

COMMUNICATION SKILLS

James 1:19-20 ¹⁹My dear brothers and sisters, take note of this: Everyone should be quick to listen, slow to speak and slow to become angry, ²⁰because human anger does not produce the righteousness that God desires.

Colossians 4:6 ⁶Let your conversation be always full of grace, seasoned with salt, so that you may know how to answer everyone.

From these scriptures and even from Jesus' example, communication is about listening, patience, wisdom, and responding with grace.

Your loved one's mental health difficulty during challenging episodes and symptoms can make communication extremely frustrating. The reasons for this is because your loved one's approach to communication may be argumentative and cause you to have a strong reaction. With good communication tools there is hope in learning how to respond with grace, not reacting out of fear or anger.

FACTS:

1. In times of distress, your *loved one's brain is **not working correctly***, which causes them to filter circumstances through their symptoms. Arguing with them will not cause them to "see the light." Reacting with fear or trying to forcefully reason with them will only intensify their symptoms and cause a breakdown in communication.
2. The mind and emotions are related; your response can affect their emotions and bring calm to the storm. Appealing to their **heart** instead of their mind can provide a new way of helping you and your loved one communication better.
3. In difficulties or stress, those suffering from mental health difficulties have a hard time processing thoughts and emotions. They are easily overwhelmed, becoming ultimatum-oriented or fatalistic in their thinking. By helping them dissect or patiently process the situation, we can show them a path to help them regain their peace. **Stay recovery focused, avoid quick-fix pressure.**

WHAT NOT TO DO

1. Reason, Correct or Discount
 - a. Do not try to reason or logically convince them that their reality is off, nor should you try to correct their thoughts and feelings. *Avoid trying to "fix" them.*
2. Raise Your Voice
 - a. Do not raise your voice in an attempt to control the situation.
3. Be Silent
 - a. A short time apart may help, but do not use the silent treatment out of frustration (it communicates rejection).
4. Defensive
 - a. Being fearful can lead to being reactive and defensive – it fuels the fire.

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WHAT TO DO

1. **Validate:** *active listening validation*
 - a. Really listen to what the person is saying and identify the emotions associated. As you validate back their emotions, try to keep emotional words simple not intense as some negative words imply more intensity
 - b. **“upsetting”** instead of “devastated” or **“sad”** instead of “depressed”
 - c. “I can see how that situation would make you feel sad, angry, discouraged, etc.
2. **Affirm:** *strength building through affirmation*
 - a. Find the character strength behind what they are saying – helping them to reframe the situation into safety, power or control
 - b. “I’m amazed how in this challenge you rely on God, how you’ve endured, it says so much about you.”
3. **Reconcile:** *togetherness reconciliation*
 - a. Reconcile means “to restore harmony or peace.” You do not have to have the solution for each other, rather the reaffirming security of presence for each other as you walk through this process together.
 - b. “I know you don’t have all the answers right now and I will walk through this with you and discover the answers along the way.”

LET’S ROLE PLAY

Role-play a scenario specific to anyone in the group or use one of the following examples to help practice this skill.

Examples:

- Not getting out of bed.
- Arguing and cursing at you.
- Does not want to get any help (doctors or therapy)

Example: when a loved one refuses to take medication.

“I understand that you do not like taking this medication and if I were in the same situation, I’m sure I would feel just as frustrated with all of the (VALIDATE). I am so sorry this has been so difficult (VALIDATE). I completely admire how you have been so willing through this process (AFFIRM). I just know that when you have taken this medication, I’ve seen you more peaceful and not as frustrated (RECONCILE). Plus, if we stick to the process, then we can tell the doctor about what’s working and what’s not (RECONCILE). I just want you to consider this and I want to help you through this, because I really do care (AFFIRM).”

ACTIVITY:

Define the situation:

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Validate: What are the specific emotions they are having?

Affirm: What are the specific strengths you see despite their challenge?

Reconcile: How can you express safety, comfort, and togetherness?

NOTE: Practice, practice, practice. Practice with other members of your family. Teach these things to the community and family who interact with the loved one regularly.

OTHER USEFUL TIPS

1. **Keep Cool:** Remember it's not personal – it's the disorder.
2. **Scripture or God Reference:** If you choose to bring up God or scripture, it should be simple and the dialogue short. Reference God's comforting character and their identity in Christ. Stay away from scriptures that place more expectations they are unable to process well (e.g., Philippians 4:6).
3. **Healthy Distractions:** Consider using other helpful ways that can help calm the situation (e.g. going for a drive, change setting by sitting outside, short walk).
4. **Stay Focused and Firm:** In a calm, but firm and genuine manner (after using the guide above), address the negative behavior. *"I understand how upset you feel and I apologize for any offense (be specific) I have caused AND I will be a part of helping you as best I can. How about we start over without yelling?"*
5. **Generalization vs. Specific?** Do not use generalizations (e.g. "You always get like this in big crowds"). Be specific to one issue at a time with a positive outlook.ⁱ (Note: no exaggerations such as "you always..." or "you never...")
6. **Make "I-statement":** making a very specific, direct communication about what I think, or what I feel, or what I want. In "I-statement," I am at the center of the communication. I take complete responsibility for my feelings and opinions. I don't waiver. I don't equivocate. I say what I mean.
 - a. "I get upset when you shout at me. I would appreciate it if you spoke quietly to me."

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- b. "When you pace in the front yard, I get uncomfortable. I would feel better if you would stop that."
- c. "I want you to wash up your dishes. I feel relieved to know the kitchen will be tidy when I get home from work."
- d. "I like your hair pulled back. I'm happy when I see you taking care of yourself."
- e. Example: "I feel **emotion** when **fact**"ⁱⁱ

Communicating with a psychiatrically disabled person

Persons with a psychiatric disability at times can:

Have trouble with reality
Be fearful.
Be insecure.
Have trouble with concentrating.
Be over-stimulated.
Easily become agitated.
Have poor judgment.
Be preoccupied.
Be withdrawn.
Having changing emotions.
Have changing plans.
Have little empathy for you.

Believe delusions.
Have low self-esteems and lack of motivation.

We must be willing to:

Be simple, truthful.
Stay calm.
Be accepting.
Be brief, repeat.
Limit input, not force discussion.
Recognize agitation, allow escape.
Not expect rational discussion.
Get attention first.
Initiate relevant conversation.
Disregard.
Keep to one plan.
Recognize their lack of empathy as a symptom of their disability.
Ignore, don't argue.
Stay positive... if circumstances so dictate.ⁱⁱⁱ

ⁱ The Mental Health Grace Alliance, *Family Grace: healthy solutions for your mind*, 2016, pp 23-28.

ⁱⁱ NAMI Family-to-Family Education Program, *Communication Skills Workshop*, p 8-19.

ⁱⁱⁱ NAMI Family-to-Family Education Program, *Communication Skills Workshop*, p 8-24.