

# Coping with difficult behaviour<sup>i</sup>

There are many ways of coping with annoying or upsetting behaviour. There are also ways of making yourself feel better about the difficult behaviour, even if you cannot *change* the other person's behaviour.

It is important to encourage the other person to control his or her own behaviour. Before working out the best thing to do, it is important to understand what is happening to your mentally ill relative. In this way, you will know what to expect of your relative, and to accept your own feelings and not blame yourself. Your relative may not be able to help doing some things because these behaviours may be a part of the illness itself. However, many behaviours can be changed with good management. With your help, the individual may be able to improve his or her self-control.

The following suggestions are made to help you cope with certain behaviours associated with schizophrenia. Remember, though, that every person is different and everyone's circumstances are different. On the following pages are some suggestions you may like to try, but if these suggestions do not work for you make sure you consult with your mental health professional to find other strategies that may work instead. Perhaps the particular suggestion needs to be used differently in your situation; or maybe a different method might work better. Do not assume that nothing can be done.

(NB For simplicity, the following has been written using the masculine gender.)

## Hallucinations

For example, when your relative sees or hears things that you do not see or hear, or when he talks to himself or to 'voices'.

*Do:*

- act calm
- distract the person if you can, by involving the person in something interesting; offering something to look at (eg a newspaper article), asking the person to help you find something (eg to find the newspaper), engaging the person in pleasant conversation; or encouraging the person to be with other people he knows well.

*Don't:*

- panic or assume that another breakdown is occurring
- act horrified
- try and figure out what he is talking about or to whom he is talking
- let others laugh about these hallucinations or strange talk
- ask him to try to *force* the voices to stop.

## **Sleeping or withdrawing a lot of the time, or sleeping at odd times:**

*In the first 6–12 months*

*Do:*

- leave the person alone but make contact whenever he comes out of his room to let him know you are there if he needs you
- remember that he needs to sleep and withdraw while he is recovering
- gently encourage other activities that are not too demanding (eg watching TV, washing dishes, etc.)
- go out and enjoy yourself with other people
- occasionally offer a cup of tea or coffee.

*Don't:*

- take it personally or blame yourself
- keep trying to drag him out of his room
- wear yourself out trying to change him
- worry or fuss too much over him
- invite a lot of visitors home — it may be too overwhelming
- force him to talk to people.

*After 12 months*

*Do:*

- slowly ask the person to get up earlier in the day and to do more things
- offer something to enjoy when he gets up, like a tempting breakfast or pleasant music
- praise him for getting up.

*Don't:*

- think you always have to be protective.

**Note:** If your relative has been well for some time and develops sleeping difficulties or begins to withdraw again, contact his/her clinician. These behaviours might be a sign that your relative is relapsing.

## **Inactivity and not feeling like doing anything:**

*In the first 6–12 months*

*Do:*

- leave him alone if he does not want to do anything
- offer or suggest some simple activity such as watching TV, listening to music, going for a walk, etc. if he says he's bored
- experiment with different activities to find out what the person will enjoy. At first try activities that are passive (eg, listening to or watching something)
- try to have a regular daily routine so that things are predictable
- encourage him to join in or follow this daily routine
- when he starts getting better, give him simple daily chores to do. *Break chores into small steps if they are difficult*

- try to make allowances for him if he needs to do things like eating at unusual times. (You can leave healthy snacks in the fridge.)
- offer rewards and praise for the times when your relative does the chores, even if the chores are not done perfectly
- remember that your relative may be distractible and may make mistakes or find it hard to finish long jobs
- talk with your relative's clinician or doctor about rehabilitation programmes. Get advice about when he is ready to do various things and how to encourage him to do these things.

*Don't:*

- insist on your relative doing much or going out
- overwhelm him with too many suggestions at once
- suggest activities or chores that are too complicated (eg a game of Scrabble or grocery shopping)
- nag or criticize him
- expect him to do things he is afraid of doing (eg going out to a party) or which he finds too confusing (eg writing letters or rearranging the furniture)
- give too many instructions at the one time
- label your relative as 'lazy' — this label doesn't help either of you
- expect things to be done perfectly
- wear yourself out doing everything for your relative.

**Manipulative behaviour:**

If your relative feels helpless, left out, or suspicious and threatened, he may start to use manipulative behaviour. For example, he may try to get the members of the family to do everything that he wants them to do, or he may try to set one family member against another, or he may try to get attention at any cost. Note that these behaviours and situations can also happen in most 'ordinary' families at some time.

