• HOW YOU CAN HELP •
• A TOOLKIT FOR FAMILIES •

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Mental health and substance use information you can trust

UNDERSTANDING MENTAL AND SUBSTANCE USE DISORDERS

A Reason to Hope. The Means to Cope.
British Columbia Schizophrenia Society

MODULE 1

Module 1: Understanding Mental and Substance Use Disorders

When a family member has a mental or substance use disorder, it important to take the time to learn about the disorder. By educating oneself as much as possible about the mental or substance use disorder, family members can take an active role in their loved one's recovery. The Family Toolkit was designed to assist families in caring for a family member with a mental or substance use disorder by providing information and practical resources. This toolkit consists of five learning modules. Module 1 presents an overview of common mental and substance use disorders and how to seek help if a family member is experiencing mental health problems. The other four modules in the Family Toolkit are:

Module 2: *Supporting Recovery from a Mental or Substance Use Disorder*
Module 3: *Communication and Problem-Solving Skills*
Module 4: *Caring for Oneself and Other Family Members*
Module 5: *Children and Youth in the School System*

For more information on the Family Toolkit and how it can be used, please read the *Introduction to Family Toolkit* available from BC Partners for Mental Health and Addictions Information at www.heretohelp.bc.ca. Families are also encouraged to seek out books, articles, videos and organizations that can further assist them in learning more about the specific disorder(s) that affect their family member.

About Us

B.C. Schizophrenia Society is proud to be affiliated with HeretoHelp. HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information, a group of non-profit agencies providing good-quality information to help individuals and families maintain or improve their mental well-being. The BC Partners members are AnxietyBC, BC Schizophrenia Society, Canadian Institute for Substance Use Research, Canadian Mental Health Association's BC Division, Institute of Families for Child and Youth Mental Health, Jessie's Legacy eating disorders prevention and awareness (a Family Services of the North Shore program) and Mood Disorders Association of BC (a branch of Lookout Housing and Health Society). The BC Partners are funded by BC Mental Health and Substance Use Services, an agency of the Provincial Health Services Authority. For more information, visit www.heretohelp.bc.ca

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UNDERSTANDING MENTAL AND SUBSTANCE USE DISORDERS

What Are Mental and Substance Use Disorders?

Mental and substance use disorders consist of a range of specific conditions which affect a person's thoughts, feelings, actions and mental functioning (e.g., memory). There are many different types of mental disorders and each has its own specific pattern of symptoms.

These disorders are associated with significant distress and may result in a diminished ability to cope with daily life over an extended period of time. This is especially true if left untreated or if not managed effectively.

Throughout this resource, the term, 'mental and substance use disorders' is used to refer collectively to the diagnosable mental and substance use disorders discussed in this toolkit. These include: anxiety disorders, bipolar disorder, depression, eating disorders, schizophrenia, and substance use disorders (e.g., alcohol and other drug addiction).

Mental and substance use disorders are diagnosed using the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM lists the criteria for diagnosing different mental disorders which is helpful to determine which treatments will be most beneficial.

To make a diagnosis, a psychiatrist or other mental health professional should take a detailed family history and a history of symptomatic behaviour, including when difficulties first began appearing and current symptoms. A physical examination is also helpful in ruling out any undetected physical illnesses that may be causing the symptoms.

Public libraries and the Internet are good resources for learning about mental illness and treatment options.

The HeretoHelp website is a great starting place: www.heretohelp.bc.ca

Mental disorders can include:

- **problems that affect how a person thinks (e.g., schizophrenia)**
- **problems that affect how a person feels (e.g., depression)**
- **problems that involve potentially harmful behaviour (e.g., eating or substance use disorder)**

Member organizations of the BC Partners for Mental Health and Addictions Information have good resources for people wanting to learn more about a specific mental and substance use disorder. Regional health authorities may have additional resources.

AnxietyBC | anxietybc.com
British Columbia Schizophrenia Society | bcss.org
Canadian Mental Health Association – BC Division | cmha.bc.ca
Canadian Institute for Substance Use Research | cisur.ca
FamilySmart | familysmart.ca
Jessie's Legacy – Family Services of the North Shore | jessieslegacy.com
Mood Disorders Association of BC | www.mdabc.net

Symptoms of mental and substance use disorders are often cyclical in nature. An episode can last from weeks to months with periods in between where no symptoms are present. With children, these changes may occur even more frequently. Individuals also vary in how severe their symptoms are; some individuals can manage to live almost symptom free, others may continue to experience some degree of symptoms and a small proportion of people are severely disabled by their disorder. With modern treatment and good support, most people can function very well, particularly if they manage their disorder effectively.

How Mental and Substance Use Disorders Affect a Person

Thinking

Thoughts may occur very quickly or slowly, may be poorly organized, confusing, illogical or irrational. These difficulties are reflected in a person's communications with others (e.g., difficulty in following along with conversation, statements that don't make sense, memory problems).

Mood

Everyone experiences a variety of moods (e.g., feeling down, anxious or excited) and mood changes. In most cases, they disappear fairly quickly. In mental disorders, however, mood symptoms cause significant distress over time and impair a person's ability to function in daily life.

Perception

A person with a mental disorder may experience the world with their senses (i.e., vision, smell, taste, touch, hearing) in unusual and/or strange ways (e.g., hearing voices, exaggerated sensitivity to sound).

Behaviour

Mental disorders can lead to behaviours that may be quite bizarre and confusing for family and friends (e.g., a man experiences severe anxiety when his wife leaves the house; a young girl with obsessive-compulsive disorder washes her hands 50 times after she touches an object; a person with depression has no energy to get out of bed for days at a time). Sometimes these behaviours are embarrassing to families, especially when they occur in the presence of other family or friends.

Social Withdrawal

With some mental disorders, the person begins to withdraw from family and friends. Social activities are dropped and the person increases the amount of time spent alone. This is often distressing to families as they want to help their loved one.

Types of Mental and Substance Use Disorders

This section provides descriptions of the most common mental disorders (including substance use disorders). The information provided here is not exhaustive, nor does it include the full range of symptoms. It is strongly recommended that family members seek additional information to learn more about the symptoms and treatment of mental disorders.

People with eating disorders often do not recognize or admitthat they are ill. As a result, they may strongly resist getting and staying in treatment.

Anxiety Disorders are characterized by intense, unpleasant feelings of extreme fear or worry that interfere with a person's life. Physical symptoms such as chest pains may accompany these emotional states. There are a number of disorders within this category which include: generalized anxiety, social anxiety, specific phobias, panic disorder, and separation anxiety. Though no longer categorized as types of anxiety disorders, post-traumatic stress and obsessive-compulsive disorder are related disorders. More information about anxiety disorders can be found at anxietybc.com.

Concurrent Disorders are co-occurring disorders (when the person has two or more disorders at the same time). This diagnosis usually refers to when a person faces a problem with alcohol and/or other drugs and has a diagnosis of a mental disorder.

Eating Disorders are characterized by a marked disturbance in eating behaviours and unhealthy thoughts and feelings towards food, weight and body shape. For example, a person may engage in extreme and unhealthy reduction of food intake or severe overeating, accompanied by feelings of distress or extreme concern about body shape or weight. The main types of eating disorders are anorexia nervosa, bulimia nervosa and binge-eating disorder. More information about eating disorders can be found at jessieslegacy.com.

Mood Disorders are characterized by a severe or prolonged disturbance of mood that interferes with a person's ability to function on a daily basis. *Depression,* one form of mood disorder is marked by severe episodes of sadness, coupled with feelings of hopelessness or guilt. It may also involve altered sleep and appetite, or a loss of interest in activities once enjoyed. *Bipolar Disorder* refers to a mood disorder in which a person experiences extreme changes in mood and energy. A person's mood or energy level swings from excessively high and irritable (during a manic episode), to sad and hopeless (during a depressive episode), with periods of normal mood in between. Symptoms of psychosis may also be present. More information about mood disorders can be found at mdabc.net.

Psychosis is a term used to describe the severe cognitive symptoms associated with disorders such as schizophrenia and bipolar disorder.

Psychosis is described as a "break from reality" characterized by significant changes in the way a person thinks, acts, feels and perceives the world around them.

Schizophrenia is a severe and persistent mental illness that disrupts a person's ability to think clearly, discern what is real from what is not, and relate to others. It consists of positive symptoms, negative symptoms and cognitive symptoms. Positive symptoms are symptoms that are not usually present, such as delusions (false beliefs) and hallucinations (false perceptions such as hearing voices). Negative symptoms refer to symptoms such as social withdrawl, apathy, flattening of emotions and expressiveness, decreased motivation – anything where a person 'loses' a part of their personality. Cognitive symptoms affect a person's ability to function daily. Some cognitive symptoms are disorganized thinking and speech (trouble communicating in full sentences and carrying on a conversation), loss of short-term memory and difficulties around planning and decision-making. *Schizo-Affective Disorder* is a form of schizophrenia that includes features of a mood disorder, like mania and depression. More information about schizophrenia can be found at bcss.org.

Substance Use Disorders are complex behavioural disorders characterized by preoccupation with obtaining and using substances (e.g., alcohol, marijuana, cocaine, pain killers, sedatives) despite harmful consequences. A person with a substance use disorder may develop tolerance to the substance or experience withdrawal if the substance is not available. Over time, substance use can negatively affect a person's life by impacting relationships, school or work performance and other daily routines. More information about substance use disorders can be found at cisur.ca.

Mental Disorders Can Look Different in Children and Youth

The way in which a mental disorder expresses itself is affected by the age of the person. Below are some examples of how mental disorders appear in children and youth compared to how they appear in adults. Signs specific to the age of the child may be missed if one is only looking for patterns of symptoms based on what is known about adult mental illness.

- Bipolar Disorder - Rapid cycling of moods (extreme highs to extreme lows) is common in children whereas these moods are more prolonged within each cycle in adults.
- Anxiety - Young children may experience anxiety when facing separation from their parents, whereas an adult may worry excessively about health, money, family or work.
- Childhood Schizophrenia - Children have more difficulty interpreting dreams from reality and hallucinations stem from their real-life experiences.

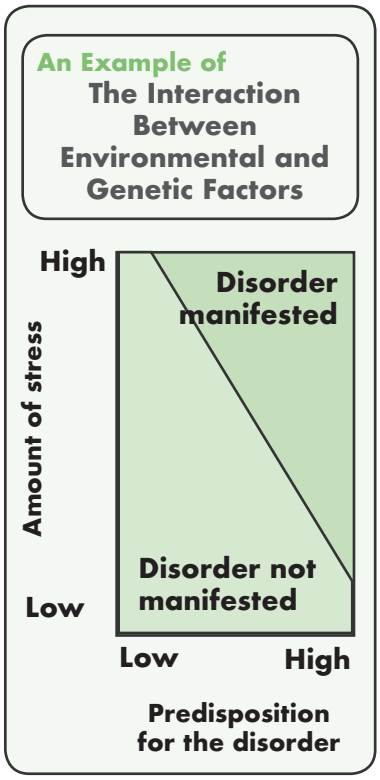
For more information on mental health in children and youth, please visit familysmart.ca.

More information about these mental and substance use disorders can be found at cmha.bc.ca or www.heretohelp.bc.ca

What Are the Causes of Mental Disorders?

Over the years, there have been many theories about the causes of mental disorders. Some of these theories have been tested and rejected because they are not supported by research.

Researchers generally agree that mental disorders are complex diseases. A complex disease is one that is caused by a combination of different factors. Many common diseases such as diabetes, heart disease and asthma are thought to be complex diseases.



Consider the example of diabetes:

- A person may have a genetic predisposition toward diabetes
- But particular stressors (e.g., becoming overweight) may need to be present before the disease actually takes effect.

Researchers believe a similar process occurs with mental disorders. For example, a person whose mother had recurrent major depression may have inherited a vulnerability to developing major depression (genetic influence). When this is combined with, for example, the stress of having lost a job (environmental stressors), they are at an increased risk for developing depression.

It is now believed that in most cases of mental disorders, both genetic and environmental factors play a role. Evidence from family, twin and adoption studies support the idea that mental disorders seem to run in families. This means that if someone in a person's family has a mental disorder, they may be at an increased risk for developing the disorder. However, a predisposition is not the only cause. Environmental vulnerability factors also appear to play a role. For example, it is believed that even though a person may have inherited a susceptibility to a mental disorder, they only develop the disorder if a certain combination of stressors occur. Some of these environmental risk factors may occur very early in life while the brain is still developing such as complications during pregnancy or during delivery. Other environmental factors, like the use of street drugs or a stressful life event, can occur later in life and result in the onset of the disorder.

It is important to recognize that no single factor has been shown to *cause* any particular mental disorder. Current research continues to identify factors associated with an *increased risk of* mental disorders and increase understanding of mental and substance use disorders.

What Treatments Are Available?

There are many types of treatments available that allow people who have a mental or substance use disorder to manage their symptons and illness. Most people who have a mental or substance use disorder can be effectively treated. The future is even more promising as research leads to a better understanding of mental disorders and the development of new treatments.

This section provides a list of the various types of treatment options that are generally available. The specific treatment options that will be available for a person depend on their diagnosis, community resources and types of services that are available in their community. Families should consult with a doctor or other mental health professional for help in identifying the best treatment options.

Behavioural Therapy relies on basic principles of learning to change problematic behaviour patterns by substituting new behaviours to given stimuli for undesirable ones. For example, systematic desensitization works on reducing a person's anxiety to a feared source (e.g., dogs) by teaching them relaxation skills and then gradually and repeatedly exposing the person to the feared source until they no longer fear it.

Cognitive-Behavioural Therapy (CBT) involves identifying and managing disruptive patterns of thinking and behaving that make symptoms worse. CBT also helps a person to develop new patterns of thinking that can help them to better manage their disorder.

Cognitive Remediation is a type of rehabilitation treatment that helps reduce the cognitive symptoms that often occur with mental illnesses like schizophrenia. Cognitive remediation programs are usually computer-based and use repetitive exercises to improve cognitive skills such as attention, concentration and problem-solving skills. Through follow-up sessions with a therapist, people are able to generalize these skills to their daily life.

Detoxification or Withdrawal Management is the initial and acute stage of treatment for drug/alcohol problems. The goal is to achieve withdrawal and stabilization in as safe and comfortable a manner as possible. While many people can be supported in outpatient or community-based programs, some will require medical supervision in short-stay residential facilities. Withdrawal management is seldom effective on its own and should be regarded as the first phase of treatment.

Dialectical Behaviour Therapy is a specific type of cognitive-behavioural therapy that helps a person learn skills to manage painful emotions and decrease conflict in their relationships. DBT usually involves both individual therapy sessions and group sessions where skills are practiced. It was originally developed to treat borderline personality disorder, but has been shown to be helpful for treating other mental disorders.

Electroconvulsive Therapy (ECT) involves the use of electrical stimulation to the brain. ECT has been shown to be useful in the treatment of depression when it is severe or life-threatening or in cases when other treatments for depression have not worked. ECT may also be used to treat other mental disorders like schizophrenia.

Family Therapy works with the family as a unit to help resolve problems and to change patterns of behaviour that may contribute to difficulties or conflict within the family. The goal is to help families identify resources and solutions that work for their particular situation.

For more information on treatments used with specific disorders, please check out the info sheets available at www.heretohelp.bc.ca

Individuals with alcohol/drug problems who stay in treatment for at least three months (12 months for methadone) have better outcomes than those who leave treatment early.

For more information about when ECT may be considered, see Electroconvulsive Therapy: Guidelines for Health Authorities in British Columbia, published by MHECCU, and available at www.health.gov.bc.ca/library/publications/year/2002/MHA_ect_guidelines.pdf

Interpersonal Therapy focuses on improving aspects of the person's relationships within the family, social or work environments. Goals may include building communication and conflict resolution skills, and helping the person resolve interpersonal problems in a structured way.

Medications are very useful in the treatment of mental disorders and often used in conjunction with other types of therapies. Sometimes medications are used to alleviate symptoms so that other therapies can be successful. Medication may be either a short-term or long-term treatment option depending on the disorder, symptom severity and availability of other treatments. Some common types of medications include antipsychotic medications, antidepressants, anti-anxiety medications and mood stabilizing medications. Medications prescribed for substance use disorders are used to treat withdrawal symptoms, provide a safer substitution (such as methadone or nicotine patch) or discourage the use of substances.

Psychotherapy refers to psychological therapies used for treating a broad range of mental health problems. These therapies focus on helping people explore their concerns by talking about them, thinking about them in new ways, and learning new responses. There are many forms of psychotherapy.

Rehabilitation covers various services and programs designed to help a person restore or improve their level of functioning in the community to an optimal level. Training may be provided in such areas as daily living and independent living skills, housing issues, vocational counselling and job placement, communication skills, recreation and leisure.

Relaxation Techniques involve the ability to more effectively cope with the stresses that contribute to anxiety, as well as with some of the physical symptoms of anxiety. Examples of techniques taught include breathing retraining and exercise.

Self-help and Support Groups help individuals connect with others who face similar challenges, reducing the potential for isolation. They can provide mutual support, as well as a place to share information and experiences about current treatments and local services. These groups operate informally and are free-of-charge. They are voluntary and confidential.

Common Warning Signs

The following lists of symptoms may be indicative of a mental disorder, should they persist and worsen over time. These lists are not exhaustive and other signs may be present. If a family member suspects their loved one may have a mental or substance use disorder, it is important to consult with a doctor or mental health professional.

"Ever since my son William was born he was different from my other children. It took forever for him to fall asleep and during the night he frequently woke up crying for no reason."

In Young Children:

- Reluctance to separate from parents
- Significant decline in school performance
- Frequent aggression, acting out or tantrums
- Excessive worry or anxiety
- Hyperactivity
- Sleep problems or persistent nightmares
- Persistent disobedience or aggression
- Withdrawal from activities, family or friends
- Refusing to go to school

In Older Children and Pre-Adolescents:

- Excessive or unhealthy substance use
- Inability to cope with problems and daily activities
- Change in sleeping and/or eating habits
- Excessive complaints of physical ailments
- Acting out, rebellion or opposition to authority
- Intense fear of weight gain
- Prolonged depressed mood, often accompanied by poor appetite or thoughts of death
- Frequent outbursts of anger
- Talk or thoughts of suicide
- Refusing to go to school

"Janet began experiencing problems during college. She became convinced that her mind was being controlled by 'forces' that broadcasted to her through radio waves."

In Adults:

- Decline in work performance or poor work attendance
- Prolonged depression (sadness or irritability)
- Feelings of extreme highs and lows
- Excessive worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Deterioration of work at school or on the job
- Strong feelings of anger
- Delusions (strongly held beliefs that have no basis in reality)
- Hallucinations (hearing, seeing, smelling, or feeling something that isn't real)
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Denial of severe problems
- Numerous unexplained physical ailments
- Excessive or unhealthy substance use

"Prior to becoming ill, I found I needed very little sleep. I felt far less hungry and lost weight. I had strong urges to go out and socialize and talk. I would talk to everyone I met – people in the supermarket or on the street."

What to Do If A Problem is Suspected

The decision to seek help for a relative or friend can be tough for many reasons. It can be difficult to know what to do or where to go, or there may be uncertainty about the problem. The person may not want help or may not recognize there is a problem. It can be difficult to cope with a person who is in distress but refusing to get help. If one suspects that their loved one may have a mental or substance use problem, it is important to be honest and open when talking with them.

- If the person appears to be a danger to themselves or others, seek help immediately.
- Let the person know that other people have noticed changes in their feelings and behaviour, and are concerned they may be having difficulties.
- Listen to what they have to say and try to solve the problem together.
- Encourage the person to talk with their doctor or mental health professional. Offer to go with them to an appointment.
- If the person does not believe they have a problem or refuses to get help, encourage them to talk with someone they trust.
- Allow the person to stay in control by offering choices about how family members and friends can help them.
- Offer to help the person to find out more about where to get assistance.
- Reassure them that it's okay to seek help, even if they think they can cope without it.
- Stay positive about the future and reassure them that things will improve.
- If the family member is a child or youth, talk to their school counsellor.

Navigating the Mental Health System

The mental health system in British Columbia is a complex system consisting of both public and private services available to individuals and their families.

There are a number of avenues for seeking help. Many families first begin by consulting their family doctor (general practitioner). A general practictioner can assist both by ruling out other possible causes of symptoms and by providing a referral to a psychiatrist or pediatrician.

Public mental health services for children and youth (up to age 19) are provided through the Ministry of Children and Family Development. An integrated case management approach (working collaboratively with the child/youth and their famiy is used to ensure all necessary services are put in place to address the needs of the child/youth and their family. Child and youth mental health professionals also work very closely with adult mental health professionals to facilitate the transition from the child and youth system to the adult mental health system.

Mental health and substance use services for adults (over 19) include a range of supports provided in hospitals, mental health centres and the community. These services are usually funded by regional health authorities. The focus is on providing care close to home in smaller community settings. Individuals seeking help through mental health services will also be assisted to obtain other services they may need (e.g., housing, application for income support).

Intensive care and treatment of a person with a mental illness is provided either on a psychiatric ward of a general hospital, through specialized regional facilities, or in a specialized hospital such as Children's Hospital. Emergency treatment is also available through the emergency ward.

Families should be aware that health information about an adult in British Columbia is subject to confidentiality; unless the person gives their consent to share information, professionals are limited in what they can share with families. In some situations, adolescents over the age of 12 may also be able to refuse consent for information to be shared with their family.

In certain circumstances, health care providers are able to share information with family members. It is important for family members to talk with their loved one about the need to share information.

For more information on the guidelines around releasing information to family members, please see Appendix 13 of the "Guide to the Mental Health Act" available through the BC Ministry of Health at www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf

Navigating the Child and Youth Mental Health System

If a parent is concerned that their child may have a mental or substance use disorder, there are a variety of services that may be able to help. Various avenues are given below along with the services provided by each.

For more information about mental health services in B.C. for both children and adults, please visit: www2.health.gov.bc.ca/gov/content/mental-health-support-in-bc or contact your regional health authority.

Family Doctor or General Practitioner

- Assessment and diagnosis
- Prescription of medication
- Ordering diagnostic tests (to rule out other possible causes of symptoms, may include blood tests)
- Referral to a specialist (e.g., pediatrician)
- Monitoring progress and recovery

Child and Youth Mental Health Services

Ministry of Children and Family Development (MCFD)

- Psychoeducational testing (e.g., aptitude and achievement testing)
- Cognitive-behavioural therapy
- Other individual therapies
- Family therapy and education
- Referral to Day Treatment Programs

Student Support Services

- Program placement
- Assessment
- Referral to MCFD mental health

Specialist

(e.g., Pediatrician, Psychiatrist)

- Assessment and diagnosis
- Psychological work-up
- Prescription of medication
- Referral to in-patient units
- Ordering diagnostic tests (e.g., CAT Scans)

Private Sector

(Psychologists, Counsellors, Therapists, Private Health Plans)

- Psychoeducational testing (e.g., aptitude and achievement testing
- Cognitive-behavioural therapy
- Other individual therapy/ counselling
- Family therapy and education
- Medication cost coverage (e.g., private health plans)

Teacher

- Modified school work
- Seating alternatives
- Test alternatives

School Counsellor

- Assessment
- Counselling/therapy
- Program placement

Navigating the Adult Mental Health System

If a person is concerned that their adult family member may have a mental or substance use disorder, there are a variety of services that may be able to help. Various avenues are given below along with services that are provided.

Family Doctors/General Practitioners

- often the first step you turn to when seeking help
- diagnosing and prescribing of medications or other treatments
- ordering any medical tests needed to rule out other possible causes
- assisting in getting a referral to a psychiatrist or other services that may be needed
- monitoring progress and recovery

Mental Health Services

- contact information can be obtained through the regional health authority or local hospital
- various services and programs for people dealing with mental or substance use disorders
- staff are comprised of a multidisciplinary team of professionals, including psychiatrists, psychiatric nurses, psychologists, social workers and rehabilitation specialists

Psychiatrists

- have specialized training in the diagnosis and treatment of mental and substance use disorders
- a referral is typically needed

Hospitals

- hospitalization may be necessary because symptoms are so severe or the person is unable to function even minimally
- the goal is to stabilize the symptoms so that the person is able to return to their community

Community Services

- providing assistance with housing, income, recreational, employment, addiction problems, and peer support programs for people with mental illness
- drug and alcohol programs

Looking to contact a mental health centre or service in your community? Call HealthLinkBC at 8-1-1 (available 24/7) or visit www.healthlinkbc.ca

For more information about drug and alcohol services, contact your family doctor or phone the BC Alcohol and Drug Information Line, which is confidential and open 24 hours a day, at 604-660-9382 or 1-800-663-1441.

Worksheet: Local Mental Health Resources

It is important to learn about what services are available in one's community and record phone numbers in case of emergencies. As a person begins to manage their illness, the need for other kinds of services and programs may arise. Below are some of the services your family member(s) may require. Other services can also be added to this list.

Family Doctor

Hospital

Mental Health Centre

Child and Youth Mental Health Services

Case Manager

Psychiatrist

Psychologist

Housing Worker

Employment and Assistance Worker

Family Support Group

Clubhouse

School Support Services

Alcohol and Drug Services

Other Services

What If Someone Refuses to Get Help?

Families may find themselves in a situation where they believe their relative is having serious problems that warrant professional intervention but their relative refuses to seek medical advice. If the person is unwilling to see a doctor or mental health professional, set aside some time to discuss the concerns of the family and reasons why the person is unwilling to seek help. Back up concerns with examples of behaviours or problems other family members have noticed. Because symptoms of mental disorders may stem from other physical illness, it may be helpful to initially encourage the person to see their doctor for a check-up (rather than suggesting from the start that it is a mental disorder). Family members can also speak to their family doctor about concerns and what can be done. If this does not work, contact the local mental health centre. They may have outreach workers who will go to the person's residence.

