

**In the meantime, the following guidelines will prove helpful:**

**DON'T THREATEN.** This may be interpreted as a power play and increase fear or prompt assaultive behavior by your loved one.

**DON'T SHOUT.** If the mentally ill person seems not to be listening, it isn't because he or she is hard of hearing. Other "voices" are probably interfering.

**DON'T CRITICIZE.** It will only make matters worse. It can't possibly make things better.

**DON'T SQUABBLE** with other family members over "best strategies" or allocation of blame. This is no time to prove a point.

**DON'T BAIT** your loved one into acting out wild threats. The consequences could be tragic.

**DON'T STAND** over your loved one if he or she is seated. Instead seat yourself.

**AVOID** direct, continuous eye contact or touching your loved one.

**COMPLY** with requests that are neither endangering nor beyond reason. This provides your loved one with an opportunity to feel somewhat "in control."

**DON'T BLOCK THE DOORWAY** if they want to leave, let them.

## How to Get Help

No insurance? Call the NAMI Southern Arizona office to help guide you to access mental health services.

### If you have mental illness :

- ◆ Seek medical care through a psychiatrist and/or your primary care physician.
- ◆ Find the right combination of treatment that works for you which may include medication, therapy, support groups, etc. *\*Sometimes people must try several different treatments or combinations of treatment before they find the one that works for them.*
- ◆ Take NAMI's Peer-to-Peer course and/or join the NAMI Connection support group.
- ◆ LEARN about your illness. The more you know, the more you are able to help yourself. Start with NAMI today!

### If you are a family member with a loved one who has mental illness:

- ◆ Take care of yourself.
- ◆ Take NAMI's Family-to-Family course, join a Family & Friends Support Group and/or take NAMI Basics if you have a loved one who is a child or adolescent.
- ◆ Family, friends and partners of military service members and veterans can take NAMI's Homefront course.
- ◆ Learn about your loved one's illness.

**RECOVERY IS POSSIBLE!**

**SHOW YOU CARE.  
WEAR A SILVER RIBBON.**



- Help break down the barriers to treatment and support.
- Help reduce stigma —talk about it!



**FIND HELP.  
FIND HOPE.**

Mental illness affects 1 in 5 people. We provide resources and support to all those affected by mental illness.

**NAMI SOUTHERN ARIZONA DEPENDS ON YOU.  
THERE ARE MANY WAYS TO HELP.  
BECOME A MEMBER, VOLUNTEER OR DONATE.**

NAMI Southern Arizona  
6122 E. 22nd St.  
Tucson, AZ 85711  
520-622-5582  
NAMIsa@NAMIsa.org

**COMMUNITY-WIDE CRISIS LINE:**  
520-622-6000 or 1-866-495-6735

NAMIsa.org



Educational information and local support provided by:



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## **Dos and Don'ts in Helping Your Family Member or Loved One**

### **Helpful DOs:**

#### ***Communication:***

- ◆ Be respectful and calm.
- ◆ Stick to one topic at a time.
- ◆ Keep a positive attitude.
- ◆ Be honest with yourself and with your family member.
- ◆ Use humor (when appropriate).
- ◆ Communicate openly and often with the doctors.

#### ***Building family member's self-esteem:***

- ◆ Genuinely praise and compliment your loved one frequently, even for day-to-day behaviors.
- ◆ Work together to create short-term goals.
- ◆ Stay active – plan and engage in activities together.

#### ***Dealing with difficult behavior:***

- ◆ Accept the fact that the person has a legitimate illness.
- ◆ Set and discuss clear limits, rules, and expectations for the family member's behavior.
- ◆ Be consistent and predictable.
- ◆ Keep a log of your loved one's symptoms, responses to various medications, hospitalizations, etc.
- ◆ Pay attention to warning signs of

possible relapse, worsening of symptoms, etc.

- ◆ Give your family member space when he/she asks for it (as long as he/she is not dangerous to him-/herself or others).

#### ***Taking care of yourself:***

- ◆ Stay in contact with your support system.
- ◆ Educate yourself about mental illness.
- ◆ Talk to other people who are struggling with similar situations (such as at the SAFE Program, meetings of NAMI, etc.).
- ◆ Remember that you are not alone.
- ◆ Take 1 minute at a time.

### **Helpful DON'Ts:**

#### ***Communication:***

- ◆ Don't tease your family member about his/her symptoms.
- ◆ Don't yell or shout at your family member.
- ◆ Don't argue with your family member about his/her symptoms (e.g., don't try to talk him/her out of delusions or hallucinations).
- ◆ Don't get stuck in talking about the past – stay in the present.

#### ***Dealing with difficult behavior:***

- ◆ Don't take the symptoms or illness personally.
- ◆ Don't tolerate abuse of any kind from your family member.

- ◆ Don't blame all your family member's undesirable behaviors on the mental illness.
- ◆ Don't always interpret his/her emotional distance as reflective of something about your relationship.

#### ***Dealing with the fact that your family member has a mental illness:***

- ◆ Don't let the illness run your life.
- ◆ Don't try to be your family member's therapist.

#### ***Enhancing your family member's self-esteem:***

- ◆ Don't make all the decisions for your loved one – allow him/her to make as many decisions as possible.
- ◆ Don't tell your family member to just "get over it" or to "get a life."
- ◆ Don't call your family member names (e.g., psycho, crybaby, etc.).

## **Handling a Crisis**

### ***Things Always Go Better If you Speak Softly and in Simple Sentences***

Sooner or later, if a family member is afflicted with a serious mental illness, a serious crisis will occur. When this happens, there are some actions you can take to help diminish or avoid the potential for disaster. Ideally, you need to reverse any escalation of the psychotic symptoms and provide immediate protection and support to the mentally ill person.

Seldom, if ever, will a person suddenly lose

total control of thoughts, feelings and behavior. Family members or close friends will generally become aware of a variety of behaviors which give rise to mounting concern: sleeplessness, ritualistic preoccupation with certain activities, suspiciousness, unpredictable outbursts, etc.

During these early stages, a full blown crisis can sometimes be averted. Often your loved one has ceased taking medications. If you suspect this, try to encourage a visit to the physician. The more psychotic your loved one is, the less likely you are to succeed.

You must learn to trust your intuitive feelings. If you, too, feel frightened or panic stricken, the situation calls for immediate action. Remember, your primary task is to help your loved one regain control. Do nothing to further agitate the scene.

It may help you to know that your loved one is probably terrified by the subjective experience of loss of control over thoughts and feelings. Further the "voices" may be life-threatening commands: messages may be coming from the light fixtures, the room may be filled with poisonous fumes, snakes may be crawling on the window.

Accept the fact that your loved one is in an "altered reality state." In extreme situations the person may "act out" the hallucination, e.g., shatter the window to destroy the snakes. It is imperative that you remain calm. If you are alone, contact someone to remain with you until professional help arrives.