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THE RECOVERY  
A C A D E M Y

*Enhance  
Communication  
between  
Family Members*

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FACILITATOR GUIDE

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## **Recovery Academy Program Goal**

The Champlain Recovery Academy provides a range of educational and skill-building opportunities, using a recovery based approach, so that students may:

- become experts in their own self care ,
- recognize and develop their personal resourcefulness: and

for families, friends, and service providers to:

- better understand mental health conditions and addictions
- learn how to support people with lived mental health experience and or addictions in their journey to well-being.

### **Learning objectives: Introductory Session ~ Enhance Communication between Family Members \***

#### **At the end of the 2 hour session, students will:**

1. Explore the role of family dynamics in communication
2. Discuss common roadblocks to family communication
3. Choose and practice at least one technique or tip to address barriers to communication

#### **The 3 Cornerstone Concepts of the Introductory Session**

There are three key cornerstones facilitators will be expected to cover in the lecturette using a scenario, story or analogy:

1. Family dynamics in communication within the context of an addiction on mental health challenge.
2. Roadblocks to communication

Within the workshop F s will be expected to:

3. Model effective communication in a moderate conflict situation

If student needs drive the requirement for a specific unit of additional **content**, this can be added within the time frame set out.

#### **\* Note: Family includes close friends and or supporters**

12 ROADBLOCKS TO EFFECTIVE COMMUNICATION use as a handout (HO) for small group discussion. Appendix "B"

**See scenarios** – for role play demonstration by Facilitators Appendix "C"

## **STUDENT LEARNING NEEDS:**

### **Learning Principles and Styles**

Working with adult learners differs from teaching. As facilitators, we adjust our facilitation style to meet the needs of students. We are there to facilitate a process of interactive learning not merely to present content. A few important Adult Learning Principles to keep in mind are:

#### **Students:**

1. Are self directed and motivated to learn
2. Bring their life experience and knowledge with them
3. Have goals and expectations
4. Seek relevance for immediate applicability
5. Are practical and engage in problem solving and planning
6. Wish to be treated with respect and as equals.

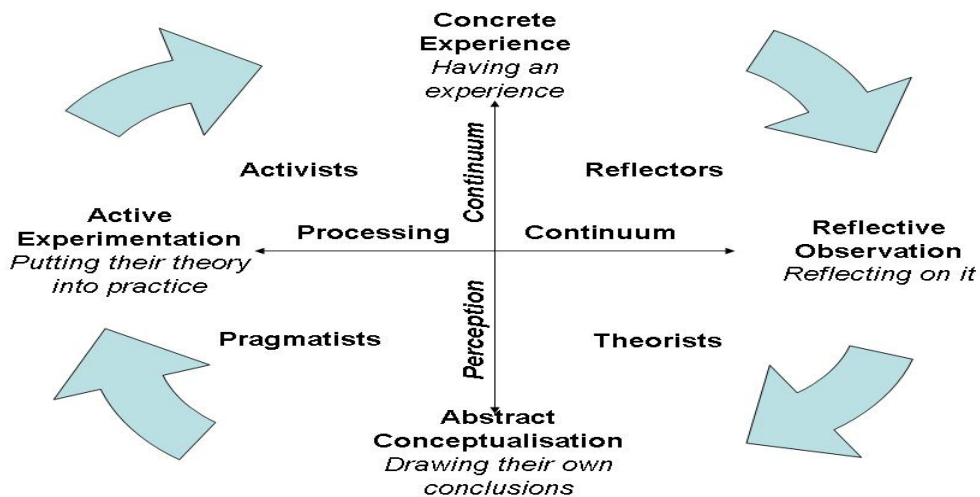
**Learning styles** may be best described succinctly in NLP Terms Visual, Auditory and Kinesthetic. As such, we need to offer and be sensitive to all three styles within the session.

Participants engage by **experiencing, reflecting, thinking and acting.**

- **Experiencing:** learning in real time what is relevant to their current situation.
- **Reflecting:** exploring different perspectives, being open to new ideas and concepts, looking for meaning
- **Thinking:** analyzing ideas, visualizing how to apply the concepts of the learning experience in a practical way, planning how these can be applied in their life situation.

**Acting:** showing the ability to apply the concepts, being willing to take risks, planning how they will proceed.

## EXPERIENTIAL LEARNING CYCLE and LEARNING STYLES



- **Reflector** - Prefers to learn from activities that allow them to watch, think, and review (time to think things over) what has happened. Likes to use journals and brainstorming. Lectures are helpful if they provide expert explanations and analysis.
- **Theorist** - Prefer to think problems through in a step-by-step manner. Likes lectures, analogies, systems, case studies, models, and readings. Talking with experts is normally not helpful.
- **Pragmatist** - Prefers to apply new learnings to actual practice to see if they work. Likes laboratories, field work, and observations. Likes feedback, coaching, and obvious links between the task-on-hand and a problem.
- **Activist** - Prefers the challenges of new experiences, involvement with others, assimilation and role-playing. Likes anything new, problem solving, and small group discussions.