In some cases, a person may be so severely ill that they need to be hospitalized. Not all people with mental disorders will need to be hospitalized and most people who need a hospital setting will admit themselves. There are, however, a significant number (often those most in need) who are unable to seek help.

Criteria for Involuntary Admission

There are four criteria that must be met before a person will be involuntarily admitted to hospital. The person:

1. **is suffering from a mental disorder that seriously impairs the person's ability to react appropriately to his or her environment or to associate with others**
2. **requires psychiatric assessment in or through a designated facility (such as a hospital)**
3. **requires care, supervision and control in or through a designated facility to prevent the person's substantial mental or physical deterioration or for the person's protection or the protection of others**
4. **is not suitable as a voluntary patient**

~ *Guide to the Mental Health Act,* BC Ministry of Health

The B.C. Mental Health Act was created so that people who are in need of hospital treatment for a mental disorder but refuse treatment, can be helped.

Only a qualified doctor can involuntarily admit a person for treatment. A physician must examine the person and complete a medical certificate. This enables the person to be admitted for a 48-hour period. Two medical certificates are required for hospitalization beyond 48 hours.

For further information about British Columbia's Mental Health Act, please visit the Ministry of Health website at www2.health.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/mental-health-act

For a complete list of references used in developing the Family Toolkit, please see Family Toolkit: References at www.heretohelp.bc.ca

For suggestions on how to talk with your family member about problems you've observed, see the "What To Do If a Problem is Suspected" section on page 12

Before you speak with a medical professional, it is a good idea to write down your observations of your family member – changes you've noticed and any difficulties they're having. Information about any substance use (alcohol or other drug) that you know of is also helpful.

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SUPPORTING RECOVERY FROM A MENTAL OR SUBSTANCE USE DISORDER

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MODULE 2

Module 2: Supporting Recovery from a Mental or Substance Use Disorder

When a family member has a mental or substance use disorder, it important to take the time to learn about the disorder. By educating oneself as much as possible about the mental or substance use disorder, family members can take an active role in their loved one's recovery. The Family Toolkit was designed to assist families in caring for a family member with a mental or substance use disorder by providing information and practical resources. This toolkit consists of five learning modules. Module 2 provides information that can help families support their loved one to effectively manage their mental or substance use disorder and prevent a relapse of symptoms. The other four modules in the Family Toolkit are:

Module 1: *Understanding Mental and Substance Use Disorders*
Module 3: *Communication and Problem-Solving Skills*
Module 4: *Caring for Oneself and Other Family Members*
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For more information on the Family Toolkit and how it can be used, please read the *Introduction to Family Toolkit* available from BC Partners for Mental Health and Addictions Information at www.heretohelp.bc.ca. Families are also encouraged to seek out books, articles, videos and organizations that can further assist them in learning more about the specific disorder(s) that affect their family member.

About Us

B.C. Schizophrenia Society is proud to be affiliated with HeretoHelp. HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information, a group of non-profit agencies providing good-quality information to help individuals and families maintain or improve their mental well-being. The BC Partners members are AnxietyBC, BC Schizophrenia Society, Canadian Institute for Substance Use Research, Canadian Mental Health Association's BC Division, Institute of Families for Child and Youth Mental Health, Jessie's Legacy eating disorders prevention and awareness (a Family Services of the North Shore program) and Mood Disorders Association of BC (a branch of Lookout Housing and Health Society). The BC Partners are funded by BC Mental Health and Substance Use Services, an agency of the Provincial Health Services Authority. For more information, visit www.heretohelp.bc.ca

heretohelp
Mental health and substance use information you can trust

A Reason to Hope. The Means to Cope.
British Columbia Schizophrenia Society

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SUPPORTING RECOVERY FROM A MENTAL OR SUBSTANCE USE DISORDER

"Tom's recovery has been an exercise in patience, love and understanding. We take one step forward and stumble two steps back; baby steps – small increments of success, tiny improvements of things we would ordinarily take for granted – are things we celebrate. When Tom smiles, cracks a joke or declares that he wants to go for a run, they are positive, encouraging signs: baby steps forward."

"Social activities and friendships are essential to my recovery from depression. When depressed, it was very difficult for me to get out of bed and return phone calls. However, when my friends encouraged me to join them, it lifted my mood."

What Is Recovery?

Recovery is a process and a goal—it is learning to successfully manage a disorder, having control over symptoms and achieving quality of life. It involves overcoming the negative impact of a mental or substance use disorder despite its continued presence. It is less about returning to a former state than about adjusting expectations and realizing a person's potential.

With the development of new treatments and a better understanding of mental and substance use disorders, research now indicates that the majority of people with these disorders will experience significant recovery.

Recovery from a mental or substance use disorder is not unlike recovery from chronic physical illnesses such as diabetes. In both cases the person may need to make lifestyle adjustments to accommodate the limitations that result from the illness.

After a person has been diagnosed, their mental health professional will work with them to develop a treatment plan. Depending on the diagnosis, the treatment plan may include the use of medications, therapy or counselling or another type of treatment. Other supportive services such as housing or educational programs may also be suggested.

Recovery involves sticking to a treatment plan and working with the mental health professional to evaluate the effects of the treatment. Plans should be reviewed and revised if something isn't working. Remember, it can take time before a person experiences the full effects of a treatment.

Family members can encourage their loved one to become an active partner with their treatment team. The more a person learns about their disorder and their treatment options, the better equipped they will be to make decisions about their health and well-being.

Positive Factors in Promoting Recovery

- **Strong social support networks**
- **Stable living condition**
- **Effective medication without distressing side-effects**
- **Sense of purpose or direction, feeling of contributing to society**
- **Someone to discuss experiences and feelings with and provide practical help**
- **A good understanding of what has happened**
- **Physical well-being**
- **Sense of realistic expectation and hope about the future**

"To hope is to believe that something positive, which does not presently apply to one's life, could still materialize. Although desire (or motivation) is an essential feature, hope is much more than this because it requires the belief in the possibility of a favourable outcome."

- "Hope: An Emotion and a Vital Coping Resource Against Despair,"
Richard S. Lazarus

Supporting a person to cope with setbacks and stay well involves:

- **Learning to be aware of the ups and downs in managing a mental or substance use disorder**
- **Staying positive about managing the disorder and resolving problems that arise**
- **Taking a realistic approach to relapse and developing a plan**
- **Acknowledging the setbacks and reminding the person of past successes**

Although recovery is often seen as the ability to engage in daily activities like work, school, relationships and household tasks, there is also a personal nature to recovery. The diagnosis of a mental or substance use disorder can damage a person's self-esteem, therefore rebuilding one's confidence and sense of self-worth are important components of recovery. Having a sense of control over one's life, including management of one's disorder, can help a person feel more self-assured, and developing skills can help them find purpose and value in their contributions. In addition, love and acceptance from family members and friends can help a person to feel good about themselves.

A common denominator of recovery is the presence of people who believe in and support the person with a mental or substance use disorder. This is one of the ways that families can significantly aid in recovery.

"Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges."

- "The Lived Experience of Rehabilitation," Patricia Deegan

If someone you loved were hit by a bus and immobilized in a body cast you would not expect them to get out of bed, think of all they have to be thankful for, pull up their socks and go to work.

Like many other serious illnesses, recovery from a mental illness also takes time.

- Support for Families: What Can Family And Friends Do To Help? Mood Disorders Society of Canada

Developing an Illness Management Plan

This section outlines a process by which the person with the mental disorder and their family can work together to develop a plan for managing the disorder. Managing a mental or substance use disorder involves a number of steps:

- Working with a health care professional to develop a treatment plan that is best suited for the person
- Identifying what can be done to reduce risk of relapse
- Monitoring for signs of possible relapse
- Developing coping strategies to deal with stressors
- Formulating a plan to deal with symptoms early on
- Developing a plan for handling crises or emergencies

The emphasis is on early intervention and preventing relapse (i.e. when symptoms being to reappear or worsen). It is critical to deal with symptoms as soon as they arise in order to reduce the severity and impact on a person's

It's important to establish a meaningful, workable relationship with your family member and their health care professional—one which respects the rights of all members of the family and encourages taking responsibility for looking after oneself.

Families should talk with their loved one about the importance of involving the family in treatment planning and ongoing care.

Some individuals are reluctant to have information about their mental health shared with their families. Help your loved one better understand how you can support them when you are part of the treatment team. Negotiate how you will be involved and what information can or cannot be shared with you.

life. Finally, although a lot can be done to prevent relapse, it may still occur and having a plan will reduce the stress when it does.

One of the most important things families can do is to encourage their family member to take an active role in managing their illness. Active involvement by the person with the mental disorder in the treatment plan developed with their mental health professional leads to better adherence and outcomes.

For adult family members, this means being informed about treatment options and strategies to care for themselves. Learning about the illness and what can be done to improve their quality of life is an important first step.

If the person is having difficulties or has any questions about their progress, they should speak with their mental health professional about modifying the treatment plan.

Even young children can be involved to some degree in looking after their mental health. While treatment decisions may be left to their mental health professional and their parents, there are likely strategies the child can use to help manage their symptoms.

Regularly reviewing an illness management plan helps ensure that it can be adjusted to respond to changing circumstances and conditions.

Why Do People Relapse?

Relapse is common for people with mental disorders, particularly those struggling with a substance use disorder. Relapse does not mean failure. Instead, relapses should be seen as opportunities to learn how to better handle the disorder in the future.

Relapse can occur for a variety of reasons. In some cases, it can occur because of factors outside of anyone's control.

Relapse Prevention

"Sometimes Dan noticed that his fears, suspicions, and distractions increased. He knew that he had to work hard to keep his life stable, get sleep, reduce stress, and try to avoid believing his paranoid thoughts."

Relapse prevention involves a number of steps. The most common steps are:

- Identifying ways to reduce stress or other factors that may lead to a worsening of the illness
- Identifying triggers of symptoms and relapse
- Recognizing the signs of possible relapse
- Managing medication (and side-effects)
- Applying skills learned through treatments (e.g., cognitive-behavioural techniques for managing symptoms)
- Developing healthy lifestyle habits
- Controlling one's environment to minimize stress
- Taking action early when warning signs first appear

Managing a mental or substance use disorder is an ongoing process. It means thinking about the person's life and what modifications would be helpful and possible. Understanding what can trigger symptoms is an important first step in relapse prevention.

Triggers of Symptoms and Relapse

Many people can identify stressful events, worries or changes in their routine that occured prior to a relapse. These could be major changes in their life, such as the death of someone close to them or a number of smaller stresses occurring at the same time.

Stressful events or 'negative' situations the person experienced before they became ill may be high-risk events that could trigger a relapse. It is important to identify coping strategies that will help the person deal with high-risk situations.

For children and youth, changes in routines or schedules can be a trigger for relapse. Returning to school in the fall and holidays such as Christmas or spring break are times to watch for warning signs.

Triggers of a relapse are individual to the person. Once potential risk situations have been identified, family members can work together with their loved one to find ways to:

- Identify situations which can be avoided
- Develop coping strategies to deal with situations that cannot be avoided
- Take steps to deal with problems early on

Talking with other families can be helpful to learn about other unique triggers. Find out if there is a support group for family members in your community.

For a listing of support groups, visit www.bcss.org/monthly-meetings-calendar/

"During exam periods or when Tim had deadlines to meet, some of his symptoms would intensify."

"One of my triggers for drinking was when I had extra cash in my pocket. Now instead of using the money for alcohol, I call my wife and we go out to dinner."

Possible Triggers of Relapse

Below are some of the more common triggers that may lead to a relapse. Remember that each person has unique triggers and taking action early can help prevent relapse.

- Stopping medication or not taking medication as prescribed
- Changing prescribed medication
- Using drugs and/or alcohol
- Being under stress or feeling overwhelmed
- Undergoing conflict in personal relationships
- Facing a stressful life event, such as the loss of a loved one
- Sleeping poorly or not getting enough sleep
- Having a poor doctor-patient relationship or not receiving enough support from community services
- Experiencing perceived failure, disappointment or criticism
- Going through changes in season, daily routine or life circumstances
- Coping with other health problems or concerns
- Contending with legal problems

"Denise realized that exams at college were a very stressful time for her and her symptoms would increase in severity. To manage her symptoms, she approached her instructors and made arrangements to write her exams in a quiet room where she was permitted as much time as she needed."

Worksheet: Identifying Potential Relapse Triggers

Think back to previous episodes and what was going on just prior to your family member becoming ill. What was going in their life (at home, work, or school)? Were there were any important events or unusual stressors at the time? Can you or your family member identify any situations that caused them to engage in problematic behaviours (e.g., drinking)?

Once you've identified possible triggers, identify which situations can be avoided and problem-solve ways to deal with situations that your family member cannot avoid.

TRIGGERS FOR PSYCHOSIS	PLANS TO CONTROL TRIGGERS

Remember to update these worksheets regularly with your family member.

Triggers may change over time and you may need to update your strategies.

Warning Signs of Relapse

Research has shown that people with a mental disorder often experience a specific and individualized series of changes in their thoughts, feelings and behaviours before a relapse. These are called early warning signs. Recognizing early warning signs and being proactive can help prevent or minimize a relapse.

Family members and friends are often the first to notice some of these changes in the person's personality and behaviour. The person with a mental disorder will likely also notice changes in themselves that may not be evident to those observing them. Some signs are quite common whereas others may be unique to an individual. It is critical to discover which ones are relevant for one's family member.

These warning signs may be a normal indication that the person is dealing with something stressful. They do not always mean that they are heading for a relapse, nor do they mean that they will have to be hospitalized. They may just need to take things a bit easier or they may want to make an appointment to talk with their doctor or mental health professional. If the person is taking medication for their disorder, it may need to be increased temporarily or adjusted. If they have stopped taking their medication or are no longer engaged in therapy, it is important to address the reasons for this decision and encourage them to continue with treatment.

If you suspect that your family member may be heading towards a relapse, talk with them about your concerns and ask how you can help.

Common Early Warning Signs

Early warning signs are unique to the individual, so it's important to identify the changes a person experienced during the onset of their mental disorder. Below is a list of some common early warning signs.

Thoughts/Perceptions

- Difficulty concentrating
- Forgetfulness
- Difficulty making decisions
- Racing thoughts
- Preoccupation with worries or obsessions (e.g., about weight)
- Irrational thoughts or beliefs
- Sensitivity to colours, sounds, and light
- Hearing voices
- Thinking that alcohol/drug use is the only way to feel better

Feelings

- More tense/anxious
- Depressed/low
- Restless
- Elated/'high'
- Irritable
- Fearful
- Threatened
- Guilty
- Suicidal
- Extreme changes in mood

Behaviours

- Withdrawal from family and friends
- Loss of interest/motivation
- Difficulty sleeping or changes in sleeping habits
- Neglecting one's appearance
- Talking more or less than usual
- Using alcohol or drugs
- Extreme outbursts of anger
- Preoccupation with calories, dieting or weight loss
- Purging or vomiting
- Extreme separation anxiety
- Taking out anger on others
- Changes in academic or work performance
- Avoiding school or work

"My parents noticed I was withdrawn and simply not myself. They noticed I worried more. I would not answer the phone or doorbell because I was afraid that whoever I talked to would be mad at me or would want to harm me in some way. I also could not listen to the television or radio because it would trigger a worry."

"Sue found that she was often preoccupied with suspicious thoughts. When she heard conversations of strangers, she believed they were talking about her. To other people, she appeared tense, jumpy and guarded."

"I learned an early symptom of my pending mania would be increased excitement and a decreased need for sleep. As the mania progressed, I developed racing thoughts, pressured speech and severe insomnia. My apartment would be a mess. Friends would comment that I didn't look after myself and that would irritate me."

Worksheet: Identifying Your Family Member's Relapse Signature

Looking back, what changes did you see in your family member before they became unwell? What changes did they see in themselves? Start from a definite date such as the day they went into hospital or saw their doctor and work backwards. Think about what they were doing (at home, work, or school) and what was going on at the time. What feelings or behaviours did you notice?

Work back further; early changes in your family member are important even though they might be hard to remember. For example, if an early sign was needing less sleep, when did this start to be a problem?

The aim is to identify specific signs in behavioural terms. For example, "Woke up early every day," or "Refused to eat dinner with the family."

	Relapse Signs
1	
2	
3	
4	
5	
6	
7	
8	

Worksheet: Ways to Deal with Early Warning Signs

Using this sheet, make a list of actions that can be taken when signs first appear (e.g.., reduce any obvious stress, get more sleep, make an appointment with a doctor). Taking action early can help minimize or prevent relapse.

Actions That Can Be Taken

What Family Can Do to Help

Ask your family member what you and other family members can do to help.

"Over the past several months, Tom started to display severe signs of the illness. He became very isolated, locking himself in his room. He was having hallucinations about people attacking him and he began to destroy his bedroom in imaginary fights with the perceived aggressors. He stopped sleeping and would often pace in his bedroom for days on end."

*** Remember to update these worksheets regularly with your family member.**

Remember:

A person who is extremely agitated will not listen to reason.

A person cannot be talked out of a delusion.

When your family member is feeling better, set aside time to discuss the experience and review the illness management plan to see if any modifications are needed. Try to learn as much as you can from the experience.

What worked? What could have been done differently?

Responding to Acute Episodes

Even with the best care and management, relapse can still happen. Sometimes a crisis can occur without any warning signs. Acute episodes need to be responded to as quickly as possible. The goal is to find a way to de-escalate the symptoms and to provide support to the person during the episode. Safety and protectionis another concern that must be considered.

An acute episode can be frightening, both for the person with the mental disorder and their family. Family members should pay attention to their instincts and put their safety first. If the threat of physical harm is imminent, stay close to a door or exit.

In crisis situations, it may be better to make oneself safe rather than trying to stop the person's behavior or talk them down. Remove oneself and other family members from the situation and call 911or another emergency contact (see the crisis plan sheet on page 15).

If a person needs to be hospitalized, they will likely need a lot of support from family and friends. Focus on the benefits that hospitalization has to offer—how it will help to reduce the symptoms and get the person back on track to recovery.

Involuntary admission is an unpleasant experience for everyone involved. It is always best if the person agrees to go to the hospital voluntarily. Unfortunately, this is not always possible and families should be prepared for the possibility that their family member may need to be admitted into a hospital against their will.

Families can support their loved one by showing compassion for any trauma the person experienced. It takes a lot of courage to manage a mental or substance use disorder.

Remember, it takes time for a person to recover from an acute episode. It's important to let the person determine what they need. Encouragement is important but expecting too much too soon can result in another setback.

Who is Most at Risk of Suicide?

- More than 90 % of people who commit suicide have a mental or substance use disorder
- Women attempt suicide more often, but men complete suicide more than women
- People experiencing stressful life events
- People with a detailed, well thought-out suicide plan
- People dealing with intense feelings of depression and hopelessness
- People with access to lethal means, such as weapons
- People who have made previous suicide attempts

Monitoring for Signs of Suicide

Suicide is the second leading cause of death among Canadians ages 15 to 34. Whenever a person is struggling with a mental or substance use disorder, it's important to check for possible signs of suicide. More than 90 % of people who commit suicide have a mental or substance use disorder. People who have been admitted into the hospital or a residential treatment program face an increased risk of suicide when they leave temporarily and when they are discharged. People contemplating suicide do not necessarily appear unhappy or upset.

If a person is expressing suicidal feelings, don't be afraid to talk to them about it. Stay

with them or arrange for someone else to be with them.

If a person is feeling suicidal, suggest strategies they can use (e.g., talk to someone they trust, call a crisis line, go to the emergency ward at the hospital, or talk with their counsellor).

Research has shown that suicide is more likely to occur as the symptoms of a mental disorder begin to lift, rather than when they are at their worst. When a person is very ill, they are often unable to do anything. Families should be careful not to relax their guard as the person begins to get better.

Warning Signs of Suicide Risk

Emotional Clues

- depressed and sad
- changes in mood (depressed to elated or vice versa)
- tearful
- sullen
- quiet, withdrawn
- inability to concentrate, agitated
- feelings of hopelessness, worthlessness, self-hate

Behavioural Clues

- sudden changes in behaviour
- gives away favourite possessions
- drug and/or alcohol use
- thanks people for their kindness, settling affairs, writing goodbye letters
- previous suicide attempts
- stockpiles medications or gains access to lethal means

Physical Clues

- loss of interest in appearance
- loss of interest in friends, activities, and/or intimate (or sexual) relationships
- loss of energy
- poor sleep habits (either sleeping all the time or hardly ever sleeping)
- weight gain or loss

Verbal Clues

- no longer communicates effectively with others, isolates themselves
- speaks of not being here in the future (e.g. "They'd be better off without me" or "You won't have to worry about me much longer")
- absence of any reference to the future in conversation
- asks questions about dying
- talks openly about suicide (e.g., "One of these days I'll just end it all")

Don't be afraid to talk about suicide with your family member. It is a myth that talking about suicide will "put the idea into their heads." By being open about suicide, you are letting your family member know you care and want to help.

Remember, if you are supporting someone who is suicidal, it is very important to take care of yourself as well.

If you know someone who is suicidal, seek help immediately, even if they ask you not to do so.

Call 1-800-SUICIDE (1-800-784-2433) or visit www.crisiscentre.bc.ca for a list of crisis lines across B.C.

Family Crisis Planning

Part of managing a mental disorder involves identifying the steps for dealing with crises. Planning ahead can lessen the confusion and anxiety when a crisis occurs. An effective plan should include a description of the responsibilities of each family member and the phone numbers needed. Below is an example of a crisis plan. On the following page is a template that families can use to create their own family crisis plan.

Sample Family Crisis Plan

	Family Member	Job	Phone Number
1.	Mom	Calls G.P.	888-7777
2.	Mom	Calls neighbour to watch siblings	999-8888
3.	Dad	Takes siblings to neighbour	
4.	Dad	Phones sister from neighbour's house to pick up siblings	777-5555
5.	Sister	Picks up siblings from neighbour	
6.	Mom	Handles child/youth in crisis	
7.	Dad	Calls emergency health services, local crisis response team or police if necessary	911 or phone number for local crisis response team

Worksheet: Family Crisis Plan

	Family Member	Job	Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

notes:

Hospitalization and Discharge Planning

In some situations, it may be necessary for a person to be hospitalized for a period of time. This enables medical professionals to observe the person and prescribe treatments to help alleviate their symptoms.

Whenever a person is admitted to hospital, there should be a plan put in place to ensure that their recovery continues. Discharge planning (arrangements for care and services after the person leaves the hospital) should begin as soon as possible after someone has been admitted to hospital. A solid discharge plan will address the services necessary to ensure a successful transition to community living after the person leaves the hospital. It is important that family members who are providing care for their loved one are included in discharge planning. The essential components of a good discharge plan are outlined in the worksheet below.

Worksheet: Hospital Discharge Checklist

Medication

- ❑ Medication supply/prescription
- ❑ Number of days medication is supplied for
- ❑ Medication education (dosage, time, how to take)
- ❑ Special instructions

Home

- ❑ Family residence
- ❑ Own home/lives alone
- ❑ Boarding home
- ❑ Hotel
- ❑ Other
- ❑ Group home
- ❑ Nursing home
- ❑ Residential care facility
- ❑ Foster care

Follow-up Mental Health Care

- ❑ Mental health team
- ❑ Psychiatrist/therapist
- ❑ Nurse specialist/visiting nurse
- ❑ Psychiatric social worker
- ❑ Community support group
- ❑ Day treatment referral

School

- ❑ Counsellor
- ❑ Individual Education Plan (IEP)
- ❑ Student Support Services

continued on next page ▶

Worksheet: Hospital Discharge Checklist

continued from previous page

Activities of Daily Living

- ❑ Hygiene instructions
- ❑ Activity, rest
- ❑ Activities requiring assistance
- ❑ Safety instructions
- ❑ Work, school, skills training

Follow-up Medical Care

- ❑ Appointment with GP or mental health professional
- ❑ Medical clinic appointment
- ❑ Diet/fluid instructions
- ❑ Dental care
- ❑ Occupational therapy/Physiotherapy
- ❑ Special instructions

Special Needs

- ❑ Parenting plan
- ❑ STI prevention education
- ❑ Transportation needs
- ❑ Financial assistance

~*A discharge checklist for psychiatric patients,* J. Hochberger

Alcohol or street drugs may lower the effectiveness of certain medications or increase side-effects.

Managing Medications

Medication plays an important role in the management of mental disorders. Some medications work to eliminate or reduce symptoms of the disorder, while other medications help reduce problematic side-effects.

Finding the right medication is often a process of trial and error. What works for one person may not work for someone else. Depending on the type of medication, it can take up to several months for the medication to fully take effect.

Families can help with medication by:

- Learning as much as they can about the medications prescribed for their loved one.
- Ensuring that prescriptions are filled.
- Reminding the person to take their medications or helping them to develop a medication schedule.
- Asking for "bubble" or "blister" packaging for medication. Individual packaging makes it easy to see exactly how many pills have been taken.
- Alerting their family member's mental health professional if it appears their loved one has stopped taking their medication, is taking more or less than the prescribed amount or is not taking the medication as prescribed.

Families can also help by providing information about how the person appears to be doing on the medication and any side effects they notice. It is also important that the mental health professional is aware of any other medications they are taking. This includes non-prescription drugs (e.g., St. John's Wort) as they can interact with prescription medications.

caution:

People taking medication for their mental or substance use disorder should always speak to their doctor first before changing the dosage and/or stopping the medications.

"We found it helped changing the time he took his medication because it made him so tired when he took it in the morning."

"Joel kept forgetting to get his prescriptions filled. We now put a sticker on the calendar the week before the prescription needs to be refilled."

Questions to Ask About Medication

- What does the medication do?
- How is the medication taken?
- What is the dosage and how often should it be taken?
- How long will it take to work?
- What are the potential side-effects?
- How is the medication monitored?
- Are blood tests needed?
- How can side-effects be minimized?
- Are there any dietary restrictions when using this medication?
- What symptoms indicate that the dosage/ type of medication should be changed?
- Where can I go for more information?

