# Successful Advocacy Techniques for Families

A Workshop Handbook
for Families and Professionals

*Proven tools for accessing mental health services and for family healing*

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*Dear Professional Colleague,*

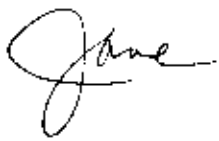
*Successful advocacy is a passion of mine because I have seen it work to help and heal my own family and many others. I have developed a bias and it is this: Good advocacy is all about clear and honest communication among the client, the family, and the professional, which leads to improved care and treatment.*

*As a social worker, I thank you for your willingness to support families and loved ones in this work.*

*Dear Families,*

*This abbreviated version of the manual "Successful Advocacy Techniques for Families" is a special handbook edition. Please use it as a quick, easy reference guide for your advocacy.*

*My thoughts are with you as you undertake this important work. May you experience success that brings a more healthy and happy life to you and the people you care about.*



## Preface

Thank you for interceding on behalf of your relative or friend who has a serious brain disorder. By being willing to be involved in this way you are helping your loved one as well as, yourself, your family, and your community.

Over a decade ago when I began advocating for my brother, who I love dearly, and who happens to have paranoid schizophrenia, I found myself in a predicament. He was entering an institutional system where he would finally receive treatment, or so I thought. What I found out was that the resources (albeit sparse) were there, but the reality was that the services were not automatically offered. I would have to learn how to access them on behalf of my brother.

As a trained Social Worker, I decided that if I was having trouble getting at those resources, I could not imagine how other family members were coping.

Without professional evaluation there is no diagnosis. Without diagnosis there is no possibility of treatment. Without patient cooperation there is no treatment. Without personal release there is no sharing of information. Without treatment and support, there is little opportunity for recovery.

As a trained social worker I decided that if I was having trouble getting at those resources, I could not imagine how other family members were coping. In 1992 I began a volunteer project to educate family advocates after listening to story after story about problems accessing services.

I would like to thank all of the family members and professionals who have contributed to my own understanding of Advocacy. My membership in the California and Washington State Alliances for the Mentally Ill has brought many friendships into my life. In our own family, I continue to see healing and recovery several years after my brother's diagnosis. Seeing him today enjoying special family get-togethers with his children and grandchildren gives all of us happiness and peace. This illness has brought sadness of course, but also many gifts.

Our mother passed away long before my brother was diagnosed. She endured many years of his undiagnosed illness not knowing what in the world was wrong. Wouldn't she be happy to know that after all this time, how many things have become right.

1. We have identified the illness.
2. We have advocated for proper treatment.
3. My brother has accepted treatment and medication.
4. He lives independently and manages his own symptoms.
5. As a family, we have accepted mental illness and developed a balanced perspective.

# Introduction

**Checklist**

- ✔ You have known your relative longer and usually better than anyone else.
- ✔ Your position as a "resource person" in your relative's treatment and recovery plan is essential.[1]
- ✔ Family members know what has worked and what has not worked in the past. Share this information with the mental health professional.

[1] 2000 UCLA Report on components of successful recovery

You have chosen to read this manual on the subject of advocacy for a very special reason. You have the courage to make the decision to intercede on behalf of a person who has a serious mental illness. This choice that you have made is a very brave one. Advocacy will bring many challenges and at times can be frustrating. I first realized how important my advocacy was to my brother's treatment when a psychiatric nurse told me that even though he was almost in a state of constant psychosis, he would get better if I stayed interested and involved. I took a risk and believed her. Now almost ten years later, my brother is managing his illness and staying well. He is with us again. What a payoff! I understand that every family's situation is unique. However, I believe in the value of family advocacy because of all the positive changes and wonderful results that I have seen.

The first rule of advocacy is to be sure to take good care of yourself while you engage in this work. It requires clarity of thought, a positive attitude, and all the energy you can muster. It takes time and patience. You will not see immediate results, but over the long haul, if you and your loved one are clear about the goals you have set, you will see steady progress.

So let's get started. I will begin by briefly mentioning some of the topics we will be covering in this manual.

1. We will investigate the problems advocates face and how to overcome them successfully.
2. We will discuss the importance of assessment, and how crucial it is to recognize obstacles.
3. Then we will organize and develop strategies before we actually begin to advocate. Our credibility as an advocate will stand us in good stead long-term.
4. We will review the art of letter writing. Your skill as an effective

writer will be one of your most effective tools. Only you can properly document the advocacy work that you are doing.

5. We will examine the kind of information professionals need, and how to provide it in a format that is easy for them to understand. These confidential documents that allow us to share our own family perspective about our ill relative are referred to in the manual as the **Historical Chronology** and the **Client Profile**.

### Definitions

**Advocacy:** to intercede on behalf of another.
**Leverage:** a means of exerting pressure in order to accomplish something.
**Trust:** to have trust or confidence in to rely on, to believe. To allow to be somewhere or do something without fear of consequences.

How can we possibly advocate for someone without trusting them? The person who is being advocated for needs to trust that their wishes are included in any planning that is done for them.

Recognize the leverage that you possess as a family member. Only you have the opportunity to look at the client's situation from a historical perspective. You have known your relative longer and usually better than anyone. You have shared their dreams and goals as well as their problems. In our under-funded mental health care system, your perspective is important and your position as a resource in your relative's treatment planning is essential.

The problems of the mentally ill and their families are compounded by **stigma**, one of the cruelest and most prevalent forms of bigotry that exists.

We will be advocating in a mental health service delivery system which traditionally has not requested family input. In fact many professionals are still transitioning from the belief that the family has been a part of the patient's problem, to viewing family concern and involvement in recovery, as a benefit to the patient and the therapy.

### Chronic/Serious Mental Illness

#### I. Who are the victims?

. . . individuals who <u>through no fault of their own or their families</u>, suffer from one of several diseases affecting the brain, the most complex of human organs. The causes of such diseases remain unknown, but are probably multiple. There is no cure, but we do have effective treatment for most of them. In addition to having **a** brain disease, people with serious mental

illness are (by definition) significantly functionally impaired by the illness for an indefinite period of time (diagnosis, disability, duration). Roughly 1% of the population are seriously mentally ill. The problems of the mentally ill and their families are compounded by stigma, one of the cruelest and most prevalent forms of bigotry that exists.

## II. Symptoms of Chronic/Serious Mental Illness:

A. **Acute, "positive'' symptoms.**

1. Distorted perceptions; loss of contact with reality; breakdown of "ego boundaries."
    a. Delusions.
    b. Hallucinations.
2. Disordered, disorganized and confused thinking.
3. Unstable and inappropriate emotions.
4. Bizarre behavior; impaired judgment.

