UNIVERSITY MENTAL HEALTH RESEARCH INSTITUTE – UMHRI &

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Postgraduate Training

PSYCHOEDUCATION AND BEHAVIOURAL FAMILY THERAPY

COMMUNICATION GUIDELINES

During Covid 19 crisis

Designed for families caring for a person affected by a serious mental illness

EDITOR Alexandra Palli

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About the Authors

A group of psychologists, psychiatrists and other mental health professionals who are

currently attending the Postgraduate Program on Psychoeducation and Behavioural Family

Therapy contributed to the development of the "Communication Guidelines During

COVID-19".

This academic program is offered by the University Mental Health Research Institute & the

A' Department of Psychiatry of the National and Kapodistrian University of Athens - Eginition

Hospital.

The group was inspired by their experience in providing psychoeducation to families who

live with and take care of a loved one who suffers from a serious mental illness.

While working along with the families, they documented the needs and difficulties that

arose from the onset of the unprecedented disturbances caused by the sense of fear and the

precautionary COVID-19 measures.

The idea for the present guide originated by the group supervisor Dr. Alexandra Palli, a

clinical psychologist who jointly heads the academic program along with Dr. Marina

Economou, Professor of Psychiatry.

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Here is our enthusiastic scientific team (in alphabetic order):

Kelly Anastasiou, Christina Antipa, Dimitra Varnakioti, Andreas Georgiou-Kanellos,

Katerina Efstathiou, Zografia Kazia, Dionisios Kladis, Manousia Kypreou, Rafaella Marra,

Anna Bechraki, Nicolaos Papamichail, Panagiotis Periklakis, Georgios Petrou, Gianna

Siouti, Chrysoula Triantafillidou, Athanasia Tsakona, Nikoletta Tsomaka and Emmanouela

Foussiani.

Translation in English: Niki Tsousi & Emmanouela Foussiani.

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"There is nothing more frightening for a human being than the lack of communication"

Mihail Bakhtin, Philosopher

"There is a solution to every problem"

I.R.H. Falloon, Professor of Psychiatry, Pioneer of Psychoeducation

Introduction

The outbreak of the pandemic and the rapid spread of COVID-19 has led all countries to impose austere protective measures in line with the World Health Organization (WHO) and the global scientific community.

During a pandemic, which requires us to adhere to social distancing and voluntary home restraint, feelings of worry and insecurity are to be expected. Sudden changes in our daily routines and especially the deprivation of freedom coupled with the fear of death, set the scene for an unstable environment which in turn might lead to intense anxiety and emotional destabilization. Notably, people with serious mental disorders, along with their families, might face increased challenges in applying the precautionary governmental measures such as home confinement, which may result in communication difficulties. Studies have shown that the effects of stress are cumulative and especially so in vulnerable patients with mental illness. It is essential for these patients to experience external stress in a protective familial setting.

Mental health professionals as well as family members which support a person suffering from a psychotic disorder, acknowledge that communication is key and plays an integral role in the creation of a supportive environment.

In accordance with the tenets of the psychoeducational approach, the goals of the present "Communication Guidelines During Covid-19 Crisis" are to provide families with tools that will enable them to:

- 1. Improve and ease communication,
- 2. Enhance Resilience,
- 3. Improve Adaptability.

These points are particularly valuable when acutely stressful events leading to significant life changes arise.

People with serious mental illness during crisis

Causes of patients to experience increased anxiety

Scientific evidence supports the idea that abrupt life changes are linked with feelings of excessive anxiety in individuals facing serious mental disorders. Numerous epidemiological studies show that adverse life events can precede the onset of psychotic symptoms, especially when they have occurred in the past six months.

Low self-esteem is one of the causes for increased levels of anxiety in patients with psychotic disorders. It has been observed that when a person considers oneself to have a low selfworth and abilities, there is an increased probability to be susceptible to environmental stimuli. Additionally, he/she might have less emotional resilience and lessened abilities for stress management.

Social Stigma is another reason that seems to lead to elevated stress levels and can be described as a series of stereotypical beliefs related to mental health disorders. This phenomenon can lead to social isolation and decreased satisfaction, which in turn causes increased stress. Other reasons that seem to trigger excessive stress levels are self-stigmatization and denial of ones' illness.

Finally, elevated stress experienced by patients with psychotic disorders may cause a lack of emotional comprehension towards others. Thus, patients may not accurately perceive social situations and/or the difficulties caused to those immediate to them and to society.