Worksheet: Side-Effects Checklist

Monitoring the side-effects of medications can help determine if a particular medication is the best available option, the optimal dosage and whether any additional medications can help. Minimizing side-effects greatly increases the chance that a person will continue to take their medications. As each medication has its own unique side-effects, it is important for families to understand what medication their loved one is taking. Find out what type of medication is being prescribed and research this medication along with other available options.

Below are some common side-effects of medications used to treat mental disorders. Please keep in mind that there may be others not listed here.

- ❑ **Sleeping too much**
- ❑ **Daytime drowsiness**
- ❑ **Feeling unmotivated**
- ❑ **Muscles trembling or shaking**
- ❑ **Feeling restless, can't sit still**
- ❑ **Trouble falling asleep or staying asleep**
- ❑ **Stiff muscles**
- ❑ **Loss of energy**
- ❑ **Weight gain**
- ❑ **Hunger pains**
- ❑ **Cognitive/memory problems**
- ❑ **Sensitivity to sunlight**
- ❑ **Difficulties with coordination**
- ❑ **Blurry vision**
- ❑ **Changes in sexual functioning**
- ❑
- ❑
- ❑

For more info on medications:

- **Local pharmacists are a great source of information for any medication your family member is taking**
- **Call 811 to talk to a nurse, pharmacist or dietician. Pharmacists are on call at 811 every night from 5pm to 9am to answer medication related questions.**

Worksheet: Medication Side-Effects

Work with your family member to write down information about the side effects of the medication they are taking.

- It's best to complete this activity with the health professional who is prescribing their medication.
- Ask their health professional what are the mild and more common side effects for each medication. Also, find out if there are any other, more serious side effects of which you should be aware. Always discuss any side effects from a medication with their health professional.
- Report any side effects observed or experienced, even if they were not mentioned by their health professional.

MEDICATIONS - POSSIBLE SIDE EFFECTS

NAME OF MEDICATION	POSSIBLE SIDE EFFECTS	ACTUAL SIDE EFFECTS

Alcohol or Other Drug Use

Mental disorders and substance use problems frequently occur together. People with a mental disorder are 2 to 3 times as likely to have a substance use problem compared to the general population. Many youth and young adults who develop a mental disorder will use alcohol and/or drugs at some point in their life. They may use alcohol or drugs for a variety of reasons, such as to combat social anxiety, boredom or loneliness; to block out symptoms or side-effects of medications; or because of a desire to fit in with their friends.

People with mental disorders are more sensitive to the effects of alcohol and drugs, because they can increase severity of symptoms and risk of relapse. The use of these substances can also interfere with the effectiveness of prescribed medications. Use of alcohol and drugs is also associated with increased risk of violence or other legal problems. People with mental disorders and their families need to be fully aware of these possibilities.

Families may not detect that their family member also has a substance use problem, because many of the symptoms of substance use problems are similar to the symptoms of mental disorders. For example, paranoia can result from substance use, but it is also a symptom of schizophrenia.

If a substance use problem is suspected, encourage the person to get help. If they are unwilling, talk to the mental health professional involved in their care.

While experts point out that abstinence is by far the safest option, some families may initially need to negotiate a tolerance of occasional use or an agreement to cut back. These options may elicit reasonable cooperation whereas insistence on total abstinence may result in denial and reduce further communication on the subject.

Substance use is not an easy issue to deal with. If a person suspects their family member is using alcohol and/or drugs, it is usually best not to accuse the individual as denial will likely be the response.

However, family members can voice their objections to behaviours that are interfering with family life. These behaviours may take any number of forms: apathy, irritability, neglect of personal hygiene, argumentativeness, etc. Since the problem of substance use is a very serious and complicated matter, it should be addressed in a careful, sensitive and deliberate manner.

If the person is living with their family or visits them on a regular basis, it's important for the family to set some rules as to what they will tolerate with respect to substance use.

Remember that it can take time for a person to recover from substance use. Seek professional help and advice.

For information on how to talk to your family member about stopping problematic behaviours please see Module 3: Communication and Problem-Solving Skills.

For more on helping your family member set behavioural guidelines, see Module 4: Caring for Oneself and Other Family Members.

Studies estimate that:

- **As many as 50% of people with a mental disorder abuse illegal drugs or alcohol, compared to 15% of the general population**
- **12-18% of people with anorexia and 30-70% of people with bulimia also have substance use disorders**
- **47% of people with schizophrenia exhibit problem drug use**
- **56% of people with bipolar disorder have a substance use disorder**
- **15-24% of people with an anxiety disorder also have a substance use disorder**

Managing Symptoms and Behaviours of Mental Disorders

"When my son was in the throes of a depression we started attending football games together. This was something we were both interested in and gave us something to look forward to that we could do together."

Depression

Depression often robs a person of energy and motivation, including the ability to take basic care of themselves. Gently encourage and support the person to engage in activities and begin assuming responsibilities they may have relinquished when they were experiencing more severe symptoms. Talk with them about what type of activities they are more or less likely to do, as well as where, when and how often. Allow the person with depression to set the pace and respect their emotional and physical limitations, as they may need the rest to get well again.

If the person lives on their own, try to make sure that they are safe and looking after themselves. Check to see that they are eating, drinking and maintaining their personal appearance (e.g., showering, washing clothes, etc.).

Exercise can help reduce negative moods and increase mental well-being. Engaging in physical activity can provide a sense of accomplishment and boost self-confidence.

Further information on coping with voices (auditory hallucinations) can be found in the Preventing Relapse of Mental Illnesses Info Sheet available at www.heretohelp.bc.ca

Hallucinations

When someone appears to be hearing voices or sees things that others do not see, it is important to stay calm. Try to distract them by asking them to do something or try to engage them in conversation. Encourage the person to speak with their doctor or mental health professional about the hallucinations since an increase in the severity and persistence of hallucinations can be an indication of a relapse. They may also find it helpful to join a support group to talk about their experiences with hallucinations.

Delusions

Delusions are very firmly-held false beliefs that cannot be changed by telling a person that what they think isn't true. It is pointless to argue with someone who is experiencing a delusion, rather, acknowledge that they truly believe what they are saying but don't agree with it. Ask them to respect other's beliefs, just as they would like their beliefs respected.

A delusion is likely to be troubling for the person experiencing it, so try to remain calm and reassure them. It is better to address the distressing emotions they are likely feeling rather than the belief itself.

It's okay to assert limits with regards to discussing delusional beliefs and tactfully steer the conversation to other issues.

"We made the mistake of pretending to agree with our daughter's strange ideas. When she was well again, she was very, very distressed that we hadn't been truthful and provided her with a reality check. After a family meeting with her doctor, my daughter decided to use us to check her thinking and reality. It's worked really well."

Manic Behaviour

An episode of mania may begin abruptly, over the space of a few hours or days, or gradually, over some weeks. When a person is in a manic phase, they may undertake actions that are socially embarrassing or harmful to themselves or to others around them. This may include engaging in behaviours without consideration of safety or potential consequences, such as irresponsible sexual behaviour or financial spending.

If a person is exhibiting manic behaviour, try to be a calming influence on them. For example, try to slow things down (e.g., talk more slowly). Express concerns about their actions, but be prepared that they may not see anything wrong with their behaviour. As manic behaviour can seriously affect the well-being of the whole family, it is important to set clear limits on behaviour and take action when warning signs begin to appear.

If family members are concerned that their loved one may be headed for a relapse, they should follow their illness management plan and seek help.

Social Withdrawal

Families can gently encourage their loved one to participate in everyday family activities (e.g., eating meals, watching TV), but they should be prepared that their loved one may refuse. This may be difficult for them, depending on their stage of recovery. In particular, large family gatherings may be too overwhelming.

Social contact outside the family is very important. Many communities offer support groups or one-on-one peer support for people with a mental disorder. A person's friends can also be an important source of social enjoyment.

"We are slowly encouraging our son to participate in family activities. Watching TV and rented videos has worked well for us."

Apathy/Lack of Motivation

During the initial part of the recovery phase, a person may need more sleep and may need to be left alone to rest. However, it is helpful if family members try to make regular contact with them when they are up. Having a regular routine can help a person to get back on their feet and be active. Ask them to help with simple tasks or chores and be sure to thank them. Regular exercise and mental activity—even going for a walk and reading the newspaper can help.

It is important to move at a manageable pace, as pushing a person to do too much too soon can be overwhelming and may add stress to their life (and increase the risk of symptoms worsening). Families should ask their loved one what they feel they are able to do.

Aggressive Behaviour

Families do not have to tolerate violent or aggressive behaviour. The first thing to do is assess the level of danger present. Call 911 if a family member's safety is at risk. If the situation seems safe, try to find out what is making the person angry. Speak softly, firmly and clearly. The most effective way to calm a person is to encourage them to talk about their angry feelings. Ask them to explain what is upsetting them or making them angry.

"My daughter and I have written out a contract about what is acceptable behaviour in our home. Since then everything has been great!"

Acknowledge their feelings with comments such as "I can see you are angry," or "I understand how you feel." Try not to argue with someone who is acting aggressively as it can escalate the violence. If they make reasonable requests that don't put anyone in danger, try to go along with them.

It is important to give the person their physical space and avoid a situation where someone becomes 'cornered' in a room. Encourage the person to sit down and sit beside them at an angle rather than directly in front of them. Avoid eye contact. A person who is feeling agitated and aggressive may need more space than usual and may not want to be touched.

Set a house rule of no violence. Families may need to consider alternative housing

if their loved one is living in the family home and refuses to deal with their aggressive behaviour.

It can be helpful to try to identify what triggers the aggression. Families should develop a plan outlining what everyone will do if the person's behaviour becomes difficult.

"One family made it clear to their son, who had behaved extremely aggressively in the beginning, that if he ever threatened violence or damaged property again he would have to leave home. He could go to the hospital in a taxi, with the police, or with his parents, but he would not be permitted to remain at home any more. They told him that because he was of age, they would even charge him with trespassing and call the police should he break his agreement." *~Schizophrenia: A Handbook For Families,* Health Canada

"One day my son told me that whenever he had friends over, his sister would join them and do embarrassing things. Could I please do something about it? I spent days trying to decide how to handle his situation wisely. Then my son told me he had handled it himself. He simply told his sister, 'When I have friends over, I want to be alone with them.' My son was direct and honest and no feelings were hurt."

~Schizophrenia: A Handbook For Families, Health Canada

Embarrassing Behaviour

Clearly outlining and reaching an agreement about what behaviours will and will not be tolerated can help families deal with embarrassing behaviours. Family members are advised to examine their own attitude about why they are allowing themselves to be embarrassed. Many families have reported that a direct approach using simple, honest statements can sometimes work well to change behaviour. For example, saying something like "Stop that," or "Knock it off," or "That's inappropriate behaviour."This may have to be repeated.

Some families have found it helpful to remind themselves that their family member may not be aware that they are acting in an inappropriate manner.

Dealing with Anxiety

Avoidance

One of the most common ways that people respond to anxiety is to avoid the thing or situation that causes them anxiety or fear (e.g., children who are afraid of being separated from their parents will try to prevent their parents from leaving). It is very common for family and friends to get caught up in avoidance strategies associated with anxiety disorders. Believing it is helpful, family and friends will often encourage their family member to actively avoid anxiety producing situations. However, avoidance prevents a person from learning that the situation they are avoiding may not actually be dangerous.

Setting up safety behaviours is another common response used to deal with anxiety provoking situations. For example, someone who has had a panic attack in a grocery store in the past and now fears going to the grocery store alone, will only go if a family member accompanies them.

Unfortunately, these strategies only reinforce the anxiety over time, making it harder to overcome. By relying on safety behaviours, a person doesn't have the chance to learn that the dreaded outcome does not always occur (i.e., panic attack or some other terrible event).

One of the best ways families can support recovery is to help their family member gradually overcome their avoidance and safety behaviours. This creates opportunities to practice new ways of coping with the feared situations.

Exposure and Why It Helps

The best way to counteract avoidance and safety behaviours is exposure. This involves gradually exposing oneself to the things one is afraid of. Exposure helps a person confront and control rather than avoid and be controlled by fears. Family can play a key role in this component of self-management and recovery.

The best strategy for Sally (see the example to the right) is to gradually break down the feared situation into manageable tasks with the help of her family. She might start by going into the store for just a few minutes while a family member waits at the front of the store. Once Sally is comfortable with this task, she might try staying in the store for longer periods of time with a support person nearby. Over time, a family member might wait in the car while Sally shops and eventually she will be able to grocery shop alone. Gradual exposure will enable Sally to learn that nothing terrible happens even when she shops alone.

Why Avoidance Is Harmful in the Long Run

Sally experienced a panic attack while grocery shopping one evening after work. She now falsely believes that avoiding grocery stores will keep her safe from having a panic attack.

The problem with this type of avoidance is that grocery stores are not actually dangerous, nor do they cause panic attacks. By avoiding grocery stores, Sally is missing the opportunity to learn that they are not actually dangerous.

With the support of her family, Sally will no longer need to rely on avoidance or safety behaviours as her way of coping. She will be back in control instead of her fears controlling her. Below are examples of how Sally gradually overcame her avoidance and safety behaviours with the support of her family.

Exposure Task	Expected Anxiety (out of 10)
Goes inside grocery store with family member	1
Goes inside grocery for 5 minutes while family member waits at front	2
Goes inside grocery store for 5 minutes while family member waits outside front entrance	3
Goes inside grocery store with cell phone for 15 minutes while family member waits in car	4
Goes inside grocery store without cell phone for 15 minutes while family member waits in car	5
Goes inside grocery store without cell phone for 30 minutes while family member waits in car	6
Goes inside grocery store with cell phone for 15 minutes while family member waits at home	7
Goes inside grocery store with cell phone for 30 minutes while family member waits at home	8
Goes inside grocery store for 15 minutes alone without cell phone	9
Goes inside grocery store for 30 minutes alone without cell phone	10

Overcoming Avoidance and Safety Behaviours

Exposure is best done gradually which involves breaking down the feared situation into manageable tasks. Start with the tasks that trigger the lowest amounts of anxiety. The presence and support of a family member at this stage can often help a person get started with exposure tasks. After lots of practice, the person can gradually work their way up to the tasks that trigger higher levels of anxiety. Families should be careful not to push a person to try feared tasks too fast or too soon. Instead the best strategy is to encourage the person to push themselves as much as they can possibly handle while providing lots of encouragement and support. This gives the person lots of practice opportunities before moving on to a more challenging exposure task.

More information about setting up an exposure plan and ways that family and friends can help with anxiety disorders can be found under "Self-Help" at www.anxietybc.ca

Ways to Reduce Stress

The amount of stress in a person's life plays an important role in determining how seriously or how often a person falls ill. Finding ways of reducing stress is a priority for families in managing a mental or substance use disorder. Establishing clear expectations and structure within the family can help a great deal in reducing stress in the household.

Include the entire family in planning for any vacation, outing, visit or other activities. The plan should include how the family member with a mental or substance use disorder would like to handle the situation. Would they prefer to join the activity or to have quiet private time?

By identifying the situations that cause stress, family members can help their loved one assess what they can realistically do and problem solve ways to manage stressful situations. Some situations may need to be completely avoided (even temporarily).

Relaxation techniques may be helpful for when stress cannot be avoided. One technique is to visualize a pleasant image or scene—something that invokes feelings of contentment or relaxation. To do this, concentrate on one positive idea while trying to put other thoughts out of one's mind. For example, try visualizing a calm scene, such as lying on a tropical beach. Focus on this thought instead of thinking about the situation that is causing the stress. Exercise can also help to reduce feelings of stress, by taking one's mind off their worries. It also has a calming effect and can help improve concentration.

For additional ways of handling stress, please see the BC Partners' series of Wellness Modules available at www.heretohelp.bc.ca

Supporting Other Aspects of Recovery

Supporting a person to become as independent as possible involves helping them learn the skills they need to perform the activities of daily life.

Fostering Independence

It can be an ongoing challenge to find the right balance between offering support to one's family member and letting them build their independence. It can be tempting to do everything and make decisions for them, rather than support them to take on tasks and make decisions for themselves. Although it may be quicker and easier to do everything for them, in the long run it is not really helpful (except when they are very ill).

Encouraging the person to develop problem-solving skills, manage their illness, take care of themselves and make decisions will help empower them and provide them with some sense of control over their life. Families can begin by giving their loved one just enough support to help them manage, and then withdraw gradually as they begin to improve.

Personal Care and Appearance

Families can help a person to take care of their appearance and cleanliness by teaching skills that may have been lost through the illness. This may include gentle reminders to shower and brush their teeth, instructions on how to use the washing machine, and suggestions for dressing appropriately. Families can also help their loved one establish a daily routine.

Friendship

Developing relationships with people outside the family is important for anyone. When someone has a mental or substance use disorder, relationships with friends, co-workers, fellow students, and dating can be a real challenge. Having a safe place to practice social skills like small family gatherings and peer support groups can help a person to feel more comfortable developing relationships.

A person may lose some friends as a result of their behaviour prior to getting help or due to misunderstandings about mental and substance use disorders. As a person starts to feel better, it's important to encourage them to develop new friendships as well as keep up old ones.

One's family member may need help in deciding how much information to share about their disorder with friends and colleagues. It may be better to begin by sharing a little information at first (e.g., had a rough time for a while) and then begin disclosing more as they become more comfortable.

A common denominator of recovery is the presence of people who believe in and stand by the person in need of recovery.

Money Management

Family members can help their loved one manage their money by supporting them to:

- identify their needs and wants
- set up a budget
- plan for future financial needs
- learn how to save for more expensive purchases
- learn how to handle a credit card
- manage a chequing account
- keep financial records

For some mental disorders, such as bipolar disorder, families may want to consider appointing a substitute decision maker to take responsibility for their family member's financial decisions during periods of illness. Contact a local mental health organization for more information.

Depending on a family member's level of disability, they may be eligible for disability benefits. Information on disability benefits in BC can be obtained by contacting the BC Ministry of Social Development and Poverty Reduction at 1-866-866-0800. Your family member may also qualify for Canada Pension Plan disability benefits, call 1-800-O-CANADA for information.

Taking Care of Health

Sometimes when a person has a mental or substance use disorder, the focus turns to their mental health problems and aspects of their physical health are ignored. Establishing an effective ongoing relationship with one's family doctor can help a person monitor both their physical and mental health. Good dental care is also important.

Exercise

Exercise can help lift one's mood, improve self-esteem, enhance ability to sleep restfully, aid memory and concentration, decrease anxiety and combat weight gain—a side-effect of some medications. Look for activities the whole family can participate in or sports the person enjoyed previously. Even a walk around the block is a good start. If the person has been inactive for a while, or their previous exercise efforts were part of an eating disorder like anorexia, check with their doctor before embarking on an exercise plan.

Diet

A healthy diet is important for everyone. When a person isn't feeling well, it can be difficult to find the desire to eat properly, but poor diet can lead to other physical and mental health problems. If the person is living independently, check to see whether they are eating properly. People living on disability benefits may need help to set a budget to ensure there is enough money for food. Rather than just giving them cash, it may be more helpful to bring over a bag of groceries.

Meals are often the most difficult time of day for people struggling with an eating disorder.

- **Conversations that focus on topics such as the person's day, fun activities and current events can help direct your family member away from obsessing about calories and fat grams.**
- **Avoid comments about how much weight your family member has gained or lost, or how they look; instead comment on their energy level and overall health.**

Encourage Hobbies and Other Meaningful Activities

Meaningful activities are those that a person enjoys and in which they find value. Examples include recreational and leisure activities, volunteering, hobbies and special interests. When a person feels they are well enough, encourage them to start considering which activities they might enjoy and begin trying them out. Activities that build on the person's strengths are a good starting point (e.g., sports, music, art classes).

For a complete list of references used in developing the Family Toolkit, please see Family Toolkit: References at www.heretohelp.bc.ca

• HOW YOU CAN HELP •
• A TOOLKIT FOR FAMILIES •

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Mental health and substance use information you can trust

COMMUNICATION & PROBLEM-SOLVING SKILLS

A REASON TO HOPE. THE MEANS TO COPE.
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY

MODULE 3

Module 3: Communication and Problem-Solving Skills

When a family member has a mental or substance use disorder, it important to take the time to learn about the disorder. By educating oneself as much as possible about the mental or substance use disorder, family members can take an active role in their loved one's recovery. The Family Toolkit was designed to assist families in caring for a family member with a mental or substance use disorder by providing information and practical resources. This toolkit consists of five learning modules. Module 3 provides practical skill training in effective communication and problem-solving. The other four modules in the Family Toolkit are:

Module 1: *Understanding Mental and Substance Use Disorders*
Module 2: *Supporting Recovery from a Mental or Substance Use Disorder*
Module 4: *Caring for Oneself and Other Family Members*
Module 5: *Children and Youth in the School System*

For more information on the Family Toolkit and how it can be used, please read the *Introduction to Family Toolkit* available from BC Partners for Mental Health and Addictions Information at www.heretohelp.bc.ca. Families are also encouraged to seek out books, articles, videos and organizations that can further assist them in learning more about the specific disorder(s) that affect their family member.

About Us

B.C. Schizophrenia Society is proud to be affiliated with HeretoHelp. HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information, a group of non-profit agencies providing good-quality information to help individuals and families maintain or improve their mental well-being. The BC Partners members are AnxietyBC, BC Schizophrenia Society, Canadian Institute for Substance Use Research, Canadian Mental Health Association's BC Division, Institute of Families for Child and Youth Mental Health, Jessie's Legacy eating disorders prevention and awareness (a Family Services of the North Shore program) and Mood Disorders Association of BC (a branch of Lookout Housing and Health Society). The BC Partners are funded by BC Mental Health and Substance Use Services, an agency of the Provincial Health Services Authority. For more information, visit www.heretohelp.bc.ca

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British Columbia Schizophrenia Society

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COMMUNICATION AND PROBLEM-SOLVING SKILLS

Communication should include consideration of whether we are responding with sensitivity to the well-being of the person who is receiving our message.

The Importance of Effective Communication

Good communication is an important skill that helps families cope with the challenges of mental and substance use disorders by enhancing relationships between the person with the disorder, their health care providers and their family. Sometimes communicating with a family member who has a mental or substance use disorder can be extremely difficult, especially when the disorder affects the person's ability to think clearly or concentrate. Talking about sensitive topics is difficult at the best of times, but when a mental or substance use disorder is involved, family members often have a range of expectations and emotions which can make communicating clearly even more of a challenge.

The goal of this section is to provide families with the skills they need to discuss their thoughts, feelings, needs and problems constructively and successfully. This will help to ensure that issues are discussed and that action is taken to resolve problems. These communication techniques are useful for everyone in the family including the person with the mental or substance use disorder.

Family members may find that they are already using the communication strategies discussed in this section, which means they are on the right track towards establishing strong communication with their loved one.

Good communication can help:

- **Express concerns and worries about a family member in a non-threatening way**
- **Reduce the risk of relapse by creating a positive environment at home**
- **Enhance communication with professionals involved in the persons's care in order to resolve problems**
- **Clarify what each member of the family can do to help facilitate recovery**

Elements of Effective Communication

Effective communication takes time, practice and cooperation.

Ideal communication, especially when a mental or substance use disorder is involved, should consist of these elements:

- Clear communication - this will increase the likelihood that the intended message is received.
- Willingness to listen to the concerns and worries of family members.
- Use of language that is understandable to all persons involved.

When a family member has a mental or substance use disorder, effective communication is even more important than usual. A person can experience stress when they have difficulty understanding what is said or what is expected of them. It can also be stressful when there are many arguments or too much criticism in the household. Stress is a common trigger for relapse, so it is critical to reduce stress whenever possible.

Guidelines for Effective Communication

- Use short, clear, and specific statements, which are easier to understand and answer. Long involved explanations may be difficult to follow, as some mental disorders make concentrating difficult.
- Cover one topic at a time; give one direction at a time. By keeping communication focused, it is easier to follow the conversation, which can be especially challenging for someone with a mental or substance use disorder.
- Try to avoid using a loud voice, making accusations or applying criticism, as this can be very stressful for someone with a mental or substance use disorder.
- If the person appears withdrawn and uncommunicative, take a break or return to the conversation at another time. Achieving the desired response is more likely when the person is more open to talking.
- The person may have difficulty remembering what has been said, therefore instructions and directions may need to be repeated.
- Be pleasant, but firm. By not undermining what is being expressed and making one's position clear, the other person is less likely to misinterpret the message.
- If the discussion turns into an argument, everyone involved in the discussion should agree to call a 'time-out.' It can be helpful to take a few deep breaths or go for a short walk, then return to the discussion.
- Listen carefully to what the other person is saying. Acknowledge their point of view and their feelings.

Try not to blame yourself or your family member for the mental or substance use disorder.

Remember, mental and substance use disorders are illnesses just like diabetes or high blood pressure.

Expressing Oneself Clearly

Below are some examples of ambiguous communications. In the column beside, there are examples of clearer, more concrete language.

Ambiguous	Clearer
"You are inconsiderate."	"I would like you to clean up after you make a snack."
"I need more independence."	"I would like to go out with my friends on the weekend."
"We don't communicate enough."	"I would like if we could talk about our plans for this weekend."
"I wish you'd be more attentive."	"I would like if you would put down what you're doing and listen to me."
"You do a lot around here."	"I'm grateful that you do the cooking and look after the children when they come home from school."

Suggestions for Making Clear Statements:

- Use short statements or questions
- Make one request at a time
- Be as specific as possible. For example, focus on a behaviour rather than making a generalization
- Avoid using highly negative statements

Communication Is Both Verbal and Nonverbal

Eye contact, tone of voice, and facial expression are important nonverbal behaviours that contribute to effective communication.

