

help tip 1

How to respond effectively to your relative with schizophrenia who may have challenging behaviour

Some Suggestions

There are many ways of dealing with behaviour that upsets you. There are also ways of making yourself feel better about it, even if you can't change the person's behaviour. It is important to encourage the person to control his/her own behaviour. Before working out the best thing to do, it is important to understand what is happening to your relative, to know what is possible to expect of them, and to accept your own feelings and not blame yourself. Your relative may not be able to help doing some things because they are part of the illness. But many behaviours can change, with good management, learning some self-control, and with your help.

The following suggestions are made to help you to cope with certain behaviour associated with schizophrenia. Remember that every person is different, and everyone's circumstances are different. These are suggestions to try, but if they don't work for you, it might help if you consult with the mental health professional that you see, about what to do next. It may be that the particular suggestion just needs to be used differently in your situation, or that a different method may work better. Don't assume that nothing can be done.

1 Sleeping or withdrawing a lot of time, or sleeping at odd times.

In the first 6-12 months

Things that help

- Leave them alone, but let them know you are there if they need you
- Remember this is part of their recovery
- Gently encourage simple activities (e.g. watching TV)
- Get on with your own life

Things that don't help

- Don't take it personally or blame yourself
- Don't try to change them
- Don't worry or fuss too much over them
- Don't invite a lot of visitors home – it might be overwhelming
- Don't force them to talk to people

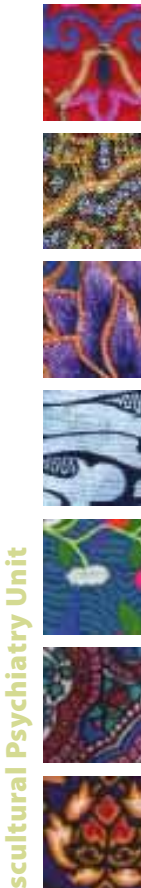
After 6-12 months

Things that help

- Slowly ask them to get up earlier in the day and to help you with things
- Offer some things to enjoy when they get up, like a tempting breakfast, pleasant music, etc.
- If they begin to withdraw or have trouble sleeping after being well for some time, contact their case manager – they may be having a relapse

Things that don't help

- Don't think that you always have to be protective
- Don't wear yourself out trying to do everything for your relative



2 Inactivity, not feeling like doing anything

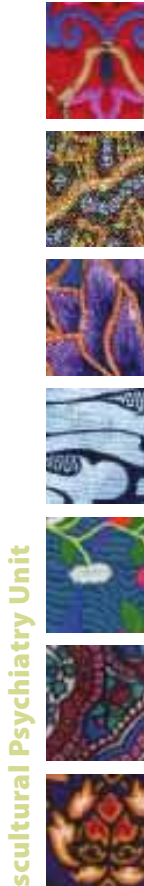
6-12 months after breakdown or relapse

Things that help

- Leave them alone if they want to do nothing
- If they say they are bored, offer or suggest some simple activity, e.g. watching TV, listening to music, going for a walk
- Experiment with different activities to find out what they would enjoy
- At first, try activities that are passive, e.g. that involve either listening or watching something
- Have a regular daily routine
- Encourage them to join in or follow this routine
- When they start getting better ask for their help with things
- Accept that they may do things at unusual times (e.g. eating at irregular hours – healthy snacks can be left in the fridge)
- Offer rewards and praise for the times when your relative helps with something, even when it is not perfect
- Remember they can be distracted and may make mistakes
- Talk with your relatives case manager or doctor for advice about when they are ready to do various things and how to encourage this

Things that don't help

- Don't insist on them doing much or going out
- Don't give them too many suggestions
- Don't suggest anything too complicated
- Don't criticise them
- Don't give too many instructions at the same time
- Don't call them lazy
- Don't expect things to be done perfectly
- Don't give complicated tasks
- Try not to do everything for them



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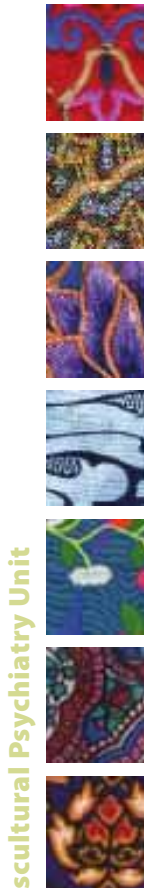
3 Strange talk or beliefs

Things that help

- Gently disagree with strange ideas
- Show some understanding for their feelings (e.g. they may be frightened of the voices)
- Encourage them to talk normally or 'sensibly'
- Change the subject to something simple or pleasant in real life (e.g. what you are making for dinner)
- Say you don't understand and you would like them to talk clearly
- Say when you think something is not real, (someone persecuting them)
- Acknowledge that the voices or beliefs seem real to your relative
- Help them to tell the difference between reality and 'fantasy' by pointing out when you think 'it's the illness playing a trick on you now, it is not really out there'
- Tell them that if they feel they must talk about the strange ideas, to do this with their case manager or their doctor
- If your relative seems relieved by talking about delusions etc., you can listen for a while, and then gradually change the subject
- If they are distressed and talk a lot about delusions, change the subject or try to involve them in a distracting activity
- If this happens often, check if they are taking prescribed medication and discuss the problem

