

Helping Families to Set Limits

Talk to Friends for Mental Health, West Island, 15 sep 93

Story

Thank you, Mme *****; and thank you, ladies and gentlemen, for your warm welcome. I would like to tell you a story.

I was giving a talk to a group of family members of mentally ill patients. During the question period afterwards, a man stood up and asked about a particularly difficult situation he and his wife were experiencing. His daughter, a woman in her thirties, had been hospitalized for many years at Douglas Hospital, and the couple, who were very devoted to her, would take her home on weekends. The problem was that she would swear and curse a blue streak, verbally abusing her parents endlessly. The parents felt powerless to do anything about it, as they had been told that their daughter's behaviour was caused by her mental illness.

I asked the father how his daughter's behaviour made him feel. He replied, "I get very angry and upset, particularly when she is so abusive towards my wife. But then I feel guilty; after all, my daughter is sick, and it's not her fault that she acts this way."

Introduction

This story introduces my topic tonight, which is "Helping Families to Set Limits". During my talk, I want to get your active participation, and I therefore also encourage you to stop me at any time if something is not clear, or to ask questions.

definitions

First, some definitions. What are limits? What does it mean to set limits? We are talking about dealing with certain problems that occur in families and how to deal with them.

First of all, it has to do with problem behaviours. Can you give me some examples of problem behaviours?

Second, it is a person who is engaging in these problem behaviours. For many of you, that person is somebody with a mental illness.

Are people responsible for their behaviour?

what do families want?

A survey of families by Agnes Hatfield:

57%	Better understanding of symptoms
55%	Specific suggestions for coping with patient's behaviours
44%	relating to people with similar experiences and people to talk to who had known the illness
30%	substitute care, for family respite
27%	have patient change place of living
18%	more understanding from relatives and friends
18%	relief from financial distress
12%	therapy for self

The Family Task

Provide a highly structured
moderately stimulating

emotionally benign
environment
minimize stress and constriction in the lives of its well
members

Family Subtasks

develop realistic expectations
set priorities and strategies for behaviour change
monitor stress and symptoms
encourage compliance with treatment
reduce impact of illness
cope with stigma
plan for the future

psychological mechanisms

anger and guilt
passive and aggressive behaviours
assertive behaviour
scapegoating

when anyone feels frustrated by their helplessness, they look
for someone to blame, a "scapegoat"
this has a long and honorable history

feelings or attitudes which get in the way of being helpful:

disengagement
hostility to sources of help, eg treatment teams
denial
throwing money at the problem
malice; gain from the illness

practical issues

two step process:

first suggest what needs to be done
when it doesn't happen, explore why

setting small goals, so that there is experience of success

use a systems approach: everyone must be involved

if there is a possibility that there will be non-participation or
even active sabotage, this must be planned for

being a good salesperson is valuable, acting as a therapist isn't

principles:

everyone is responsible for his or her own behaviour
in real life, behaviours have consequences
by behaving in certain ways, we decide what will happen to
us

story of Michael agreeing to put out the garbage; I had to
rouse him out of bed at midnight to do it

people will object, express fear of violence, etc.

I will need to follow these up- what should they do then?

steps:

first, decide what behaviour you want

second, what is the bottom line for you? ie what would you do
if the behaviour is not forthcoming?

story of pt who always came banging on his mother's door at all hours, demanding money. She feared that if she didn't give in, he might break down the door. Also, when she refused, he went to relatives, and they scolded her for not supporting him financially.

work out a plan of action: behaviour & consequences

sell the idea to other members of the family

communicate the plan to the person implicated

be clear, direct, and unemotional

explain exactly what will happen

when the behaviour occurs, give one warning, unemotionally

if the behaviour recurs, apply the consequence, with a brief explanation, but without any negotiating or arguing

expect an escalation of undesirable behaviours

Show the vicious circle of anger, guilt, abuse.

Here's what I suggested to this father. We agreed that something had to change, and the father was willing to change his own behaviour. I suggested that he and his wife should refuse to have the daughter in their home if she behaved so badly. This was very hard for them to accept, but once they had reflected that if their daughter had not had a mental illness, she would have been asked to leave long before, they agreed to try.

The plan was, as soon as the daughter became abusive, she would receive one warning: "If you continue to talk like that, we will take you back to the hospital". Then if she did continue, they would take her back, calmly, quietly, with as little fuss as possible.

So what do you think happened?

Well, it was predictable. The first weekend, no sooner had they gotten into the car when the abuse started. A warning was given, it had no effect whatsoever, so the father turned the car around and went back to the hospital.

What do you think happened the next weekend? This time, the daughter's abuse began, worse than ever before, even before they left the inpatient unit. You see, she was doubly angry at her parents for not taking her home, and she was determined to let them know how she felt. The parents didn't even take her off the unit.

The third weekend saw a chastened daughter. On quite a few occasions, however, she started with the abuse, but this time, the warnings were effective. Why? Because she had learned that her parents meant business. They had proved to her that they were ready to do what they said they would do.

