

L.E.A.P

Four steps to successful communication (source: Dr. Xavier Amador, *I'm Not Ill, I Don't Need Help*):

- 1) **Listen** to your loved one . Sounds simple enough, but more difficult than you would think. When you listen the goal is to gain an understanding of what your loved one wants, feels and believes in. The goal is to not just to listen but to learn. To listen without learning is pointless. You want to gain a full understanding of **their experience**, not yours of the illness and treatment.

- 2) **Empathize** with your loved one regarding their experiences with the illness and treatment despite how out of touch with reality they may sound to you. This would include listening and empathizing when they tell you they won't take medicines. If you want someone to seriously consider your point of view, be certain that they feel you have considered theirs.

- 3) **Agree** on a common ground. Work on observations together, while remaining neutral, to discover what motivation the person has to change. Common ground always exists between the most extreme opposing positions. "What happened after you stopped taking your meds?" vs. "This happened because you stopped taking your meds".

- 4) **Partner** with your loved one . The aim of this step is to help you collaborate on accomplishing the goals you have agreed on.

Listening

- 1) **What to learn by listening**
 - a) Their beliefs about having a mental illness.
 - b) Their attitudes on medications.
 - c) Their concept of what they can and cannot do.
 - d) Their hopes and expectations for the future.
 - e) Cognitive deficits caused by the illness.

- 2) **How to listen effectively to someone with a mental illness.**
 - a) Set aside a time to talk, such as after dinner, going for walk, while smoking etc. During difficult times, sit close to the person, not face to face (can increase paranoia), and attempt to share a couple of words without pressure or an agenda. If you are the type that insists of getting something accomplished then let your accomplishment be that you were just there. Although this seems pointless, it builds trust and openness.

A1) What to do during difficult times

- 1) Sit side by side other than face to face.
- 2) Avoid direct eye contact.
- 3) Identify with rather than fight with family member.
- 4) Don't rationalize, Share mistrust.
- 5) Postpone (temporarily) psychoeducation.
- 6) Reassure.
- 7) Leave them alone if necessary.

- b) **Agree on an agenda.** If this can't happen, then just listen, but learn! Your loved one may be tired of hearing what he or she can and cannot do. When they learn you will not do that, they may be more apt to talk about "hot topics" (medicines). To establish agenda follow lead of your loved one. If they are pontificating on that they won't take medicines then ask, "I would really like to understand what it is about meds you don't like". Don't second-guess at this point just listen and empathize.
- c) **Listen for beliefs about the self and the illness.** Find out what they want out of life without being judgmental. If they want to work, don't tell them it is unrealistic. Listen! And Believe! Attempt to learn if they even believe they are not ill and what medications/therapy do for them (both positive and negative).
- d) **Don't react!** I'm not saying ignore, just don't give your opinion. Empathize with the experience instead of telling them it is not true. Use a statement like "anything is possible" I'm not saying agree with delusions just don't disagree. With exceptions to urgent matters, but be assured it is urgent.
- e) **Let chaos be.** There will be times when your loved one does not make sense or is out of touch with reality. Don't interrupt or attempt to fill in the blanks. You can still get the information you need by letting them just talk.
- f) **Echo what you have heard.** Make it a point to assure them that you have heard them this can be done simply by repeating it back to them in your own words. If they feel you understand them, they are more likely to be open to your opinions later.
- g) **Write it down.** Complete Attitudes and Beliefs checklist. Do this after the conversation. Unless it would cause defensiveness in your loved one.

“Would it be ok if I use this form I have?”

Empathize

- 1) **Your listening will naturally lead to empathy.** When someone you are working with is in pain it is hard not to empathize. It is however easy to tell someone what you think is best also because your care and think you know what is best. The former will ultimately lead to a real interest in your thoughts; the latter will lead to resentment and frustration.

- 2) **What should I be empathizing with?**
 - a) Any feeling your loved one is willing to talk about.
 - b) Frustrations about pressures to take medicines and personal goals not met.
 - c) Fears about medicines, being stigmatized, and failing.
 - d) Discomfort attributed to medicines (i.e. weight gain, feeling groggy, tired, stiff)
 - e) Desires to work, get married, have kids, return to school and to stay out of the hospital.

- 2) **How to empathize.**
 - a) Use reflective listening. Reflecting back statements and feelings in the form of questions.
 - b) Recognize your loved one 's point of view.
 - c) Establish that loved one 's point of view is only one point of view.
 - d) Supply an alternative, in non-parental manner.
 - e) Anticipate setbacks.
 - f) Talk about yourself.
 - g) Talk in fashion that allows your loved one to “save face”.
 - h) Maintain a positive attitude.
 - i) Use admiring and approving statements.
 - j) Provide education about negative symptoms.

- 3) **How not to empathize.**
 - a) Telling your loved one they are not ready for a goal they have set for themselves (i.e. work, school, sexual relationship) and focusing on “maintenance” Telling your loved one he/she needs to be on medicines to get better and he/she will always have to take them.
 - b) Focusing on the labels of illnesses.
 - c) Imposing your standards of living on them.
 - d) Taking a parental stance/controlling privileges such as money or driving. “Ex. I told you if you would have taken your meds this wouldn't have happened”.

Agree

- 1) Having listened and empathized with your loved one's frustrations, goals, etc., you will ultimately have something that you all can agree on. It won't be everything and it may not be much, but if the door is cracked put your foot in it (i.e. wanting to work, they may feel they have not because they have been in the hospital although you may feel it is due to symptoms you can both agree it is good to work and to stay out of hospital).
- 2) What to do when you notice the door is opening and defenses are down.
 - a) Normalize the experience (i.e. I would feel the same way if I were in your shoes)
 - b) Discuss only perceived problems. "I can't sleep because of the shadows" You may recognize this as paranoia or hallucinations, however you need not use those words.
 - c) Review perceived advantages and disadvantages of treatment. If they miss a disadvantage feel free to point it out. (I understand that medicine also makes you gain weight).
 - d) Correct misconceptions if possible, such as assuring neuroleptics (I try to avoid the term anti-psychotics) are not addictive and MI is not caused by upbringing or illicit drugs.
 - e) Reflect back and highlight perceived benefits. (I understand the medicines suck, but it sounds like you feel if you take them you stay out of trouble with the judge).
 - f) Agree to disagree. This can be important when your loved one feels threatened by you. You can agree to disagree. Point out disagreements can be non-threatening such as in sports or politics.
 - g) Remember the goal is to collaborate and not pontificate.

Partnership

- 1) Once you have established an agreement work together on how it can be completed on their terms (i.e. how they believe they can return to work or stay out of the hospital.)
- 2) If possible attempt to agree on goals that are reachable.