B. **Residual ("negative") or deficit symptoms.**

1. Vulnerability to certain kinds of stress.
2. Extreme dependency (sometimes combined with hostility).
3. Difficulty with interpersonal relationships.
4. Deficient coping skills.
5. Poor transfer of learning from one situation to another; fear of new situations.
6. Restricted emotional response and lack of enjoyment.
7. Reduced speech and impaired abstract thinking.
8. Reduced ability to pay attention; slowness in performing tasks.
9. Apathy; lack of motivation; phobic avoidance of all situations.
10. Sensitivity to over-stimulation and under stimulation.

## III. "Normal' Reactions to Serious Illness:

A. **General stress response ("fight, flight, fright").**

1. Grief: denial and impatience, (lack of acceptance).
2. Anger and striking out.
3. Guilt and self-blame.

4. Depression: hopeless, helpless feelings, demoralization.
5. Regression to earlier levels of functioning.
6. Preoccupation with "self" (apparent disinterest in others).
7. Interruption of normal development (immaturity).

B. **Coping and adaptation:**

1. Acceptance and hope: curiosity about the illness and its treatment, and/or efforts to be like everyone else.
2. Responsible patienthood and active collaboration with treatment and rehabilitation.
3. Compensatory changes; life-style modifications (including more realistic goals and expectations).
4. Full participation in life (love and work).

## IV. The bio-psycho-social approach to treatment and rehabilitation:

**Checklist**

✔ Read carefully and share the Bio-Psycho-Social Approach summary as a communication and discussion tool during the formulation of the treatment plan.

A. **In general, patients require:**

1. Individualized treatment.
2. Continuity of care.
3. Patient education about the illness and its treatment (leading to informed consent; responsible patient role).
4. Safe and comfortable surroundings with adequate privacy and contact with others.
5. Contingency plans for crises (to avoid walking on eggshells).
6. Involvement, support, and education of family and/or significant others (with elimination of guilt!).
7. An approach which identifies and builds on strengths.
8. Outreach — help provided in natural settings.
9. A gradual, realistic, step-wise, long term approach.
10. To deal constructively and positively with stigma.

B. Biological needs:

1. Psychiatric care with appropriate medication by a physician and treatment team who understands the illness and its treatment.
   a. Careful monitoring of intended effects and side effects.
   b. Identification of new physical and mental/emotional problems as they emerge.
   c. Attention to both acute (positive) and deficit (negative) symptoms.
2. Elimination of toxic chemicals and unnecessary drugs (alcohol, caffeine, marijuana, "cold" medicine, etc.).
3. Early Detection of danger signals — symptom monitoring by patient and others.
4. Adequate rest and regular planned aerobic exercise.
5. A balanced, nutritional diet.

C. Psychological Needs:

1. A therapeutic alliance with a person (or team) which involves support, respect, and reality orientation.
2. Dealing with "normal" reactions to serious illness.
3. Being busy.
   a. A balance between over-stimulation and under stimulation.
   b. A relaxed (non- rat race) atmosphere.
   c. A regular daily routine.
4. Substitution of responsible adult behavior for inappropriate behavior (behavioral approach).
5. Minimization of handicap; emphasis on strengths; independence as tolerated.

D. Social Needs:

1. Learning survival skills; psychosocial and occupational rehabilitation.
2. Communication and problem solving skills for patient and significant others.
3. Construction of a supportive social network. Prevent or reverse social breakdown syndrome.

Charles R. Goldman, M.D. (7/2/90)

# A Psychiatrist's Point of View

**Checklist**

- ✔ Take good care of yourself.
- ✔ Surround yourself with a solid network of resources.[2]
- ✔ Keep everybody on board. Educate your family and keep them in the information loop. You never know who will participate. Imagine that everyone is interested and willing to help at some point.
- ✔ Build good health through exercise and nutrition.

[2] www.nami.org or 800-950-nami (6264)

## Role of Families and Professionals

### Role of Family Member

- Recognize and accept relative's illness. This may involve grieving.
- Learn about the treatment plan and ask to be involved in future planning.
- Learn advocacy techniques. Get involved in advocacy activities.
- Have a plan for what to do when a crisis occurs.
- Learn to see relative's behavior as separate from the person. Set limits when necessary.
- Build relationships with mental health professionals.

### Role of Professional

- Respect the family and the client as credible sources of information. Take advantage of their knowledge.
- Share information whenever possible - especially regarding treatment planning and everyday management.
- Learn from family members what has worked and what has not worked.
- Refer families to support groups. Organize and develop groups when possible.
- Communicate with other professionals involved in patient's care.

By Susan Lund M.F.C.C.

## Consumer Rights

**Checklist**

- ✔ As an advocate for our loved one, we must ask for, and insist upon a reasonable standard of service from our mental health system.
- ✔ Define the challenges in order of priority. Separate them into two categories
  1. List the issues/challenges the client faces personally.
  2. List the issues/challenges for the advocate.

  What are the strengths and vulnerabilities that support and challenge these situations? When you are clear, discuss this information with the professionals. Ask for their help with resources and support.
- ✔ Maintain communication in writing when necessary. Write a short letter outlining your understanding of the agreements made by your providers of service.

Why is accessing mental health treatment so difficult? We will discuss some of the general reasons here. Traditionally we have been blessed with such a variety of goods and services, we have been taught that if we do not like one product, we can just choose another brand. Sadly treatments for serious mental illnesses are scarce. We sometimes think we should just accept what is offered without question. This is not so. We must advocate for the services we know are necessary.

When we begin the task of evaluation, the first thing we must do is to establish the problems that we are facing.

The first thing we must do to establish the task of evaluation is to define the problems that we are facing. We know all too well that it is extremely difficult. Here are the reasons why.

1. The facts are hard to determine
2. Rights are hard to define.
3. Problems may change over time.
4. We may not want to acknowledge the problem.

The facts are hard to determine for many different reasons. We are not usually educated about mental illness in our society. How do we determine that the illness is present? If we want to discuss the problem with a professional, we are required to know enough relevant facts to be able to provide concrete evidence that the disease is causing the person to be dangerous to him/herself or others, or causing the person to be gravely disabled before any intervention is considered.

Our rights are hard to define because we often do not know what is legally right. We do know what is morally right. We can be extremely helpful if we understand:

A. What is an ideal diagnostic workup?

B. What are the consumer's and family's rights?

We can be there to provide information by being clear and concise so that an appropriate level of service is achieved.

Managing these illnesses requires a steady flow of information among the patient, the family and the professionals.

The problems for us and our relatives change over time, sometimes as often as on a daily basis. No wonder we have difficulty articulating our needs! Managing these illnesses requires a steady flow of information among the patient, the family, and the professionals. Communicating within the family so that we all become more educated about these illnesses is essential.