It is important to be aware of how nonverbal communication is used in conversation. In some situations, a person's words may convey one message, while their nonverbal actions communicate something quite different. A common example is when a person says "Oh, that's just great!" while indicating through their body language or expression that they aren't happy. For effective communication, a person's nonverbal messages should be congruent with their words.

When listening to others, it is always important to listen to the whole message and try to understand the overall communication. For example, a person may verbally agree that they will do something, but their reluctance is expressed nonverbally. This indicates that the person may feel obligated to say "yes." In this case, a follow-up may be necessary to explore and understand the reasons why the person is reluctant.

Some mental disorders, such as schizophrenia, affect a person's ability to understand nonverbal communication.

Communication Skills

One important aspect of communicating with a loved one with a mental or substance use disorder is conveying how their behavior affects other people. How these messages are framed influences how they are received by the person. Framing includes qualities such as tone of voice and choice of words.

Our relationships with people are affected by their behaviour. We can all benefit from respectful feedback about how our behaviours and actions affect those around us.

Communicating Praise

Praise involves communicating positive feelings for a specific behaviour. By letting other people know which behaviours are appreciated it is possible to encourage them to engage in more of those behaviours. In addition, people with mental and substance use disorders sometimes struggle with their self-esteem and hearing that they have done something well can help build self-esteem. Acknowledging small accomplishments is important. At times of stress and discouragement, this can help the person to keep making efforts, even when progress is very slow. When expressing appreciation for someone's behaviour:

1. **Look at the person**
2. **Using a friendly tone of voice, say exactly what behaviour is appreciated**
3. **Tell the person how it made you feel**

It is important to be specific about the behaviour that is appreciated. Being vague makes it difficult for the person to know exactly what they did that was positive. Consider the examples below:

Acknowledging a positive action or attitude has two benefits:

1. **It lets your family member know that the positive action has been noticed and appreciated**
2. **It makes it more likely that the positive action will be done again**

Vague	Specific
"I thought what you did yesterday was wonderful."	**"Helping the boys with their homework yesterday was very nice of you. It made me proud."**

Worksheet: Expressing Appreciation

In this exercise, practice focusing on behaviours within your family. Try to think back to the last few times you expressed a positive message about a specific behaviour to a member of your family. What did they do successfully? Did you let them know how you felt?

Over the next few days, practice attending to behaviours that you appreciate. How does the person react when you give them a compliment?

Day	Person You Appreciate	What Exactly Did They Do?	What Did You Say to Them?

Try to express spontaneous and frequent positive feelings for specific everyday activities, but don't overdo it. Feelings need to be sincere.

Examples of Positive Behaviours

- Taking medications as prescribed
- Being on time
- Helping around the house
- Showing an interest in the rest of the family
- Being pleasant
- Offering to help
- Tidying up
- Making the bed
- Being considerate
- Taking care of personal hygiene
- Going out with friends who do not use alcohol or drugs
- Solving a difficult problem
- Doing well on a test

Expressing Negative Feelings

Inevitably, no matter how well people get along with each other, certain behaviours can become irritating. Constructive expression of negative feelings provides feedback to others about how their behaviour affects those around them. If family members don't express their feelings about the behaviour, their loved one will never know their behaviour is annoying. By expressing feelings in a constructive way, family members can avoid bottling up emotions or expressing them in a hurtful way.

Negative feelings can be difficult to express— family members may be worried it will hurt the other person or they may fear their reaction. How feelings are expressed is just as important as the message itself.

It is possible to provide constructive feedback about actions that affect others negatively:

1. **Look at the person**
2. **Speak firmly (but not harshly)**
3. **Specify the behaviour**
4. **Tell the person how it made you feel**
5. **Suggest how the person might prevent this from happening in the future (or suggest a problem-solving discussion)**

Try to communicate negative feelings when the problem behaviour occurs. Don't wait until later unless it is impossible to be calm and clear in the moment.

Focusing on precise behaviours reduces the risk of overgeneralization, for example:

Overgeneralized	Specific
"You're the messiest person I've ever had to live with."	**"I felt frustrated when you left your dishes on the counter. It would be helpful if you would put them in the dishwasher."**

It also avoids threatening or nagging communication which is seldom effective. Threatening or nagging can evoke an angry response which is likely to further reduce the chances that the person will change their behaviour. Below are some examples of threatening or nagging messages which should be avoided.

Avoid nagging messages:

"If you want to continue living here, you'd better get the kitchen cleaned up."

"When are you going to clean up the kitchen? I've asked you over and over again but you still haven't done it."

Examples of Expressing Negative Feelings Constructively

"I felt angry when you shouted at me before dinner. I'd appreciate if you would speak quieter next time."

"I'm sorry to hear that you did not get the course you wanted. Let's sit down after dinner and discuss some other possibilities."

"I get very anxious when you tell me I should be going out more. It would help me if you didn't nag me about it."

When someone does something that makes you feel sad or angry, let them know in a calm, non-critical way. Do not assume that the other person will guess or that they 'should' know how you feel.

Communication of negative feelings works best when it is accompanied by:

a) A request for a different behaviour.

Again, it is important to be specific about the behaviour. A request is more likely to be successful if it is phrased in a polite way that emphasizes how much it would be appreciated, rather than using a demanding or 'nagging' tone.

Example:

"It irritates me when you play your music loudly. I would appreciate it if you would play your stereo at a lower volume."

People with mental or substance use disorders can be particularly sensitive to harsh and critical voice tones. Tone of voice may put the person on the defensive. They may be less likely to hear what is being said and less likely to try to do what is being asked of them.

OR

b) A request for a problem-solving discussion.

Whenever possible, it is often more successful if the problem can be resolved jointly. If the other person feels like they have a say in the issue, they are more likely to work on behaving differently.

Example:

"It bothers me how much you sit at home and watch TV. I have suggested that you try to go out for a while but you don't seem to want to do that. I'd like to have a discussion about this and see if we can come up with a plan to find other activities for you to do."

Tips for Effective Communication

- ❑ Listen attentively
- ❑ Ask questions and invite questions
- ❑ Provide feedback to your family member and ask for feedback from them
- ❑ Be tolerant of others
- ❑ Be honest
- ❑ Demonstrate respect by being open
- ❑ Clarify your own ideas before communicating
- ❑ Communicate purposely—focus on your real message
- ❑ Consider the timing, setting and social climate
- ❑ Acknowledge your family member's perspective and explain your own perspective
- ❑ Be aware of your tone and facial expressions
- ❑ Show empathy; put yourself in the other person's shoes
- ❑ Use humour when appropriate
- ❑ Look for common goals

"I" Messages

The "I Message" is a basic communication tool that can be used to express negative feelings or make a request. It is a simple method of clearly communicating needs to another person that clearly expresses how their behaviour is affecting others.

The "I Message" works like this:

I _____, when you _____.

Examples:

- I feel irritated, when you criticize me.
- I feel relieved, when you take your medication.
- I get scared, when you raise your voice.
- I worry, when you come home late.

LEAP

Developed by Dr. Amador, LEAP® ("Listen-Empathize-Agree-Partner®") is an effective system for communicating and collaborating to solve problems with a family member who has a mental and substance use disorder. It can be particularly helpful for communicating with a family member who lacks awareness of their disorder, a symptom known as anosognosia. The four steps of LEAP are:

Listen: Listen to try to understand what the person is telling you about themselves and their experiences. Reflect back what you have heard, without your opinions and ideas.

Empathize: Empathize with how the person feels about their experiences and symptoms (without necessarily agreeing with their view of reality; e.g. "That sounds scary. Do you feel frightened?").

Agree: Find areas of agreement, especially goals you both want (e.g. to stay out of the hospital).

Partner: Collaborate to work toward agreed upon goals.
For more information and videos about LEAP, visit the LEAP Institute website at leapinstitute.org

Dr. Amador used LEAP® to communicate with his brother, who had schizophrenia, and help him accept treatment.

Anosognosia is a common symptom of some mental disorders including schizophrenia and bipolar disorder. It describes a severe lack of awareness of the disorder experienced by the person with mental disorder. The person is not simply in denial, rather they cannot understand that they are ill.

Listening

Effective communication requires good listening. Listening is not just about hearing the message correctly, but also interpreting it in the way it was intended by the speaker. Practicing effective listening skills can help family members better understand the thoughts, feelings and experiences of their loved one. It also helps the person feel heard and understood, which breaks down the isolation often experienced by those with mental and substance use disorders.

Attentive Listening

Two important features of listening are:

- **Paying attention to the person speaking**
- **Ensuring that one understands what the person is saying**

Often there are competing demands for a person's attention that make it difficult to listen attentively. For example, when a person is trying to have a conversation with a family member, but is also distracted by preparing dinner, texting or driving. It's important to regularly set aside time to give the other person one's undivided attention.

Verbal and nonverbal feedback greatly enhances communication. Eye contact, alert facial expression, head nods and verbal affirmations (like "uh-huh" or "I see") let the speaker know that the listener is paying attention and understands what they are trying to say. Imagine trying to talk with someone who looks away, doesn't say anything or shows no expression on their face – how would someone else know they are listening?

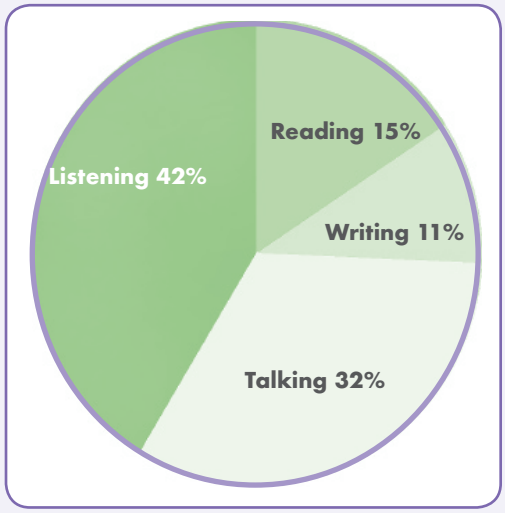
Demonstrate attentive listening through these five steps:

1. **Look at the person talking**
2. **Attend to what they are saying**
3. **Indicate to the person that you are listening (e.g., Nod your head, say "Uh-huh")**
4. **Ask clarifying questions if you don't understand. Identify areas where you need more information**
5. **Clarify what you heard by paraphrasing or summarizing what the person said.**

Set aside a time each day that is devoted to talking with your family member. Find a place to talk where there are no distractions.

Paraphrasing is particularly helpful when you are giving or listening to a set of instructions. Asking the listener to repeat back the instructions not only helps to ensure they heard it correctly but may also help them remember the instructions.

Average Time Spent in Communication



Attentive listening can help facilitate discussion of a problem or other important family issues.

Listening Can Be Enhanced By:

- **Repeating the message back to confirm it was heard correctly**
- **Reducing noise in the environment (e.g., radio or television) or distractions that take our attention away from listening to the person**
- **Being aware that physical or mental fatigue can interfere with our ability to listen**

Reflective Listening

Reflective listening involves reflecting back to the speaker what the listener heard them say by paraphrasing or summarizing their message to ensure it was heard correctly. This may include checking that the other person has interpreted their feelings accurately. Asking questions for clarification or to get more information is also an important part of reflective listening.

The goal is to focus on understanding the point of view of the other person, rather than trying to give advice or change their beliefs. If a person feels listened to and understood, they may be more willing to continue talking and listen to what others would like to say.

Here are some suggested responses to use during reflective listening:

- If I heard you correctly, you said … Did I get that right?
- If I understand you, you're telling me that … Is that right?
- Let me see if I have this right. Are you saying that …?
- So, if I heard you right, you see yourself as … or you see the situation as … Is that right?
- I hear you saying "…". Can you tell me more about that?
- If I understand you correctly, … I can understand why you feel/want …

An Example of Listening

While you're reading this scenario, consider how Susan is responding to Emily. Is she listening attentively, or not? How would you rate this listener? What could she have done differently?

It's Thursday night and Susan has arrived home late from the office. Everyone is starving and she's frantically trying to make dinner. Her daughter Emily walks into the kitchen.

"Hi, how was your day?" Susan asks, while reading a recipe. She reviews the ingredient list in her mind and realizes that she doesn't have all the ingredients.

"I need to talk to you about something," responds Emily. "I'm feeling pretty anxious about this test tomorrow. It's worth a lot of my grade and I don't feel I understand the material,"

"Uh huh." Susan also realizes the recipe won't work because it needs to marinate overnight. She flips through the cookbook to find another recipe.

"I've re-read the chapters over and over but it's not staying in my head. I'm worried that I'll fail the course if I don't do well on this test."

"Yeah, uh huh, I'm sure you'll do fine." Susan thinks to herself, "There's gotta be something else I can make for dinner tonight."

"Well I guess I'll go read over my notes one more time."

"That's a good idea honey. I'll call you when dinner's ready."

Some Barriers to Listening

Listening requires separating the communication from the background noise of the environment. Avoid letting distractions interfere with communication by turning off the television or radio, putting phones on silent or finding a quiet place to talk.

Some barriers are internal rather than external. A person may bring preconceived ideas of what they think the speaker will say to the conversation, which causes them to ignore what the speaker is actually saying. As a result, they may respond back based on their assumption of what the person is going to say or they may interrupt before the person has had a chance to complete their thought. This can be avoided by setting aside any preconceptions and listening attentively to the other person's message.

Sometimes, people are so focused on formulating their response to the other person that they forget to listen to what the other person is really saying. Focus on listening and understanding their message first.

Lengthy discussion or the addition of irrelevant issues can reduce focus on the conversation. Try to stick to one issue at a time. If the discussion seems to be going nowhere, it may be best to come back to it at a later time when both parties are more refreshed.

Listening Is Often an Underdeveloped Skill

Test your listening ability in the next conversation you have. As the person speaks, focus on remembering the essential information being shared by the speaker. After they have finished talking, summarize back to them what you heard. Ask the person whether the summary is correct and clarify if necessary.

Suggestions for Increasing Your Ability to Listen

Focus on the message, not you think the person will say.

This helps to avoid prejudging the message, based on our feelings towards the speaker, who they are, or what we expect them to say.

Focus on their thoughts, not your own thoughts.

This helps you focus on their message, rather than your response.

Supportive listening is listening with the purpose of helping the other person. Understanding the message correctly is still important, however, it also requires the ability to listen and respond empathetically. Paying attention to the other person's emotions is a key part of supportive listening.

Supportive Listening Skills

Often someone may be called upon to help another person with a concern or problem they are having. Their main role in this situation is to act as a sounding board for that person by letting them talk through their concern.

The goal of supportive listening is to assist the person with their problem or concern by being present for them and ensuring they feel heard. In this way, the person is able to talk through their problem and come up with their own solutions.

Some Qualities of Supportive Listening

- **Being attentive**
- **Listening with empathy —not trying to solve the problem**
- **Encouraging the person to explore the problem and possible solutions thoroughly—let them talk their way to the solution**
- **Listening to the emotions associated with the problem**

Empathy

Empathy is an important quality in interactions with others, particularly family members and close friends. Being empathetic means being able to put oneself in the shoes of the other person and appreciate their experience from their perspective or frame of reference. It is the ability to understand, be sensitive to and care about the feelings of the other person. Empathy doesn't mean always agreeing with what the other person is saying, rather it means letting them know that their feelings are acknowledged and valued. Showing empathy can help encourage a person to open up about their feelings, worries and concerns.

How well do you communicate with your family members? Sometimes it is easier to communicate with friends, colleagues and strangers than it is with our own family.

You can use the worksheet on the next page to help you identify your positive communication habits, as well as which communication skills you may want to improve on.

Worksheet: Assess Your Communication Skills

For each of the following items, assess your skill level by giving yourself a rating between 1 (low) and 5 (high). Ratings of 3 or less suggest skills you may want to work on.

1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always

	I am a good listener and seldom miss what others are saying to me.
	I am easily able to read others' nonverbal communication.
	I can manage conflicts with other people without too much difficulty.
	I am able to find the appropriate words for expressing myself.
	I check with the other person to see if they have understood me correctly.
	I share my personal thoughts and experiences when it's appropriate.
	When I am wrong, I am not afraid to admit it.
	I find it easy to give compliments to others.
	I tend to pick up on how people are feeling.
	I generally try to put effort into understanding the other person's point of view.
	I make an effort to not let my negative emotions get in the way of a meaningful conversation.
	I am comfortable expressing my opinions.
	I make an effort to compliment others when they do something that I appreciate.
	When I have the impression that I might have harmed someone's feelings, I apologize.
	I try not to become defensive when I am being criticized.
	I check with others to ensure that I have been understood.
	When uncomfortable about speaking to someone, I speak directly rather than using hints.
	I try not to interrupt when someone else is speaking.
	I show interest in what people are saying through my comments and facial expressions.
	When I don't understand a question or idea, I ask for additional explanation.
	I try not to jump to conclusions before a person has finished speaking.
	I look directly at people when they are speaking.
	I listen attentively, not letting my thoughts wander when others are speaking.
	I do not find it difficult to ask people to help me with tasks.
	I express my opinions directly but not forcefully.
	I am able to speak up for myself.
	I try not to interpret what someone else is saying but rather ask questions that help clarify.

Dealing with Communication Problems

Confused or Unclear talk

If the person is not expressing their ideas clearly or the ideas are confusing:

- Let the person know that it is difficult to understand them.
- Emphasize the desire to understand what they are saying.
- Ask the person to speak more clearly. Suggest they rephrase or provide more information.
- Restate what was said to check whether the message was understood correctly.

Misunderstandings

Misunderstandings can occur as a result of jumping to conclusions or misinterpreting what was said. Cognitive difficulties that arise with mental disorders can make understanding difficult.

If a misunderstanding occurs:

- Calmly and briefly express what was meant and then either change the subject or walk away.
- Avoid arguing or discussing the misunderstanding at length. Apologize if the message was unclear.
- Consider that cognitive difficulties of the listener may have led to the misunderstanding.
- Losing one's temper or criticizing does not accomplish anything and will likely hurt the person and make the situation worse.

Talking to Children and Youth about Mental and Substance Use Disorders

When a mental or substance use disorder affects a family, children are often just as confused and scared as adult family members. They know something is wrong, and they need information to help them to understand what is happening. Parents, older siblings and other family members can help dispel fears and anxieties by talking openly about mental and substance use disorders. It is important to be honest, but optimistic.

Talk to children using language and explanations that are appropriate to their age level and maturity. Books and handouts that are written for children can help explain mental disorders in an age appropriate way. Comparing mental disorders to other physical illnesses can help normalize them. Another chronic illness such as diabetes, could be used as an example to demonstrate how people have symptoms that re-occur and ongoing care is needed.

It is important for adults to learn as much as they can about their loved one's specific mental or substance use disorder in order to be able to provide children with accurate information. If adults do not know the answer to a question, they should be honest and let children know they will try to find the answer.

What adults say and do regarding their family member's disorder will probably influence children more than anything they are told to do; therefore, being a positive role model is important.

Questions Children Commonly Ask

- **Why is my [family member] acting this way?**
- **Is it my fault?**
- **Can I catch it?**
- **Will they always be this way?**
- **Do they still love me?**
- **Why is this happening to our family?**

Age Appropriate Explanations

Young children need less specific information because of their limited ability to understand what is happening. They will likely focus on what they can see—a family member behaving strangely or visible emotions such as crying or angry outbursts. Keep explanations simple.

School-age children will likely ask more questions and want more specific information. They will probably want to know why someone is acting the way they do. They may also worry about their safety.

Youth can generally handle more complex information about mental and substance use disorders. They may already know a lot, but will likely have more questions.

Young children often feel guilty or afraid while older children are more likely to feel angry or embarrassed.

Suggestions for What to Talk About

- Ask children why they think their family member has been acting differently. Use their response as a way to begin talking about mental or substance use disorders.
- Ask children about the way their family member acts and how it makes them feel. They may need help to express their feelings. Let them know that feelings are neither right nor wrong, all feelings are okay. It's natural for them to have the feelings they're having.
- Explain that sometimes mental or substance us disorders can make a person act in strange, confusing or scary ways. Ask how that makes them feel.

Children, especially young children, often believe that if something happens in their world it is linked to something they did. Ask them if they somehow feel they are to blame for their family member's mental or substance use disorder and reassure them that it is not their fault. Mental and substance use disorders are nobody's fault.

Make sure that children know what to do and who to call if they don't feel safe. Family members can help children make a list of people they can call if they need help or someone to talk to.

Explain to children that even though other families experience mental and substance use disorders too, many people still don't understand these disorders. Since other people don't always understand mental and substance use disorders, they may say things that aren't true or they may make fun of them. Help children practice what they might say to their friends and other people. It is important that children know a caring adult is there to listen if they want to talk.

Example of what children might say to their friends:

"My brother has an illness that makes him act strange at times. He's taking medicine and trying to get better. It's really hard for me, so please don't tease me about it."

Worksheet: Personal Care Plan for Children

Children may find it helpful to think about what they can do to take care of themselves and who they can reach out to when they need someone to talk to. You can work through the following worksheet with your child to identify who they can call.

1. In an Emergency I can call:

- Family Member: _____
- Kids Help Line: 1-800-668-6868
- Police: 911
- Social Worker: _____

2. If I need someone to talk to, I can call:

- Family Member: _____
- My Friend: _____

3. If I am looking for information, I can go to:

- _____ _____
- Kids Help Line 1-800-668-6868
- _____ _____

4. People I can go to for help are:

- _____ _____
- _____ _____
- _____ _____

5. Times I may need help are:

- _____ _____
- _____ _____
- _____ _____

6. Things I can do to help myself feel better are:

- _____ _____
- _____ _____
- _____ _____

Conflict Situations

When faced with a conflict situation, many people may feel uncomfortable about what to do. A common response is to avoid the issue and hope it will go away; however, conflict situations seldom go away on their own. While a person may be successful at avoiding dealing with the situation, the issues themselves remain. Over time, resentment may build up and more issues may arise. Eventually, family members may reach a point where numerous issues come to the surface in a single, emotionally-charged conflict. In this situation, resolution of the conflict is much more challenging.

"Pick Your Battles"

Below is a strategy for dealing with problematic behaviours that may help prevent some conflicts from arising. This approach is designed for families with young children, however, with some modifications it may also be useful when dealing with other ages.

Suggestions for Dealing with Conflict

- **Deal with issues as they arise. If emotions are very heated, allow some time to cool down and plan to discuss the issue at another time. Be sure to return to the discussion.**
- **Solve one problem at a time. Come back to other issues later.**
- **Resolve conflicts collaboratively, whereby everyone involved is satisfied with the resolution.**
- **Be direct and specific about the issue, but sensitive to the other person.**
- **Identify the specific behaviour that is causing the problem rather than generalizing. Separate feelings about the behaviour from feelings about the family member.**
- **Consider bringing in a third party if family members are unable to resolve the conflict themselves.**

Tips on Avoiding Conflict: Learning How to Respond Differently

Many children with mental disorders are inflexible and have a low frustration tolerance. The Basket Concept was designed to help reduce meltdowns and conflicts with these children. It's really about picking one's battles, or in this case, baskets.

Basket A

Behaviours in Basket A are non-negotiable and worth inducing and enduring meltdowns over.

Basket A is typically reserved for unsafe behaviours—defined as those that could be harmful to the child, other people, animals or property.

Basket B

Behaviours in Basket B are high priority, but not worth inducing a meltdown over. Resolving these behaviours requires communication and negotiation. Over time, parents can help their child develop coping skills that will reduce these behaviours such as brainstorming alternative solutions, making compromises and managing feelings of frustration. Examples of behaviours in Basket B might include not respecting curfew or conflicts with siblings.

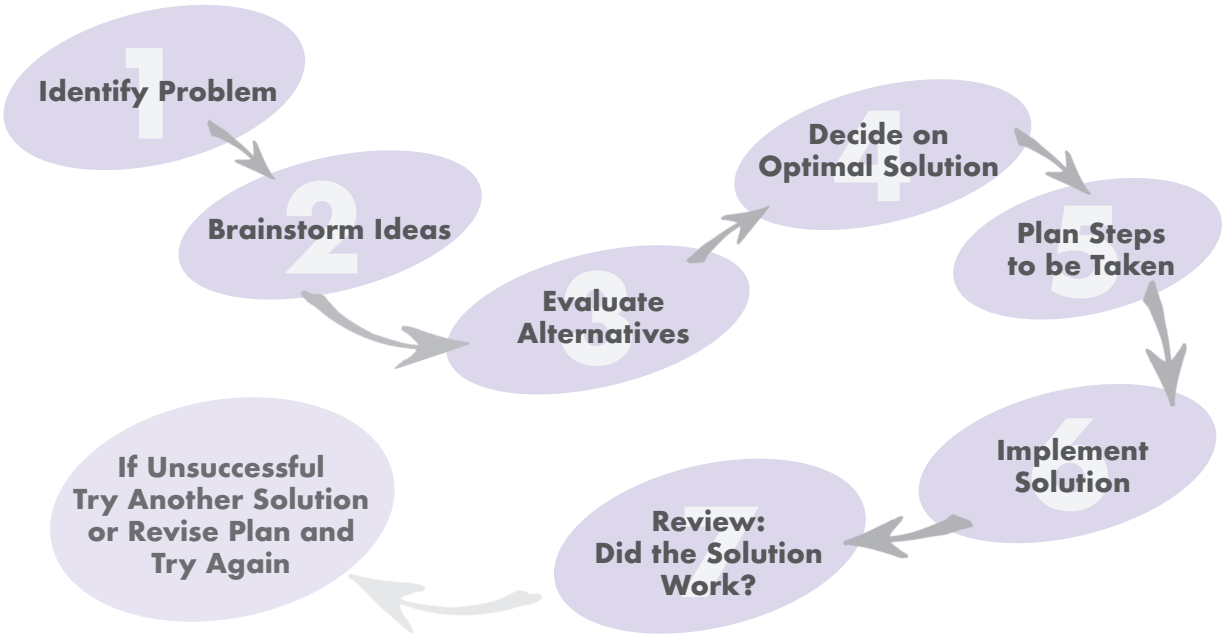
Basket C

Behaviours in Basket C once seemed important, or high priority, but have since been downgraded. If a behaviour is in Basket C, don't even mention it anymore. Examples of Basket C behaviours include eating too much sugar or not wearing a coat outside. When the explosive behaviours and meltdowns have been reduced, items from Basket C can be moved to Basket B.

