

WHAT CAN I SAY?

Communicating with clients with mental illness

Randall A. Neff, ACSW, LCSW

Licensed Clinical Social Worker

Kano Psychotherapy, Ltd.

1301 N. Astor

Milwaukee, WI 53202

(414) 291-9184

Instructor

Southern New Hampshire University

Graduate Program in

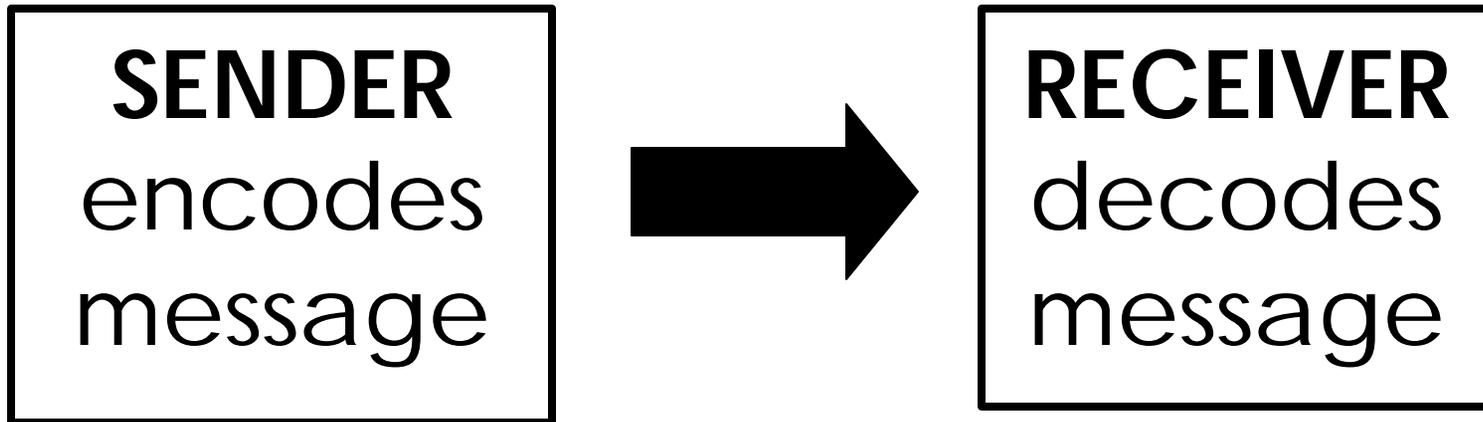
Community Mental Health

www.snhu.edu/pcmh

Communications theory

- Communications theory recognizes that communication depends on **code**: our words are code for the ideas and things that we talk about.
- The speaker or sender of the message **encodes** the communication in words; the receiver then **decodes** the message to attempt to understand what has been said.