It concerns my dear wife Ann, who died a little over a year ago after a long and difficult battle with cancer.

She worked in the mental health field also, as a psychiatric nurse. She was quite a remarkable person, and she left to me and to our children, and to all the people who were fortunate enough to know her, a rich heritage, a heritage that includes a positive attitude to life, a conviction that handicaps are simply challenges to be overcome, and a belief that, given time and motivation, you can do anything you set your mind to.

Ann was one of the team at the Continuing Care Clinic of the Jewish General Hospital where Ann worked for a number of years. The Continuing Care Clinic is an excellent program providing treatment to adults with schizophrenia or other major psychiatric disorders, and it is staffed with dedicated and giving people. The team there recognized early on that, in order to be able to look after their patients well, they had to be able to look after themselves. And a very important part of looking after themselves well is to nurture their relationships. So the team would regularly get together for an evening or a whole weekend, not to discuss their work, but to have fun, to be with each other. One memorable long weekend they went to New York city. Maxine, who likes good food, made sure the team ate well at some of the city's best restaurants. Judith, whose motto is "shop until you drop", took the group on an expedition to Bloomingdale's. I won't say whose idea it was to watch the adult movies showing on the hotel room's TV, but everyone learned something new. Ann contacted a local running club, the New York Road Runners, and joined them for a race that weekend.

Messages: you can't look after anyone else if you can't look after yourself. One of the most important ways to look after yourself is to nurture your relationships with other people.

death of Ruby's husband - the short illness with cancer, but the much longer depression which was in all likelihood treatable - years of suffering could have been prevented

interactive talk re the usual things

Get involved in self-improvement

give up drugs, alcohol, smoking, caffeine

dealing with obesity

exercise as an antidepressant

volunteer work

hygiene in sleep, eating habits, etc.

work on enhancing your relationships

relationships are necessary for growth, and even for life

interdependence instead of dependence or independence

learn to deal with impulses

impulses are short-lived

maturity brings better impulse control

successful control of impulses becomes easier with practice

learn to deal with feelings

anger

anger is OK as a feeling

has an evolutionary value - the mother in the jungle

everyone has a right to be angry

acting on anger gets people into trouble

the fight or flight response

decreased IQ leads to poor decisions

dealing with anger

passive vs. aggressive vs. passive-aggressive behaviour
assertive behaviour

find out what makes you angry

do what is necessary to avoid getting angry, the next time

fear and anxiety

relaxation techniques: yoga, meditation, self-hypnosis,

prayer

behaviour therapy for phobias

motivational ideas

There are seminars, audiocassette, & videocassette programs dealing with specific topics. Aimed primarily at business people, they are nevertheless helpful for anyone.

assertiveness training

neurolinguistic programming

Relate story of depressed pt, who I got during a session to sit, walk, facial expression, breathe, think as if not depressed, and this lifted her depression (temporarily)

time management

my parents are busier than ever: social clubs, volunteer work, practising music, visiting their children and grandchildren, taking trips.

Managing time is important; it's a non-renewable resource. People talk about "saving time". Well, time is about the only thing that cannot be saved. Once a moment has gone by, it's gone for good.

getting along with difficult people

overcoming lack of motivation, depression, burnout

goal setting

dealing with anger

overcoming self-destructive behaviours:

drug and alcohol abuse

smoking

obesity

development of specific skills:

improving memory

negotiation and persuasion

listening and interviewing

giving feedback

judging character

identifying and dealing with blocks to success

Pithy Sayings

What the mind can conceive and believe, it can achieve.

Be choosy about your goals — you'll get them!

Success is the progressive realization of a worthwhile goal.

We learn what we think about.

We learn what we think about.

Treat everyone as the most important person on earth.

Treat everyone as the most important person on earth.

Success depends on how we relate to others.

Look for the best in people.

We must change — not wait for others to change.

Everything comes from people who are affected by our attitude.

Become successful by first adopting a successful attitude.

Be something before doing it.

Carpe Diem - seize the day.

Argue for your limitations and you get to keep them (Richard Bach).

The way things are is the way things are.

Your reward is proportional to your service.

Important Points:

**the vicious cycle of guilt, permitting abuse, anger, and more guilt
necessity to look after oneself**

child's right to parents who are strong
enough to set limits
the families need to know what their limits
are and what consequences they are willing
to impose if their limits are exceeded
anger is useful in certain situations, but angry
behaviour creates problems

when the kids do something dangerous, for
example, I may yell at them angrily.

They have told me, "don't yell, Dad, you're
scaring me!"

My response is, "I want you to be scared
because I don't want you to do that again!"

once you are angry, it's too late; your IQ has
already dropped

spectrum of dealing with anger: passive,
aggressive, passive-aggressive, assertive
assertiveness: a way of avoiding getting angry
anger is a way of avoiding sadness, but
sadness and mourning are necessary in
healing