~*The Explosive Child,* Ross Green

A Structured Approach to Problem-Solving

The following steps offer a structured approach to the resolution of problems.



Step 1 Identify the Problem

Getting a clear definition of the problem is critical to successful resolution. Understanding the specific problem also helps family members identify when the problem has been resolved.

It is important to focus on one issue at a time. Too often we let issues build up and then try to solve all of them at once.

Sometimes in the course of discussing one issue, others arise. If other issues arise, agree to set aside another time to deal with them.

Problems can be clarified using active listening skills reviewed earlier in this module:

1. **Look at the person; take interest in what they are saying**
2. **Reduce any distractions and listen carefully to what they say**
3. **Show or indicate that you are following what they are saying**
4. **Ask questions if you are unclear what the problem is**
5. **Check that you have understood by telling the person what you thought they were saying**

Step 2 Brainstorm Solutions

Brainstorming involves coming up with as many alternative solutions as possible. Encourage everyone to use their imagination—no matter how absurd the idea may seem. Ridiculous solutions can sometimes lead to discovery of a better solution than those that were more obvious at first. At this stage, possible solutions are just generated—not discussed. It is helpful to write these down for evaluation later.

Step 3 Evaluate Solutions

List all the positive and negative features of each solution. Remember some solutions can have positive features such as being easy to apply, but do not really solve the problem.

Step 4 Deciding on an Optimal Solution

The goal at this point is to pick a solution or set of solutions that seem the best option for resolving the problem. It is best if this solution is one that is not too difficult to implement. This may mean deciding on a solution that is workable rather than ideal. A workable solution can help get started toward a resolution of the problem. Even if it doesn't work, what is learned from it can be helpful if further action is needed. This is likely to be a better course of action than choosing a solution that is impossible to achieve.

Step 5 Plan

Resolution of a situation often involves taking a number of steps. Working out the details of the plan will help to ensure its success. Does everyone involved know what they need to do? Have strategies been identified for coping with unexpected difficulties?

Step 6 Implement Solution

Once the plan and the steps have been identified, put it into action!

Step 7 Review

Problem-solving can require a number of attempts. It is important to evaluate the process as it is implemented. The first attempt to resolve the problem may not succeed and unexpected difficulties may arise. Some steps may need to be changed or new ones added. It is important to remember what has been learned and to praise the efforts of those involved. If the solution does not work, consider the following questions:

What actions or steps were successful?

What actions weren't successful?

What could have been done differently?

- Encourage everyone to acknowledge feelings of disappointment but don't dwell on them. Failure is usually the result of poor planning or events beyond anyone's control rather than inadequacy of the person.
- Any attempt is a small success that should be praised. It may help to consider the first few attempts as practice or as steps towards resolving the problem. Even partial solutions are useful.
- Encourage the individual to try again.

If you want more detail on this structured problem-solving approach, see our wellness module on problem-solving at www.heretohelp.bc.ca/skills/module4

Can you think of other ways to resolve this situation?

Problem-Solving Scenario

Mary is bothered by the fact that John comes to her at the end of each month for money. Although he has a part-time job and receives disability benefits, he always seems to be broke at the end of the month. John doesn't like having to ask Mary for money. They decide to see if they can come up with a solution to this problem.

Define the Problem

Vague	Specific
John is always broke.	John runs out of money at the end of each month and asks Mary for additional funds.

Brainstorm Solutions

1. John could keep a record of spending—dates and items purchased. This will help him to set up a budget.
2. John could ask for more hours.
3. John could ask for an increase in his salary.
4. John could make fewer purchases.

Evaluate Positives and Negatives of Potential Solutions

Positives

1. A record of spending will help to know where his money is going.
2. More hours will bring in more money.
3. John has been doing good work at his job and deserves a raise.
4. By not buying as much, John will have more money in his account. He wouldn't have to ask Mary for money and could start saving for more expensive items he'd like to buy.

Negatives

1. John has never had to keep a record and may find it difficult to do.
2. John is reluctant to work more as it puts more stress on him.
3. John is scared to ask his boss for a raise.
4. John would have to change his route home to avoid going by the stores.

Decide on an Optimal Solution

John and Mary decide that John will keep a record of spending so they can create a budget for him and figure out where he can cut his spending.

Plan Steps to Be Taken

They work out a plan so that it is easy for John to remember what he buys.

Implement Plan

John keeps a record of his purchases and bills that need to be paid.

Review

At the end of the following month, John and Mary review John's record of spending. Although he still ran out of money, the record provides useful information about what John spends his money on.

John notices that he spends money on lunches when he goes to work. He decides to start making his own lunch in order to save money.

Problem-Solving Tips

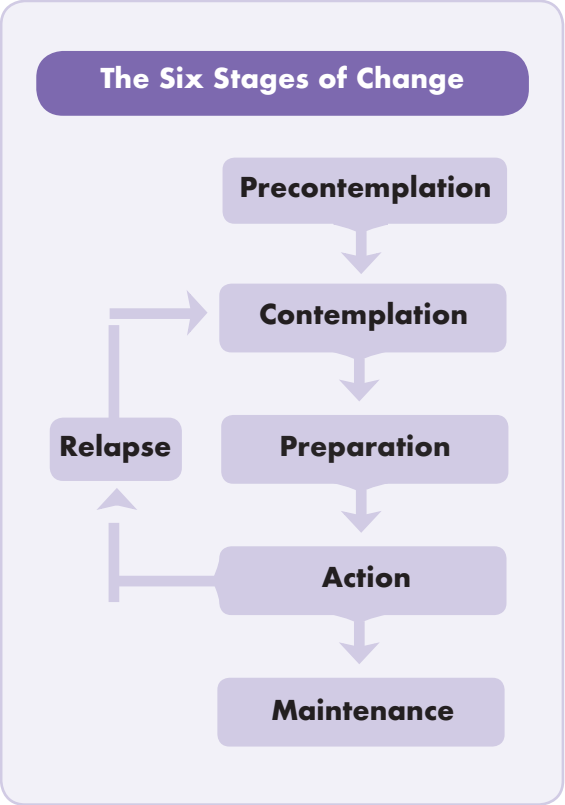
- **Problem-solving skills need to be practiced**
- **Highly charged emotional issues need to be handled with care**
- **Try not to solve issues when you are tired or stressed**

Stages of Change

The Stages of Change Model outlines the different stages that people move through when contemplating a change in their behaviour.

The idea behind this model is that behaviour change does not happen in one step. Instead, the model proposes that a person progresses through different stages on their way to successful change. Each person progresses through the stages at their own individual rate and may go back and forth between stages.

A person's readiness to change their behaviour depends, in part, on what stage they are in. In the early stages, the person may not be ready for change, so expecting a behaviour change within a certain period of time is not reasonable and may be counterproductive. The decision to change must come from within the person—stable, long term change cannot be externally imposed by another person.



Understanding the process of change is important when trying to support a family member to make a change in their life.

Changing our behaviour is not an easy task and takes time.

Understanding where your family member is in this process can help you identify what you can do to assist them.

The Six Stages of Change

Precontemplation

In this stage, a person has no intention of changing their behaviour; they likely haven't even thought about it. They may not see the behaviour as problematic. For example, a teenager may believe that his drinking is just "having fun with his friends." He may feel his parents are just exaggerating the extent of his drinking.

The person may not be aware of a problem because they lack information or understanding about the consequences of their behaviour. Raising their awareness may help them to think about the benefits of changing their behaviour and move them to the next stage.

The person may be heavily invested in the problem behaviour and unwilling to change. Suggesting choices can be helpful as it enables the person to have a say in the situation.

The person may believe that they cannot change their behaviour and as a result they think the situation is hopeless. In this case, explore their barriers with them.

The goal at this stage is not to make the person change their behaviour but rather to get them thinking about the possibility of change and whether it may be beneficial to them. A non-judgmental attitude helps to lower any defensiveness about the behaviour.

Contemplation

In this stage, the person recognizes that a problem exists and is open to considering action but has not made a commitment to change. Ambivalence is a cornerstone of this stage, as the person goes back and forth about the possibility of making a change. They are open to information but have not been fully convinced.

Information and incentives are important at this stage. Discuss with your family member the pros and cons of the behaviour as well as the pros and cons of change. Let them describe this from their perspective. Even when someone isn't willing to change, they may still see some negative aspects of the behaviour.

Understanding what they see as the positive aspects of the behaviour will help identify barriers to change. Ask about previous attempts to change and look at these small successes rather than failures. Offer additional options if the person is interested.

Preparation

At this stage the person has decided to take some action and may have already taken steps in that direction. As a person moves through this stage, they work towards a serious attempt at changing. Their ambivalence is decreasing, although pros and cons are still being weighed.

Help the person to build an action plan and remove any barriers. It is also important to figure out how to evaluate the success of the plan.

Action

In this stage the person is aware of the problem and actively works towards modifying their behaviour in order to overcome the problem. Change usually requires sustained effort.

Support the person by helping them evaluate their change plan. Is it working? Where are the problems? Does the plan include ways to handle little slips? What can the family do to help?

Acknowledge the successes and the person's commitment to change. Frame any changes as being the result of the person's own actions rather than external factors.

Maintenance

In this stage, the person has developed a new pattern of behaviour which is becoming more firmly established. The possibility of slipping back into the old behaviour is becoming less and less.

Reassure the person that they can maintain the change. Assist in developing a plan for when they are feeling worried they will slip. If a slip does occur, encourage them not to give up. Change often involves multiple attempts, and slip ups are normal.

Slow down the process and explore what did and didn't work. Praise the person for their efforts and commitment to making the change.

Motivating a Family Member to Make a Change

Below are four basic principles that apply to motivating change in a person.

Express Empathy

When talking with a family member, try to listen to what they say without judgment. Accept their point of view and let them know that it is normal to have mixed feelings about wanting to make a change.

Avoid Argument

Everyone wants to have agency over their own actions and people can become defensive when others start telling them what they should do.

Instead of taking an authoritarian approach (i.e., "You need to …"), it may be more helpful to focus on the negative consequences of continuing to engage in the behaviour and to devalue the positive aspects of the undesired behaviour. The person does not have to admit to the behaviour. The goal here is for the person to begin to see the benefits of change and develop arguments in support of moving towards the desired behaviour.

Roll with Resistance

It's okay to offer new ideas, but understand that they may be rejected or resisted. Offer but do not try to force them on the person. Reinforce any positive steps they are already taking (even small steps are important). The person may be ambivalent (i.e., have mixed feelings) about making a change. This is a normal part of the change process. Help them explore these feelings as they often contain the seeds of actual change.

Support Self-Efficacy (confidence in ability to make the change)

People are more motivated to change when they believe they have the ability and capacity to make the change. Encourage the person and reinforce their confidence by acknowledging their ability to make a difficult change. Unless they believe they will be successful, they are unlikely to continue working on their problems.

For a complete list of references used in developing the Family Toolkit, please see Family Toolkit: References at www.heretohelp.bc.ca

• HOW YOU CAN HELP •
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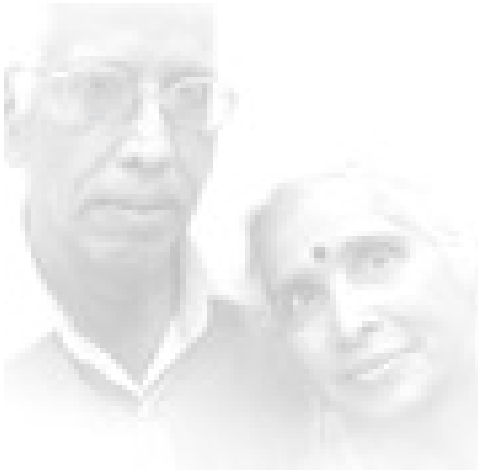

CARING FOR ONESELF AND OTHER FAMILY MEMBERS

A Reason to Hope. The Means to Cope.
British Columbia Schizophrenia Society

MODULE 4

Module 4: Caring for Oneself and Other Family Members

When a family member has a mental or substance use disorder, it important to take the time to learn about the disorder. By educating oneself as much as possible about the mental or substance use disorder, family members can take an active role in their loved one's recovery. The Family Toolkit was designed to assist families in caring for a family member with a mental or substance use disorder by providing information and practical resources. This toolkit consists of five learning modules. Module 4 provides information on how a family member's disorder impacts the rest of the family and suggestions for coping. The other four modules in the Family Toolkit are:

Module 1: *Understanding Mental and Substance Use Disorders*
Module 2: *Supporting Recovery from a Mental or Substance Use Disorder*
Module 3: *Communication and Problem-Solving Skills*
Module 5: *Children and Youth in the School System*

For more information on the Family Toolkit and how it can be used, please read the *Introduction to Family Toolkit* available from BC Partners for Mental Health and Addictions Information at www.heretohelp.bc.ca. Families are also encouraged to seek out books, articles, videos and organizations that can further assist them in learning more about the specific disorder(s) that affect their family member.

About Us

B.C. Schizophrenia Society is proud to be affiliated with HeretoHelp. HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information, a group of non-profit agencies providing good-quality information to help individuals and families maintain or improve their mental well-being. The BC Partners members are AnxietyBC, BC Schizophrenia Society, Canadian Institute for Substance Use Research, Canadian Mental Health Association's BC Division, Institute of Families for Child and Youth Mental Health, Jessie's Legacy eating disorders prevention and awareness (a Family Services of the North Shore program) and Mood Disorders Association of BC (a branch of Lookout Housing and Health Society). The BC Partners are funded by BC Mental Health and Substance Use Services, an agency of the Provincial Health Services Authority. For more information, visit www.heretohelp.bc.ca

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Acknowledgements and Thanks

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Funding for this project was provided by BC Mental Health and Substance Use Services, an agency of PHSA.

CARING FOR ONESELF AND OTHER FAMILY MEMBERS

"No one is immune, and at some point in their lives, all Canadians are likely to be affected through a mental illness in a family member, friend or colleague."

~ *A Report on Mental Illnesses in Canada,* Health Canada

Impact of Mental and Substance Use Disorders on the Family

Mental and substance use disorders have a significant impact on the whole family —parents, spouses, siblings and children. In addition to disturbing symptoms (e.g. hallucinations and delusions), families must cope with troubling behaviours that often accompany the onset of a mental or substance use disorder (e.g. self-neglect, suicidal behaviour, trouble with the law, lack of awareness of the disorder). Relationships within the family may undergo changes as well, and there may be a disruption of normal social and leisure activities. How everyone in the family copes with the disorder will have a significant effect on the family member's recovery and ability to live a fulfilling life.

The experience of families is shaped by a variety of factors. These include (but are not necessarily limited to):

- emotional reactions to having a family member with a mental or substance use disorder
- the pre-existing relationship with the family member who has the illness
- the nature and severity of the disorder
- the other stress-producing conditions that exist in the family
- the types of coping mechanisms and interaction patterns that exist within the family
- the particular circumstances and resources of the family
- the family's wider support network

Research suggests that families who deal most successfully with having an ill family member are those who can find a way to accept what has happened and move forward.

"Mental illnesses have a significant impact on the family. To begin with, they may face difficult decisions about treatment, hospitalization, [and] housing... The individuals and their families face the anxiety of an uncertain future and the stress of what can be a severe and limiting disability. The heavy demands of care may lead to burnout... The cost of medication, time off work, and extra support can create a severe financial burden for families. Both the care requirements and the stigma attached to mental illness often lead to isolation of family members from the community and their social support network..."

~ ***A Report on Mental Illnesses in Canada,*** Health Canada

Because of the stigma attached to mental and substance use disorders, it can be difficult for families to be open about their need for support.

"There are really only eight kinds of people affected by mental disorder. It's a very small list, but we all know someone on it: someone's mother, daughter, sister, or wife; someone's father, brother, husband, or son. In other words, people just like us. Just like you."

~ ***Beyond Crazy: Journeys Through Mental Illness,*** Julia Nunes & Scott Simmie

Roller-Coaster of Emotions

When Tom and Debbie learned that their daughter, Elizabeth, had depression, their initial reaction was denial. They believed that Elizabeth had just been overly stressed by the demands of college. They felt she just needed love and care.

When they realized they could no longer deny that she had depression, they felt angry, embarrassed, and ashamed. Concerned by how others would react, they tried to keep Elizabeth's condition a secret.

As Elizabeth began to get better, they were optimistic that this was all behind them. Then Elizabeth suffered a relapse and the family was devastated. They realized though, that they needed to better understand the disorder in order to support their daughter. Through learning about mental disorders and joining a support group, they began to feel more optimistic that her depression could be effectively managed. Today, Elizabeth is doing well and has begun working.

When families first learn that a family member has been diagnosed with a mental or substance use disorder, they may experience a number of emotions including shock, fear, sadness, guilt, anxiety, confusion, compassion, understanding and even anger. Some are relieved to finally discover the reason for the changes they see in their family member, while others hope that the diagnosis is wrong or that there has been some mistake.

Guilt is an emotion experienced by many families. It is a common reaction for family members to feel that they are somehow responsible for the disorder. However, it is important for families to understand that it is not their fault, no one can cause a mental or substance use disorder.

Grief and feelings of loss are common among family members of people with a mental or substance use disorder. They may grieve over the loss of the person they knew or lost opportunities for their family member (e.g., college or career plans). Families may need to grieve and work through a re-evaluation of their expectations and hopes.

Families may experience anger and resentment because they feel powerless in changing their loved one's situation. When a mental or substance use disorder results in conflict, disruptions to family life and financial burden, family members may find themselves experiencing alternating feelings of anger and guilt.

Feelings and attitudes will likely change over time as family members accept the diagnosis and cope with the challenges of the disorder. Families often feel they are riding an emotional roller-coaster—when their family member is doing well they're hopeful and optimistic, but when their family member relapses, they are devastated.

Understanding and acknowledging one's feelings, even though they may be uncomfortable, is important. By taking time to explore where these feelings are coming from, family members can consider how to best manage them. Many families have found it beneficial to join a support group or speak with another family who is dealing with similar challenges. Counselling may also be helpful. Over time, most families are able to come to terms with having a family member with a mental or substance use disorder and move on with their lives.

Local mental health organizations can help locate a support group in your area.

Shared Family Burden

The disruptive force of mental illness is often referred to as a family burden. This burden has a *subjective* component, which consists of the emotional consequences of the illness for other family members, and an objective component, which consists of their everyday problems.

~ Children of Parents with Mental Illness,
Diane T. Marsh

Grief is not necessarily experienced in the order of stages presented. People often move back and forth through these stages, skip a stage or go through two or three stages simultaneously.

Stages of Grief

Mental and substance use disorders, especially when chronic, are often associated with a number of losses for everyone affected by the disorder. These losses may include:

- Loss of the person as they were before the onset of the disorder
- Loss of personal goals and aspirations
- Loss of ordinary family life
- Disruption to relationships
- Loss of a 'normal' childhood
- Loss of one's spouse as a partner

Mental and substance use disorders are said to result in 'ambiguous' losses for the family. These losses are ambiguous in the sense that, while the family member is still physically present, psychologically they have changed. They may not be the same person they were before the onset of their disorder. Grieving this kind of loss is difficult, because there are no rituals for mourning the losses incurred as a result of a mental or substance use disorder like the death of a loved one.

Stages of Grief

Grief is a natural reaction to loss. Grieving takes time and everyone will have their own way of grieving. According to the five stages of grief outlined by Elizabeth Kübler-Ross, people move through different stages as they come to terms with a loss.

1. **Denial —** Denial and shock are common initial reactions that help people cope by numbing their emotions. Sometimes people deny the reality of a situation as a defense mechanism against overwhelming emotions.
2. **Anger —** Following denial, a person may express intense feelings of anger at the unfairness of the situation. This anger may be directed towards other people or unrelated situations.
3. **Bargaining —** In an effort to change the situation, a person may attempt to bargain with a higher power or consider what they could do differently to "fix" their family member.
4. **Depression —** As potential impacts of the situation set in, it can bring feelings of sadness and loss – for their family member or for themselves.
5. **Acceptance —** When a person comes to terms with what is happening to their family member, they learn to cope with the new "normal."

Coping with Loss and Grief

Each member of the family will have their own individual way of coping with the emotions and reactions they experience. Below are some suggestions that may help:

- Don't be afraid to reach out for support. Friends, extended family, support groups, and/or a professional counsellor can help.
- Be patient with oneself—it takes time to adjust to significant changes.
- Acknowledge and share one's feelings with others.
- Be good to oneself. Make time for favourite activities.
- Know one's limitations to avoid becoming overburdened by responsibilities.
- Writing in a journal or diary is helpful for some people.
- Try to maintain a healthy and balanced lifestyle for oneself and the rest of the family.

Acceptance

I've been in shock, enraged, guilty, depressed and even hopeless since my spouse has been ill. Lately, I've been feeling better."

"I'm not happy about what's happened and I'm still hopeful of a cure, but I'm getting on with my own life."

Effect of Mental and Substance Use Disorders on Different Family Members

In this section, the impacts of mental and substance use disorders on different family members are presented (e.g., parent, spouse, sibling, child). While family members may share a number of common issues, their unique role within the family and their relationship with the person with the mental or substance use disorder will also influence how they cope and the support they are able to provide.

Parents

When a child has a mental or substance use disorder, parents naturally want to do as much as they can to help. They want to ensure that their child receives the proper medical attention, and be as supportive as possible in their child's daily life.

When the child is an adult and is unable to live independently as a result of a mental or substance use disorder, parents may find themselves taking on the parenting role again—providing daily care, housing and financial support. Depending on their child's network of support, treatment progress and other care options, this may be done on a short or long term basis.

Parents often fear that somehow they are responsible for their child's disorder, thinking *"If only I had been a better parent, this would have never happened."* Even though research has demonstrated that families are not to blame, it is sometimes difficult to overcome this feeling. Understanding that mental and substance use disorders are medical conditions can help alleviate the guilt that parents sometimes experience.

Regardless of a child's age, parents are often the ones who seek out services and help, needing to advocate for their child in a health care system that is reluctant to acknowledge their role in the recovery process.

Parents who have other children may worry about how they are coping with their sibling's disorder. Children with mental or substance use disorders often require increased attention, meaning there is less time for other children. It is important for parents to remember to make time to focus on each of their children.

Stress from coping with a child's disorder can negatively impact your relationship with your partner.

However, sometimes supporting each other and working together as partners can help strengthen your relationship.

No one is to blame for the disorder — neither the person nor the family.

Visions: BC's Mental Health and Addictions Journal has several issues devoted to families' experiences of mental and substance use disorders. See the Families issues at www.heretohelp.bc.ca/visions

Spouses

When a spouse has a mental or substance use disorder, the couple may face many changes, some of which can strain their existing relationship. Spouses may experience guilt and shame - sometimes even blaming themselves for causing the mental or substance use disorder. The couple's social life and levels of physical intimacy may change, and both partners may grieve over the loss of the life they had envisioned together.

The couple may also experience financial difficulties due to loss of income or financial mismanagement (e.g., reckless spending by the ill spouse). Increased stress for the spouse who takes on additional family responsibilities, including caring for their spouse, may lead to family and relationship problems.

While it may not be easy, it's important for couples to maintain their relationship by continuing to enjoy activities together (e.g. going out to dinner, going for walks). Talking about what is happening and working together as a team to solve problems will also help strengthen the relationship.

If problems seem insurmountable, couples therapy or counseling may be helpful to protect and nurture the relationship. Individual counselling or therapy can also help spouses cope.

Siblings

When a sibling has a mental or substance use disorder, there can be feelings of confusion, stress, sadness or fear.

Siblings may face challenges including stigma, a family life that revolves around the ill sibling, personal shame and/or 'survivor's guilt' (feeling bad because they are healthy and doing well). To manage these challenges, siblings need opportunities to learn effective coping strategies for dealing with disruptive behaviours, answering questions from peers and coping with their own feelings.

Siblings' experiences are unique and vary greatly depending on a number of factors, such as their closeness with their sibling, the birth order of the siblings and the sibling's willingness to engage in treatment. How other family members respond to the situation will also influence how a sibling relates to their brother or sister.

Mental and substance use disorders can lead to a variety of emotional responses for siblings. For example, they may feel:

- Confusion about their sibling's changed behaviour
- Embarrassment about being in the company of their brother or sister
- Jealousy of the attention parents spend on their sibling
- Resentment about not being like 'other families'
- Fear of developing a mental or substance use disorder

Each sibling is unique in how they deal with having a sibling with a mental or substance use disorder. Some may choose to become involved in supporting and caring for their brother or sister, while others may refuse to be involved. Others focus on becoming the 'perfect' child in order to minimize additional burdens on their parents.

Young adults may have concerns about the future. They may wonder what will become of their brother or sister and whether they will be expected to take on caregiving responsibilities in the future. They may also be concerned about how their friends will accept their sibling. Siblings may want to seek genetic counseling when planning their own families.

When someone does something that makes you feel sad or angry, let them know in a calm, non-critical way. Do not assume that the other person will guess or that they 'should' know how you feel.

"When my son was ill and needed to be hospitalized, my daughter, who was only 7 at the time, felt very afraid and lonely as we were in the middle of a crisis and needed to go back and forth to the hospital. One night she made a mailbox for each of us out of a ziplock freezer bag and hung it from our bedroom doors with a piece of string. I promised her that no matter what, if she wrote me a note and put it in my mailbox, I would write her one back and put it in her mailbox. This didn't take much time everyday and it made an incredible difference in how she felt. She and I still have the notes we wrote each other."