We may not want to acknowledge the problem. We have all learned that when these diseases gradually worsen over time, our level of tolerance often deepens too. When we experience the illness becoming more serious, we need to talk about it within our families and with a professional.

## Family Rights

*Developed by the San Francisco Alliance for the Mentally Ill in response to requests from family members and mental health providers.*

1. The Right to Dignity, Privacy and Humane Treatment.
2. The Right to Information, with consent of family member, including information about the patient's diagnosis, prognosis, medications and their side effects, and the patient's progress.
3. The Right of Next of Kin to be Notified of Hospitalization and or release or transfer unless family member objects.
4. The Right to Provide Information about a family member that can be of use to the treatment team.
5. The Right to be Involved as a Part of the Treatment Team with the consent of family member.
6. The Right to Continuity of Treatment and a Service Plan for family member.
7. The Right to Guidelines and Policies of the program or facility.
8. The Right to Professional Guidance and Direction in dealing with the complexities of the Mental Health System.

9. The Right of Reasonable Access to family member's Case Manager or other contact person.
10. The Right to Receive Support and/or Information on managing the stress of dealing with a seriously mentally ill family person.

**Checklist**

- ✔ When you submit written reports to the mental health care professionals, mark them "confidential" if you do not wish them to be shared with the client.
- ✔ Keep track of symptoms you observe and report them to the doctor.
- ✔ Know your rights as a consumer and as a family member.

## Consumer Rights

*Developed by: Bridges Mental Health Ombuds Service, serving Clallam, Jefferson and Kitsap Counties (360) 377-8174 (888) 377-8174*

1. The Right to Be Treated with Respect and Dignity.
2. The Right to Help Develop a Plan of care and services that meets your needs.
3. The Right to Refuse Any Proposed Treatment.
4. The Right to Receive Care which does not discriminate against you regardless of your race, color, national origin, creed, religion, sex, sexual orientation, age, income, disabled veteran status, Vietnam era status or disability.
5. The Right to be Free of Any Sexual Exploitation or Harassment.
6. The Right to Receive an Explanation of all medications prescribed, including expected effect and possible side effects.
7. The Right to Review Your Care Record.
8. The Right to Confidentiality.
9. The Right to Review the Provider's Grievance Policy.
10. The Right to Lodge a Complaint or grievance with the Ombuds, RSN, or provider if you believe your rights have been violated.
11. The Right to Be Free of Retaliation or the threat of retaliation.

# Assessment

**Checklist**

- ✔ We as family members can present a clear history of our relative's illness. Please refer to Historical Chronology, Client Profile, and "Documentation: The Client".
- ✔ Assess two areas
  1. What are the client's goals for treatment and recovery?
  2. What are the family's goals in relation to the client?

Remember that usually the professionals involved in the diagnostic process are new on the scene. Unfortunately, many still maintain a belief that somehow families cause this illness, or at the very least, have neglected to get treatment earlier. They do not know the history of our family or our relative. Usually we are the ones who first recognize deterioration in our loved ones. We must present the history and deterioration of the illness to professionals in terms they understand.

In a survey conducted by Consumer Sciences (CHS) and the National Mental Health Association (NMHA), data was gathered from 1,328 family caregivers and 879 patients. One of their findings indicates that most families wait on average four years to see a doctor after first noticing problems with their child. It may be true that assessing the signs for serious mental illness is a difficult task for families but one that cannot be ignored, especially now that we know that severe mental illnesses are biologically based brain diseases.

"He drew a circle that kept me out;
heretic, rebel, a thing to flout.
But love and I had the wit to win.
We drew a circle that took him in." *Edward Markham*

If we are unsure of the steps that we must take next, it is only because we do not have enough information. Contact your local National Alliance for the Mentally Ill (NAMI) National Helpline 1-800-950-6264. It will provide you with support, education, and names of professionals in your community who work with families. Ask them for a "Symptom Checklist." Become informed about what to look for if you have serious concerns. Read everything that you can get your hands on. Become an expert.

When we create an effective team within our family network and learn to access local community resources, we can use our love and wit to win and draw that circle to take our loved one in.

## Ingredients of a Proper Assessment Plan

1. Definition and placement of the current problem.

2. List the specific reason why the person needs help.

3. What support systems or people (energies or vulnerabilities) exist that promote or modify possible approaches to the problem?

4. What strategies can be employed to meet immediate and long range goals?

Source: Theories of Social Casework by Roberts and Nee

**Checklist**

- ✔ When the client's goals and the family's goals are assessed and clearly stated, the professional can identify supportive services and resources and see that they are delivered efficiently.
- ✔ Professionals who can identify needed services are better able to find resources to assist families and clients.

## Assessment and Advocacy

When you and your relative are preparing to enter a mental health treatment system, don't assume that the treating professionals have any historical information about your relative or their illness. A good way to facilitate treatment is to provide a Historical Chronology and a Client Profile to the staff who will be working with your relative.

### Key Points

- Listen closely to your relative, don't negate their fears or anxieties, reassure them that you (and your family ) empathize with their concerns and will be present to work on them with the treating professional. In other words, "We will not abandon you. We will work this out together, you will receive treatment and eventually start your own recovery."
- Introduce yourself and your family to the treatment decision makers. Submit your Historical Chronology and Client Profile to them. Let them know that you are serious and want to be informed about the treatment process.
- Compile the Client Profile and the Historical Chronology and present the information to the treatment team. When you communicate concrete information about the illness, they become more knowledgeable about your relative. If you feel it is necessary, mark the written material "Confidential – Do not share with patient."
- Report symptomology to the doctor and social worker. These gold nuggets of information contribute concrete information for better diagnosis and treatment. Your relative may be sharing concerns with you that they are not sharing with staff. Respect your relative, at the same time, remember a correct diagnosis and medication is a major goal in the process of treatment and recovery.

- All through my brother's care, I felt that part of our job was to hold on to the healthy part of him. I continue to feel that way today. We are the people who have known him his entire life. We know when he has been happy and fulfilled and the basic components that have always contributed to a good balance with the least amount of stress for him.

In his case the important factors have been:

1. Healthy family relationships
2. Regular communication (minimum 1xweek)
3. Clean, quiet housing
4. Routine outdoor exercise
5. Balanced nutrition
6. Reliable transportation

- Our mental health system is woefully underfunded in this country. While your relative is in a treatment system, you are in an environment of resources. Explore what is available and ask for what you want. Make your needs known. What are your relative's goals for treatment? What are your family's goals? If you don't know, ask yourself, ask your family, and ask your relative to tell you their goals. My brother's goal was simple and has remained the same; a home of his own with room for his children to visit. This simple goal has been the core of his stability.
- Finally, and most important, encourage the positive, please don't dwell on the negative. Deal with the negative head on and then move on. Be courteous with staff. Cultivate relationships. Insist on your relative's right to treatment.