Coffield, F., Moseley, D., Hall, E., & Ecclestone, K. (2004). *Learning styles and pedagogy in post-16 learning: A systematic and critical review*. www.LSRC.ac.uk: Learning and Skills Research Centre. Retrieved January, 15, 2008:<http://www.llda.org.uk/files/PDF/1543.pdf>

### Experiential Learning Methodologies

Emphasizes group work and participation in interactive exercises from which learners extract general principles and as well as immediate practical applications to their own situation. Examples: are story telling, scenarios or case studies, role-plays, simulations, 2 chair techniques, work dyads or triads, teamwork assignments etc.,

## **FACILITATOR RESPONSIBILITIES**

### **Creating a safe learning environment in a recovery context.**

It is important to recognize the vulnerability of students. Individuals with mental health and/or addictions issues, their supporters and service providers all experience stigma. Myth, misunderstanding and negative experiences in and out of crisis situations can create a natural hesitancy on the part of students. No pressure should be felt to disclose status.

An important part of the facilitators' role is to create the most relaxed environment as possible. The more relaxed students are the more open to learning, sharing and enquiry.

### **Code of Conduct For Facilitators**

Includes holding to the values and ethics outlined in this Guide and co-creating a safe learning environment for students which they participate in creating a:

### **Student Comfort Agreement\_**

Allow students to come up with their own ideas about what they need to feel comfortable if they have not identified those below offer them as suggestions:

- Provide you with a safe, warm and friendly learning environment in which everyone is treated with dignity and respect.
- Handle your questions in a friendly and professional manner
- Respectful communication provide examples and model this
- Use of "I statements"
- Speak for yourself,
- Listen respectfully
- Confidentiality personal information:
- Celebrate diversity and difference

**Be welcoming.** Smile, let them know about seat choice, where to put coats, ask anything you need before we start. Etc.

**Clearly outlining** the Session this lets students know what to expect for the session.

**Use icebreakers** to allow the students to create connection outside of their connection to mental illness and or addiction. For example, if you are using a known scenario (bike accident) to bridge to your learning objectives you might ask

who has ridden a bike as a child, as a teenager, as an adult for recreation or transportation.

Or

- Who has taken a first aid course?
- Identify pre-existing relationships if it is a group of less than 25 people.
- Be transparent, it is okay not to know the answer, we are well resourced and can reach out for help
- Share part of your own story (be vulnerable) within the context of the session

### **Use positive nonverbal communication**

Nonverbal messages are an essential component of communication in the teaching process. It is not only what you say to your students that is important but also how you say it. An awareness of nonverbal behavior will allow you to become a better receiver of participants' messages and a better sender of signals that reinforce learning.

Some areas of nonverbal behaviors to explore include:

- **Eye contact:** Facilitators who make eye contact open the flow of communication and convey interest, concern, warmth and credibility.
- **Facial expressions:** Smiling is a great way to communicate friendliness and warmth
- **Gestures:** A lively and animated facilitating style captures students' attention, makes the material more interesting, and facilitates learning. Head nods also communicate positive reinforcement that you are listening.
- **Posture and body orientation:** Standing erect, but not rigid, and leaning slightly forward communicates that you are approachable, receptive and friendly. Speaking with your back turned or looking at the floor or ceiling should be avoided, as it communicates disinterest.
- **Proximity:** Cultural norms dictate a comfortable distance for interaction with participants. Look for signals of discomfort caused by invading participants' space, which include rocking, leg swinging, crossed arms, tapping and gaze aversion.



- **Para-linguistics:** Tone, pitch, rhythm, timbre, loudness and inflection in the way you speak should be varied for maximum effectiveness.
- **Humor:** Develop the ability to laugh at yourself and encourage participants to do the same. Humor is often overlooked as a teaching tool. It can release stress and tension for both instructor and student and foster a friendly classroom environment that facilitates learning. [Www.literacyonline.com](http://www.literacyonline.com).

### **Address common fears:**

State: There are no stupid questions.

When asked a question or referring to questions on post it, model responses to questions that positively reinforce the message.

“I was hoping some one would ask that”

“That’s a helpful question”

“That’s an interesting question”

State: Letting us know what hasn’t worked is a useful tool for learning (no judgment) you might mention something you tried that didn’t work.

### **Model learning about diversity**

Mark Kiselica, a psychologist who conducts multicultural training, stresses the importance of teachers self-disclosing their own journey in becoming more culturally sensitive and knowledgeable. Kiselica states that "the process of developing multicultural awareness and sensitivity is a journey marked by fears, painful self-reflection, and joyful growth," and students can learn from an Instructors who share their mistakes, incidents that led to their learning, and what they have gained from the process.

**Role as a facilitator** There is a fine line for teachers between presenting oneself as a learner on a journey toward greater diversity awareness and self-awareness and an expert who has reached expert status on issues of diversity and multiculturalism.

Students often react favorably to the first, almost always negatively to a person who wants to be seen as the authority on these issues.

Maintain a focus at all times on learning rather than treatment or care

## **Encourage students to:**

- Make the most of your time with us, enjoy being a student and be prepared to learn
- Celebrate diversity and difference
- Ask us for clarification if there is anything that you are not sure about
- Be considerate by treating everyone with dignity and respect

**Participation for each section** Remind students the variety of ways in which they can participate, all is acceptable. Their choice Etc. post it notes for questions, for tree or to give to facilitator, non-participation in exercises is an acceptable choice, we may ask you to be a time keeper etc.