*If your relative tries to manipulate you into doing things you don't want to do, or tries to get you to do things that are unreasonable:*

*Do:*

- be firm by saying 'No, this is something you can do for yourself'
- be firm by saying 'I don't like this behaviour. Please stop'.

*Don't:*

- do things for your relative that he can do for himself, or which you feel are too much for you
- let yourself give in through feelings of guilt — there is nothing you *have* to do.

*If your relative seems to do inappropriate things to get attention:*

*Do:*

- say you want him to stop the behaviour
- pay attention and give praise when your relative does something nice and helpful
- if possible, avoid paying attention to the inappropriate behaviour

- make it part of the routine to spend time doing something with your relative (eg chatting over coffee, walking, gardening, etc).

*If your relative tells you negative things about other people:*

*Do:*

- check out any negative 'stories' your relative tells you about others (in the family or outside, such as the clinician)
- ask why he feels/thinks that way
- Remember your relative may be confused and may misinterpret what people say
- have open family problem solving discussions if behaviours bother the family
- discuss your relative's concerns with the clinician to sort out any misunderstandings or to see whether your relative may need to change his treatment in some way
- seek another opinion if you are not happy with your relative's treatment.

*Don't:*

- make accusations against other family members
- jump to conclusions if your relative says negative things about others (including family, clinicians, doctors, etc)
- allow your relative to stop attending treatment without first discussing it with the doctor.

### **Aggressive behaviour:**

People with schizophrenia are usually shy and withdrawn. Aggression is no more common among these people than in the general community. If you're living with someone who does tend to be aggressive, however, you will need to know what to do when he becomes aggressive so that you feel more able to cope in these situations.

*Do:*

- give a firm command such as 'stop please'
- leave the room or the house quickly if he doesn't stop
- leave the person alone until he has calmed down. If you've left the house, a phone call may tell you if he is calmer
- call your relative's clinician, or if the clinician is not available, call the Crisis Team if one is available in your area. (Your local hospital or community mental health centre will inform you.)
- take any threats or warnings seriously and contact the clinician or doctor, particularly if your relative has ideas of being persecuted and talks about 'Getting them before they get me', etc
- say afterwards 'I know you were upset but we won't put up with violence — EVER', or 'You can tell us what you're angry about, but cannot hit anybody'
- arrange to have someone else stay with you or be available on the phone, or to arrange for your relative to stay elsewhere if you are afraid for your safety over a period of time
- discuss any threats and violence openly in the family and with the clinician
- try to see what triggers the aggression and stop or avoid that behaviour/situation (eg over-crowding in the house, criticism, doing too much for the person, etc)
- If all else fails, it's OK to call the police if you or your family need protection.

*Don't:*

- say angry, critical things that will provoke more aggression
- argue
- stay around if the person doesn't calm down
- ignore verbal threats or warnings of violence made to you or about others
- tolerate aggression or violence to you or your family
- try to battle it out on your own — ask for help
- let yourself or the family become the only ones your relative depends on — this can create anger.

**Strange talk or beliefs:**

*Do:*

- gently and matter-of-factly disagree with strange ideas
- show some understanding of the person's feelings (eg fear of the voices)
- encourage the person to talk normally or 'sensibly'
- change the subject to something routine, simple, or pleasant in real life (eg what you're making for dinner)
- say you don't understand and you'd like him to talk clearly
- say when you think something is not real (eg 'the voices'), while acknowledging that they *seem* real to your relative
- help your relative to tell the difference between reality and fantasy by saying you think 'It's your brain playing a trick on you just now — it's not really out there'
- tell your relative that if he feels he must talk about the strange ideas, to do this only to certain people who are not worried by these ideas (eg the clinician or doctor).

*Don't:*

- allow the family to make jokes or criticize the person
- argue about the strange ideas — arguing never changes the ideas and only upsets both of you
- spend much time listening to talk that makes no sense to you
- pretend to agree with strange ideas or talk you can't understand
- keep looking at the person or nodding your head if they are speaking strangely
- try to enter his world and follow everything he says
- keep up a conversation that you feel is distressing, annoying or too confusing for you. It's OK to say, 'I'll talk to you later when you're making more sense.'
- look horrified or embarrassed by strange talk. It's better to say clearly that you don't like the strange talk.