## Advocacy

As we go about our advocacy, we need to be honest with ourselves about our relationship with our relative. We must evaluate what our communication is based on. Ask yourself these questions.

- Does my ill relative trust me?
- If so, good! If not, why not?
- How can you establish trust, and what resources do you need to accomplish that?

Be honest with the professional staff you are dealing with.

The importance of loyalty to your mentally ill relative is key. A mother told this story to me about a visit she had with her mentally ill son who is frequently in and out of jail.

As she was getting ready to leave the jail, her son, who usually plays the tough guy role, said softly to her, "You know Ma, a guy here told me that the only people you can really trust are the ones who visit you in prison and the hospital . . . and you're one of those for me."

As you all know, family members who are willing to advocate have a tough road ahead. You must have enough self confidence to be willing to put yourself out there and face disagreement, possibly anger from your relative. Our own motives may be questioned by our relative and the mental health system.

If we have done our homework listening and communicating with our relative about their dreams and goals, if we have accepted them just as they are, if we have resisted buying into the current system of cultural values that says that everyone has to have their own car, their own place, their own job, their own girl or boy friend, then both you and your relative can begin to evaluate what is realistic. We can all choose goals that will be attainable and most importantly support the person in their own recovery.

. . . if we have resisted buying into the current system of cultural values that says that everyone has to have their own car, their own place, their own job, their own girl or boy friend, then both you and your relative can begin to evaluate what is realistic.

E. Fuller Torrey M.D. in his book, "Surviving Schizophrenia, A Family Manual", shares a client's remark. "I'm so glad that my mother can finally admit that I'm sick. Now I can work on getting better."

When we as family members can really accept our loved one and stop wishing that things were different or better or the way they used to be, we can begin the job of living for today. Our relative will feel supported and nurtured in a healthy way. We as a family can begin to heal from the traumatic stress that the onset of serious mental illness brings.

When we as family members can really accept our loved one and stop wishing that things were different or better or the way they used to be, we can begin the job of living for today.

# Documentation: Family Members

**Checklist**

- ✔ Family has usually known the person best through illness and wellness.
- ✔ Authentic, factual historical information supports better treatment and healthy family involvement.
- ✔ Don't advocate alone. Enlist help (even if it's just a phone call) from other caring family members.

Persons who suffer from serious brain disorders have varying degrees of awareness of their illness. Sometimes the degree of awareness is affected by the symptoms of the disease itself. The issue of awareness is important because it affects a person's ability to seek treatment.

Family member's documentation of the illness is important because it provides a context for the history and severity of their relative's illness especially when a person has been untreated for long periods. The family has usually known the person best and has been there to see episodes of illness and wellness.

When the family shares their experiences with the Mental Health Professional, many good things occur:

1. Reliable information is exchanged about the brain disorder.
2. The family feels acknowledged and validated regarding their experience.
3. The family gains knowledge about the brain disorder.
4. The client receives support.
5. The Mental Health Professional learns what has and what has not worked.
6. The family and ill relative are empowered to support each other
7. Everybody gets on the same page and the client and family gain a measure of balance and stability re: MI

"When the patient is in an acute phase and too ill to focus, we must plan for him, but always connecting with him when he is well enough to say what he really wants."

In this section there is an example of a letter from a family member requesting the entire family to share their experiences. Some of the responses are included. Eventually a compilation of the information called a "Historical Chronology" will be written by the family and submitted to Mental Health Professionals.

The choice of "treatment setting" is a vital one since your relative will begin their treatment and recovery in this place. You also should feel comfortable and satisfied when your loved one is in their placement.

What do you want the evaluating professionals to know before the choice of treatment setting is made?

1. What environment or home has your relative been happy with?
2. Will he/she have visitors?
3. What can be brought in to the treatment setting (i.e. care packages, personal belongings, etc.)?
4. What type of treatment and staffing will be available?
5. What has worked best in the past?

**Checklist**

- ✔ Ask yourself (and your family team) "What is important to the well being of your relative?"
- ✔ Share this information with the treatment team and work with them to "tailor" the treatment plan to your relative's needs.

## Letter of Appeal for History

Dear Family Members,

I have a favor to ask of everyone. When I talked to the counselor at the correctional facility, she was very interested in any history that we could give her about Roger. Since he has been detained, he has been unwilling to share anything about himself with the professionals on staff. Of course, this makes it very difficult for them to understand what his problems are.

Since Roger's evaluation period is limited in the Admissions Unit (usually about two months), it is important for us to offer any information to them now, before the evaluation is concluded. Sue and Catherine are both writing a few paragraphs about some experiences that they have had with Roger and I think that it is important for all of us to contribute.

According to the counselor, after this two month period, Roger will appear before a panel of a psychiatrist, a psychologist, and a nurse. They will form a diagnosis, and he will be placed in a particular treatment setting. So, of course, you can see why it is important for us to offer any concerns or thoughts that we have now before the evaluation is completed.

Like I said to the counselor, this experience is a new one for our family. We certainly want the best possible results for Roger during this period of treatment so that he can begin recovery and have a happier life.

I love you all.

## Documentation: The Client

**The Historical Chronology** is a compilation of factual concrete information regarding your ill relative. The entire document should be no longer than two neatly typed pages. If possible, it should contain a well rounded perspective of the family's experience of their relative's serious mental illness.

The purpose of the Historical Chronology is to inform a Mental Health Professional of episodes of illness so that treatment may be obtained for an ill person. This document can be maintained by adding or deleting information in a timely manner.

The creation of the **Historical Chronology** must be approached with respect for the individual who is ill. Only information that points to the legal definition required for obtaining treatment needs to be included. We as family members are creating this document so that our ill relative may receive the treatment that they need to begin their own recovery.

The **Client Profile** may accompany or be an alternative to the historical chronology. Page one is designed as the identification section. Knowing this important information gives a professional key contacts for the client. Page two contains a current history of the client's diagnosis, last exam, allergies, and medications. Page three gives a brief summary of the ill person's education, skills, and accomplishments.

The creation of the **Historical Chronology** must be approached with respect for the individual who is ill.

Together the **Historical Chronology** and the **Client Profile** present a professional picture of the person accessing a treatment facility. The family's information presented in this manner should be accepted and respected by the staff of the treatment facility.

## Composing a Historical Chronology

### Directions:

The following questions are only meant to stimulate your thought process regarding your ill relative. If you wish to disregard these questions and compose your own chronology of the events surrounding the onset and progression of mental illness, please do so. Use only specific concrete language including dates and locations. Our best method of communication with professionals is to be precise and adhere to only factual information.

