

# Caregivers:

## Effective communication and schizophrenia

Has your loved one not accepted his or her diagnosis of schizophrenia? You are not alone. Research suggests that many people with schizophrenia lack awareness of having a mental disorder.<sup>1</sup>

### **People with schizophrenia often have problems understanding information.**

It is important to note that in most cases, the person is not **refusing** to accept his or her illness. Instead, the person may be **unable** to understand that he or she is ill.<sup>2</sup> The reason may relate to impairment in the part of the brain responsible for memory. If memory is impaired, comparing current thoughts and behaviors to past thoughts and behaviors is difficult. This may result in an inability to recognize that his or her current thoughts and behaviors are unusual.<sup>3</sup>

Not realizing that one is ill contributes to problems in getting medical treatment. This is understandable, as people who do not think they are ill do not think they need treatment. A loved one's ongoing refusal of treatment is a most frustrating experience for many caregivers.

### **Tips for helping your loved one understand schizophrenia**

Below are some tips on addressing lack of awareness of illness. Remember that acceptance of the illness is a process. It may take time for your loved one to begin to understand schizophrenia.

- **Do not challenge your loved one's false beliefs.** It may be hard to keep from correcting inaccurate information, but it is important to do so. Try to understand, rather than disagree with your loved one's beliefs. This may eventually result in your loved one accepting your idea to seek treatment.
- **Avoid using words like illness, treatment, symptoms and recovery.** It is not useful talk about a loved one's problems as an illness if he or she is not aware of the illness. Instead, ask your loved one to describe his or her life goals, plans to achieve goals and reasons why goals have not yet been achieved. At some point, he or she may consider treatment as a way to overcome obstacles to meeting life goals. Seeking treatment to overcome personal obstacles rather than to address symptoms of schizophrenia may be better accepted by your loved one.
- **Keep alcohol and illegal drugs out of sight.** Drinking and illegal drug use may increase the level of false beliefs. This could result in potentially dangerous behaviors.

While your loved one is in the process of accepting his or her illness, it is important for you

to pay close attention to his or her actions. If you see or hear plans to do something harmful to him- or herself or others, call a doctor immediately. If your loved one starts to do something dangerous, call 911 immediately.

### Tips for improving daily communication

People with schizophrenia often have problems understanding information. They may have trouble using information to solve problems. They may have trouble paying attention to discussions.<sup>4</sup> Reducing over stimulation by providing a relaxed, structured environment may limit how much these problems get in the way of day-to-day living.<sup>5</sup> Below are ways you can improve communication between you and your loved one who has schizophrenia (referred to as the “listener”).

- **Communicate in a calm environment.** Dim the lights. Remove noise and clutter before beginning a discussion.
- **Provide a context before you communicate.** An example of providing a context is: “Our family sits in the kitchen when eating dinner. Dinner is ready now. Please come to the kitchen table.”
- **Present one topic at a time.** Avoid making the listener try to sort out and retain important information from each topic. Present one topic at a time with clear and concise language.
- **Avoid extreme facial expressions.** The listener may have trouble understanding facial expressions. So, keep a neutral expression when you are communicating. This will allow the listener to focus on the message that is being communicated.
- **Check out the listener’s understanding.** Ask the listener to repeat what he/she has heard. Use positive body language, such as head nodding, to let the listener know his/her understanding is accurate. Clarify issues that appear to be unclear.

- **Stop communicating if you sense tension.** If possible, delay the conversation until the listener is relaxed. It may increase the chance that the listener will accurately understand what you’re saying.
- **Don’t challenge delusions (false beliefs).** Show interest in learning more about the thought/ belief. This will help you assess if there are plans by the listener to act on the belief in a dangerous way. If there is evidence that potentially dangerous actions are planned, call 911. Follow up with the treating providers. The emergency response resources will assess the situation. They may transport your family member to a local hospital emergency department.

### Learn more about schizophrenia

- **National Alliance for the Mentally Ill (NAMI)** [www.nami.org](http://www.nami.org)
- **National Institute of Mental Health** [www.nimh.nih.gov](http://www.nimh.nih.gov)

1. *Amador XF, Strauss DH, Scott AY, Gorman JM. Awareness of illness in schizophrenia. Schizophrenia Bulletin. 1991; 17(1).*
2. *Kruck CL, Flashman LA, Roth RM et al. Lack of relationship between psychological denial and unawareness of illness in schizophrenia-spectrum disorders. Psychiatry Research. 2009;169(1).*
3. *Flashman LA, McAllister TW, Johnson SC et al. Specific frontal lobe subregions correlated with unawareness of illness in schizophrenia: a preliminary study. Journal of Neuropsychiatry and Clinical Neuroscience. 2001. Spring; 13(2).*
4. *U.S. Department of Health and Human Services. National Institutes of Health. National Institute of Mental Health. Schizophrenia. NIH Publication. No. 09-3517. Revision, 2009. p.4. <http://www.nimh.nih.gov/health/publications/schizophrenia/schizophrenia-booklet-2009.pdf>*
5. *American Psychiatric Association. Practice Guideline for the Treatment of Patients with Schizophrenia. February, 2004. [http://www.psychiatryonline.com/pracGuide/pracGuideTopic\\_6.aspx](http://www.psychiatryonline.com/pracGuide/pracGuideTopic_6.aspx). p. 23.*

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