**Not taking prescribed medication:**

*Do:*

- if the problem is a result of forgetting, gently remind him when it is time to take the medicine. Find a daily routine (eg, breakfast, tooth brushing) when tablet taking can become a habit
- remind him calmly that medication helps to keep/make him well

- ask if he is having any side-effects
- talk to his doctor about his difficulty with remembering to take medication
- if he refuses to take medication, let the doctor know if symptoms get worse or reappear.

### **Fears of suicide:**

#### *Do:*

- listen to all your relative's feelings of depression but also point out that help is available
- show appreciation of your relative's feelings and the fact that he confided in you
- contact the clinician or doctor if suicidal ideas persist
- distract your relative by involving him in pleasant, low key activities with someone he knows well
- help the person to be with someone by whom they feel accepted so they don't feel isolated
- let the person know you accept and care about him
- consider whether any stressors can be removed that might be depressing your relative (eg too much pressure to go back to work, etc).

#### *Don't:*

- panic if your relative talks about suicide, but do take his feelings seriously
- tell the person things like 'Pull yourself together'.

### **Odd or embarrassing behaviour:**

#### *Do:*

- remember that you are not responsible for this behaviour
- ignore this behaviour if you can, especially if the behaviour is not serious
- if you can't ignore the behaviour, ask the person clearly and pleasantly not to do that particular behaviour
- if the person can't help the behaviour, ask him to do it only in his room
- state clearly that the behaviour is not acceptable to others
- if you can, rearrange the house or change the environment so as to lessen the behaviour (eg remove mirror from living room if he stands talking to himself in the mirror in front of visitors.)
- find times to praise the person for acting normally
- if the behaviour seems to be set off by stress (eg too many visitors, being criticized, upsetting events, etc) see if the stress can be reduced or stopped.

#### *Don't:*

- tell yourself that the behaviour is a reflection on you or your family
- act upset
- get into long discussions
- let the family pay attention to the behaviour or laugh at the behaviours
- nag the person about the behaviour.

### **Alcohol or street drugs:**

Alcohol can be taken in small amounts — not more than one or two drinks a day, depending on the individual.

Drugs such as marijuana, LSD, amphetamines ('speed') and ecstasy are like poison to a person with schizophrenia. These drugs can make symptoms worse and can trigger a relapse. If your relative takes these drugs or too much alcohol:

#### *Do:*

- remind him firmly that the drugs are harmful
- remind him about how much alcohol he can safely drink
- ask your relative why he takes these drugs/excess alcohol. If he takes the drugs to lessen tension or to be accepted by his peers, encourage him to explore other alternatives
- discuss his drug-taking with his doctor or clinician. Look for any stressors that may lead to drinking or drug-taking (eg fights with family, job pressures) and discuss ways of solving these stressors
- discuss alternative ways of 'being happy' or 'getting high', such as making new friends, music, sport, etc. Your relative may need to learn new things (eg socializing with people who don't drink or take drugs, a new satisfying hobby, or doing voluntary work to gain a sense of achievement)
- make a firm rule about no drug taking or excessive drinking. Support this rule by:
  - giving rewards or special privileges (perhaps each week) if your relative keeps the rule (eg a trip to the movies, a special meal, money, or anything else he values).
  - if your relative breaks the rule, take away the drugs or drink if possible and take away a privilege immediately (eg pocket money, records, video, ban a favourite TV programme, or anything else he values). Make sure you choose something he can't get some other way (eg from a friend).

#### *Don't:*

- give him the promised reward if he didn't stick to the rule
- nag or criticize since this may make things worse
- get into arguments about your decisions
- set an example of heavy drinking or drug-taking yourself
- Let the family encourage heavy drinking or drug-taking by making these behaviours sound good. (eg 'Boy, I had a great night — got really pissed', or 'Had a great party — we all got stoned')
- allow yourself to be talked out of enforcing the rule — it's important to be consistent.

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<sup>i</sup> This leaflet has been adapted, with permission, from Piatkowska, Visotina. *Mental Health Information Manual: a Self-Help Guide for Relatives and Carers*, 1989, quoted in Andrews G, Jenkins R, eds. *Management of Mental Disorders* (UK Edition). Sydney: World Health Organization Collaborating Centre for Mental Health and Substance Abuse, 1999. Distributed for the publishers in the UK by IN 2 Mail Ltd, Fax: +44 (0)1252 322315; PO Box 55, Aldershot, Hampshire GU12 4FP.