People with mental or substance use disorders can be particularly sensitive to harsh and critical voice tones. Tone of voice may put the person on the defensive. They may be less likely to hear what is being said and less likely to try to do what is being asked of them.

are more likely to succeed in reaching their own goals and contribute to the quality of life of their brother or sister. Siblings may need encouragement to ask questions and to share their feelings. They may need reassurance about their own mental health. It is important that siblings participate in activities and relationships outside the family and develop their own future plans.

Young Children

Many children grow up with a parent who has a mental or substance use disorder. Having a parent with a mental or substance use disorder can impact a child's emotional, educational, social or behavioural functioning. These children are at an increased risk for developing mental and substance use disorders through the genes they inherit from their parents and risk factors in their home environment. However, the outcomes for these children vary. They can be supported to develop effective coping strategies and build their resilience with help from family members, mental health professionals and other members of their social support system.

Children may experience a variety of emotions and reactions in response to a parent's mental or substance use disorder. They may be scared and confused as to the changes they see in their parent. Providing age-appropriate explanations can help children better understand what is happening and relieve their fears.

Children should be encouraged to talk about their feelings and reassured that their feelings are normal. These talks can also be used as an opportunity to discuss ways in which the child can cope with their feelings.

Children who have a parent with a mental or substance use disorder may have to deal with instability or unpredictability in their home life. In some families, the child ends up taking on adult responsibilities, such as caring for younger siblings, managing the finances or taking on household duties. They may also take on the responsibility of caring for their parent and become the main provider of emotional support. Often they feel isolated and alone—afraid or embarrassed to talk to others about their situation.

Children are far better equipped to deal with challenges arising from their parent's mental or substance use disorder when they have the support of a caring person who listens to their feelings and concerns and helps them solve problems. For some families, additional services and supports may be needed to help ensure that children are adequately cared for and protected from harm. Community programs that provide education and support for young children can be very helpful.

"When things began to change in our family when my dad got sick, I thought it was because of me that everyone was upset."

~ Rob's experience, ***All Together Now,*** Health Canada

There may be support programs in your area for children of parents with mental or substance use disorders. Programs like Kids/Teens in Control, offered by B.C. Schizophrenia Society, help children understand and cope with mental illness in their family. Find out more at www.bcss.org/kidsincontrol

Concerned adults can support children by:

- **Explaining it's okay to ask for help**
- **Listening to and understanding children's feelings**
- **Providing age-appropriate information to help children better understand what is going on**
- **Helping children identify a support network they can reach out to when needed**
- **Helping children learn coping strategies, including how to keep themselves safe and providing telephone numbers of people who can help**

Adult Children

The impact of growing up with a parent who has a mental or substance use disorder leaves a legacy that extends into adulthood. It can affect how the person feels about themselves, their personal identity and their self-esteem.

Growing up with a parent who has a mental or substance disorder can also lead to the development of positive traits, including:

- a sense of self-reliance
- an ability to be tolerant and non-judgmental, compassionate and caring
- collaboration between family members to cope with the illness, and an appreciation for the uniqueness and individual strengths of each person including the parent with the disorder

The impact of parental mental and substance use disorders is undeniable and the effects are felt across the lifetime of the offspring.

Personal Legacy for Adult Children
Some Possible Impacts

- **Grief that never ends**
- **Fear of breaking down**
- **Arrested development**
- **Guilt and shame**
- **Dual identities**
- **Difficulty with intimacy**
- **Difficulty setting limits**
- **Deferred dreams**
- **Fear of failure**
- **Isolation and loss**
- **Unfinished family business**
- **Search for meaning**

~ ***Supporting Families with Parental Mental Illness,*** Provincial Parental Mental Illness Working Group

Visions: BC's Mental Health and Addictions Journal devoted an entire issue to families with a parent with a mental or substance use disorder. See the Parenting issue at www.heretohelp.bc.ca/visions

Adult children reported they had become better and stronger people. The experience of growing up with a parent with mental illness led them to develop greater empathy and compassion, more tolerance and understanding, healthier attitudes and priorities, and greater appreciation of life.

~ ***Children of Parents with Mental Illness,*** Diane T. Marsh

If you can't care for yourself, you can't care for another.

Flight attendents always give the following instructions before the plane takes off:
"In the event the cabin depressurizes, oxygen masks will automatically drop from the ceiling. Make sure you put your own mask on before attempting to help others."

Similarly, your attempt to help your family member will only succeed if you help yourself first.

It makes sense to put yourself in a position where you can be most helpful before you try to render help.

Taking Care of Oneself

Coping with a family member's mental or substance use disorder—whether temporary or long-term—brings on challenges and stresses for families. In order to best help their loved one, a person needs to first take care of themselves. If one doesn't care for their own needs, they are more likely to become irritable, short-tempered, judgmental and resentful, which can negatively impact the entire family.

Self-care involves taking steps to preserve one's mental health. Everyone needs to replenish their strength from time to time. Recognize when feelings of stress increase and problem-solve ways to reduce the stress. Plan and pursue enjoyable activities, and find a place that can act as a retreat to help provide a break from the situation.

Self-care also involves taking steps to preserve one's physical health. Remember to eat nutritiously, engage in regular exercise and get proper sleep. Health professionals, like a family doctor can suggest strategies for managing stress. If a person is run down, they won't be able to provide the support their family member needs.

Maintaining as much of a normal routine as possible helps reduce the stress for families supporting loved ones with a mental or substance use disorder. Try not to let mental or substance use disorders consume or become the focus of family life.

Establishing a social support system is critical. It is much more challenging coping with the difficulties of a mental or substance use disorder in isolation. People with whom one can discuss feelings and problems can help a person gain insight into the situation. Supportive friends, co-workers, and anyone else one trusts can be important members of a support system. It may be helpful to join a support group for families, either in person or online.

Decide individually and with family members, who can provide what support. Be clear about the level of support and care each person can realistically provide. Being aware of how each family member can provide support will help when making arrangements for care. It is also wise to plan for future care for when one is no longer able to provide support and care.

Remember there is only so much one can do to help a family member. Recognize the limits of what one is able to do and be a hero—not a martyr. Sacrificing everything for a family member will only result in exhaustion and resentment. Encourage the family member with a mental or substance use disorder to take responsibility and be as independent as possible.

Get as much practical help as possible from other family members, friends and other relatives. Problems are rarely solved on the first attempt, so don't get discouraged. Try out different solutions and strategies until one works. Use the experience and expertise built up from caring for a family member as a guide when new problems arise. Try and separate emotions from the problem, as this can help a person focus on problem-solving without negative emotions getting in the way.

Addition help can be found from professionals and mental health organizations.

Most importantly, don't lose hope. Focus on the successes, no matter how small.

Ways to Take Care of Oneself

- Go for a walk or run
- Practice meditation
- Keep in touch with friends
- Take a break; ask another family member or hire someone to provide care
- Read a good book
- Spend time with a pet
- Go for a massage
- Accept help
- Let go of the need for everything to go right
- Delegate chores
- Stay with a routine
- Enjoy nature
- Take up a hobby
- Maintain a good diet
- Set limits and keep time for oneself
- Celebrate the good times

One of the hardest things you will do while supporting your family member is to gradually let go and not take responsibility for their behaviour.

"Self-care can be defined as "the right and responsibility to take care of your physical, emotional, mental, and spiritual well-being."

~ *Self-Care Now! 30 Tips to Help You Take Care of Yourself When Chronic Illness Turns Your Life Upside Down*, Pauline Salvucci.

Family members confronted with the reality of mental illness quickly learn that without constructing appropriate boundaries they risk becoming engulfed and potentially consumed by the other's illness.

The inevitable task that family members face is to honor the obligation and commitment they feel towards their sick spouse, parent, child, or sibling without losing their own health and self.

~ *Bearing Responsibility: How Caregivers to the Mentally Ill Assess Their Obligations,* David A. Karp and Diane Watts-Roy

Setting Boundaries and Limits

Let your family member be who they are—you cannot do everything for them or always protect them. They are more than just someone who has a mental or substance use disorder. After making any necessary allowances, treat your family member like anybody else.

Setting limits is about accepting and respecting one's feelings, and taking one's personal needs seriously. Families have a right to be comfortable in their home. Clear statements about what members of the family need, want or expect will help everyone understand how they can help.

Families will need to make decisions about how much support each family member can provide and the conditions under which the support can be provided. One cannot force someone to seek treatment or change their behaviours, but family members can set standards and boundaries for what will and will not be tolerated when someone in the family has a mental or substance use disorder.

A person in a caregiving role often wants to do as much as possible to help their loved one. However, they run the risk of overextending themselves and responding to the needs of others at the expense of their own needs. A person may feel obligated to help out of guilt, sincere desire, fear of hurting a family member or their own need for approval by others. Understanding one's own needs is not selfish; it is healthy.

Sometimes feelings of obligation or guilt prevent families from effectively setting limits and realistic expectations for their family member, but it's alright to expect basic rules of conduct and cooperation from family members.

Everyone has the right and the responsibility to set boundaries for how they allow others to treat them.

Remember to take time to evaluate what may or may not be working and readjust responsibilities and boundaries as needed. Keep in mind that establishing boundaries is a process that takes time. It may be helpful to start by setting smaller boundaries.

If it is decided that the person with a mental or substance use disorder will live with another family member, it may be necessary to set reasonable limits on what behaviours will be tolerated in the home. Some of these rules may be for the benefit of the person with the mental or substance use disorder; others may be for the benefit of the other people living in the household.

The following are some guidelines that may be helpful for setting limits:

Violence or aggressive behaviour is never acceptable.

- As a family, decide on the rules or conditions under which the person can live in the home. For example, staying up late at night may be tolerated, but drinking alcohol is not.
- Communicate these limits clearly. It may be helpful to write them into the person's illness management plan (see Module 2).
- Anticipate that these limits will be tested.
- Be prepared to take action to enforce limits if necessary.

For a complete list of references used in developing the Family Toolkit, please see Family Toolkit: References at www.heretohelp.bc.ca

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CHILDREN AND YOUTH IN THE SCHOOL SYSTEM

A Reason to Hope. The Means to Cope.
British Columbia Schizophrenia Society

MODULE 5

Module 5: Children and Youth in the School System

When a family member has a mental or substance use disorder, it important to take the time to learn about the disorder. By educating oneself as much as possible about the mental or substance use disorder, family members can take an active role in their loved one's recovery. The Family Toolkit was designed to assist families in caring for a family member with a mental or substance use disorder by providing information and practical resources. This toolkit consists of five learning modules. Module 5 provides information for parents on supports and services needed to ensure that children and youth with mental or substance use disorders can work to the best of their ability in school. The other four modules in the Family Toolkit are:

Module 1: *Understanding Mental and Substance Use Disorders*
Module 2: *Supporting Recovery from a Mental or Substance Use Disorder*
Module 3: *Communication and Problem-Solving Skills*
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For more information on the Family Toolkit and how it can be used, please read the *Introduction to Family Toolkit* available from BC Partners for Mental Health and Addictions Information at www.heretohelp.bc.ca. Families are also encouraged to seek out books, articles, videos and organizations that can further assist them in learning more about the specific disorder(s) that affect their family member.

About Us

B.C. Schizophrenia Society is proud to be affiliated with HeretoHelp. HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information, a group of non-profit agencies providing good-quality information to help individuals and families maintain or improve their mental well-being. The BC Partners members are AnxietyBC, BC Schizophrenia Society, Canadian Institute for Substance Use Research, Canadian Mental Health Association's BC Division, Institute of Families for Child and Youth Mental Health, Jessie's Legacy eating disorders prevention and awareness (a Family Services of the North Shore program) and Mood Disorders Association of BC (a branch of Lookout Housing and Health Society). The BC Partners are funded by BC Mental Health and Substance Use Services, an agency of the Provincial Health Services Authority. For more information, visit www.heretohelp.bc.ca

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CHILDREN AND YOUTH IN THE SCHOOL SYSTEM

The Role of the School System in Child and Youth Mental Health

Children do well if they can. If they can't, we need to figure out why, so we can help.

~*The Explosive Child,* Ross Green

Education plays a critical role in the development of children. Schools not only provide educational growth, but also social and emotional growth. Improving outcomes for children with mental disorders includes ensuring the provision of support and services that enable these children to participate in school and learning opportunities.

Children and youth with mental disorders are not necessarily the students creating a problem in the classroom or being sent to the office due to their disruptive behaviour. **They are often the students who should be occupying the empty seat in the classroom.**

For many children and youth with mental disorders, going to school and staying in school is the biggest challenge they face. Schools can be an extremely overwhelming environment for a student with a mental disorder. The child or youth's functioning may vary greatly at different times throughout the day, season and school year. Because of the cyclic nature of many mental disorders, students may function very well for months or years and then suddenly have difficulty.

Transitioning to new teachers and new schools, returning to school from vacations and absences and changing to new medications can be triggers that result in increased symptoms for children with mental disorders. Medication side effects can also be troublesome at school. For example, fatigue can impact a child's ability to participate in class and weight gain can result in negative comments from peers.

Families can do a great deal to help ensure that their child receives support and has a positive, productive school experience. This module will help families understand the Ministry of Education policy regarding mental disorders and how to obtain the accommodations a child or youth needs in order to receive the most benefit from their education. Tips for both parents and teachers are included.

Approximately 23% of Canadian children and youth ages 9-19 are living with a mental illness.

~ *Making the Case for Investing in Mental Health in Canada,* Mental Health Commission of Canada

Problems Children with a Mental Disorder May Experience in School

Mental disorders can affect a child's learning, classroom behaviour and social relationships at school in a variety of ways. Below is a list of some of the ways symptoms of mental disorders can impede a child's education. This list is not exhaustive but rather is intended to illustrate the need to look carefully at how these disorders can impact children's learning at school.

- Difficulty with concentration
- Difficulty screening out environmental stimuli
- Trouble maintaining stamina throughout the day
- Difficulty initiating interpersonal contact
- Fear about approaching figures of authority (e.g., teachers, principal)
- Problems managing time and deadlines
- Difficulty focusing on multiple tasks simultaneously
- Limited ability to tolerate noise and large groups
- Extreme reactions to negative feedback
- Difficulty responding to change
- Limited ability to tolerate interruptions
- Noticeable anxiety and confusion when given verbal instructions
- Severe anxiety about tests

~ *Academic Accommodations for Students with Psychiatric Disabilities,* A. Souma, N. Rickerson and S. Burgstahler

"Validate my experiences and acknowledge my challenges as well as my strengths, e.g. "I know it was really hard for you to get out of bed today, even harder to go to school. It must have taken a lot of strength to do that."

~ *What to Expect – About Youth,* FamilySmart

Difficulty completing homework is a common problem. Children may be exhausted and drained by the end of the school day from the accumulated stress of school. When possible, expectations concerning homework could be modified seasonally, monthly or daily according to the child's condition. More homework could be given when the child is stable and feeling well and less when they are more symptomatic.

Episodes of overwhelming emotion, such as extreme anxiety, sadness, frustration or rage, can be a problem for both the child and those around them. To help children cope with these strong emotions, schools can establish a 'safety plan' that designates a place for the child to go and a person to talk to when they need some time to regain control of their emotions.

Different types of mental disorders impact how children function in school in different ways. Some of the effects of different disorders are outlined below.

Some children with anxiety or depression may not show any overt learning or behaviour problems and therefore may not receive the support they need. Children with depression may have difficulty concentrating, making decisions and remembering, and the quality of their school work may drop. They may miss classes or have a lot of absences from school. Reduced self-esteem may also affect their ability to reach their academic potential.

Eating disorders can negatively affect a child's school performance in a variety of ways. For example, the child may withdraw from peers and show less interest in school subjects and extracurricular activities. Their ability to focus on projects, papers and tests may be impeded. In addition, they may demonstrate increased sensitivity to what is happening in their environment and others' perceptions of them.

Our stereotypes about mental illness can lead us to miss problems because we don't think they affect certain groups in our society. Although the majority of people who develop eating disorders are women, about a third of the people who develop eating disorders are young men.

Children with schizophrenia may have educational problems such as difficulty

concentrating or remembering information due to the cognitive symptoms that occur with schizophrenia. Their behavior and performance may fluctuate from day to day. Sometimes they may show little or no emotional reaction, while at other times, their emotional responses may be inappropriate for the situation.

Obsessive-compulsive disorder (OCD) can result in compulsive activities taking up so much time that the child is unable to concentrate on their schoolwork. This can result in poor or incomplete work and even school failure. Children with OCD may feel isolated from their peers, in part because their compulsive behaviour leaves them little time to interact or socialize with their classmates. They may avoid school because they are worried that teachers or other students will notice their odd behaviours.

Determining the effect a mental disorder has on a child's education takes more than a review of grades. Parents should collaborate with schools to comprehensively assess how their child's mental disorder impacts all aspects of their education. This can include grades, school work, how well they get along and work with other students, their ability to control their own behaviour, etc.

Substance Use Disorders and School

Youth who are involved in extracurricular activities are less likely to use alcohol and drugs.

A significant proportion of youth will at some point experiment with alcohol or drugs, but only a minority of them will develop problems with substance use. The consequences of substance use can be severe, therefore there is a strong focus on preventing youth from using alcohol or drugs as well as early identification and treatment for those with substance use problems.

Youth may use substances for many different reasons. They might start using a substance to experiment, to fit in with peers, to defy authority and provoke adults, or to relieve boredom. They may also take certain drugs for their effects, such as to lose weight, overcome shyness or increase their energy levels. Substance use may also be used as a way to cope with personal stress or trauma, or to deal with the symptoms of a mental disorder. Substance use can develop into a substance use problem when it starts having negative consequences on a youth's daily life.

Youth tend to use substances less frequently than adults but often use them more heavily, which can conceal the severity of substance use problems. Youth are more likely to engage in binge drinking or drug use, which refers to using a large amount of a substance in a short period of time. The use of multiple substances is also more characteristic of youth than adults. Since the brain is still developing rapidly during adolescence, youth are more susceptible to the negative consequences of substance use including cognitive impairment and risk of developing a chronic substance use problem.

Youth with substance use problems are likely to have a coexisting mental disorder. When a person has both a mental and a substance use disorder at the same time, this is known as a concurrent disorder. Concurrent disorders may develop because a youth uses substances to cope with the symptoms of a mental disorder or a substance use problem triggers the onset of a mental disorder. In other cases, both a substance use problem and a mental disorder may result from the same traumatic event or environmental stressor, or the problems may develop separately.

Most frequently, substance use disorders occur along with:

- mood disorders, e.g. depression and bipolar disorder
- anxiety disorders, e.g. post-traumatic stress disorder

Substance use can negatively impact cognitive and social-emotional development, affecting academic performance, self-esteem and social interactions. Younger adolescents typically lack physical, intellectual and emotional maturity, making them more vulnerable to the negative consequences of substance use than older adolescents.

Since substance use can impair cognitive development, it can interfere with a their ability to learn, resulting in a rapid deterioration in their school performance. Serious alcohol and cannabis use among youth can have significant neurological consequences, because these substances affect areas of the brain responsible for cognition, including attention, memory, processing speed, visuospatial functioning and overall intelligence

Problematic substance use is tied to lower grades, poor attendance and increased risk of dropping out of school. Substance use may also cause youth to withdrawal from extracurricular activities that were previously important to them.

Poor functioning in school, including poor grades and attendance problems, may be a signal of substance use problems, particularly when the youth has been doing well and there is no obvious reason for the decline in performance. It is important to note however, that youth who perform well in school or do not display these indicators may still be engaged in problematic substance use.

If a parent suspects their child is using alcohol or drugs in a harmful way, it is helpful to start by talking with them about these concerns. Additional help can be provided by a family doctor or local community substance use services.

Substance use in early adolescence increases the risk of developing a lifelong substance use disorder.

~ *Sensitive periods of substance abuse: Early risk for the transition to dependence,* C. J. Jordan and S. L. Andersen

Risk and Protective Factors Related to Substance Use

Risk factors increase the likelihood that a youth will engage in problematic substance use. Protective factors are those which help youth avoid abusing substances.

Some risk factors

- Family problems, including conflict and family history of substance use
- School difficulties such as academic and/or and behaviour problems
- Influence by peers who use alcohol or drugs
- Personal influences such difficulty with aggression and low self-esteem or social skills
- Community influences such as availability of substances and perception of substance use as the "norm"

Some protective factors

- Sense of belonging and connection with one's family
- Caring relationship with a parent or significant adult
- Sense of connection and engagement at school, including perceived caring from teachers
- Clear limits and consistent discipline
- Personal factors like resilience, social competence and problem-solving skills
- Involvement in extra-curricular activities

~ *The Role of Risk and Protective Factors in Substance Use Across Adolescence,* Cleveland et al.

Checklist of Warning Signs of Substance Use Problems for Families and Teachers

The following is a list of some of the signs of youth alcohol and drug use. These signs are organized into three stages: early or at risk, middle, and late stages. Keep in mind that this is a cumulative list such that youth in later stages will likely show signs from earlier stages. It is also important to remember that adolescence can be difficult, and many youth will show some of these signs. Youth who are having problems with alcohol or drugs will likely show several of the signs in different areas of their life.

At Risk (or Early Use Stage)

- ❑ Withdrawn
- ❑ Aggressive
- ❑ Low frustration tolerance
- ❑ Disregards or openly defies rules
- ❑ Drug-oriented graffiti on notes or clothes
- ❑ Has no future plans or has grandiose or unrealistic future plans
- ❑ Wants immediate gratification of needs
- ❑ A loner
- ❑ A risk taker
- ❑ Easily influenced by peers
- ❑ Believes alcohol or drug use makes a person more popular
- ❑ Has friends who use alcohol or drugs
- ❑ Low involvement in any type of activities
- ❑ Lack of motivation to learn in school
- ❑ Decreasing or low involvement in extracurricular activities
- ❑ Family has low tolerance for problem or unconventional behaviour
- ❑ Family has low expectations about school performance
- ❑ Parent has little control over child's behaviour
- ❑ Student is not willing to discuss family situation
- ❑ Parents frequently use alcohol/drugs or have an substance use problem
- ❑ Student has poor self-image
- ❑ Feelings of incompetence; lack of confidence
- ❑ Difficulty communicating

At Risk (or Early Use Stage) [continued...]

- ❑ Low expectations of self
- ❑ Overly dependent
- ❑ Feels invulnerable (bad things happen to others, not them)
- ❑ High participation in unconventional behaviour coupled with high participation in problem behaviour
- ❑ High level of stress or anxiety

Middle Stage of Alcohol/Drug Use

- ❑ Avoids eye contact
- ❑ Frequent use of eye drops
- ❑ Sleeps/daydreams in class
- ❑ Forgetful
- ❑ Becomes less responsible (e.g., incomplete homework, or poor attendance)
- ❑ Expresses suicidal thoughts/feelings
- ❑ Change in social circle
- ❑ Hangs out with known users
- ❑ More secretive about friends and activities
- ❑ School grades begin to drop
- ❑ Conflict between school/family expectations and those of their peers
- ❑ Falls behind in or doesn't complete schoolwork
- ❑ Withdraws from family and activities
- ❑ Changed attitude about family members
- ❑ Expresses feelings of hopelessness
- ❑ Complaints from parents about their teenager's lessening responsibility
- ❑ Is caught using alcohol or drugs
- ❑ Continues to use alcohol or drugs after firm stand has been taken

Late Stage of Alcohol/Drug Use

- ❑ Abnormally poor coordination
- ❑ Glassy or dull eyes
- ❑ Smelling of pot, alcohol or solvents
- ❑ Slurred speech
- ❑ Bad hygiene—no attention paid to hair, clothes etc.
- ❑ Frequent complaints or injuries
- ❑ Persistent cough
- ❑ Frequent headaches or nausea
- ❑ Excessive aspirin use
- ❑ Lack of affect (emotion)
- ❑ Fatigue or loss of vitality
- ❑ Either hyperactive or sluggish or going from one extreme to the other
- ❑ High consumption of coffee, sugar or junk food
- ❑ Weight loss or gain
- ❑ Inappropriate dressing (e.g., not dressing warm enough)
- ❑ Trouble with the law
- ❑ Frequent fights or arguments
- ❑ Dishonesty—getting caught in lies
- ❑ Carrying weapons
- ❑ Verbally or physically abusive
- ❑ Inappropriate responses (e.g., laughs when nothing is funny, gets angry out of proportion to the event)
- ❑ Suicide attempts or actions
- ❑ Frequent fighting or arguing with friends
- ❑ Activities with friends seem to always involve alcohol or drugs
- ❑ Frequently absent from school
- ❑ Constant discipline problems at school
- ❑ Has been suspended from school
- ❑ Frequent nurse or counsellor visits
- ❑ Loss of eligibility for extracurricular activities

Late Stage of Alcohol/Drug Use [continued...]

- ❑ **Continued use of alcohol or drugs after being caught**
- ❑ **Running away from home**
- ❑ **Refusal to follow rules of the family**
- ❑ **Uses home as a 'pit stop' only**
- ❑ **Overwhelming feelings of hopelessness**
- ❑ **Sense of identity centres around alcohol and drugs (all they ever seem to talk about)**
- ❑ **Selling drugs or frequent exchanges of money**

~ *Assessment and Referral Checklist,*
Alcohol and Drug Programs, Youth and Family Resource Centre

Supporting Children in School

Working with a Child's School

When a child has a mental disorder, parents need to work closely with the school to ensure that their child has the opportunities they require in order to do their best. Parents play a crucial role in the planning of their child's education and benefit from being informed about school and district programs for students who need extra support.

Families have a right to privacy but need to balance the importance of providing information that can help in planning with their right to keep information about their child confidential.

Effective communication between a family and their child's school is essential to support a child's educational success. Communicating openly about challenges throughout the school year will help resolve problems sooner rather than later. Schools, like other formal organizations have established lines of communication. The general recommendation is to start with the person who is immediately involved in a child's learning—their teacher. Call the school and find out the best time to meet with the teacher. Parent-teacher conferences are other opportunities to exchange information and work together.