Communications theory

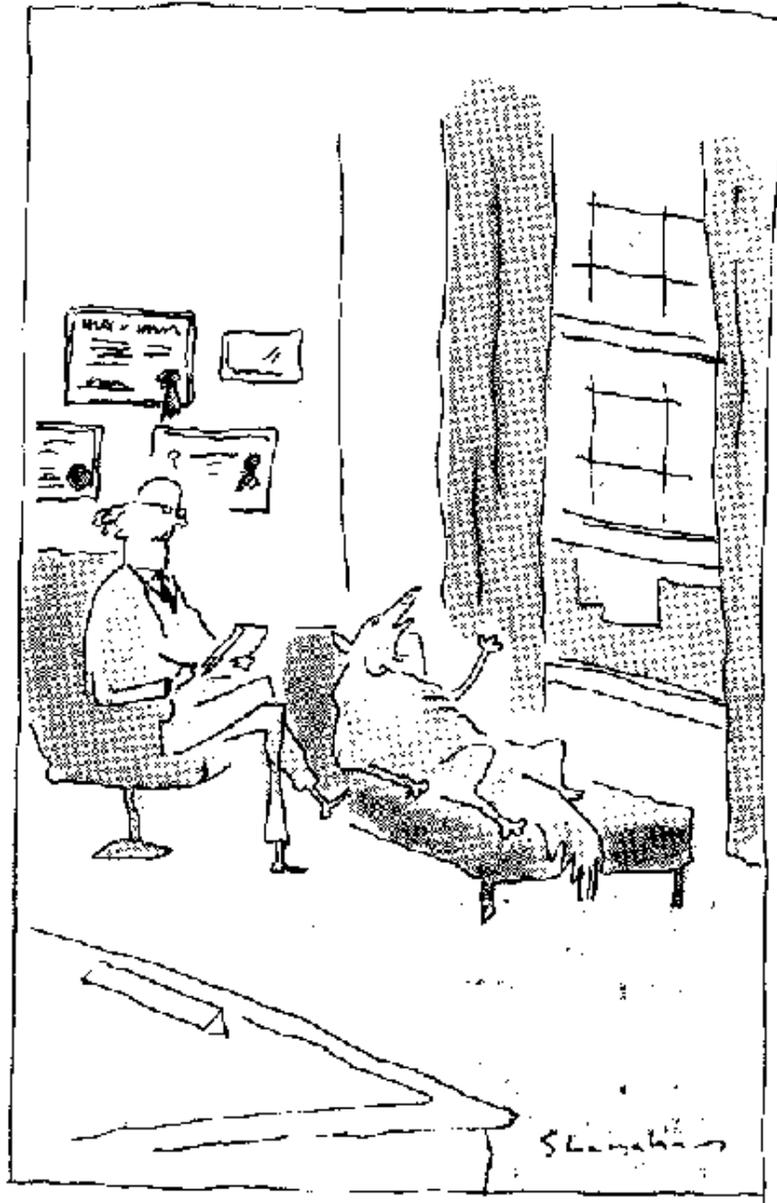


Communications theory

- However, we all have a different 'glossary' in our heads that we use to decode communication. How we decode communication is influenced by:
 - *Culture*
 - *Context*
 - *Personal experience*
- Successful communication requires that both the speaker and the listener understand these coded messages in the same way.



What Can I Say?



People who live with mental illness often are afraid

- This fear may range from anxiety to paranoia.
- Fear often triggers our “fight or flight” response.
- When our options are limited and we can't flee, we may instead lash out with anger.
- What looks like anger on the surface may actually reflect underlying fear.

People who live with mental illness often are afraid

- When we recognize and respect the underlying fear, we can be more successful in our communication.
- When we can speak past the surface anger to the underlying fear, we can often build a connection that helps us communicate.
- Speak to the fear instead of the anger.

People who live with mental illness think concretely

- They often have difficulty understanding abstract concepts. Words are more likely to make them think of concrete physical things rather than abstract concepts.
- For example, the word "hearing" might make them think of what their ears do, rather than a meeting with a judge; "booking" might sound like the library

People who live with mental illness think concretely

- Try to translate these more abstract concepts into more concrete terms to help them understand.
- You may find you're more successful when you ask them for information about concrete facts, rather than asking about abstract concepts like their thinking or motivation.

People who live with mental illness think concretely

- It's a good idea to avoid the use of the word ***why***: people often have difficulty looking at abstract ideas like their intentions.
- The word ***why*** also risks sounding judgmental.
- "Why did you do that?" can sound like '*why on earth did you do*

What Can I Say?
that?!?

People who live with mental illness often see the world as black or white

- This means that people and events are either good or bad, for you or against you.
- The answer is always yes or no, one way or the other; there's nothing in the middle.
- Yet much of the world is in shades of

gray.

What Can I say?

People who live with mental illness often see the world as black or white

- Individuals who see the world in this way have difficulty understanding degrees of difference, such as saying that one option is less bad than another.
- Sometimes we can simply work within their way of thinking by reassuring them we're on their side – that we're there to help.

People who live with mental illness often see the world as black or white

- Other times we can use some form of comparison – such as a number line – to help them see a range of possibilities: if the perfect situation is a 10, and the worst possible situation is zero, what would 4 or 7 look like? Maybe 4 still isn't particularly attractive, but it's better than zero.



People who live with mental illness often see the world as black or white

- We can also try to interrupt their tendency to idealize us, and try to 'vaccinate' them against devaluing us entirely.

People who live with mental illness often have experienced trauma

- They have often experienced sexual assault, gun violence, domestic violence, and sexual, physical, and emotional abuse in childhood.
- Many individuals have experienced multiple traumas throughout their lives.

Trauma is very common, and it is more likely that people who live with

People who live with mental illness often have experienced trauma

- People who have experienced trauma can become especially frightened when something reminds them of that trauma;
- Simply having their freedom restricted can be a trigger for these memories or “flashbacks”.

People who live with mental illness often have experienced trauma

- This goes a step beyond recognizing fear to understanding that people who live with mental illness have often been deeply wounded in life – often repeatedly in many different situations.

People who live with mental illness often abuse substances

- They may use and abuse alcohol, cocaine, marijuana, methamphetamine, and other drugs.
- Research indicates that many people who experience mental illness also have problems with substance abuse.

People who live with mental illness often abuse substances

- Individuals who are under the influence will have changes in their thinking, emotions, and behavior.
- Individuals who are withdrawing from substances will also frequently experience similar changes that may be even more uncomfortable and unfamiliar to them.