**Confidentiality** need only identify yourself by first name and only if you are comfortable, let us know why you are here, verbally or written on post it note.

**Needs identification- ongoing;** It is important to identify that all needs (questions) are important, however the facilitators are facing limits of time, intensity, and diversity so all questions (needs) may not be met during this particular, session. Make an effort to assist in identifying a option or alternative pathway.

## **Potential Triggers**

An offhand comment in a session that seems inoffensive to many people can cause an individual to feel diminished, threatened, discounted, attacked, or stereotyped. This "trigger" is an emotional response; while the individual does not feel personally threatened, an aspect of the person's social identity (or the social identity of members of another social group) feels violated.

A word, phrase, or sentence that seems harmless to some people may trigger an emotional reaction in others. Examples of phrases that could be triggers are:

- "I don't see differences; people are just people to me."
- "If everyone just worked hard, they could achieve."
- "I think people of color are just blowing things out of proportion."

One's emotional response can include anger, confusion, hurt, fear, surprise, and embarrassment.

There are a number of responses to triggers, some of which are more effective and more appropriate than others, depending on the situation.

## **Responses to triggers include:**

- **Avoidance-** Avoiding future encounters and withdrawing emotionally from people or situations that trigger us.
- **Silence-** Not responding to the situation although it is upsetting, not saying or doing anything.
- **Misinterpreting-** Feeling on guard and expecting to be triggered, we misinterpret something said and are triggered by our misinterpretation, not the words.
- **Attacking-** Responding with the intent to lash back or hurt whoever has triggered us.
- **Internalization-** Taking in the trigger, believing it to be true.
- **Confusion-** Feeling angry, hurt, or offended, but not sure why we feel that way or what to do about it.
- **Naming-** Identifying what is upsetting us to the triggering person or organization.
- **Confronting-** Naming what is upsetting us to the triggering person or organization and demanding that the behavior or policy be changed.
- **Surprise-** Responding to the trigger in an unexpected way, such as reacting with constructive humor that names the trigger and makes people laugh.
- **Discretion-** Because of the dynamics of the situation (power imbalances, fear of physical retribution), deciding not to address the trigger at this time but at some way at some other time.

**<http://www.uww.edu/learn/diversity/safeclassroom.php>**

## **ADMINISTRATION**

Contact perspective students 2 weeks ahead, by phone or email, confirm their participation in writing, call 3 days before the full workshop to remind them. Provide date, time and address and room number.

**Media and Tools:** FC, writing materials – paper or index cards, post it notes, name tags, pens. CD player, DVD Player, computer.

**Room set up:** Room set up ~ a circle of chairs of a maximum # of.... Provide access to fresh water. Where possible set chairs in curves, half circles or circles (depending on size of group) avoid straight rows or set ups that impair movement or easy conversation. Leave space between chairs. Easy access for students to the washroom and the exit

**Housekeeping:** washrooms - where they are located and if there will be a break, cell phones- please put on vibrate, if you need to take a call, feel free to take it outside the room and rejoin us when you can , if you need to leave please indicate to us with the royal wave.

**Facilitators' Tools:** Facilitator Guide, Roller Coaster to Recovery, Recovery Academy Syllabus, list of attendees, a flipchart & easel, markers – various colours, CD player, DVD player? + cd 's and DVD's, note pad, Workshop Evaluation Questionnaire.

**Facilitator Guide:** lays out the time frame, the workshop exercise and content, and any AV aids or tools required.

**Facilitators' Notes:** Provides back ground reading or scripts required to cover the intended leaning objectives and content. **SEE Appendix B**

**Evaluation:** the evaluation questionnaire is a simple to complete on page sheet that will also be posted on the website, ask students at the beginning of this session to give you feedback, in addition to complete it. pager, **Appendix B**

**Fs** invite verbal feedback in the group as part of the closing, link back the feedback to their questions and expectations as expressed in the opening. Demonstrate the link.

## PRE COURSE FACILITATOR CHECK LIST

- What languages do you speak
- How much experience do you have facilitating recovery?
- How would you describe your style?
- What are your areas of expertise?
- Review RA Comfort Agreement - Model this
- The RA Co facilitation model is one Peer and one Service Provider:  
Who will be in the role of service provider? Peer?
- Set up and Materials:
- Time keeping
- Mediating differences in the group. – who will do this?

### **Facilitators post session Feedback:**

**Fs** discuss their learning's, opportunities for improvement and provide feedback and recommendations to the Program Coordinator. **See checklist below.**

### **Using the strengths building approach. Together Facilitators will**

- Review student evaluations
- Discuss
  - What went well
  - What needs improvement
  - What are some suggestions for improvement.
  - Agree on what you will do differently
  - What I appreciate about you is.....
  - Any areas of disagreement explore and try to reach an agreement,
- Assess any further student needs as stated in the session or as written on Post It notes, or as uncovered by facilitators explaining why you see it as a need.
- Please submit your evaluation and identified student needs to Catherine Corey, Program Coordinator.