How Anxiety is Expressed

It is well known how anxiety is expressed in those suffering from psychotic disorder(s). This knowledge is powerful as it enables us to design and optimize appropriate psychoeducational interventions for managing this phenomenon. More specifically, anxiety can make its onset when an individual with a psychotic disorder:

a) experiences a sudden surge of emotions, b) adopts self-harming behavioural patterns, c) exhibits abnormal behaviour (i.e. laughter episodes with no apparent reason, adopts abnormal standing body posture, talks about matters that sound bizarre or speaks without making sense), d) neglects his/her personal hygiene routine e) constantly seems upset and worried with no obvious reason, f) gazing constantly goes out of focus, g) seems apathetic even when emergencies emerge, h) exhibits unusual sensitivity to stimulus such as light and noise, i) seems stuck with specific routines or phrases which are mechanically repeated, j) stays awake or sleeps for too long and k) faces difficulties in concentrating and/or in executing activities which were part of his/her past routine.

"I believe the greatest gift I can conceive of having from anyone, is to be seen, heard, to understood and touched by them.

The greatest gift I can give is to see, hear, understand and touch another person.

When this happens, I feel communication is done."

Virginia Satir – Family Therapist

Communication and its Role

Communication plays a very important role relieving anxiety in patients with various chronic and serious mental disorders. It involves both verbal and non-verbal contact (eye contact, facial expressions such as smiling and body posture). Thus effective communication is a crucial determinant of the course of the illness.

Numerous families may have noticed that when it comes to communication with a relative, that is experiencing illusions, delusions or hallucinations it is hard for him/her to separate fantasy from reality. The family often finds this highly challenging and avoids interaction with the patient in an effort to avert conflict.

Knowing how to communicate is of the outmost importance. Effective family communication both requires and forms supportive connections among its members. This approach results in improved adherence to pharmacological treatment, illness acceptance, more balanced family dynamics and better relations among family members.

Successful communication can be achieved only when we embrace: active listening, expression of emotions whether positive or negative, empathy, decision making and joint problem solving.

It is worth mentioning that each family member communicates differently with the person who suffers. Family members, need appropriate information, help and support in order to assist the person with the mental health condition when psychotic symptoms as well as anxiety is experienced.

Special Family Therapies, as psychoeducation, can improve communication between patients and family members. In addition, Family Psychoeducation targets the mitigation of stress and anxiety, assists in establishing effective problem-solving strategies and prevents relapse or admission to psychiatric hospitals. Taking the particular traits of each family member into consideration, sufficient training is offered in order to handle and support an adequate type of communication.

Ways to improve family communication

There are five strategic interventions to improve family communication:

The first strategy involves your attitude and the conditions set up at home.

- Follow your normal schedule while exhibiting a positive vibe.
- ▶ Decluttering your space declutters your mind. Make sure that your family's space feels stress-free.
- Be a model Act like a routine role model. By adopting a routine while staying at home you help the person with the mental health condition to establish his/her own routine. Routines can involve personal health care, healthy daily food scheduling, exercising and entertainment.
- Sharing is Caring. Share simple chores and/or develop an activity together (which they can tolerate).

The second strategy involves Active Listening:

- Show patience and understanding, try to listen non-judgmentally.
- Recognise what he/she might feel and communicate (i.e. you can tell him/her empathetically: "You are right. That seems terrible and sad").
- Listen carefully and ask simple clarifying questions as a sign of attention and interest.
- Make a brief summary to make sure you precisely understood.

The third strategy involves language usage.

- Talk as always. Avoid following a different linguistic pattern (i.e. baby talk or any other unusual linguistic style).
- Use the same terminology as the patient even if it feels bizarre. Avoid intonation alterations.
- Do not use strong, biased and prejudiced language which promotes stigma (i.e. weirdo, paranoid, crazy, mad, psycho etc)
- Avoid criticism, it offends others.
- Express yourself clearly, precisely with positivity and tranquillity.

The fourth strategy involves Body contact & expression

- Interact with the patient genuinely & peacefully.
- Avoid physical contact without making sure that this is acceptable from the side of the patient.
- Avoid movements which indicate nervousness (nail biting, hair pulling, foot shaking and facial rubbing).