1. Describe the circumstances in which you first realized that something was wrong with your relative.
2. Please describe your perspective prior to the illness, your relative's role in the family referring to role as brother, son etc.
3. After the onset of the mental illness, what specific changes occurred in your relative's relationships within the family or with his/her social circle?
4. Has your relative ever acted in a threatening or violent way that you are aware of? Please describe.
5. How do you feel that you have been affected by your relative?
6. Describe any emotional or physical adverse affects that your relative has suffered as a result of mental illness.
7. Since your relative has been in treatment, what changes have you observed?
8. Please list the dates, location, and professionals who have been involved with your family on a treatment basis.
9. Please describe your personal relationship with your relative before and after the onset of mental illness.
10. Is there anything else that you would like to add?

## Compilation of Historical Chronology Received from Family Members

This listing of events represent examples of behavior that have concerned us all during recent years. This is only a sampling of incidents to give you an idea of his behavior prior to his incarceration in 1989.

**Summer to early Fall 1985** Roger leaves Montana where he had been in residence since 1979. He drives his pickup truck alone to California and telephones his aunt and sister. He has been living out of his truck and working at transient jobs until he decides to contact family. He stays with aunt one night, aunt is afraid of his "wild eyed desperate look" and asks sister to take him home. Sister and husband house him for 4–6 weeks while he works construction. He slowly becomes more paranoid about people not liking him and finds it difficult to go to work. He moves into an apartment, which sister and aunt arrange, and he calls his wife to come with their things from Montana. Wife arrives, relationship stormy.

Within only one week, his construction tools are apparently stolen from his truck, he refuses aunt's offer to replace them, he quits job, he tells wife to leave, and he threatens to go to Mexico to find a new life. Sister calls father, father flies from home and stays with him for about three weeks (remainder of rental time), asking him to go to the doctor, Roger refuses and leaves for Texas and Florida, returning to Montana where he continues to live until early 1987 when marriage has final break-up.

**October 1986** Roger is at home for a family visit where he is helping to move a sister's belongings into storage. He becomes annoyed with brother-in-law and punches him in the face.

**February 1987** Roger telephones father, who is wintering in California with his sister, and asks him if he can stay in his home. Father consents, Roger begins residence with father who supports him financially until his incarceration in 1989.

**Spring 1987** Roger is asked by sister to help a friend pack belongings in storage, Roger refuses at the time but appears at storage unit where sister's friend has arrived alone. As friend relates story Roger started acting strangely almost immediately. Being verbally abusive and antagonistic, using foul language and threatening violence against the friend. Friend was naturally quite afraid and thought him to be mentally unstable. As the moving progressed, Roger spit on friend's feet continually and, when moving heavy pieces of furniture, Roger would push friend against the wall, pinning him with the furniture.

Friend says that he was frightened at the time but was afraid to antagonize further by saying anything. He just wanted to get the job done and get out of there. Finally after continued pushing and shoving and verbal threats, Roger locked sister's friend in the moving van and refused to let him out. Friend finally convinced to unlock the van and then went immediately to manager and had Roger removed from the premises.

Unfortunately, this friend did not tell the family of this experience with Roger until one year later.

**Winter 1987** Roger resides alone while his father winters in California. His three children, ages 14, 18, and 21, go to visit him. During the visit, he appears anxious and confused, threatens to go to "beat the shit out of a punk". Later, as his oldest daughter recalls, "Dad started telling me that someone was trying to kill him and had been for a long time. He said that they had tried to gas him at the house.

He used celebrity names, i.e. Hugh and Christine Heffner, and appeared to be very anxious and afraid." (Later, in April Roger burned the neighbor's house down, saying that they had tried to gas him.)

**Christmas 1987** Roger's son relates that he becomes very fearful of Roger when he goes out in the woods alone with him to chop down a Christmas tree. In son's words, "Dad started talking about celebrities who wanted to kill him. I was very scared. I just didn't know what my Dad was going to do."

**Summer 1988** Roger is arrested for resisting arrest and assault while driving through a road construction area on the Highway. Please refer to County Police report In file.

**July 1988** Roger sells his pick-up truck and buys a bus ticket to California. Roger arrives in town and calls aunt. Aunt wary of being alone with him and asks sister's husband to pick him up. Roger stays for one week at sister's house and family returns him by air to home state for court appearance regarding arrest.

**Spring 1989** Roger writes for and receives his FBI and CIA records. He continues to appear very paranoid and confused. He complains of odors bothering him constantly and tasting odd things. At times he speaks incoherently. Brother calls sister and father, asking them to come to father's house to investigate house fire next door. Brother suspicious after checking in at father's house after fire and finding Roger gone and house left in a bizarre state. (Pictures available in file) All appliance unplugged, covers on all electrical outlets, blankets covering open windows, all sinks filled with water, light bulb bases covered with paper and screwed back in lamp sockets.

Presently Roger continues to believe that the neighbors were trying to "gas" him and that he set the fire to "defend himself."

**April–May 1989** Roger claims he was not involved in fire next door. Family believed him, and sister takes him for Vocational Rehabilitation appointment. He is unable to fill out questionnaire or participate in group interview. He talks incoherently on the way home. Family sits down with Roger and gives him alternatives, he can either go for treatment or he is on his own. Roger asks for money and then leaves with just a knapsack on his back.

Within a couple days, aunt receives phone call asking for money, which she sends him. Next, father receives incoherent phone call from Roger in bus station. Within a few days, we hear that he has arrived at uncle's house. Meanwhile, a longtime neighbor friend comes forward as an eye witness to the arson. We arrange with State Police Department to pick Roger up and he is extradited to home state and admitted to state prison in July 1989.

## How to Complete a Client Profile

### Page One: Client Profile

Photo: *Paste or tape a recent photo of the person.*

Name: *Complete Name* D.O.B.: *Complete date of birth*

SSN: *Write Social Security number, if available*

Medicaid: *Write Medicare or Medicaid number*

Case #: *Write agency name and case number*

Key Family Members: *Write complete names, addresses, and phone numbers of parents, siblings or any other important* ***Key Contact*** *such as spouse or friend.*

Current Residence, Last Residence: *Write complete addresses of the persons current and previous residence.*

Current Care providers — Physician, Mental Health Provider, Psychiatrist, Dentist, Opthamologist, other: *Complete names, addresses and phone numbers for as many of these professionals as possible.*

### Page Two: Client Profile

Name: *Complete Name* D.O.B.: *Complete date of birth*

Fill in gender of person.

Provide ethnic background information.

Complete languages person speaks.

Provide physical description.

Provide diagnosis, date of last exam.