For the best outcomes, families and schools should work together as partners. While teachers and school administrators are the experts on learning, parents are the expert on their child. They know their child's strengths, abilities and challenges. Ongoing involvement and support from parents will make a positive and meaningful difference in their child's success. It is important that parents participate in decisions that affect their child's education, as they can contribute information that is critical to planning and adjusting supports to best meet their child's changing needs.

When there are concerns about a child's ability to learn in school, the teacher will typically arrange an initial meeting with the parents and possibly a school learning team as well. This team may include the classroom teacher, a school counsellor, the principal or assistant principal, a teacher assistant, and possibly a school psychologist.

When Child and Youth Mental Health Services (Ministry of Children and Family Development) is also providing services, they will work with the school to ensure that the child receives necessary support.

When parents are included as partners in the special education of their children, a number of positive and essential changes can occur, for instance:

Parents are less likely to reject or distrust the special education program because of inadequate information

Parents gain knowledge of their children's learning abilities and where they need help

Teachers and others involved gain important insights from the long-term experience and knowledge of the parents

When there is an atmosphere of cooperation, there is less possibility for teachers and parents to waste valuable time and energies in confrontation

Parents and teachers are able to proceed amicably and cooperatively with the real task of finding the best possible ways to assist children to learn and to grow

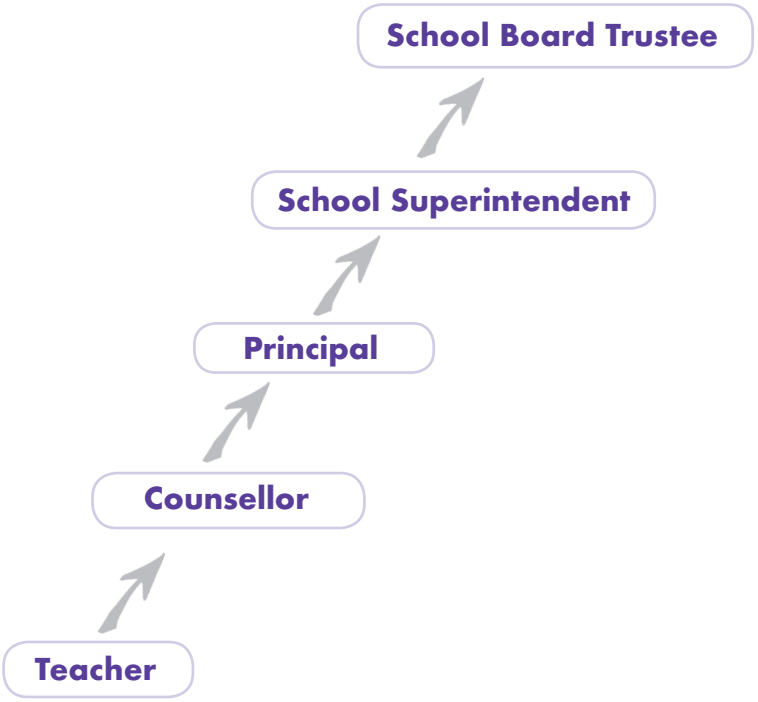
Dealing with the System

One way to promote success in school is to ensure that children feel 'special' about their learning. Children should be praised for even small successes. Children need to be continually afforded opportunities to be increasingly self-sufficient and to maintain high expectations for school success.

The most diplomatic way to work collaboratively with a child's school is to go through the established hierarchy within the education system. If a parent has concerns or is dissatisfied with the services their child is receiving, it is recommended that they begin with the teacher and proceed up the levels of authority if the situation is not resolved.

Questions you may want to discuss with your child's teachers:

- How can we stay in touch so that I can support the work you are doing in the classroom? What's the best way to reach you?
- Are there counsellors or learning assistant staff who could provide additional information and consultation on program planning for my child if we need it?
- What are some ways I can help my child at home? How can I reinforce skills my child is learning and using in class?



Questions you may want to discuss with your child about their school experience:

- Who helps you at school? What do they do and say that help you learn?
- When I visit your classroom, what do you want me to notice?
- What can we do at home to support your learning?

Parents can call their local school board office for contact numbers of school personnel or look for this information online. If all the school professionals listed above have been contacted and the problem has not been resolved, parents may want to consider some legal avenues:

- Office of the Ombudsperson
- Human Rights Commission
- Courts

Parents' Rights

When discussing your child's learning with school professionals, you may hear terms you are not familiar with, if any time you are unsure, ask for clarification. For example the term individualized education plans (IEPs) refers to a document developed between schools and parents that identifies supports to meet a child's specific learning needs. See page 17 for more information.

Parents have certain rights under the BC School Act. Parents of children with special needs are entitled to:

- Be informed about their child's attendance, behaviour and progress in school.
- Examine all records kept by the school pertaining to their child.
- Be consulted about the placement of their child in a special education program.
- Be involved in the planning, development and implementation of their child's special education program.
- Be involved in the development of their child's individualized education plan (IEP)
- Appeal decisions made by an employee of the school board which significantly affects the education, health or safety of a student (school boards are required to establish an appeal process).
- Request annual reports about the general effectiveness of educational programs in the school district.
- Belong to a parents' advisory council (PAC) established in accordance with the BC School Act.

Parents are advised to learn about the education system and factors that sometimes compromise a teacher's ability to provide additional attention to students with special needs.

- Ask how you can help your child's teachers to overcome obstacles and to promote positive change.
- Find out what specialized programs and supports are available in the school and school district to meet the needs of your child.
- Ask the principal and/or school district staff about options available for your child.

Keeping Records

To effectively support their child, parents may want to keep the following kinds of records organized and accessible:

- Birth records, including a copy of the birth certificate and any pertinent information regarding the pregnancy and birth
- Dates and ages of developmental milestones, such as first words and first steps
- Record of immunizations and any childhood illnesses
- Copies of their child's IEP (Individualized Education Plan)
- Copies of any letters or other documentation regarding their child's education
- Medical information, including assessments done, the diagnosis, medications or other treatments prescribed
- List of doctors (GP, pediatrician, psychiatrist) involved in diagnosing or caring for the child and their contact information
- Progress reports or report cards
- Record of educational assessments, standardized tests and accommodations
- School phone numbers, and names and titles of contact people
- Dated school correspondence
- Notes from meetings
- List of community support people, including names, agencies and contact numbers
- Research information related to their child's mental disorder and any potential interventions or strategies that might be helpful

Tips for Organizing Information

- It is often helpful to keep the information in chronological order, with current documents on top or at the front of the file, as these are likely the ones needed most often.
- Highlighting dates helps with filing and retrieving documents. Self-stick removable notes can be used to flag important documents you need to review on a regular basis or those that require follow-up.
- Keep a list of key contact names and numbers at the front of your file.

Ministry of Education Policy Regarding Children with Special Needs

The BC School Act defines a student with special needs as "a student who has a disability of an intellectual, physical, sensory, emotional or behavioral nature, has a learning disability, or has exceptional gifts or talents."

~ *Special Education Services: A Manual of Policies, Procedures and Guidelines,* BC Ministry of Education

In this section, the Ministry of Education policy regarding services for children with serious mental disorders is reviewed.

Mental disorders can range from mild to serious and students may need different levels of support and intervention depending on the severity of their disorder. The Ministry of Education uses the categories *Students Requiring Moderate Behaviour Support or Students with Mental Illness* and *Students Requiring Intensive Behaviour Interventions or Students with Serious Mental Illness* to determine the level of support students require and the funding allocated to provide this support through the education system.

Students Requiring Moderate Behaviour Support or Students with Mental Illness

The Ministry of Education defines *Students with Mental Illness* as students who have been diagnosed by a qualified mental health clinician as having a mental health disorder and who demonstrate one or more of the following:

- negative or undesirable internalized psychological states such as anxiety, stress-related disorders, and depression;
- behaviours related to disabling conditions, such as thought disorders or neurological or physiological conditions.

To be identified in the category *Moderate Behaviour Support or Mental Illness*, students must also meet the following criteria:

- the frequency or severity of the behaviours or negative internalized states have a very disruptive effect on the classroom learning environment, social relations or personal adjustment
- they demonstrate the above behaviour(s) or conditions over an extended period of time, in more than one setting and with more than one person (teachers, peers)
- they have not responded to support provided through normal school discipline and classroom management strategies.

~*Special Education Services: A Manual of Policies, Procedures and Guidelines,* BC Ministry of Education

In order for a student to qualify for Special Needs funding, the student must be appropriately assessed and identified, and have an Individual Education Plan (IEP) in place.

Students Requiring Intensive Behaviour Interventions or Students with Serious Mental Illness

Students identified in this category are those most in need of intensive interventions. These students should have access to co-ordinated school and community interventions to support their education and development.

School districts are allocated additional special needs funding for these students. The formula used by the Ministry of Education to provide funding for special needs students includes three categories. Level 3, Category H, is for students with serious mental illness or students who require intensive behavioural interventions. In 2016, the level of additional funding provided for each student was $9,500 a year.

Students Requiring Intensive Behaviour Interventions are eligible to be claimed in this special education funding category if they exhibit:

- antisocial, extremely disruptive behaviour in most environments (for example, classroom, school, family, and the community)
- behaviours that are consistent/persistent over time.

Students with Serious Mental Illness eligible to be claimed in this special education funding category are those with:

- serious mental health conditions which have been diagnosed by a qualified mental health clinician (psychologist with appropriate training, psychiatrist, or physician)
- serious mental illnesses which manifest themselves in profound withdrawal or other negative, internalizing behaviours
- these students often have histories of profound problems and present as very vulnerable, fragile students who are seriously 'at risk' in classroom and other environments without extensive support

In addition to meeting one of the conditions above, to be eligible for special education funding, these behaviour disorders and/or illnesses must be:

- serious enough to be known to school and school district personnel and other community agencies and to warrant intensive interventions by other community agencies/service providers beyond the school
- a serious risk to the student or others, and/or with behaviours or conditions that significantly interfere with the student's academic progress and that of other students
- beyond the normal capacity of the school to educate, provided normal capacity is seen to include the typical special education support/interventions such as school-based counselling, moderate behaviour supports, the use of alternate settings, and other means in the school environment

~*Special Education Services: A Manual of Policies, Procedures and Guidelines,* BC Ministry of Education

Within the education system the mental health problems of children and youth are often divided into two broad classes: internalizing and externalizing.

The term 'internalizing problems' refers to difficulties that are directed inwards, such as anxiety, depression, social withdrawal or somatic complaints like fatigue or pain.

The term 'externalizing problems' is used for behaviours that are directed outwards such as attentional problems, rule-breaking behaviour or aggressive behaviour.

~ *Manual for the Child Behavior Checklist/4 - 18 and 1991 Profile,* T. M. Achenbach

Identifying Special Needs of Children and Youth with Mental Disorders

All children learn, but not all children learn in the same way, at the same time or at the same rate—learning is a very individual process.

~*The Learning Team,* Alberta Education

Assessment

The process of identification and assessment of a student with a mental disorder sometimes begins at the classroom level, although these students are often identified in the community when parents seek help for their child from mental health professionals. When a teacher first notices a problem, they will consult with the parents and attempt strategies to manage the behaviour or support the student in the classroom. If these prove unsuccessful, the teacher may seek assistance from other school-based services or from the school-based team. A teacher or other school professional may ask that a child be assessed. Parents can also contact the child's teacher or another school professional to request that their child be evaluated. This request may be verbal or in writing. Parental consent is generally required before the child can be assessed, however some informal assessments do not require consent.

Placement

A school administrator must offer to consult with a parent about their child's placement in an educational program. It is generally agreed that, as much as possible, students with special needs should be able to learn in regular classrooms. The school board must provide a student with special needs with an educational program in a classroom where the student can be integrated with other students who do not have special needs, unless the educational needs of the student or other students indicate this is not the best option.

Parents should be aware that a modified program in the high school years will lead to a *British Columbia School Completion Certificate* (Evergreen Certificate). This certificate is not the same as a Dogwood Diploma (high school diploma).

Students with a *BC School Completion Certificate* will not be able to go on to post-secondary university opportunities.

Adapted and Modified Education Programs

An education program of a student with special needs may include an:

Adapted Program

This is a program that retains the learning outcomes of the standard curriculum, but adaptations are provided so the student can participate in the program. Examples of adaptations include assigning a 'buddy' for note-taking, providing technology to use or extending time for assignments and tests. Students on adapted programs are assessed using the provincial curriculum standards set out by the Ministry of Education.

Modified Program

This is a program in which the learning outcomes are substantially modified from the provincial curriculum and specifically selected to meet the student's needs. Examples of modifications include the student being taught the same information as other students, but at a different level of complexity; or given a reduced assignment (e.g., fewer questions to answer); or the student uses a lower-level reading textbook. A student on a modified program is assessed in relation to the goals and objectives established in the student's IEP. A student's education program could include some courses that are modified and others that are adapted.

School-Based Teams

A school-based team is comprised of school staff who are responsible for planning and coordinating support services for students with special needs. The team usually consists of the principal, the learning assistance or resource teacher, the child's classroom teacher(s), and the school counsellor. Parents and students (where appropriate) and other relevant people may also be included in this team. The role of the team is to provide support to the teacher, coordinate services and make recommendations about other school, district, community or regional services.

When a child is involved with Child and Youth Mental Health Services (Ministry of Children and Family Development), services are provided an integrated case management approach. Schools are usually an integral part of this process.

What Is an Individualized Education Plan (IEP)?

Individual Education Plan (IEP) refers to a written plan created for a student with special needs that outlines their learning needs, the supports to be provided and how their progress will be measured. An IEP enables a student to develop their individual potential. As each student is different, each IEP needs to be different to meet the unique needs of the student.

An Individual Education Plan identifies any additions, changes and adaptations to the regular program that should be made for each individual child, to ensure that all students have an educational program that meets their specific needs.

The Ministry of Education requires that an Individual Education Plan (IEP) be developed for each student who has been identified as having special needs.

An IEP should be updated each year and reviewed regularly. IEP planning meetings usually take place at the beginning of each school year. During the school year, meetings may be held to make sure the plan is working and to make revisions as needed. Dates to review the plan should be written into the plan.

Depending upon the educational needs of an individual student and the resources available, the IEP team may include:

- classroom teacher(s)
- school administrator
- school counsellor
- parents or legal guardians
- the student (if appropriate)
- other school-based and community support staff who are going to be involved in the delivery of the IEP

Schools are not obligated to develop IEPs:

- for students with special needs who require no adaptation or only minor adaptations to educational materials, or instructional or assessment methods
- when the expected learning outcomes established by the applicable educational program guide have not been modified for the student with special needs
- for students with special needs who require in a school year 25 hours or less remedial instruction by a person other than the classroom teacher in order for the student to meet the expected learning outcomes

One member of the team is typically designated as the coordinator for the development and implementation of the plan. This role should be assigned to the school staff who has the most contact with the student in addressing their needs, often their classroom teacher.

Parents can support the IEP planning process by offering the following kinds of information:

- family history, medical history, and health care needs
- a description of the child's strengths, needs and wants, including social, educational, physical and emotional aspects
- a description of what the parent wants their child to learn, including both short-term and long-term goals
- supporting documents that might be helpful, including photographs that demonstrate the child's home life showing skills or interests, or samples of past schoolwork
- methods that have been successful for communicating with the child at home, or ideas for the strategies that could help support the teacher in the school setting
- comments and feelings about any strategies or situations the parents think are appropriate and beneficial for their child
- comments and feelings about those strategies and situations parents think are questionable or problematic for their child
- information about other community services, after-school programs or other caregivers which have an impact on the child's life

~ *Parent's Guide to Individual Education Planning,*
BC Ministry of Education

Ideally, a child's IEP should be reviewed in the fall and spring. However, parents can request other review meetings if they feel they are necessary. Remember—IEP meetings don't replace report card meetings. Report card meetings give both the parent and the teacher an opportunity to discuss progress, raise concerns and address issues before they become major ones. If possible, it may be easiest to arrange meetings to discuss both reports rather than setting up two separate meetings.

In some schools, the school-based team may appoint the IEP team members; in other schools, the school-based team may develop and implement the IEP.

Placement in special education funding category H is not intended to be static from year to year, as it is expected that an intensive and coordinated approach, including in some cases medical intervention, will result in changes. Students identified in category H are required to have one IEP review a year, however most IEPs are reviewed regularly as they are working documents.

~ *Special Education Services: A Manual of Policies, Procedures and Guidelines,*
BC Ministry of Education

Special Education Services

For students classifed in the category of *Students Requiring Intensive Behaviour Interventions or Serious Mental Illness*, there must be one or more of the following additional services provided:

- **direct interventions in the classroom by a specialist teacher or supervised teachers' assistant to promote behavioural change or provide emotional support through implementing the plan outlined in the IEP**
- **placement in a program designed to promote behavioural change and implement the IEP**
- **ongoing, individually-implemented, social-skills training and/or instruction in behavioural and learning strategies**

The above may be complemented/co-ordinated with:

- **in-depth therapy, counselling and/or support for the student or family in the community**
- **medication treatment as prescribed and monitored by a physician**

~*Special Education Services: A Manual of Policies, Procedures and Guidelines,* BC Ministry of Education

What an IEP should consist of:

- the goals or outcomes set for the student for that school year
- a list of the support services required to achieve the goals established for the student
- a list of the adaptations to the educational materials, instructional strategies, or assessment methods
- the names of personnel responsible for the implementation of the education plan
- relevant medical, social and education background information about the student
- information about the student's current learning strengths and needs
- information on where part or all of the educational program will be provided
- degree to which the student participates in the regular school program
- the period of time and process for regular reviews
- evidence of reviews, including any revisions made to the plan and evaluation of achievement in relation to the established goals
- plans for the next transition in the student's education (including transitions beyond school completion)

When writing the IEP, the following steps are suggested:

1. Identify priorities for the student
2. Determine long-term goals from the priorities
3. Break the goals down into short-term objectives
4. Determine what strategies will be used and what resources will be required to assist the student to reach the objectives
5. Establish ways of assessing student progress and dates for review

~ *Special Education Services: A Manual of Policies, Procedures and Guidelines,* BC Ministry of Education

Goals should:

- challenge your child's learning, but be achievable
- be relevant to your child's actual needs
- focus on what will be learned rather than what will be taught
- be stated positively (i.e., do's instead of don'ts.)

Planning for Transitions

To ensure that your child continues to receive the necessary support for their learning experience, it is important to plan for changes, like changing schools, changing grade levels or graduating from high school and then moving onto higher education or the workforce.

Always remember: An IEP is a working document.

Role of Parents in IEP Planning

- express their goals and dreams for their child
- provide information on their child's learning styles, interests, their reactions to situations and suggestions on ways to avoid potential problems
- reinforce and extend the educational efforts of the teacher
- provide feedback on the transfer of skills to the home and community
- maintain an open line of communication with the school

Role of Student in IEP Planning

The extent and way students participate in the development and implementation of their IEPs will vary according to their abilities.

Most students can:

- express goals and dreams for themselves
- indicate likes and dislikes
- make suggestions about areas of interest

Even when a student is not able to communicate their ideas and wishes at an IEP meeting, their participation at the IEP meeting can help the team members to stay focused on the students' needs and the purpose of the meeting.

Worksheet: IEP Planning

Use this sheet to help you prepare for an IEP planning meeting. Below are some questions for you to think about in preparation for your child's IEP meeting. You may wish to write down your thoughts for future reference by the IEP Team.

Student Name	Date

Parent's Name(s)

What do you feel are the strengths of your child?

What do you feel are your child's weaknesses ? (e.g., areas that may be frustrating or that you feel your child has a particular need to improve in)

How do you think your child learns best? What kind of situation makes learning easiest?

Please describe educational skills that your child practices at home regularly. (e.g., reading, making crafts, using the computer)

Does your child have any behaviours that are of concern to you or other family members? If so, please describe the behaviour(s).

What are your child's favourite activities?

Worksheet: IEP Planning

What are your child's special talents or hobbies?

Does your child have any particular fears? If so, please describe.

How does your child usually react when they get upset and how do you deal with the behaviour?

Do you have any particular concerns about your child's school program this year? If so, please describe.

What are your main hopes for your child this year?

Is there other information that would help us gain a better understanding of your child?

Are there any concerns that you would like to discuss at the next IEP meeting?

IEP Reviews

Reviewing a child's IEP is critical to ensuring that their needs are being met by the school system. It is recommended that IEPs be reviewed at least once a year. The following questions can serve as a guide for preparing for a review.

- Is the IEP an accurate reflection of the child's current education program needs?
- How effective are the strategies and resources that have been selected to support the child's learning?
- How much progress has the child made toward achieving the goals and objectives set at IEP meetings?
- Do new goals need to be selected and new objectives created to more accurately reflect the child's changing strengths, needs and interests?

Decisions about resources needed in a school are often made in the spring so it's a good idea to meet with the school in February/March to ensure that needed supports will be provided for the next school year.

It is also recommended to meet with the school again early in the fall to develop a plan for the new school year. Usually the IEP meeting is scheduled at the end of September or early October, once the teacher is more acquainted with the students in their class.

Worksheet: IEP Review

Use this sheet to help you prepare for IEP review meetings.

Student Name

Date

Team Member(s)

Accomplishments (successes, personal observations)

What has helped your child?

What areas need improvement?

What do you think would help for next year? (recommended strategies, goals, support services)

What transition plans are in place? (transition refers to a change in schools or graduation from high school)

Accommodations for Students with a Mental Disorder

Below are some examples of how teachers can adapt their teaching and classroom in order to facilitate learning when a student has a mental disorder.

- Minimize distractions; if needed, move the student to a seat close to the front of class.
- Pre-arrange a cue to use if the student is distracted to refocus attention.
- Provide the student with recorded books as an alternative to reading when the student's concentration is low.
- Break assigned reading into manageable segments and monitor the student's progress, checking comprehension periodically.
- Devise a flexible curriculum that accommodates the sometimes rapid changes in the student's ability to perform consistently in school.
- When energy is low, reduce academic demands; when energy is high, increase opportunities for achievement.
- Identify a place where a student can go to regain self-control of their emotions when needed.
- Provide an extra set of books at home for homework and studying.
- Recognize small achievements.
- Audio record missed lessons for the student to review at a later time.
- Provide a notetaker (this could be a peer or someone specifically employed for this task) for lessons both attended or missed by the student.
- Stagger assessment requirements as the stress of many assignments and/or examinations within a short period of time may increase stress levels dramatically. This is especially important if the student has been or is being hospitalized for extended periods of time.
- Ensure that all of the student's teachers are aware of the student's needs so they can be consistent and realistic in their expectations and in their teaching approach. This can also help them provide support for one another and share resources.
- Form a peer network for the student to provide support and increase understanding by the student's peers.
- Provide a separate testing room for tests and exams.
- Allow extra time for taking tests.
- Reduce work load for the student.
- Provide break periods as needed for rest and taking medication.
- Give the student time within the school day when they can do homework.

note to teachers:

When figuring out the types of supports and services to put in place, it is important to keep in mind that all kids are unique with differing needs and coping mechanisms. The mental health interventions that are chosen need to be based on the individual needs of each child and be able to flex in order to provide more or less support as needed.

~*Problems at School,* Association for Children's Mental Health

Positive Behaviour Support (PBS) or Effective Behaviour Support (EBS)

Positive or Effective Behaviour Support is an approach for reducing behaviours that are disruptive or harmful to a child's learning or to other students, teaching more appropriate behaviour, and instilling supports necessary for successful outcomes.

Positive Behaviour Support begins by identifying the behaviours that are a concern and observing these behaviours in the situations where they occur. This process of identifying the problem behaviour and developing an understanding of what factors surround that behaviour is called a functional assessment. A functional assessment is used to develop an understanding of why and when the behaviour is occurring—the conditions or events that trigger the problem. Once the functional assessment has been completed, a behavior support plan can be developed. This serves as a guide for preventing the problem behaviour, teaching new skills to replace the behaviour and developing new ways of responding to the behaviour.

Positive Behaviour Support is a holistic approach that considers all of the factors that impact a child and a child's behaviour. This approach has been used to address problem behaviours that may range from aggression, tantrums and property destruction, to withdrawal or anxious behaviours. Instead of asking, "What's it going to take to motivate this child to behave differently? Ask, "Why is this so hard for this child? What's getting in their way? What can be done to help?"

Behaviour occurs for a reason. Children engage in certain behaviours because they are trying to fulfill their needs. To understand the reasons why some children engage in 'challenging behaviour,' it is necessary to:

- Try to understand the child's needs
- Establish how the behaviour meets those needs
- Examine what is reinforcing the child's behaviour
- Examine what other behaviours the child has in their repertoire

Once the reasons why the behaviour occurs are understood, parents, teachers or other professionals can work towards:

- Helping children engage in more effective and socially acceptable ways of meeting their needs by learning new skills
- Changing the environment, consequences of children's interactions and routines to facilitate the use of positive behaviours

Understanding what the child is trying to achieve by the behaviour can enable adults to respond in different and more constructive ways that can make the situation better for everyone. The more thoroughly the behaviour is understood, the more effectively positive strategies can be planned and implemented to teach new behaviours. These strategies are called *positive behavioural interventions*. They include strategies to control the environmental conditions that lead to the challenging behaviours and strategies to help children change their response repertoire to include more effective behaviours. The goal is to teach children how to manage their own behaviour.

Changing behaviour often requires *shaping*—rewarding any instance of the desired behaviour to help increase the likelihood it will occur again. Behaviour shaping acknowledges that not all children can do everything at 100%. If a child currently does not turn in homework, expecting that homework will be completed 100% of the time is not realistic. By rewarding small gains and reinforcing the gains as they occur, children learn how to stick with a task and to improve their skill.

Positive behaviour support involves changing the situation so that the child does not need to use 'problem' behaviour to get what they want. Ask:

- What can be changed?
- How are things set up?
- How do people respond to the child?
- How can the child be given new ways of asking?
- What new skills does the child need to be taught?