The fifth strategy concerns our contact in times of crisis, tension or nervousness:

- Avoid the expression of anger or frustration Do not shout out loud.
- Maintain a tranquil and low voice tone.
- Stay under control and avoid panicking.
- Reduce the noise: e.g. if the radio is loud or the TV is on, turn them off to ensure disturbances are minimized.
- In case the person with the mental health issue has a requirement that makes sense try to fulfil his/her request, thus, a more acute conflict might be avoided.
- ▶ In case patient becomes violent, seek help immediately (have a ready-made action plan on hand – make sure that people involved are well informed about your circumstances).
- Do not ignore delusional ideation, however, do not encourage relevant discussions. Pay close attention and hear intentionally your relative without conflicts.

Communication with a person experiencing a mental disorder is not limited in our verbal and postural contact. It also involves emotions; especially when communication includes unpleasant experiences or thoughts. Particularly:

- Do not forget that the patient has no control over what he/she is experiencing. You do not share the same reality.
- Pharmacological treatment is necessary. Make sure you follow precisely the given prescription even if your relative claims that he feels pretty good.
- If you are a parent you might feel guilty concerning your child's mental health issue; or you may feel the need to blame others. In this case, do not express your feelings as it does not seem to help. However, it is vital for you to connect with a mental health specialist.

Strengthening Family Resilience

Throughout life, with every step we take, through successes but also through failures and traumas we learn to become more mentally resilient; we personally develop and we increase our ability to adapt. By strengthening resilience, life's challenges and unpleasantries might leave behind their scars but do not determine the path of life.

Studies have stressed that family burden, which might result from various factors (i.e. social, financial and psychological) leads to the exhaustion of family members and thus in some cases depression. Relatives of individuals with mental health conditions have a high risk of experiencing stress, anxiety and fatigue.

We are going through a period which is characterized by intense stress as well as excessive processing of information. In this new era of the COVID-19 outbreak, emotional exhaustion of caregivers increases mainly due to activity changes, reduced social interaction and financial hardship. Additionally family members find themselves in a state of emergency as they too are exposed to high stress levels.

Due to these emotional suppression factors, it is vital to boost psychological resilience in order to reduce the underlying burden that emerges.

Key points:

- ♣ Accepting change. Even if we resist, change is a part of life. Search and learn from ways and means in your past experiences that have made it easier for you to cope with change.
- Maintain contact with the patient. Prioritise human contact. Talk to your friends and family about how you feel. Emotional expression is healing. Their empathy will help you realise that you are not alone. There is always someone who cares about you. We are experiencing social distancing NOT emotional distancing.
- → Take care of your physical health. Remember that anxiety can be both emotional and physical. Do not neglect health problems, stay current with your pharmaceutical treatment. Adopt a daily physical exercise routine; this will enable you to handle the current pressures. Make sure you get enough rest while maintaining a consistent sleep schedule.
- Maintain healthy eating habits. Try to avoid the trap of comfort food. It has been observed that during a crisis there is an increase in the consumption of comfort food. This type of food is usually high in calories, carbohydrates and fat while lacking in nutrition. High consumption of comfort food during a crisis can be easily explained: high-fat foods are often tastier and therefore more satisfying. On the other hand, foods rich in carbohydrates have been reported in various studies to have a positive effect on our emotions. After all, the brain uses such foods (carbohydrates) as fuel. However, the overconsumption of these foods, offers temporary relief, while contributing to the most probable weight gain which ultimately might cause a negative sense of self.
- **Establish activities that increase your positive emotions** such as reading, praying, meditating, watching movies, listening to the music you love etc.

- ♣ Join a community. You are not alone. You can register online to be part of a community group that you share common interests, ideas and/or worries. You might want to search for a mental health family association which can assist you in resting, finding support and regaining hope.
- **Show empathy** toward the person who suffers from a mental health condition by saying "I understand that during this period you might feel especially confused".
- ♣ Reach out for help early. The frustration of our efforts can lead to self-isolation, but it is important to accept help and support. In case of severe stress, do not hesitate to contact mental health professionals.
- → Talk openly about your feelings and thoughts that have emerged throughout this period to someone you trust. The person who suffers may not be the most suitable person, as this may make him anxious.
- Give time and space to all members of your family. At the same time, it is important for each member to comprehend and adhere to the rules and boundaries which have been set.
- → Avoid unhealthy "solutions". Smoking, consumption of alcohol, unprescribed tranquilizers and drugs do not realistically reduce your negative emotions. On the contrary, these "solutions" create additional problems.
- Focus on what you can control. Distance yourself from situations which are beyond your control. Stay present in the moment. Turn your attention to the positive aspects of life. Remind yourself of your many achievements that you are thankful for. This practice (evidence-based) will help you to increase your resilience for handling the current situation.

