

DEPARTMENT OF VETERANS AFFAIRS

Support And Family Education



Session Five - Communication Tips for Family Members

Materials Needed:

[Handout I: Communicating With Your Loved One](#)

[Handout J: Practicing I Messages](#)

Brochures on local treatment options for individuals who wish to improve their communication skills

- I. Reasons why communication skills are important
 - A. Improving communication skills can reduce the frustration and stress in the family and facilitate healthy interactions. (When families that have a loved one living with mental illness are asked about their concerns, they often report significant worry about the high level of stress in the household and the nature of the relationships within the family unit [Pollio, North & Foster, 1998]).
 - B. Learning to better understand the ways your loved one thinks and processes information can improve communication.
 - C. Being able to communicate and genuinely trying to understand each other's feelings can be very meaningful: "The most healing gift you can give to someone in pain is the awareness that you are honestly trying to understand what they are going through, even if you get it wrong." (Hudson, 1999, p. 37)
 - D. Research has revealed that families who learn and use good communication skills and solve problems well as a family can significantly reduce the likelihood that their loved one will be re-admitted to the hospital – and reduce the length of stay if he/she does need to go into the hospital (Dyck et al., 2002; McFarlane, 2002).

II. Understanding mental illness and its impact on communication

Individuals with a mental illness often process information differently.

Remembering these points in your communication with them can be quite helpful:
(parts adapted from Woolis, 1992)

- A. Issue #1: Sometimes individuals withdraw (physically and/or emotionally) because they feel over-stimulated. People with a mental illness may have a limited capacity for commotion, so they can feel overwhelmed easily and quickly.

Tip for Families: Avoid taking the withdrawal personally, and remain available if your loved one wants to talk later. You may wish to initiate a discussion about the withdrawal pattern at a later time.

- B. Issue #2: Social situations can be very stressful for people with a mental illness (especially for individuals with schizophrenia, depression, PTSD and other anxiety disorders), as groups or crowds can be threatening and anxiety provoking.

Tip for Families: Your loved one may feel more comfortable having only one or a few visitors at a time. You can also limit the length or frequency of large-group activities.

- C. Issue #3: Individuals with a mental illness may have an impaired ability to express emotions. Consequently, they may appear detached, cold or emotionally aloof.

Tip for Families: You will probably feel better if you can understand this emotional distance as part of the illness rather than as a reflection of a relationship problem or some wrongdoing on your loved one's part.

- D. Issue #4: On the other hand, some people display intense, rapidly escalating emotions. For example, individuals with PTSD often have angry outbursts, which can be frightening for family members and other observers.

Tip for Families: Although your loved one should be held responsible for his/her behavior and face appropriate consequences, you can recognize the heightened emotionality as a symptom of the illness.

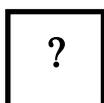
- E. Issue #5: People with schizophrenia often feel bombarded with information, as thoughts and feelings seem to come from both the inside (often as auditory hallucinations or "voices") as well as the outside world. Therefore, these individuals may struggle to sort out the incoming information and may feel confused. In communicating with them, you may notice that they seem

distracted or withdrawn (in a “world of their own”); they may change the topic for no apparent reason; and they may be unable to stick to one subject at a time.

Tip for Families: Communication is most effective when it is straightforward, brief, and includes repetition of key points. Further, avoid arguing about the validity or existence of your loved one’s delusional beliefs or hallucinations, as the debate will be ineffective and will only heighten the tension.

III. Specific issues in communicating with your loved one

Families are often entrenched in old, familiar patterns of communication. Some habits may be effective, whereas others may not work any longer.



Discussion Question: What are some important issues to remember in effective communication?

Distribute [Handout I: Communicating With Your Loved One](#)

A. Do’s

1. “Two-Sentence Rule” – Keep your communication simple, clear and brief.
2. Ask only one question at a time.
3. Stick to the current issue rather than bringing up “old issues.”
4. Stay calm. Your loved one may become even more uncomfortable and withdrawn if you express intense emotions.
5. Minimize other distractions by turning off the television and radio.
6. Pay attention to nonverbal behavior – both the message that you are sending with your body language and that of your family member. Sometimes people with a mental illness struggle to identify and express their needs and feelings; consequently, focusing on their behavior and emotional state rather than just their words can be important.
7. Help your loved one identify his/her feelings by suggesting several choices (e.g., “Are you feeling angry, sad or worried right now?”).
8. Acknowledge what you have heard him/her express. Show empathy or caring for his/her feelings. You may wish to normalize that emotion and share a similar experience that you have had in the past.

9. Decide together on a regular time for communication. Even if you are together most of the time, families benefit from having a set time to routinely talk about delicate matters. Choosing a low-stress time when both of you are apt to feel at your best is important.