Provide information regarding any special problems (treated or untreated).

Provide information that is important for a professional to know.

Provide information on any allergies and types of reactions.

### Page Three: Client Profile

Name: *(Complete Name)* D.O.B.*: (Complete date of birth)*

Historical Chronology: Compose a history of the events regarding the onset and progression of the person's mental illness. Use only factual, specific, concrete language including dates and locations in your writing.

Accomplishments, Skills, or Talents: Describe the person's accomplishments,( i.e.,) life experiences they are proud of. List skills and talents they have shown throughout their life.

Education: List schools or any workshops they have attended.

Special Problems: Use this space of describe any unique problems and successful treatments this person may have experienced.

Comments: Any other information you or the client may wish to include.

## Client Profile

**Identification Information:**

photo

Name: _____

D.O.B.: _____

SS#: _____

Medicaid#: _____

Case#: _____

Current Residence: _____

_____

Last Residence: _____

_____

**Key Family Members:**

Parents _____ Siblings _____

_____ _____

_____ _____

**Key Contact:** _____ _____

**Current Care Providers:**

Physician: _____ Mental Health: _____

_____ _____

Psychiatrist: _____ Dentist: _____

_____ _____

Opthamologist: _____ Other Health Care: _____

_____ _____

## Client Profile

Name: _____ D.O.B.: _____

Sex: _____ Ethnicity: _____ Language: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Diagnosis: _____

Date of Last Exam: _____

Medical Alert: _____

Behavioral Alert: _____

Allergies: _____

| Medication: | Dosage: | Date Began: |
|---|---|---|
| 1. _____ | 1. _____ | 1. _____ |
| 2. _____ | 2. _____ | 2. _____ |
| 3. _____ | 3. _____ | 3. _____ |

Other Regimes (i.e.) special diet, vitamin therapy:

1. _____

2. _____

3. _____

| Hospitalizations: | Dates: | Locations: |
|---|---|---|
| 1. _____ | 1. _____ | 1. _____ |
| 2. _____ | 2. _____ | 2. _____ |

| Incarcerations: | Dates: | Locations: |
|---|---|---|
| 1. _____ | 1. _____ | 1. _____ |
| 2. _____ | 2. _____ | 2. _____ |

## Client Profile

Name: _____ D.O.B.: _____

Historical Chronology: (submitted by client and family)

*Summarize history or attach complete history*

_____

_____

_____

Accomplishments:

_____

_____

Skills or Talents:

_____

_____

Education:

_____

_____

Specific Problems:

1. _____
2. _____
3. _____

Treatment:

1. _____
2. _____
3. _____

Comments:

_____

_____

# Letters

**Checklist**

✔ It is vitally important to establish a paper trail when you are conducting serious advocacy work. When your requests are in writing, they will be acted upon. Letters are the best way to clarify issues.

✔ When you are planning to advocate

1. Write your thoughts down when they are clear to you. Carry a notepad.
2. Compose your first draft of the letter.
3. Review it with a sensible friend. Do they understand the issue and request easily?
4. Edit. Make sure that the letter is clear, succinct, and courteous before you send it.
5. Congratulations. You have been proactive in a constructive way, and by doing so, you are making everybody's job easier and your relative's treatment potentially more successful.

When you advocate by writing, it is imperative to have a clear grasp of what you want to say. Find a friend and review your thoughts out loud. Think about the tone you wish to use and start jotting down thoughts. When you are clear, succinct, and polite, the reader is more likely to understand what you are saying.

When you sit down to write your next letter, read over the "Elements" of the type of letter you are writing. Samples of actual letters are included in this section for your use too. Approach your advocacy logically and thoughtfully as you would any other business in your life.

The following pages list important points: the "make-up," and the "elements of good letters." I have included samples of letters that succeeded for me in my advocacy work. Please feel free to use them as ideas in your own writing.

### Important Points in Letter Writing

- Have a clear grasp of what it is you want to say.
- Review it out loud with a friend if possible.
- Determine the tone you wish to use.
- Capture the tone by jotting down particularly appropriate phrases from your conversations about the issues.

### Letter Elements

1. Attention line
2. Reference line
3. Subject line
4. Salutation
5. Body of letter
6. Complimentary close
7. Signature
8. Address, phone number, fax number
9. Enclosure
10. CC

## The Makeup of a Good Letter

### Create the opening

The writer should make every effort to word his or her thoughts clearly. This statement is especially important in the opening paragraph of the letter. The first paragraph sets the tone for the letter. It should capture the reader's attention.

### State the purpose of your letter or reason for concern

A. Use tactful easy to understand language. Simple words, clear-cut and direct, are easy to read and understand. Try to use natural, everyday expressions.

B. Organize your language carefully and concisely. Give accurate precise information. Establish your personal credibility if necessary.

C. State your personal commitment to be of assistance.

### Devise a friendly way to close

Thank the person by leaving the clear impression that you wish to work together.

### Review

Look forward to revising your letter. Do not be afraid to change or rearrange for the final letter.

**Request to Director of County Mental Health Services**
**InvoluntaryTreatment**

Thomas Jones
Supervisor
Involuntary Treatment, Podunk County
Anytown, Anystate

Dear Mr. Jones,

The purpose of this letter is to introduce our family and express our serious concerns regarding the release of our relative, Roger Smith, from the State Prison on August 11th, 1990. We all care for Roger very much, however we know that he is seriously ill and he requires hospitalization.
At this time no member of our family is willing or able to care for or financially support Roger. We feel that his emotional problems and threatening behavior constitute a danger to which we cannot expose ourselves or our loved ones.

The serious nature of the crime committed in April, 1989, and his repeated statements to family members as recently as June 1990, that, "I had to do it to defend myself," show a serious disturbance in Roger's reasoning ability. In our belief this establishes him as a grave danger to society because he shows no remorse, and in fact could repeat this crime believing it to be a reasonable course of action against a perceived threat.

In the past, Roger has always turned to family members for both emotional and financial support whenever he has been faced with a troubling situation in his life. Of course, we have all tried to do our best to support him, but at this point, upon his release from the State Prison, Roger appears to be unable to take care of himself and is beyond our control.

Based on recent visits by family members to the state prison he is only able to present himself semi-rationally for short periods although sometimes for as long as two hours prior to exhibiting bizarre behavior. When we asked Roger what he was experiencing, he told us that, "I hear voices all the time, and I don't like what they are saying to me, I smell things all the time, and I can taste things like the dust on the floor." However, when asked to take responsibility for treatment he refused, (a reply which is typical of his totally uncooperative behavior) even with day to day activities. Enclosed is a listing of Roger's behaviors that have concerned us during recent years.