Conclusion

No one is born with a roadmap of life.

No one becomes a parent with a roadmap of parenthood.

No one faces mental illness with a roadmap of recovery.

We hope that many families will use the psychoeducational guidelines, which have been developed in this booklet, in their effort to create new pathways towards a better life.

Bibliography

- Addington, J., Addington, D., Jones, B. & Ko, T. (2001). Family intervention in early psychosis program. *Psychiatric Rehabilitation Skills*, 5(2), 272-286. https://doi.org/10.1080/15487760108415433
- American Psychological Association (2020). *Building your resilience*. www.apa.org/topics/resilience
- Awad, A.G., & Voruganti, L.N.P. (2008). The burden of schizophrenia on caregivers A review. *Pharmacoeconomics*, 26(2), 149-162.
- Boydell, J., Onwumere, J., Dutta, R., Bhavsar, V., Hill, N., Morgan, C., Dazzan, P., Morgan, K., Pararajan, M., Kuipers, E., Jones, P. & Fearon, P. (2014). Caregiving in first episode psychosis: social characteristics associated with perceived 'burden' and associations with compulsory treatment. *Early Intervention in Psychiatry*, 8(2), 122-129. https://doi.org.10.1111/eip.12041
- Darmi, E., Bellali, T., Papazoglou, I., Karamitri, I. & Papadatou, D. (2017). Caring for an intimate stranger: Parenting a child with psychosis. *Journal of Psychiatric and Mental Health Nursing*, 24(4), 194-202. https://doi.org/10.1111/jpm.12367
- Economou, M., Theocharis, M., Dieti E., Legaki E., Charitsi, M., Palli, A. & Papageorgiou, C. (2019). Integrating psychoeducation and positive psychology: A challenge in managing chronic illness. Archives of Hellenic Medicine, 36(2):264-276
- Economou, M. & Charitsi, M. (2017). Patients with bipolar disorder and their families: The contribution of psychoeducation to the management of bipolar disorder. *Archives of Hellenic Medicine*. 34(1):32-41
- ➤ Jansen, J.E., Gleeson, J. & Cotton, S. (2015). Towards a better understanding of caregiver distress in early psychosis: a systematic review of the psychological factors involved. *Clinical Psychology Review*, *35*, 56-66.
- Kuipers, E., & Raune, D. (2000). The early development of expressed emotion and burden in the families of first onset psychosis. In M. Birchwood, D. Fowler & C. Jackson (eds). *Early intervention in psychosis*. Chichester: Wiley.
- Lysaker, P. H., Yanos, P. T., Outcalt, J., & Roe, D. (2010). Association of stigma, self-esteem, and symptoms with concurrent and prospective assessment of social anxiety in schizophrenia. *Clinical Schizophrenia & Related Psychoses, 4*(1), 41.
- Lobban, F., & Barrowclough, C. (Eds.). (2009). A casebook of family interventions for psychosis. John Wiley & Sons.

- Mayo, D., Corey, S., Kelly, L., Yohannes, S., Youngquist, A., Stuart, B., Niendam, T. A. & Loewy, R. L. (2017). The Role of Trauma and Stressful Life Events among Individuals at Clinical High Risk for Psychosis: A Review. *Frontiers in Psychiatry*, 8, 55. https://doi.org/10.3389/fpsyt.2017.00055
- McFarlane, W. (2016). Family Interventions for Schizophrenia and the Psychoses: A Review. *Family Process*, *55*(3), 460-482. https://doi.org/10.1111/famp.12235
- McCabe, R., & Priebe, S. (2008). Communication and psychosis: it's good to talk, but how?. *The British Journal of Psychiatry,* 192(6), 404-405. https://doi.org/10.1192/bjp.bp.107.048678
- Mental Health First Aid Australia. (2019). *Psychosis: first aid guidelines* (revised 2019). Melbourne: Mental Health First Aid Australia.
- Norman, R. M. G., Malla, A. K., Manchanda, R., Harricharan, R., Takhar, J. & Northcott, S. (2005). Social support and three-year symptom and admission outcomes for first episode psychosis. *Schizophrenia Research 80*, 227-234. https://doi.org/10.1016/j.schres.2005.05.006
- Palli, A., Kontoangelos, K., Richardson, C., & Economou, M. (2015). Effects of Group Psychoeducational Intervention for Family Members of People with Schizophrenia Spectrum Disorders: Results on Family Cohesion, Caregiver Burden, and Caregiver Depressive Symptoms. *International Journal of Mental Health*, 44(4), 277-289. https://doi.org/10.1080/00207411.2015.1076291
- Palli, A. (2017). Psychoeducation: The way to Make Patients Manage their Illness and Fill their Future with Life. Short Communication. *Mental Health in Family Medicine*, 13, 528-531
- PSYCHOSIS. First Aid Guidelines for Loved Ones. The University of California, Family Service Agency (FSASF) of San Francisco, and The Mental Health Association of San Francisco (MHASF).