Things that don't help

- Don't allow the family to make jokes or criticise the person
- Never argue about strange ideas – it never changes them and upsets both of you
- Don't spend much time listening to talk that makes no sense to you
- Don't pretend to agree with strange talk or ideas that make no sense to you
- Don't keep looking at them or nodding your head if they are speaking strangely
- Don't try to enter their world and follow what they say
- Don't keep up a conversation that you feel is distressing or annoying or too confusing for you – e.g. it's okay to say 'I'll talk to you later'
- Don't look horrified or embarrassed by strange talk (it is better to say clearly that you don't like it)
- Don't argue or interrupt
- Don't encourage this kind of talk if it is upsetting



4 Hallucinations (listening or talking to 'voices' and talking to themselves.)

Things that help

- Act calmly
- Allowing your relative to talk about the hallucinations or the voices can sometimes be helpful
- Distract them if you can, by involving them in doing something; offering them something to look at – e.g. newspaper article; asking them to look for something – e.g. to find the newspaper; engaging them in conversation; encouraging them to be with other people

Things that don't help

- Don't panic or assume another relapse is occurring
- Don't act horrified
- Don't try to figure out what they are talking to or about
- Don't let others laugh about this

5 Odd or embarrassing behaviour

Remember you are not responsible for this behaviour

Things that help

- Ignore it, if you can, especially if it is not serious or in public
- If you can't ignore it, ask the person not to do it
- Clearly describe your feelings
- If they can't stop the behaviour ask them to only do it in their room
- Do state clearly that the behaviour is not acceptable to others
- If you can, re-arrange the house or change the environment to lessen the behaviour (e.g. remove mirror from the living room if they talk to themselves in the mirror, when visitors are present)
- Find times to praise them for acting 'normal'. If the behaviour seems to be set off by particular things (e.g. too many visitors, being criticised, upsetting events, etc.) see if these can be reduced or stopped

Things that don't help

- Don't tell yourself that the behaviour is a reflection on you or your family
- Don't act upset
- Don't get into long discussions about it
- Don't let the family pay attention to it or laugh about it
- Don't nag them about their behaviour



6 Not taking prescribed medication

- If the problem is forgetting, gently remind them when it is time to take it, and find a daily routine when tablet taking can become a habit (e.g. breakfast, tooth-brushing)
- Remind them calmly that it helps to keep them well (refer to treatment of schizophrenia medication)
- Ask if she/he is having any side effects
- Discuss with the doctor
- If they continue refusing to take it, let the doctor know if symptoms reappear or get worse

7 Alcohol and street drugs

- Alcohol can be taken in small amounts, not more than one or two drinks a day, depending on the individual.
- Drugs such as Cannabis, L.S.D., Amphetamines ('speed') and P.C.P ('angel dust') and the new synthetic drugs such as 'crack' and 'Ecstasy' can be very harmful to a person with schizophrenia. They can make symptoms worse and trigger a relapse.

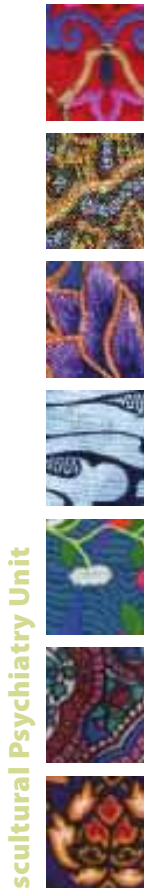
If your relative takes these drugs or drinks too much alcohol:

Things that help

- Remind him/her firmly that the drugs are harmful
- Remind him/her of the safe limits of alcohol that can be taken
- Calmly give him/her information about the effects of Drugs and Alcohol
- Ask their reasons for taking drugs or excess alcohol (if it is to lessen tension or obtain acceptance by other people, other alternatives may be found)
- Discuss with doctor or case manager
- Look for any stressors that may lead to drinking or drug taking (e.g. fights with the family, job pressures), and discuss ways of solving these
- Discuss other ways of being 'happy' or 'getting high', e.g. making new friends, music, sport
- The person may need to learn new things, e.g. socialising with people who don't drink or take drugs, or take up a new and satisfying hobby

Things that don't help

- Don't criticise – this may make things worse
- Don't give him or her money for drugs and alcohol
- Don't get into arguments about it
- Don't set an example of drinking a lot or drug taking yourself
- Don't let the family encourage heavy drinking or drug taking by making it sound good ('Boy I had a great night – got really drunk')
- Don't allow yourself to be talked out of enforcing the rule – it's important to be consistent



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- Make an agreement about no drug taking or excessive drinking
 - Keep this agreement at a level they can achieve
 - Support this by:
 - a) giving rewards or special privileges, perhaps each week, if your relative keeps the agreement (e.g. a trip to the movies, a special meal or something she/he values)
 - b) if your relative breaks the agreement:
 - don't give the reward you promised if the person had kept the agreement
 - take away the drugs or alcohol if possible and,
 - refuse to give money