People who live with mental illness probably don't know how our systems work

- We've become familiar with the all the procedures, rules, and vocabulary of our systems.
- However, it's likely this is all brand new to many individuals, and they're struggling to understand it through the challenges of the changes in thinking and feeling we've discussed.

Other people don't know how our systems work

- Avoid jargon, acronyms, and specialized language. Instead, try to use everyday language to explain what's happening.
- Taking a little extra time to help them learn how the system works helps them understand how to cooperate with us.



People with mental illness sometimes have learned to accept being helpless

- They may have found they have few choices and little voice in what happens in their lives, and have learned to simply be passive in response to whatever happens.
- A history of trauma can also cause this kind of reaction.

People with mental illness sometimes have learned to accept being helpless

- They may have found they have few choices in what happens in their lives, and have learned to simply be passive.
- Although they may not know how our systems work, they may have learned from experiences with other large organizations that they are expected to simply follow along with

People with mental illness sometimes have learned to accept being helpless

- Help people to understand what choices and what power they **do** have.
- Help them to know what they say makes a difference to you, and that you really do want to hear what they have to say.

Help them understand what they can change and what is beyond

All people

- not just those with mental illness -
*rely heavily on non-verbal
communication*

- Non-verbal communication consists
of all the ways we look and sound
while communicating:

- *our body language*

- *facial expression*

tone of voice

All people rely heavily on non-verbal communication

- Research finds that when the content of the message and the non-verbal communication are inconsistent, people will rely on the non-verbal message rather than the content.
- By paying attention to your non-verbal communication, you can help move beyond some of the challenges described above

All people rely heavily on non-verbal communication

- Visual:
 - *Eye contact*
 - *Personal space – distance*
 - *Body language, posture and gestures*
- Verbal:
 - *Speech rhythm, volume, and speed*
 - *Tone of voice*
 - *Vocabulary and sentence structure*

Communicating with clients with mental illness

- Make sure the person feels ***heard***.
- Give them your undivided attention.
- Listen without coming to conclusions too quickly.
- Use silence – know when to stop talking. Silence is a powerful tool of listening.
- Use restatement.

Communicating with clients with mental illness

- Side with the individual in a way that is realistic and authentic.
- Honor the person's perspective, no matter how different from our own.
- Recognize what it is that the individual wants. What part of that can you agree with?
- Avoid being judgmental.

Communicating with clients with mental illness

- Avoid power struggles:
 - *what can we give in on?*
 - *arrange for both sides to 'win'*
- Change the field if the discussion isn't working:
 - *offer food*
 - *move the meeting to another setting*
 - *get other people involved – supports for you, supports for the client*

Communicating with clients with mental illness

- De-escalation
 - *Use agreement*
 - *Be flexible*
 - *Listen actively*
 - *Reflect empathy*
 - *Gentle attitude*
 - *Gentle tone*

Communicating with clients with mental illness

- If what you're doing isn't working, do something different
 - *If you're asking questions, stop asking questions*
 - *If your aren't asking questions, then start*
- Own the responsibility for the success of the client: there's no such thing as a resistive client, there are simply people we haven't yet figured out how to help.

People who live with mental illness are just trying to get by - like all of us

- Consider eliminating the word ***manipulative*** from your vocabulary.
- Often what we call manipulative are simply other people's coping skills that we don't like – that are bothersome to us.



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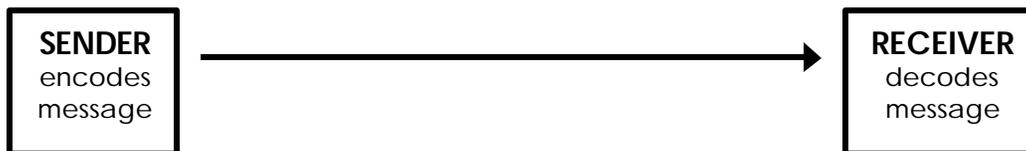
Instructor
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What can I say? Communicating with clients with mental illness

People who live with mental illness experience changes in their thinking and emotions as part of their illness. These changes impact the way in which they perceive the world, how they communicate, and how they behave. This presentation will review some of those differences, and look at how we can more successfully communicate with individuals who are coping with mental illness.

We will explore some common ways in which people who live with mental illness might experience the world. As we better understand how others might perceive our communication, we can tailor our message to be more successful.

Communications theory recognizes that communication depends on code: our words are code for the ideas and things that we talk about. The speaker or sender of the message encodes the communication in words; the receiver then decodes the message to attempt to understand what has been said. However, we all have a different "glossary" in our heads that we use to decode communication. How we decode communication is influenced by culture, context, and personal experience. Successful communication requires that both the speaker and the listener understand these coded messages in the same way.



