment.
 2. Provide background information to the caseworker/social worker. You can be extremely helpful to the treatment team by giving this historical data.
 3. Stay calm. When visiting your loved one, ignore the “small but annoying” behaviors. Be optimistic and focus on your hope for recovery. Encourage participation in the treatment plan.
 4. Use this time to recharge. While he/she is in the hospital, you can catch up on some much needed sleep, relaxation, and time with friends.