At this time we have felt it necessary to notify Ms. Goodwill, mayor of Small town, and the Police Department, in addition to local and state officials. We feel that all persons involved in this matter bear the responsibility for Roger's future behavior.

Since Roger has been incarcerate, we have all observed that he has become more seriously ill. He has not been willing or able to participate in treatment or placement planning, and accordingly will probably end up on the street if he is not hospitalized for supervised treatment. This lack of care would obviously be both a disservice to Roger as well as to the community in which he is forced to wander until another episode of his illness leads to a more serious offense.

As family members of Roger, and as responsible citizens of our communities, we want to prevent yet another person's property damage or injury. Please consider carefully all the information concerning Roger. 77Only you can provide the opportunity for him to get the treatment he so desperately needs and deserves.

Thank you for your kind attention to this very serious matter.

Sincerely,

Signature

### Thank You and Request for Information

Ms. Sally Social Worker
Supervisor
Admitting Psychiatric Unit
State Hospital
Anytown, Anystate

Dear Ms. Social Worker,

Please accept my thanks once again for your attention and understanding regarding my brother Roger Smith, recently admitted to Ward E-1 under your supervision. As you may recall, I telephoned you August 10th about Roger's impending admission.

Since that time, he has been authorized to receive involuntary treatment until his next hearing date scheduled for August 29th. Although I have not spoken with any member of his Treatment Team, I imagine that he is undergoing a period of evaluation at this time.

My own background in Social Work, and my serious interest in the field of Mental Illness (due to my brother's disease) has led me to read Dr. E. Fuller Torrey's book "Surviving Schizophrenia A Family Manual". The attached pages titled, "The Ideal Diagnostic Workup" are my only frame of reference for the evaluation Roger is currently receiving. May I request that one of the Treatment Team Staff telephone to inform me of Roger's current condition, and also describe the procedures that he is now undergoing?

Again, I certainly appreciate your time and kind attention in this matter. I look forward to hearing from you or one of your staff members soon.

Sincerely,

Signature
Home telephone:
Office telephone:

## Communicating with Each Other

**Checklist**

- ✔ Windows of Opportunity off us a chance to communicate with our relative during periods of clarity.
- ✔ Key family members establish trust by problem solving together in a trusting atmosphere of peace and calm.
- ✔ Listen thoughtfully. Communicate with compassion and respect.

The definition of trust is a firm belief in the honesty, reliability, etc. of another; and faith in the one trusted.

When a child or sibling has a serious brain disorder, episodes of illness and periods of clarity manifest. These periods of clarity which I refer to as "Windows of Opportunity," offer us a chance to communicate with our relative during illness. These "Windows" are recognized by every family member I have talked to.

**Communication** work when done inclusively with all of those players who will be affected may take a little longer to create, but generally works out better for everyone in the long run. When I asked my brother, "What's the difference between you and all those other people on the ward who are still there?" He answered, "We (the family) could all sit down at the table and talk, and nobody would get mad and leave." This "sitting down at the table" and "nobody leaving" is one example of the family working together as a team.

When our child or sibling has a serious brain disorder, they experience episodes of illness and periods of clarity. These periods of clarity which I refer to as "Windows of Opportunity" offer us a chance to communicate with our relative during illness. These "Windows" are recognized by every family member I have talked to. We can all remember times when our relative is feeling calm and we can discuss a problem clearly and succinctly. It is never going to be perfect. Talking with any ill person requires compassion and respect. We need to communicate clearly so that the person hears us. We need to listen thoughtfully so we can hear what they are saying.

It is helpful to bring only one subject up at a time. About a month after my brother was released from the hospital, I traveled to visit him and to arrange housing for him. Naturally I had concerns about his ability to maintain his own fragile stability in new housing. I chose a time after dinner when we were both happy and relaxed. I remember we were sitting beside each other on a couch while another sister washed dishes in the kitchen. The warm feeling resembled many Sunday evenings in our parents' living room. I decided that the time was right. We had a short and good talk about two important issues. It probably lasted about three or four minutes. My brother agreed to take his medication and he also agreed to call me if he had a problem that he needed help solving.

In my own experience four things made our conversation successful:

1. Become familiar with what a "window of opportunity" looks like.
2. Know what you want to say and say it clearly.
3. Do not philosophize: communicate in a concrete manner.
4. Make it brief.

To be able to communicate again with my brother is a gift. I cherish and respect it. During bouts of illness, do not attempt too much. Just like anyone of us when we are very ill, relatives of ours feel better and safer when life around them is simple and not too much is asked of them. Remember during ill periods they may find it extremely difficult to get up in the morning.

### Characteristics of Helpful Families

1. The person is ill, accept that.
2. Attribute symptoms to the illness.
3. Set realistic and attainable goals.
4. Include the ill person in the family.
5. Keep a loving distance.
6. Create a calm atmosphere.
7. Give frequent praise.
8. A specific criticism or correction should be stated calmly and in a positive manner.

# Crisis Information

## The Crisis

A serious crisis will occur sooner or later with a family member afflicted with schizophrenia or a major affective disorder. When this occurs there are some actions which you can take to help diminish or avoid the potential for disaster. Ideally you need to reverse any escalation of the psychotic symptoms and provide immediate protection and support to the individual with mental illness.

Seldom if ever will a person suddenly lose total control of his or her thoughts, feelings, and behavior. Family members or close friends will generally become aware of a variety of behaviors which give rise to mounting concern such as: sleeplessness, ritualistic preoccupation with certain activities, suspiciousness, unpredictable outbursts, and so on.

During these early stages a full-blown crisis can sometimes be averted. If the person has been evaluated and prescribed medication, he or she may have ceased taking them. If you suspect this, try to encourage a visit to the physician. The more psychotic the patient, the less likely you are to succeed.

You must learn to trust your intuitive feelings. If you feel frightened or panic-stricken, the situation calls for immediate action. Remember your primary task is to help the patient regain control. Do nothing to further agitate the scene.

It may help you to know that the patient is probably terrified by the experience of loss of control over thoughts and feelings. Furthermore, the "voices" may be giving life-threatening commands. Messages may be coming from the light fixtures; the room may be filled with poisonous fumes; snakes may be crawling on the window.

Accept the fact that the patient is in an "altered reality state." In such situations the patient may "act out" the hallucination, (e.g.) shatter the window to destroy the snakes. It is imperative that you remain calm. If you are alone, contact someone to remain with you until professional help arrives. In the meantime, the following guidelines will prove helpful:

**Do not threaten.** This may be interpreted as a power play and increase fear or prompt assaultive behavior by the patient.

**Do not shout.** If the mentally ill person seems not to be listening it isn't because he or she is hard of hearing. Other 'voices' are probably interfering or predominating.