TIME	CONTENT and EXERCISES	TOOLS
<p>1 min</p> <p>2.5 min</p> <p>2.5 min</p> <p>2 min</p> <p><b>T: 8 min</b></p>	<p><b>WELCOME</b></p> <p>Facilitators welcome each student as they enter the workshop.</p> <p><b>Students</b> choose their seats and may complete name cards until it starts (optional)</p> <p>Facilitators open with welcoming remarks (you are in the right place)</p> <p>F describes the RA as whole and links this with the 3 specific <b>Learning Outcomes</b> for this session. Invite any clarifying questions or concerns</p> <p>F provides <b>Outline of the Session</b> (fluid) how we are going to share this time together (learning methodologies). Invite any clarifying questions or concerns</p> <p>F covers <b>Housekeeping Items</b>. Invite any clarifying questions or concerns</p>	<p>Tent cards or stick-on labels and markers</p> <p>Prospectus?</p> <p>POSTED</p> <p>POSTED</p>
<p>5 min</p>	<p><b>INTRODUCTIONS</b></p> <p><b>Student</b> introductions start with Facilitators (model)</p> <p><i>I am (first name) and I am here because...or</i></p> <p><i>Hi, I'm here because...</i></p> <p>F Invite students to briefly introduce themselves. Then,</p>	

TIME	CONTENT and EXERCISES	TOOLS
10 min  <b>T: 10 min</b>	<b>CLIMATE SETTING EXERCISE</b> (a.k.a. icebreaker) Group finds connection with each other through an exercise e.g. pet owners: dog, cat, other, or none, born in Ottawa , born outside Ontario, family member with addiction or family member with M illness.	or use one of your choosing
5 min	<b>COMFORT AGREEMENT</b> (ground rules)  F propose group guidelines and invite students to add to the list	POSTED add theirs on separate FC
1 min  5 min  <b>T: 10 min</b>	<b>OUTLINE - Provide course outline</b>  <b>NEEDS IDENTIFICATION EXERCISE</b> F provides a few minutes for students to write their question(s) or area of interest on a post it note to be placed on the 'tree' or board.  Facilitators read out posted questions and paraphrase their understanding of the questions, checking back with participants  F use this opportunity to adjust the session based on Identified Needs F Clarify what will be covered and identify what might be outside of the scope of the session while identifying other options if available. Take note of the need in a visible way.	FC  TREE or board  Post it notes and markers  Parking lot FC
5 min  5 min  <b>T: 10 min</b>	<b>STORY – Service Provider perspective</b> Linked to communication and learning objectives  <b>STORY – Peer Perspective</b> Linked to communication and learning objectives.	

TIME	CONTENT and EXERCISES	TOOLS
<p>10 minutes</p> <p><b>T Time: 10</b></p>	<p><b>LETURETTE: using a scenario</b>  Using a story of a hypothetical family challenged by one member’s addiction or mental illness. Describe a family dynamic , barriers in their communication and techniques they used to get unstuck</p>	<p>could use a TV character or Humorous names to light it up</p>
<p>5 min</p> <p>15 min</p> <p><b>T Time: 20</b></p>	<p><b>GROUP EXERCISE -</b></p> <p><b>F</b> divide the participants into subgroups according to their choices. Students self select which piece of the scenario they wish to explore as a subgroup.</p> <p>Ask participants as a subgroup to explore the scenario and identify examples of a) Family Dynamics or b) identify some communication barriers. Ask them to be prepared at the end of the Ex to discuss their observations an comments</p>	<p>Hand Out of Scenario and Instruction sheet</p> <p>see Facil notes</p>
<p>10 min</p>	<p><b>WRAP UP the - EXERCISE IN PLENARY</b>  One <b>F</b> facilitates a group discussion, while the <b>2<sup>nd</sup> F</b> flipcharts the group learning: (<b>F</b> do this if they think there’s time - this validates <b>Students’ input</b>)</p> <p>.  In the main group: ask how do any of these <u>apply to your situation</u> right now (if they are comfortable.)</p>	<p>FC</p>
	<p><b>ROLE PLAY EXERCISE: Techniques or tips for responding effectively</b>  <b>Fs</b> will role play together one example of ineffective communication followed by one of effective response to the same situations.</p>	<p>see Facil Notes page</p>



TIME	CONTENT and EXERCISES	TOOLS
<p><b>T time : 10</b></p>	<p><b>SUMMARIZE:</b> Enhancing Communication - pull together the 3 cornerstones, three learning outcomes &amp; linked to scenario. <u>Ask</u> students to consider:</p> <ul style="list-style-type: none"> <li>• Their own current situation – where am in skill use or awareness right now?</li> <li>• What communication means to me now (Attitudinal Shift)</li> <li>• What do I need to consider applying in my situation? – reflecting , thinking, analyzing Skills</li> <li>• What are my options? - Problem solving <b>S</b></li> <li>• Am I open to continue learning and applying new communication skills? Decision making<b>S</b></li> <li>• How will the tips/techniques meet my needs – Needs Identification <b>S</b></li> <li>• What do I need to consider doing as my next step? Action Planning Skills</li> </ul>	<p><b>FC</b> these questions</p> <p>Point out their skills and attitudes as demonstrated at the closing of the grp discussion by adding these in a coloured marker beside each <b>question</b></p>
<p><b>T 17 min</b></p>	<p><b>FOLLOW-UP EXERCISE</b> * if applicable</p> <p><b>F</b> Needs Identification and Planning coach students to working individually on what new skills they wish to use.</p> <p><b>ALTERNATIVE EXERCISE #1</b> Assess student needs. If folks need it. Offer a ‘grounding or centering’ meditation. Facilitate a guided meditation.</p> <p><b>OR</b></p> <p><b>ALTERNATIVE EXERCISE #2-</b> My Story – a Family/ Friend or Supporter’s View Care providers give a talk what ‘experience with communication, what worked what didn’t and example of a communication strategy for each family member</p>	<p>Participant notes</p> <p>CD</p>

