

THE TOP 10 PRINCIPLES OF TREATMENT THAT EVERY FAMILY NEEDS TO KNOW

The top 3 principles apply directly to the family, recognizing your caregiving role. They are necessary in order to best practice the remaining 7 principles which focus on interacting with your relative with mental illness without pulling your hair out (or at least not too much).

These top 3 principles apply to everyone except those with a big “S” on their chest & long red cape.

1. CHOOSE TO TAKE CHARGE OF YOUR OWN LIFE

You have been victimized by the unexpected trauma of mental illness – but you don’t have to become a victim. Somewhere along the line, say “I choose to take on this caregiving role.” It goes a long way toward eliminating the feelings of being a victim. This will enable you to make decisions that reflect your family values.

2. “TO THINE OWN SELF BE TRUE”

As “thanks” for your efforts, caregivers are at an increased risk for all stress related physical disorders, depressive and anxiety disorders, and substance abuse. To keep you and your family strong, think of yourself as a “triathlete” in your caregiving role → Triathletes take in 7,000 calories during the course of a race; they can’t wait until it’s finished. Caregivers need to take in emotional sustenance

Utilize personal supports – friends, family, church, exercise, etc. to keep yourself healthy. Utilize professional supports – NAMI, books and classes, knowledgeable professionals to aid in understanding.

Know that you model responsibility in following this principle.

3. KNOW YOUR LIMITS & RESPECT THEM

Doing all the right things is no guarantee. Recognize that there are limits to what you can do for the person. Sometimes, there may be no “right” decision, only one that seems to work best for your situation given the information you have at the present time.

Utilize supports freely. Sometimes the distance from which you love may need to be greater than feels good. Know that you model responsibility when you do this.

4. “THE ONLY THING TO BLAME IS BLAME ITSELF”

Mental illnesses are biologically based brain illnesses, thus it is best to approach them as “no fault illnesses – neither the person nor family cause mental illness. Getting out of the blame games helps to focus on the essential ingredients of recovery.

5. “IT’S NOT ABOUT YOU”

Under the heading of easier said than done is the directive not to personalize the words and actions of your relative – see them as symptoms of the illness. This enables you to reach out to the person and not the illness. Put simply – love the person, hate the illness.

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6. GOING BACK IN TIME

Mental illness returns the person to adolescent state of dependence – on medication, the family, the treatment system – and nobody likes to feel dependent. Try to view things through your relative's eyes, imagine the fear that may be hidden behind anger or withdrawal. Offer adult freedoms that don't compromise health.

7. IDENTIFY THE "GOOOOOOOOOOOOOOOOOOOOOOOOOOOOOAL"

Engage in conversation to identify personal goals. Use "back doors" – identify interests, hobbies, admired qualities in others – when persons say "I don't have any goals." Break down seemingly large or unrealistic goals into small steps. Link any intervention to the expressed goals.

8. OOOOHHM.... BALANCE HOPES, EXPECTATIONS AND EVEN YOUR INTERVENTIONS

Maintain hope to make strides in recovery without placing too much expectation on the person. Realistic expectation looks at taking the next step in recovery. When intervening, ask yourself the question, "Will my intervention help my relative to do more, or to do less?"

9. "I'LL HAVE A LARGE HELPING OF ENCOURAGEMENT WITH JUST A SPRINKLE OF CRITICISM"

If you want to see a behavior repeated, reinforce, reinforce, reinforce. Never underestimate the power of encouragement in fostering hope. Look for small or everyday behaviors to reinforce. See the 1/10th of the glass that is full and reinforce it. This doesn't mean "walk on eggshells." Provide specific criticism when warranted.

10. "THE JOURNEY OF A THOUSAND MILES BEGINS WITH ONE SMALL STEP"

Recovery takes time, and needs to be measured over months, not days. Be persistent with your efforts but patient with the outcome. Look for small steps to assist the person in making & be grateful for progress.