The goal is to prevent disruptive behaviour from serving its purpose while teaching the child to engage in behaviours that will better achieve their purpose.

Effective or positive behavior support is not just for schools. Parents can use the same ideas to create a better environment for the entire family.

~*The Explosive Child,*
Ross Greene

Behaviour is often children's alternative to language, their loudest voice.

~*Behavior Problems.*
Baker et al.

"Tommy would destroy structures built by other children. In assessing the situation, the teacher recognized that Tommy was an excellent artist. Rather than separate Tommy from the other children when they were playing with the blocks, the teacher suggested Tommy make drawings that could accompany the block structures, such as signs or flags."

Assess Strengths and Incorporate Them Wherever Possible

Assessment of a child's behaviours should always include both strengths that the child has as well as areas in which they need help. Some examples of strengths are listed below.

- Lots of energy
- Willing to try things
- Ready to talk or can talk a lot
- Gets along well with adults
- Can do several things at one time
- Smart/fast learner
- Good sense of humour
- Very good at taking care of younger children
- Spontaneous
- Sees details that other people miss
- Understands what it's like to be teased or to be in trouble so is understanding of other children
- Cares a lot about their family
- Can think of different and new ways to do things
- Enjoys helping others
- Happy and enthusiastic
- Imaginative/creative
- Articulate/can say things well
- Sensitive/compassionate
- Eager to make new friends
- Great memory
- Courageous
- Fun to be with
- Charming
- Warm and loving

Positive Phrasing

Positive phrasing lets children know the positive results for using appropriate behaviours. This can be difficult, since teachers and parents are often used to focusing on the negative consequences of problem behaviour. Compare the difference between positive phrasing and negative phrasing:

Positive phrasing	"If you finish your reading by recess, we can all go outside together and play a game."
Negative phrasing	"If you do not finish your reading by recess, you will have to stay inside until it's done."

Positive phrasing helps children learn that positive behaviours lead to positive outcomes. This, in turn, can help them gain control of their behaviours.

Steps towards Changing Challenging Behaviours

- **Discuss the situation with other people involved**
  Agree on which behaviour is a problem and why—What does it look like? What indicates it has started? Finished? Would it be a problem if the situation were different?
- **Start keeping records**
  How often does the behaviour happen? How long does it last? When does it happen? With whom? Where? What is going on at the time? What is happening in the person's life generally: illnesses, changes, eating/sleeping patterns etc.? What do the parents do when it happens? What do other people do? What usually ends it?
- **Think about the child**
  What do they like to do? What do they need in their life? What is missing from their life? What skills and strengths do they have? What skills do they need to learn? With whom do they get along? With whom do they not get along? What kind of settings do they prefer (i.e. lively, quiet, etc.)?
- **Compare knowledge of the child and their behaviour**
  Look for clues about what the child might be achieving or trying to achieve with the behaviour they are demonstrating; and think about how it could be achieved in better ways.
- **Look for ways to improve the child's life in general**
  This will often reduce the child's need to achieve whatever the function of the behaviour is, even if the function of the behaviour is unknown.
- **Continue to keep records**
  Keeping old records helps to identify if behaviours are getting better or worse.
- **Get specialist help**
  Psychologists, behaviour therapists and some specialist nurses can all help. Taking the steps outlined above will make it easier for them to help.

Worksheet: Tracking Behaviour

The chart below can be used to record both positive and problematic behaviours that occur in the home, classroom or playground.

Description of Behaviour Precursors (What happened just prior to the behaviour?)	Frequency (Times per day/week)	Duration (Mins/hours)	Seriousness* (1, 2 or 3)

* For negative behaviour 1 = Very Serious 2 = Serious 3 = Somewhat Serious

How Parents Can Help: Supporting Learning at Home

There are many ways that parents can support their child's learning at home, including talking about what is happening at school, helping their child with their homework and recognizing their child's learning accomplishments. When parents talk with their children about their school experiences, it lets children know that they value hearing about their experiences and provides an opportunity to acknowledge efforts, strengths and successes. Some topics for parents to ask about include friendships, recess activities, progress on assignments, new experiences, highlights of the day, homework, and concerns or difficulties. It is important to ask about tomorrow and upcoming events as well.

Set a homework routine and choose a regular place for doing homework away from distractions such as television and video games. Break homework time into small parts and have breaks. If a child continues to have difficulty completing their homework, it may be helpful to talk with their teacher about options such as reducing the amount of homework. This can also be discussed at a child's IEP meeting.

To help children experience success, focus on the effort they put into school, not just the grades they receive. Reward attempts to finish school work, not just good grades.

Demonstrate to children that the products of their learning are important. For example, display artwork on the fridge, design a scrapbook with favourite selections from each school year, have a special piece framed so that it is preserved forever, or send a piece of art or written project to a grandparent or other relative as a gift. Remember to celebrate small successes. Sometimes just getting to school is an accomplishment. Staying the whole day is a major success.

Tools for Students, Families and Teachers

On the following pages there are a series of charts and sheets that can be used to help manage stress and emotions of a student. The charts are helpful in monitoring mood changes, medication doses, hours slept, sleep/wake times, etc. This information is invaluable for assessing effectiveness of treatments, triggers of mood changes and early identification of negative stressors or possible relapse.

Thermometers

These charts are designed to be used by children to monitor their stress level and identify strategies they can use to calm down. Parents and teachers can help children identify how their body feels and how they behave when they feel calm, frustrated, angry and furious. They can then help children come up with a list of calming strategies. Calming strategies may need to be revised over time as children figure out which strategies work well for them and which do not work.

Teachers may find it helpful to create a "cool down" area in their classroom where students can go to take a break.

Daily Chart for Children

This chart can be filled out by the child and covers areas of mood, energy and sleep.

Rainbow Chart

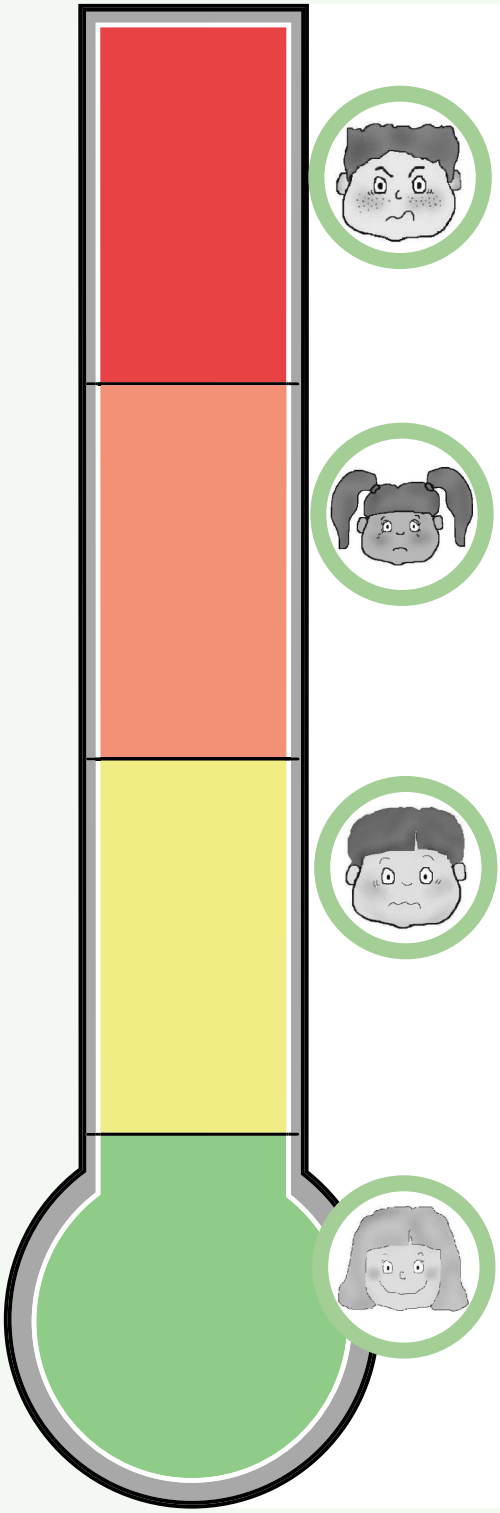
This chart is designed to track three emotions (sad to happy, angry to satisfied, and frustrated to peaceful), energy level (tired to energized) and cognition (confused to sharp-minded). The child rates their own levels from 1 to 10 on a rainbow-coloured chart three times daily. There is room under each rainbow chart for details such as medications taken, sleep disturbances or school experiences.

Mood Charts

There are two types of mood charts: daily charting and monthly charting. Daily charts consist of one day per sheet and can be kept in a journal. The information off the daily sheets can be transferred later to the monthly sheet (one month per sheet). Either the child or the parent may keep these charts.

Thermometer - Example

How Do I Feel?



Furious

I feel like I am exploding with anger. It feels like I have lost control of my body. I want to yell, swear, throw things or hit other people. I'm too upset to do work or play with my friends. Leave me alone!

Angry

I feel mad or upset. My heart beats faster and my face turns red. I want to stomp my feet and raise my voice. I can't focus on my work or get along with friends. I say mean things or hurt my friends.

Frustrated

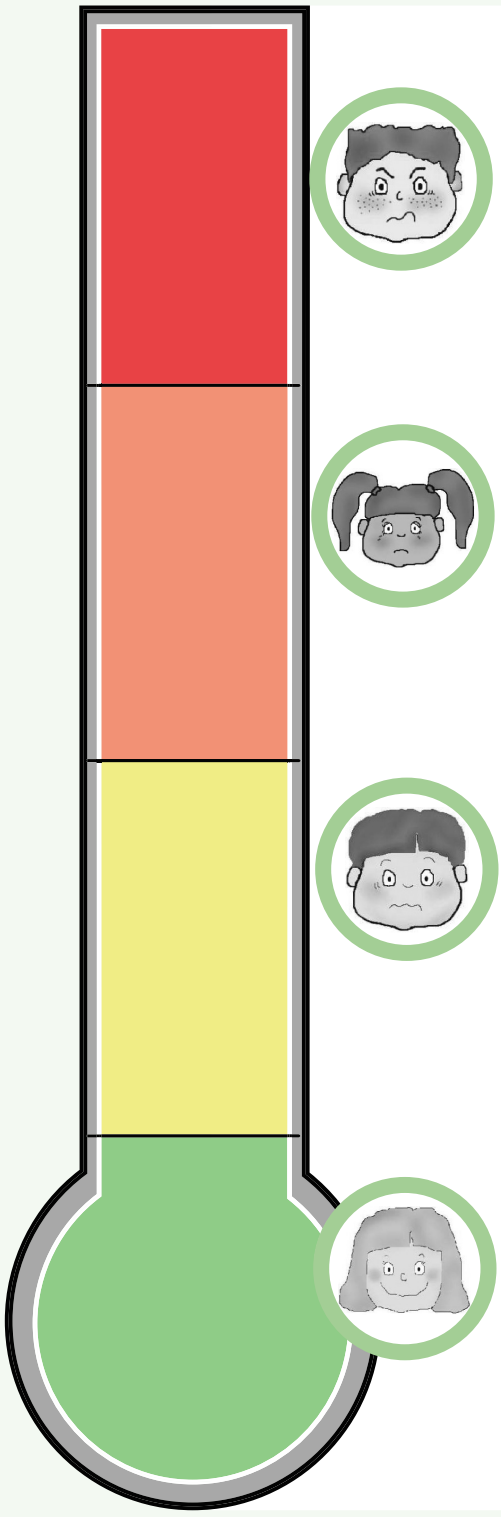
I feel annoyed, confused or nervous. My heart is starting to beat faster. I want to clench my fists, grind my teeth or sigh loudly. I find it hard to sit still and concentrate. It's hard to be kind to my friends.

Calm

I feel relaxed and happy. My breathing is steady and I feel like smiling. I can sit in my seat and focus on my work. I am getting along well with my friends.

Thermometer - Worksheet

How Do I Feel?



Furious

Angry

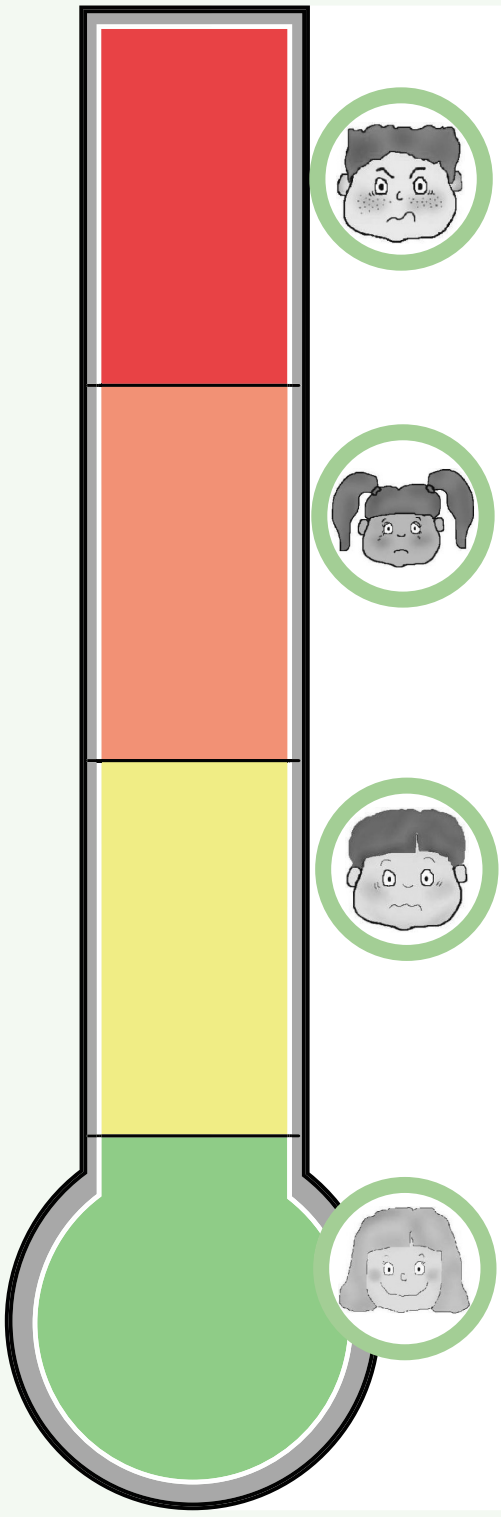
Frustrated

Calm

Stick a post-it on the level of stress you are feeling to let the teacher know you are feeling stressed.

Thermometer - Example

How Can I Calm Myself Down?



Furious

- I will ask a teacher to go my safe place to calm down for 10 minutes.
- I will use headphones to listen to music for 10 minutes.

Angry

- I will take 5 minutes to read a book that I like.
- I will put my head on my desk or go sit in a quiet area of the classroom for 5 minutes.

Frustrated

- I will take deep breaths and count to 10.
- I will take a stretch break and walk to the back of the classroom to read the bulletin board.

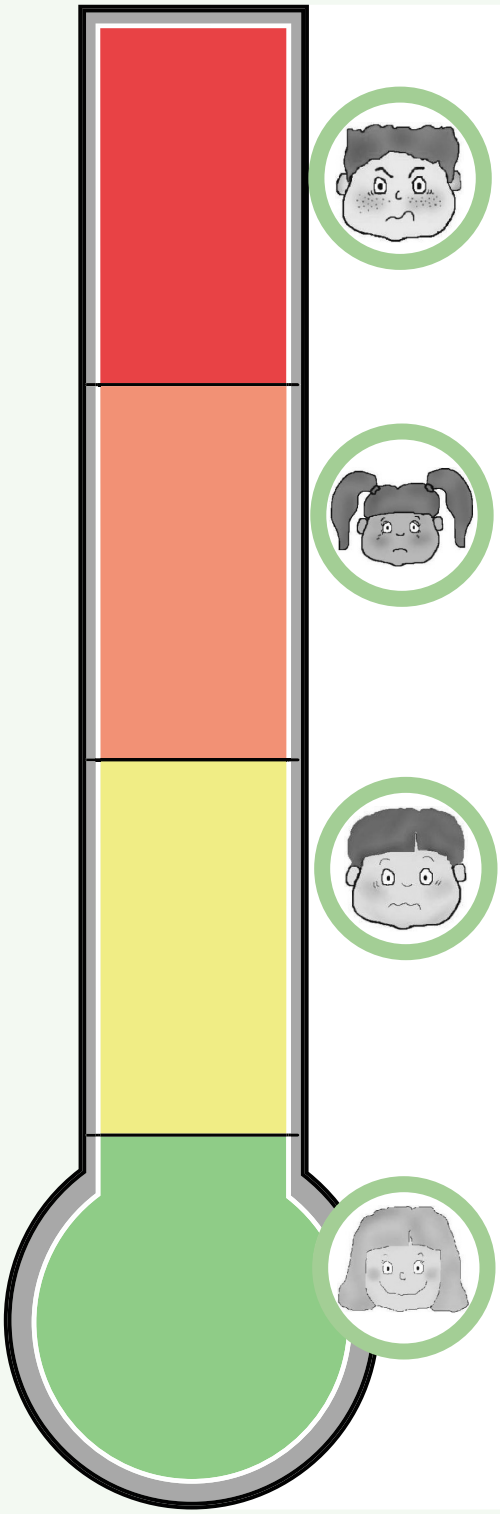
Calm

- I will tell myself that I am doing a great job.
- I will pay attention to my body and notice if I need to take a break, get a drink, or go to the bathroom.

Stick a post-it on what you're doing to let teachers know how you're calming yourself.

Thermometer - Worksheet

How Can I Calm Myself Down?



Furious

_____

_____

_____

_____

Angry

_____

_____

_____

_____

Frustrated

_____

_____

_____

_____

Calm

_____

_____

_____

_____

Stick a post-it on what you're doing to let teachers know what you're doing to calm yourself.

Daily Chart for Children

Name **Date**

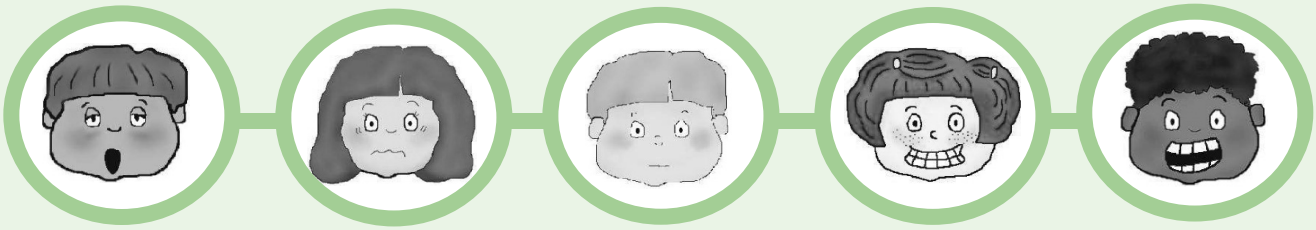
Mood

Circle the highest and lowest for today

Very Low Low Even High Very High

Energy

Circle the highest and lowest for today



Very Low Low Even High Very High

Sleep

Time I went to sleep last night

Time I woke up this morning

How I slept

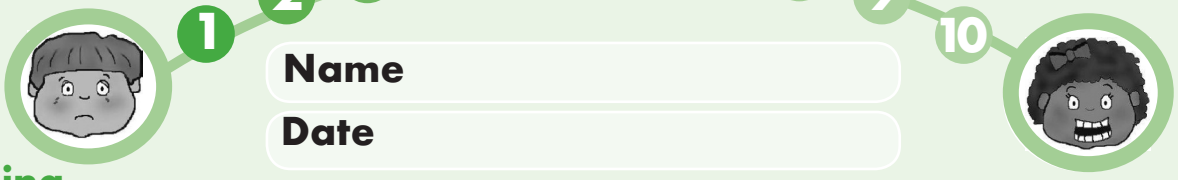
Medication

❑ Morning ❑ Afternoon ❑ Evening ❑ Bedtime

How school went today

How my moods affected me today

Rainbow Chart



Name

Date

Morning

Sad	1	2	3	4	5	6	7	8	9	10	Happy
Tired	1	2	3	4	5	6	7	8	9	10	Energized
Frustrated	1	2	3	4	5	6	7	8	9	10	Peaceful
Angry	1	2	3	4	5	6	7	8	9	10	Satisfied
Confused	1	2	3	4	5	6	7	8	9	10	Sharp-Minded

How I slept last night:

Meds:

School

Sad	1	2	3	4	5	6	7	8	9	10	Happy
Tired	1	2	3	4	5	6	7	8	9	10	Energized
Frustrated	1	2	3	4	5	6	7	8	9	10	Peaceful
Angry	1	2	3	4	5	6	7	8	9	10	Satisfied
Confused	1	2	3	4	5	6	7	8	9	10	Sharp-Minded

How school went:

Meds:

Evening

Sad	1	2	3	4	5	6	7	8	9	10	Happy
Tired	1	2	3	4	5	6	7	8	9	10	Energized
Frustrated	1	2	3	4	5	6	7	8	9	10	Peaceful
Angry	1	2	3	4	5	6	7	8	9	10	Satisfied
Confused	1	2	3	4	5	6	7	8	9	10	Sharp-Minded

A positive social experience today was:

Meds:

Daily Mood Chart

Mood (and Energy)

Mark mood with a dot, then connect dots to see trends (If desired, mark energy with an E)

Hour	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Very High																			
High																			
Even																			
Low																			
Very Low																			

Rages

Mark on 'R' for rages, write trigger beneath

Hour	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Rage																			

Medication

Mark abbreviation of medication(s) given with dose:

Hour	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12

Sleep

Mark a 'B' for bedtime; mark an 'X' for hours slept (day or night); mark 'W' for waking during the night

Hour	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Night																								
Nap																								

Monthly Mood Chart

Mood

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Very High																															
High																															
Even																															
Low																															
Very Low																															

Sleep

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Woke on Time																															
Woke Late																															
Bed on Time																															
Bed Late																															

School

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Good Day (less than 2 reprimands)																															
Bad Day (more than 2 reprimands)																															

Tips for Teachers With Students Who Have a Mental Disorder

Understanding Families When a Child Has a Mental Disorder

The following are some suggestions that teachers can follow as they build relationships with the parents of students who have a mental disorder.

- When a child is diagnosed with a mental disorder, parents understandably experience a variety of emotions such as shock, anger and grief. Eventually most families come to accept the situation and learn how they can support their child to succeed. If a parent is angry or frustrated, try to understand where that emotion is coming from.
- Be aware that parents are not the cause of their child's disorder. Parents often feel a lot of guilt and may be sensitive to any references that they are to blame for their child's disorder.
- Demonstrate appreciation of how difficult it can be for parents when a child has a mental disorder. Empathy can go a long way toward building a relationship with parents.
- Maintain open communication with parents and encourage them to be actively involved in their child's education. Parents usually hear when problems occur at school, but be sure to let parents know when improvement is observed as well.
- Teach students about mental disorders and help dispel the myths and stigma surrounding these disorders. Having a mental disorder should be nothing to be ashamed of, any more than one would be ashamed of having diabetes or asthma.
- Be sensitive to single-parent families, families with limited incomes or families of different ethnic backgrounds. These families may face unique challenges.
- Encourage parents to learn as much as they can about their child's disorder and treatment options. Express interest in receiving information if it will be useful to better help their child learn.

To learn more about the experiences of families who have a child with a mental disorder and the perspectives of youth who have a mental disorder, check out the FamilySmart Practice Tools:

- **What to Expect – About Families**
- **What to Expect – About Youth**

Available at www.familysmart.ca/resources/

These pages can be photocopied and given to teachers.

A Student's Perspective on Learning: Do's and Don'ts

- Do assume that I want to learn.
- Expect me to do my best.
- Ask me what modifications might help me better be able to do my work.
- Listen to my words and my behaviours—both are telling you what I need.
- Praise me when I am doing well. Be specific so I know exactly what I need to keep doing.
- Ask my parents for how we handle certain situations at home. My parents know me better than anyone else.
- Treat me with respect. My disorder is a challenge for you—and for me.
- Ask me what interests me.
- Relate academic topics to areas that I am interested in. Show me connections.
- Communicate with me often to help me keep up with how I am doing.
- If we need to discuss a problem, please do so privately with respect.
- Set up a plan that allows me to have 'down time' for cooling off after difficult situations.
- Don't just tolerate me; teach me.
- Don't be afraid of me because of my reputation or past behaviours.
- Don't expect less from me because I have a disorder that is difficult to understand.
- Don't blame my parents for my behaviour; I have a mental disorder and blame will not change who I am now or what my needs are now.
- Don't assume that my behaviour is a personal attack on you; my behaviour is often an 'impulsive reaction' that I cannot control.
- Don't challenge me when my behaviour is escalating—my impulse for self-preservation takes over and I might not respond in the most socially acceptable way.
- Don't embarrass me in front of my peers.

What to Say (and Not to Say) to Students with a Mental Disorder

Say...	Instead of...
"It sounds like this is frustrating for you. Would you like some help?" Or "I know this is really hard for you right now. You're doing a good job. Maybe you need a little break."	"You're not trying hard enough."
"Remember to walk." Or "Please keep your hands to yourself" Or "Can you try that again with nice words?"	"Don't run!" Or "Don't hit!" Or "Don't swear!"
"I'm concerned with what I just saw because (why). How could you handle this differently next time?"	"What I saw you do was wrong and now you have to go see the principal."
"Hey, it looks like you need to calm down. Would you like to go to your 'safe place'?" Or "Would you like to draw or read (a favourite book) here in the classroom?"	"Why did you just do that? You know better than that!"
"It looks like you are having trouble focusing on your work, would you like to move to another seat?"	"Do your work right now."
"How can you show me you are listening?"	"You need to listen to me."

For a complete list of references used in developing the Family Toolkit, please see Family Toolkit: References at www.heretohelp.bc.ca

heretohelp

Mental health and substance use
information you can trust

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