TIME	CONTENT and EXERCISES	TOOLS
5	<p><b>CLOSING - THE QUESTIONS</b>  <b>F</b> links back the session to the Student Questions identified on the Tree  <b>F</b> asks: <i>“To what extent was your question or area of interest covered in this session?”</i></p>	refer to Post It Notes on the tree or board
5	<p><b>NEXT STEPS - OPPORTUNITIES ~ RA or other</b></p> <ul style="list-style-type: none"> <li>• Self - Now</li> <li>• Family members - Now</li> <li>• Service providers</li> </ul>	Other courses RA
5	<p><b>EVALUATION</b>  <b>F</b> hands out 1 page questionnaire and asks for their input to improve the Enhance Communication. Ask Students for quick verbal feedback in group, FC their responses for all to see. Offer alternative ways of evaluating and providing feedback for those not comfortable..</p>	Questionnaire  FC: “ + / Δ “  Website and email address
<b>Total Time 115 Minutes</b>	<b>SIGN Ups</b> Facilitators have sign up sheets for other workshops or RA resources. And are available to answer questions.	
	<b>FACILITATOR DEBRIEF</b> their session – strengths building approach and suggestions for improvement see Guide	

## **APPENDIX "A"**

## WORKSHOP EVALUATION QUESTIONNAIRE

**1. The workshop objectives were clear and understandable.**

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

**2. I was invited to express my needs and /or questions.**

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

**3. The facilitators covered the concepts as posted.**

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

**4. I had an opportunity to explore the concepts and engage with other students.**

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

**5. The learning exercises were helpful and relevant.**

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

**6. The pace and amount of time allowed was appropriate.**

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

**7. The highlight of the workshop for me was \_\_\_\_\_**

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

**8. I have ideas I can apply and that are relevant and practical. Please give an example \_\_\_\_\_**

Strongly agree	moderately agree	disagree	strongly disagree
1	2	3	4

**9. I recommend the following changes \_\_\_\_\_**  
(Areas for improvement)

**10. I'm interested in taking: \_\_\_\_\_**  
(Name of workshop or course)

**Name (optional) \_\_\_\_\_**

## **APPENDIX "B"**

### **Facilitators Background Notes**

#### **RECOVERY -**

- A recovery approach to mental disorder or substance dependence (and/or from being labeled in those terms) emphasizes and supports a person's potential for recovery.
- Recovery is generally seen in this approach as a personal journey rather than a set outcome, and one that may involve developing hope, a secure base and sense of self, supportive relationships, empowerment, social inclusion, coping skills, and meaning.
- Recovery is a common experience.
- Recovery is coming to terms with the mental illness and having a life for yourself.
- Recovery is a deeply and intensely personal, unique process of adjusting or changing one's attitudes, values, feelings, perceptions, beliefs, skills, roles and goals in life.
- Recovery is a deeply emotional process.
- Recovery is not just recovery from the illness.
- Recovery is seeing yourself, treating yourself and responding to others as a person rather than as an illness.

## What is recovery and not. Difference between Therapy and Education.

### Therapy and Education

THERAPY	EDUCATION
<ul style="list-style-type: none"><li>- Focuses on problems, deficits and dysfunctions;</li><li>- Strays beyond formal therapy sessions and becomes the overarching paradigm,</li><li>- Transforms all activities into therapies – work, gardening, etc;</li><li>- Problems are defined, and - the type of therapy, by the professional ‘expert’;</li><li>- Maintains the power imbalances and reinforce the belief that all expertise lies with the professionals.</li></ul>	<ul style="list-style-type: none"><li>- Helps people recognize and make use of their talents and resources;</li><li>- Assists people in exploring their possibilities and developing their skills,</li><li>- Supports people to achieve their goals and ambitions;</li><li>- Staff becomes coaches who help people find their own solutions;</li><li>- Students choose their own courses, work out ways of making sense of (and finding meaning in) what has happened and become experts in managing their own lives.</li></ul>

### Successful recovery is built on effective communication. Recovery should:

recognize that communication with a family and loved should be two-way,

and that input and feedback should be sought and considered over an extended time including input from the service providers and community resources.(360)

## Communication - General

The most common complaint heard in families is, "We just don't communicate." **Learning to communicate with respect, clarity, and kindness is one of the most important life skills you can gain.** It can help generate not just a happier family life, but better results at work, at school, and in friendship.

**The quality of a relationship is generally determined by the quality of the communication in that relationship.** Learning what works - and what doesn't - in communication is the beginning of improving your most important relationships - at home, at work, and elsewhere. The resources in this section teach clear, practical strategies for improving communication - even with people who might be very different from you.

Each of us is a radar machine constantly scoping out our environment. Human beings are sensitive to body language, facial expression, posture, movement, tone of voice and more. To effectively communicate, these interpersonal communication dynamics must match your words. Words are distantly useful for people who are scoping out the meaning of a communication.

