

DEPARTMENT OF VETERANS AFFAIRS

Support And Family Education



Session Fourteen: Do's and Don'ts in Helping your Family Member

Materials Needed:

Handout Y: Tips by a Panel of Experts on Caring About Someone with a Mental Illness

Handout Z: Do's and Don'ts in Helping Your Family Member or Loved One

Handout AA: What We Want Our Family Members and Friends to Know

I. Activity

Depending on the number of participants, break into groups of three or four.

1. **Distribute Handout Y: Tips by a Panel of Experts on Caring about Someone with a Mental Illness.**

2. **Review the instructions:**

“We, as family members and friends, know that caring about someone with a mental illness can be challenging, physically, emotionally, and spiritually. We have developed a great deal of expertise in knowing how to help our loved ones. If we were to meet someone who recently had a family member diagnosed with a mental illness, we could be very helpful to him/her.

“The following are our group’s best tips on helping your loved one.”

Allow approximately 10-15 minutes for the groups to create the lists of “Top Five Do’s” and “Top Five Don’ts.”

Come back to the large group, and have each group present its lists.

Write tips on the board, and discuss the themes in the lists.

II. Review other helpful DO's: (parts adapted from Woolis, 1992)

Distribute Handout Z: Do's and Don'ts in Helping Your Family Member or Loved One.

A. Communication:

1. Be respectful and calm.
2. Stick to one topic at a time.
3. Keep a positive attitude.
4. Be honest with yourself and with your family member.
5. Use humor (when appropriate).
6. Communicate openly and often with the doctors.

B. Building family member's self-esteem:

1. Work together to create short-term goals.
2. Stay active – plan and engage in activities together.
3. Genuinely praise and compliment your loved one frequently, even for day-to-day behaviors.

C. Dealing with difficult behavior:

1. Accept the fact that the consumer has a legitimate illness.
2. Set and discuss clear limits, rules and expectations for the family member's behavior.
3. Be consistent and predictable.
4. Keep a log of your loved one's symptoms, response to various medications, hospitalizations, etc. This information can be very valuable to his/her doctors.

Remind participants of the Log of Mental Health Treatment in the "Empowering Your Loved One in the Journey of Recovery" session (Session 16).

5. Pay attention to warning signs of possible relapse, worsening of symptoms, etc.
6. Give your family member space when he/she asks for it (as long as he/she is not dangerous to him/herself or others).

D. Taking care of yourself:

1. Stay in contact with your support system.
2. Educate yourself about mental illness.

3. Talk to other people struggling with similar situations (such as at the SAFE Program, meetings of NAMI, etc.).
4. Remember that you are not alone.
5. Take 1 minute at a time.

III. Review other helpful DON'Ts: (parts adapted from Matsakis, 1988 and Woolis, 1992)

A. Communication:

1. Don't tease your family member about his/her symptoms.
2. Don't yell or shout at your family member.
3. Don't argue with your family member about his/her symptoms (e.g., don't try to talk him/her out of delusions or hallucinations).
4. Don't get stuck in talking about the past – stay in the present.

B. Dealing with difficult behavior:

1. Don't take the symptoms or illness personally.
2. Don't tolerate abuse of any kind from your family member.
3. Don't blame all your family member's undesirable behaviors on the mental illness.
4. Don't always interpret his/her emotional distance as reflecting something about your relationship.

C. Dealing with the fact that your family member has a mental illness:

1. Don't let the illness run your life.
2. Don't try to be your family member's therapist.

D. Enhancing your family member's self-esteem:

1. Don't make all the decisions for your loved one – allow him/her to make as many decisions as possible.
2. Don't tell your family member to just “get over it” or to “get a life.”
3. Don't call your family member names (e.g., psycho, crybaby, etc.).

IV. Informal survey

A group of consumers with chronic mental illness was asked to create a list of do's and don'ts for family members. This list is quite similar to the suggestions detailed above.

Distribute Handout AA: What We Want Our Family Members and Friends To Know
(Created by a group of consumers at the Oklahoma City VA Medical Center, September 21, 1999, reproduced with permission of the consumers)

Discuss participants' reactions to the list.