By understanding some of the patterns that influence how people with mental illness might receive and decode our communications, we can change the way in which we send the message to increase the chances of success. All of these ideas will be explored in greater detail in the workshop, with examples, demonstrations, and opportunities for questions and discussion.

1. **People who live with mental illness often are afraid.** This fear may range from anxiety to paranoia. Fear often triggers our "fight or flight" response. When our options are limited and we can't flee, we may instead lash out with anger. When we recognize and respect the underlying fear, we can be more successful in our communication. When we can speak past the surface anger to the underlying fear, we can often build a connection that helps us communicate.
2. **People who live with mental illness think concretely.** They often have difficulty understanding abstract concepts. Words are more likely to make them think of concrete physical things rather than abstract concepts. For example, the word "hearing" might make them think of what their ears do, rather than a meeting with a judge; "booking" might sound like the library. Try to translate these more abstract concepts into more concrete terms to help them understand. You may find you're more successful when you ask them for information about concrete facts, rather than asking about abstract concepts like their thinking or motivation. It's a good idea to avoid the use of the word **why**: people often have difficulty looking at abstract ideas like their intentions. The word **why** also risks sounding judgmental.
3. **People who live with mental illness often see the world as black or white, and have difficulty seeing shades of gray.** This means that people and events are either good or bad, for you or against you. The answer is always yes or no, one way or the other; there's nothing in the middle. Individuals who see the world in this way have difficulty understanding degrees of difference, such as saying that one option is less bad than another. Sometimes we can simply work within their way of thinking by reassuring them we're on their side – that we're there to help. Other times we can use some form of comparison such

as a number line to help them see a range of possibilities: if the perfect situation is a 10, and the worst possible situation is zero, what would 4 or 7 look like? Maybe 4 still isn't particularly attractive, but it's better than zero.

4. **People who live with mental illness often have experienced trauma in their lives:** sexual assault, gun violence, domestic violence, and sexual, physical, and emotional abuse in childhood. Many individuals have experienced multiple traumas throughout their lives. People who have experienced trauma can become especially frightened when something reminds them of that trauma; simply having their freedom restricted can be a trigger for these memories or "flashbacks". This goes a step beyond recognizing fear to understanding that people who live with mental illness have often been deeply wounded in life.
5. **People who live with mental illness often use and abuse substances** such as alcohol, cocaine, marijuana, methamphetamine, and other drugs. Research indicates that many people who experience mental illness also have problems with substance abuse. Individuals who are under the influence will have changes in their thinking, emotions, and behavior. Individuals who are withdrawing from substances will also frequently experience similar changes that may be even more uncomfortable and unfamiliar to them.
6. **People who live with mental illness probably don't know how our systems work.** We've become familiar with the procedures, rules, and vocabulary of our systems. However, it's likely this is all brand new to many individuals, and they're struggling to understand it through the challenges of the changes in thinking and feeling we've discussed. Avoid jargon, acronyms, and specialized language. Instead, try to use everyday language to explain what's happening. Taking a little extra time to help them learn how the system works helps them understand how to cooperate with what's expected.
7. **People with mental illness sometimes have learned to accept being helpless.** They may have found they have few choices and little voice in what happens in their lives, and have learned to simply be passive in response to whatever happens. A history of trauma can also cause this kind of reaction. Although they may not know how our systems work, they may have learned from experiences with other large organizations that they are expected to simply follow along with whatever happens. Help people to understand what choices and what power they *do* have. Help them to know what they say makes a difference to you, and that you really do want to hear what they have to say. Help them understand what they can change, and what is beyond their control.
8. **All people – not just those who experience mental illness – rely heavily on non-verbal communication.** Non-verbal communication consists of all the ways we look and sound while communicating: our body language, facial expression, tone of voice, etc. Research finds that when the content of the message and the non-verbal communication are inconsistent, people will rely on the non-verbal message rather than the content. By paying attention to your non-verbal communication, you can help move beyond some of the challenges described above.

About the speaker:

Randall A. Neff, ACSW, LCSW is a Licensed Clinical Social Worker in private practice with Kano Psychotherapy in Milwaukee, and a Faculty Member with the Southern New Hampshire University Graduate Program in Community Mental Health. He was previously Director of Education and Training for the Milwaukee County Behavioral Health Division, and has done extensive training on communication, assessment, and intervention with individuals with mental illness. He specializes in psychotherapy with male survivors of sexual abuse, and gay, lesbian, and bisexual clients.