Without awareness of the whole person, who is doing the communicating, including the factors in interpersonal communication dynamics, you miss much of what is being communicated. At the same time, if you communicate without understanding all of the interpersonal communication dynamics your listener sees and hears, you fail to use powerful aspects of communication.

Your body language, facial expression, posture, movement, and tone of voice can help you emphasize the truth, sincerity, and reliability of your communication. They can also undermine your communication if the words you use are incongruent with the message sent via the interpersonal communication dynamics.

Since communication is [shared meaning](#), your words must send the same message as the other interpersonal communication dynamics. The consistent message ensures effective communication. It is Very important to keep in mind purpose of communication. What is the purpose of your communication?

**Intention**

**GAP**

**Effect**

## Communication with Loved Ones

Open and honest communication with loved ones and the [treatment](#) team can help a person with a mental health condition manage symptoms, avoid [relapse](#), and stay on track in the recovery process. Some people who have [schizophrenia](#) may find communication challenging. Here are some things to focus on to improve communication with the people on the recovery team:

**Say what's on your mind.** This is key to developing healthy relationships. It can build trust and understanding.

**Keep appointments with the recovery team.** Regular contact provides an opportunity to let them know what's going on and to share treatment preferences.

**Keep a journal.** This is a way to record what's going on with treatment and with anything else in life. It can help keep track of symptoms, feelings, goals for the future, and questions for the doctor or therapist.

**Communicate about relapse early.** Remember to write down signs that are experienced early in the relapse process. If these signs are noticed, communicate with the recovery team right away.

## Family Dynamics and Caregiving Adapted material from Alzheimer Society of Ottawa and Renfrew County

Family conflict can often be part of family caregiving situations. Everyone approaches family caregiving issues differently. Individual family members' opinions about what is best for the person with dementia (this is also true for other mental illness and or loved ones dealing with issues of substance misuse) can vary greatly. On top of this, the history of family dynamics can re-emerge bringing out old patterns of behaving and unresolved tensions.

### Most common areas of conflict

#### a. Disagreements and uncertainty over diagnosis:

It may be that not all family members will agree that a relative has \_\_\_\_\_. In fact, it is common for family members to have very different ideas about what's wrong with their relative and what should be done about it including the member themselves. One family member may be refusing to get involved and say, "There is nothing wrong with -----." It is important to remember that when there is a diagnosis of --- or symptoms of -----, all family members will feel a sense of loss.

Denial is the first stage of grieving and family members may: Denial is the first stage of grieving and family members may:

- deny that anything is wrong because they are unable to accept the reality of the diagnosis

- disagree with the diagnosis as a means of protecting themselves from facing a relative's



change in quality of life, increased risks and their own loss  
react with bitterness and anger

These reactions can lay the groundwork for family conflict.

b. **Care needs:** Most often, discord surfaces within families from perceptions over who does or who should provide care and what type of care should be provided. Unequal division of caregiving duties can cause conflict. Generally, one relative takes on the primary role of caregiving. This may be because he or she lives closest to the person with \_\_\_\_\_, is perceived as having less work or fewer family obligations, or is considered the “favorite” relative of the person with \_\_\_\_\_.

Regardless of the reasons, this situation can lead the overburdened primary caregiver to feel frustrated and resentful and other relatives to feel uninformed and left out.

c. **Planning for the future:** If the person with \_\_\_\_\_ has not planned ahead, there are decisions that will need to be made which include medical decisions, managing finances, and enforcing treatment choices. How this is decided and carried out can raise tensions between family members.

Communication tips that will help prevent conflict

Communicate regularly. Don't allow weeks to turn into months and years of not communicating with family members you feel should take a vested interest in your relative's condition and care

## **When families do not agree**

### **Strategies in minimizing conflict and addressing caregiving issues in a supportive manner**

- Share responsibly. Consider each family member's preferences, resources and abilities. Some family members may provide hands-on care or may be more comfortable with respite care, household chores or errands. Others may be better suited for handling financial or legal issues.
- Offer help even if you live far away. Check in often to see how things are going and to offer whatever assistance you can. Ask about how the caregiver is doing and be a sounding board for frustrations and concerns. Be patient if the caregiver needs to vent.
- Ask for help. If you feel overburdened by the responsibility of caregiving, inform the rest of your family members (without complaining or blaming others). Your family members may assume you're doing just fine handling everything on your own unless you tell them what challenges you're facing and specific ways they can help.
- Empathize. Difficult situations affect everyone differently, so try to understand your relative's point of view before getting angry or upset. Approaching the issue this way will help you suggest an appropriate solution.

- Make decisions together. Even if you serve as the primary caregiver of your parents, involve your relatives when you need to make a major care decision. Taking their thoughts and opinions into account will help to eliminate any hard feelings, grudges or resentments.
- Leave past rivalries behind. Stepping back and realizing how unresolved issues from long ago influence your present relationships may put a helpful new perspective on your current situation.

### **Resolution of differences**

Plan regular face-to-face family meetings: Include everyone who's part of the caregiving team, including family friends and other close contacts.