 https://psych.ucsf.edu/sites/psych.ucsf.edu/files/PREP%20MH%20First%20Aid.pdf
- Pompili, M. (2014). Impact of living with bipolar patients: Making sense of caregivers' burden. World Journal of Psychiatry, 4(1), 1. https://doi.org/10.5498/wjp.v4.i1.1
- Poon, A. W. C., Harvey, C., Mackinnon, A., & Joubert, L. (2016). A longitudinal population-based study of carers of people with psychosis. *Epidemiology and Psychiatric Sciences*, *5*, 1-11. https://doi.org/10.1017/S2045796015001195
- Ran, M. S., Chui, C. H. K., Wong, IY-L., Mao, W. J., Lin F. R., Liu, B., & Chan, C. L. (2016). Family caregivers and outcome of people with schizophrenia in rural china: 14 year follow up study. *Social Psychiatry and Psychiatric Epidemiology*, *51*, 513-52. https://doi.org/10.1007/s00127-015-1169-0

- Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature, *Asian Journal of Psychiatry*, *52*, 102066. https://doi.org/10.1016/j.ajp.2020.102066.
- Revier, C. J, Reininghaus, U., Dutta, R., Fearon, P., Murray, R. M., Doody, G.A., Croudace, T., Dazzan, P., Heslin, M., Onyejiaka, A. & Kravariti, E., (2015). Ten-Year Outcomes of First-Episode Psychoses in the MRC AESOP-10 Study. *The Journal of nervous and mental disease 203*(5), 379-386. https://doi.org/10.1097/NMD.00000000000000095
- Reininghaus, U., Kempton, M. J., Valmaggia, L., Craig, T. K. J., Garety, P., Onyejiaka, A., Gayer-Anderson, C., So, S. H., Hubbard, K., Beards, S., Dazzan, P., Pariante, C., Mondelli, V., Fisher, H. L., Mills, J. G., Viechtbauer, W., McGuire, P., van Os, J., Murray R. M., Morgan, G. (2016). Stress Sensitivity, Aberrant Salience, and Threat Anticipation in Early Psychosis: An Experience Sampling Study. *Schizophrenia Bulletin*, 42(3), 712-722. https://doi.org/10.1093/schbul/sbv190
- Salinger, J., O'Brien, M., Miklowitz, D., Marvin, S., & Cannon, T. (2018). Family communication with teens at clinical high-risk for psychosis or bipolar disorder. *Journal of Family Psychology, 32*(4), 507-516. https://doi.org/10.1037/fam0000393
- Sadath, A., Muralidhar, D., Varambally, S., Gangadhar, B. N., & Rose, J.R. (2017). Do stress and support matter for caring? The role of perceived stress and social support on expressed emotion of persons with first episode psychosis. *Asian Journal of Psychiatry*, 25, 163-168. doi.org/10.1016/j.ajp.2016.10.023
- Stanbridge, R., & Burbach, F. (2004). Enhancing Working Partnerships with Carers and Families: A Strategy and Associated Training Programme. *Mental Health Review Journal*, 9(4), 32-37. doi.org/10.1108/13619322200400041
- Stress Interaction. *Schizophrenia Bulletin, 34*(6), 1095-1105. doi.org/10.1093/schbul/sbn101
- Tips for Effectively Communicating with a Person Who Has Schizophrenia http://schizophrenia.com/pdfs/communicate.pdf
- van Winkel, R., Stefanis, N., & Myin-Germeys, I. (2008). Psychosocial Stress and Psychosis. A review of the neurobiological mechanisms and the evidence for genestress interaction. *Schizophrenia Bulletin*, 34(6), 1095-105. https://doi.org/10.1093/schbul/sbn101
- Wan, K., & Wong, M. (2019). Stress and burden faced by family caregivers of people with schizophrenia and early psychosis in Hong Kong. *Internal Medicine Journal*, 49, 9-15. https://doi.org/10.1111/imj.14166