**Do not criticize.** It will only make matters worse. It cannot possibly make things better.

**Do not squabble with other family members** over "best strategies" or allocations of blame. This is no time to prove a point.

**Do not bait the patient** into acting out wild threats; the consequences could be tragic.

**Do not stand over the patient** if he or she is seated. Instead, seat yourself.

**Avoid direct continuous eye contact. Avoid touching the patient.** Comply with requests that are neither endangering nor beyond reason. This provides the patient with an opportunity to feel somewhat "in control."

**Do not block the doorway.** However, do keep yourself between the patient and the exit.

In the final analysis, the patient may have to be hospitalized. Try to convince him or her to go voluntarily. Avoid patronizing or authoritative statements. Explain that the hospital will provide relief from the symptoms and that the patient will not be kept if treatment can be continued at home or outside the hospital in some other protected environment. Do not be tempted to make ultimatums such as, "Either go to the hospital or leave the house." This invariably intensifies the crisis.

During these crisis situations try to arrange to have at least two people present. If necessary one person should call the County-Designated Mental Health Professional, the other person remain with the one in crisis. In King County, WA the Crisis Clinic handles after-hours or weekend phone assessments. All other counties have 24-hour direct lines. Because the Crisis Clinic lines are frequently busy, it is recommended that you make a preliminary phone call directly during regular business hours. Inform CDMHPs that you may be requiring their assistance during the next day or two.

If indicated, call the police. Instruct them NOT TO BRANDISH ANY WEAPON. Explain that your relative or friend is in need of psychiatric assessment and that you have called them for help. Tell the officer that the patient has or has not been hospitalized previously and that he or she does or does not have access to any weapons. In short, try to prepare the officers for what to expect. Remember —

THINGS ALWAYS GO BETTER IF YOU SPEAK SOFTLY
AND IN SIMPLE SENTENCES.

1998 NAMI Conference Handout

## Begin Healing

**To begin healing** to some of us may be a relief. To others it may seem impossible after all the hurt we have experienced. These biological brain disorders bring an earthquake to families. Nothing is ever the same again. These illnesses shake us down to our foundations. Our family is changed forever, but we can begin the healing process.

The contributions in this section come from a variety of sources. David Richo's article "Maintaining Personal Boundaries in Relationships" gives us solid advice about how to establish and maintain our own "self" in the midst of the traumas that we experience.

### Maintaining Personal Boundaries in Relationships

Our journey began at birth with no sense of boundaries. We did not understand where we ended and others began. Our overriding desire was to fulfill our own needs.

At our first realization of separateness, our task was to acknowledge our personal boundary. I am separate and so are those who care about me. This was a departure and a struggle.

It may have felt like abandonment. From the beginning of life, we may have equated letting go of attachment with loss of power and security.

The mystery about why we hold on so fiercely today may stem from this original terrifying and illusory event.

Adults learn that separateness is not abandonment but simply a human condition. The only condition from which a healthy relationship can grow.

I know I have lost my boundaries and become co-dependent when: "I don't let go of what doesn't work" and it feels like "I can't let go of what could work." Co-dependency is unconditional love for someone else that has turned against oneself.

With boundaries comes interdependence rather than dependence. With boundaries comes personal accountability, not entitlement to be taken care of unilaterally. From boundaries comes the mutuality that exchanges control of another in favor of honor of another.

Boundaries do not create alienation; they safeguard contiguity. Boundaries are what makes it possible for us to have closeness while we safely maintain a personal identify.

Giving up personal boundaries means abandoning ourselves! No relationship can thrive when one or both partners forsake the unique core of his/her own separate identity. Love happens when two liberties embrace, salute, and foster one another.

In a healthy person, loyalty has its limits and unconditional love can coexist with conditional involvement. Unconditional does not, after all, mean uncritical. You can both love someone unconditionally and place conditions upon your interactions to protect your own boundaries. "I love you unconditionally and I take care of myself by not living with you." This is shrewd fondness!

The essential inner core of yourself must remain intact as relationships begin, change, or end. The journey never violates our wholeness. When you are clear about your personal boundaries, the innate identity that is you is not bestowed by others nor do you let it be plundered by them.

It is building a functional healthy ego to relate intimately to others with full and generous openness while your own wholeness still remains inviolate. It is a great boost to self-esteem to be in touch and intact. This is adult interdependence.

**How to maintain your personal boundaries:**

Your personal boundaries protect the inner core of your identity and your right to choices: "There lives the dearest freshest deep-down things." — *Gerard Manley Hopkins*

Ask directly for what you want. This declares your identity to others and to yourself.

Foster inner self-nurturance (a good parent within oneself). This builds an inner intuitive sense that lets you know when a relationship has become hurtful, abusive, or invasive. It is built as a result of the work you do on your childhood issues. The ongoing support of honest feedback from friends, self-help programs, or therapy will help maintain self-nurturance.

Observe the behavior of others toward you — taking it as information — without getting caught in their drama. Be a fair witness who observes from a self-protected place. This is honoring your own boundaries. It empowers you to decide — uninfluenced by another's seductive or aggressive power — how much you will accept of what someone offers you or of what someone fires at you.

Maintain a bottom line. A limit to how many times you allow someone to say no, lie, disappoint, or betray you before you will admit the painful reality and move on. This includes confronting addiction and/or futureless relationships in which you continue to look for happiness where there is only hurt. In addiction, our illusory belief compensates for the diminished reality.

Change the locus of trust from others to oneself. As an adult you are not looking for someone you can trust absolutely. Acknowledge the margins of human failing and let go of expecting security. You then trust yourself to be able to receive love and handle hurt, to receive trustworthiness and handle betrayal, to receive intimacy and handle rejection.

By David Richo, author of "How to be an Adult – A Handbook on Psychological and Spiritual Integration," Paulist Press 1991

### Reading List

*Survivinng Schizophrenia*, E. Fuller Torrey M.D.

*Surviving Manic Depression*, E. Fuller Torrey M.D. and Michael B. Knable, D.O.

I *am Not Sick I Don't Need Help!* Xavier Amador Ph.D. and Anna-Lisa Johanson

## Advocate's Tool Box

### Interpersonal Tools

- Communication
- Negotiation
- Networking

### Organizational Tools

- Assessment & Planning
- Knowledge & Understanding of Patient
- Written Communication
- Presentation Skills
- Working Knowledge of your local Mental Health System

### Intrapersonal Tools

- Awareness
- Empathy
- Respect

These Advocacy tools are skills we use everyday. In the workshop we discuss using them to accomplish good diagnosis and treatment, but think bigger than that. Skills like these come in handy in all kinds of situations.

Successful Advocacy Techniques for Families created by Jane Cartmell
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email: jcartmell@advocacyworks.org