- Be honest. Talking about your feelings in an open, constructive manner can help defuse tension.
- Don't criticize. There are many "right" ways to provide care. Respect each caregiver's abilities, style and values.
- Consider mediation. Sometimes family issues become too complicated or emotionally charged to solve on your own. A third-party resource, particularly a professional such as a counselor, social worker or other professional can provide an impartial voice of reason. Only when families work together as a team can the person with \_\_\_\_\_ receive the best love and care possible. Remember, you are not alone.

### **Communication Is Key** When interacting with an addict **by Linda L. Simmons, Psy.D.**

Opening the doors to communication is an important first step in reestablishing healthy family relationships.

Basically, real communication is being able to give and receive messages as intended.

Closing the gap between intent and effect is the key, as people often communicate through the filters of their own perceptions and beliefs that may not be shared by others.

This leads to distorted messages that build into misunderstandings. Listening is the foundation to effective communication. Genuine listening focuses on understanding and learning from the other person involved in the conversation.

Often one listens out of a desire to self-protect.

"Am I in danger of getting hurt?"

"Am I in danger of someone taking advantage of me?"

"Am I in danger of being attacked?"

These are all common questions one asks when listening with the motive of self-protection.

When interacting with an addict whose behaviors have been hurtful and frightening, this is understandable. However, in order for the situation to improve, the goals of listening must change. The focus must be on understanding the message of the speaker, not on self-protection. This task is much easier when appropriate emotional boundaries have been put in place. Genuine listening does not mean that one will agree with everything heard; it just means that one will accurately hear the message.

Questions asking for clarification or further information will often be necessary to get a complete, accurate message. Repeating back what one thinks he's heard and asking the speaker if he's heard correctly is another method to promote effective communication. These questions also reassure the speaker that there is a real desire to understand and a heartfelt caring in the communication.

Two words to avoid in effective communication are "You" and "Why." These two words imply attacks and accusations. The typical reaction of the hearer is to respond with defensiveness. The focus of the communication then shifts from understanding to winning — who is going to come out on top, the winner.

### **Cover That Alarm Reaction Button**

Says the one brain to the other, "don't be your biggest barrier." You actually have several brains in your head. "there is the thinking brain. "there is the brain that controls your bodily functions. "there is the brain that controls your emotions. While these brains have specialized functions that serve the whole, sometimes those specialized functions are at odds with each other.

Can you recall a time driving on the highway when somebody cut you off or suddenly stopped in front of you? If it was a close call you probably found yourself trying to catch your breath while peeling your death grip fingers from the steering wheel! "those sweaty hands and that warm, tingly sensation in your arms and chest were signs that you had an Alarm Reaction- that ancient survival mechanism programmed deep in your brain that instantly switches your body into "Action-Hero Mode." Adrenaline seems to always grab the spotlight in the starring role, but it is just one of some 1400 chemical reactions that are instantaneously activated throughout your body!

In an emergency situation in which you are threatened, acting quickly is imperative. You want to react! What if you had to actually think to yourself, "Oh dear, somebody is stopping in front of me. I should maybe... slow down ... or ... maybe change lanes...?" Having to think through the situation would likely fail to keep yourself safe. When your Alarm Reaction gets activated, your survival brain takes charge and intentionally shuts down your thinking brain. But, what happens when the outcome of a situation depends on you being able to think your way out of a situation? "think about the last time you and a loved one had a heated discussion (ok, argument!) and you got truly angry. You stopped thinking and started reacting and then things got worse from there. When angry, you acted out of your self-interests, but they probably weren't the best things to say for the long-term health of your

mutual relationship. When you are the one who needs to remain in control because you are the adult (or the professional or the one who is supposed to keep everyone safe), that important Alarm Reaction survival mechanism can actually work against you. "

When your personal or professional ethics call for you to actually protect the person who is threatening you, maintaining your self-control is paramount. "it is easy to see when the police officer or medic intentionally heads into harm's way, but often forgotten when it is that familiar battle with your own child that activates you. Professional emergency responders receive training and follow specific procedures to minimize the likelihood that they will have an Alarm Reaction.

Maintaining awareness of the Alarm Reaction will help us from succumbing to it when more thoughtful action is required

### **Distortions**

Under stress, managing yourself is often challenged with the loss of thinking power. Shifts in rational thinking can often produce what are called Cognitive Distortions (Beck, A. (1979). Cognitive therapy and the emotional disorders. New York: Plume.) which are irrational thoughts that lead to unhealthy and inappropriate boundaries with others. Professional responders are taught to be aware of their thoughts and look for cognitive distortions. So should you.

Some examples:

- Oh come on, this will never end!
- Why do these things keep happening to me?
- This is so frustrating!!!
- Things will never change.
- I can't take this anymore.

So how can one keep from becoming dysfunctional in a crisis situation?  
Not reacting to negative statements that are threatening,  
How can you avoid your "buttons" from being pushed?

## **12 ROADBLOCKS TO EFFECTIVE COMMUNICATION within the family and beyond**

### **1. Ridiculing, Name Calling, Shaming**

Such messages can have a devastating effect on the person's self image. They may lead to similar responses back. Messages like this will not encourage the individual to look at what they are doing realistically. Instead, they will zero in on the unfairness of the message to excuse themselves.

### **2. *That was dumb! You're acting foolishly!* Criticizing, Judging, Blaming, Disagreeing**

This kind of message makes the person feel bad, incompetent, inadequate, inferior and/ or stupid. They may respond defensively – after all, no one likes to be wrong! Evaluation such as this cuts off communication – “I won't tell you if you're going to judge me!”.