B. Don'ts

1. Don't try to argue your loved one out of delusional or false beliefs. Your efforts to convince him/her that the belief is wrong will only increase the stress in the situation and will probably not change his/her views.
2. Avoid giving advice unless asked – or if the person cannot make the decision on his/her own. Rather, make decisions together whenever possible.
3. Avoid interrupting each other.
4. Don't talk down to each other (e.g., “You are acting like a child”).
5. Avoid name calling.
6. Don't generalize (“always” or “never”). Focus on the specific behavior rather than the individual.
7. Don't yell or shout.
8. Don't personalize the family member's behavior. Recognize that the symptom may be part of the mental illness and may have nothing to do with you.

IV. Specific skill: I statement

- A. One specific tool for making a direct communication is called the *I* statement. This skill requires the speaker to take responsibility for his/her feelings and desires.

Write on Board: When you _____, I feel _____.

B. Examples

1. When you burst in my room without knocking, I feel...
2. When you threaten me, I feel...
3. When you sleep all day, I feel...

C. Advantages of using the *I* statement

1. These messages get the listener's attention. Individuals often become overly self-involved and may be unaware of other family members' feelings.
2. These messages are non-blaming, so they minimize defensiveness.
3. These messages force the speaker to identify, express, and take responsibility for his/her own feelings.

D. Various uses of the *I* statement

1. To make a request

- a. Example: "I want you to go to the day treatment program. When you have a structured schedule, I feel relieved and proud of you."
- b. People feel motivated to do what you ask when you express pride in them.

2. To give praise

- a. Example: "When you clean up the house, I feel happy."
- b. Praise strengthens the relationship and increases the likelihood that the individual will do the behavior again in the future.

3. To express negative feelings

- a. Example: "When you refuse to take your medications, I feel worried and frustrated."
- b. Family members often feel quite frustrated with their loved ones, and they may express their irritation in destructive ways (e.g., "You aren't even trying to help yourself!" or "You're just going to end up back in the hospital again if you keep this up!").
- c. The *I* message redirects the focus back to the family member's concern about the person's behavior.

4. To ask the individual to change his/her behavior

- a. You need to include three parts when giving this form of feedback:
 1. Exactly what the person did
 2. How you feel about the behavior
 3. How you would like him/her to behave in the future

- b. Example: “When you left the kitchen a mess last night, I felt irritated. I would feel happy if you would put the dishes away and wipe off the counter.”

V. Specific skill: Softened start-up - How to approach your family member

Psychologist John Gottman, Ph.D, describes a couples therapy principle called the “softened start-up.” Although this approach was originally developed for couples, it can be easily adapted to help family members talk to their loved ones.

Softened start-up involves approaching your loved one in a non-confrontational, non-critical manner. You may express dissatisfaction or complain, but your tone of voice and attitude are gentle. Research from Dr. Gottman’s lab has found that discussions that start softly are much more likely to end softly and have a positive outcome (Gottman, 2000).

Dr. Gottman describes the softened start-up as including the following:

1. Expressing complaint directly (but without blaming)
 - “I feel concerned that you spend so much time on the couch watching television. I would really like you to go back to the day treatment program at the hospital.”

rather than

 - “You just lie around all day and do nothing. Why don’t you ever offer to help out around here?”
2. Using *I* statements (as discussed above)
 - “I am worried about your drinking beer when you go out with your friends on the weekends”

rather than

 - “You never think about anyone but yourself! You know your medications don’t work when you drink alcohol.”
3. Describing the event rather than evaluating or judging it
 - “I notice you haven’t been taking your medications this weekend”

rather than

- “No wonder you’ve been acting so crazy these past few days. I looked through your pillbox and saw that you stopped taking your medication again. You’ll never learn!”

4. Using polite language (please) and being appreciative

- “I feel so happy and proud of you when you pitch in with household chores. Thanks a lot for doing the laundry. Would you please put the white load in the dryer?”

rather than

- “Didn’t you hear the washing machine buzzer? Put the clothes in the dryer.”

VI. Role play

Use of the *I* statement and having a “soft” start-up are truly easier said than done. You can benefit from practicing these skills in various situations. Family members have reported success in using this skill in various relationships (with friends, children, co-workers, other family members, etc.).

Distribute Handout J: Practicing I Messages. Have participants get a partner and complete the worksheet together.

1. ***Return to the large group, and discuss participants’ reactions.***
2. ***Encourage participants to share this activity with other family members and to practice these skills.***



VII. Recommended bibliotherapy on communication skills

Messages: The Communication Skills Book. (1995). McKay, Davis and Fanning.

Couple Skills: Making Your Relationship Work. (1994). McKay, Fanning and Paleg.

The Seven Principles for Making Marriage Work. (1999). Gottman and Silver.