### **3. *You had better.....*Warning, Threatening, Admonishing**

These kind of responses bring in the threat of power. They produce resentment, anger, resistance and rebellion. They invite the child to do exactly what they are being warned not to do.

### **4..*You should* Preaching, Moralizing, Obliging**

Again, some vague external authority is brought into the picture. This may make the person feel guilty or inadequate. They may really dig in their heels, preferring to resist you than solve their problem! A hidden communication in this sort of response is “You're not smart enough to know what to do yourself”. The y may respond to preaching, moralizing and obliging by saying “Who says?” or “Why should I?”.

### **5. You will...Directing, Ordering, Commanding**

In addition to provoking active resistance and rebellion, these responses may frighten the child. They may also produce resentment – no one likes to be ordered around. Either the person will hang up or change the subject. From their perspective it feels as if their own needs are being ignored.

### **6. Do you realize...Lecturing, Arguing, Instructing**

Responses like this imply that you think you are superior to the person They will bring forth defensiveness and counter-arguments and they may cause them to defend their position more strongly.

### **7. What's wrong with you is...Diagnosing, Analyzing, Interpreting**

To tell someone what their 'real' feelings or motives are is threatening if you're right, leaving them feeling exposed and naked, and unfair if you're wrong, resulting in resistance and anger. Again, this kind of response implies you think you are superior. Playing 'psychoanalyst' or 'dime store psychologizing' is not helpful.

### **8. Why? Who? Where? When? Interrogating, Questioning, Probing**

If you ask closed questions such as who, where, what, they will perceive you as being 'nosey'. They will feel 'on the witness stand' and will need to defend themselves.

**9. It would be best for you if you.. Advising, Giving Solutions or Suggestions**

The idea that somebody out there has the perfect solution to our problems is a very appealing one. Unfortunately, life doesn't work that way. Because words are limitations of thoughts, and often poor ones at that, and because one can never know another person's full experience, even the best intentioned advice is off base.

It is also true that often people simply do not want advice. They may need to express feelings or think through a problem out loud. When you give advice to someone, you are implying again that you think you are superior to the person on the receiving end. Advice doesn't allow for creative thinking or self determination on the part of the individual.

Suppose they took your good advice and it didn't work. Then they could blame you for their troubles!

**10. That reminds me. Distracting, Humouring, Diverting, Withdrawing**

This kind of response communicates that you are not interested in them and do not respect their feelings. It is experienced as rejection. Remember – problems put off are seldom problems solved.

**11. You've done the right thing Praising, Approving, Agreeing, Evaluating Positively**

While these responses certainly are appropriate at times in our lives, they are not useful in a helping relationship. They may not have the desired effect. They come across as insincere flattery and are embarrassing to the individual.

They again imply that the helper thinks they are superior – in the position of the evaluator. There is the implication that the evaluator may evaluate other aspects of them as bad, or that the lack of a positive evaluation may imply a negative one.

**12. It's not so bad. Reassuring, Consoling, Sympathizing, Supporting**

While these responses are usually very well intentioned, the person will probably feel that you just don't understand. There is a hidden message here which is that you are not comfortable with their negative feelings. And, if things do not, in fact, work out, they will feel you had misled them. They may respond "It's easy for you to say, but you don't understand how bad I feel" or "You're just saying that to make me feel better". And they would be right!

Contact: Wilmington, D E – based upon Thomas Gordon's concept of "Twelve Roadblocks to Effective Communication" as presented in his book Parent Effectiveness Training, New York, 1970.

## How to Talk to Your Kids When You Think They're Using Drugs

By [MARGARITA TARTAKOVSKY, M.S.](#)  
Associate Editor

You suspect your teen is using drugs. Maybe they're not acting like themselves. Maybe they're cutting school or shirking other responsibilities. Maybe their grades are dropping. Or their behavior is worsening. Maybe they've started hanging out with a bad crowd.

Maybe they're being secretive and have even stolen money from your wallet. Maybe their physical appearance has changed with rapid weight loss or red eyes. Maybe you've noticed a change in their [sleep](#) habits, energy level and mood. Maybe you've actually found marijuana or other drugs in their room.

Naturally, the thought and possible confirmation of your child using drugs trigger a rush and range of emotions: anger, frustration, disappointment, sadness, fear.

If you think your child is using drugs, how do you approach them? Where do you start?

Two [parenting](#) experts shared their insight below.

### **1. Be direct and calm.**

"This issue is too serious for subtlety," said [John Duffy](#), Ph.D, a clinical psychologist and author of the book *The Available Parent: Radical Optimism for Raising Teens and Tweens*. He suggested readers approach their kids "directly and immediately."

Avoid letting your anger and frustration spill over into the conversation. According to [Lisa Kaplin](#), Psy.D, a psychologist and life coach who teaches parenting classes, "The best way to approach your child is with delicacy, not drama. If you approach them with [panic](#), anger, aggression or accusations, you can be sure your child will tell you absolutely nothing."

Yelling, threatening and lecturing your child typically leads them to withdraw, sneak around and lie, she said.

Duffy also suggested approaching your child "from an emotional space of genuine concern for well-being." He understands that being calm and centered is a lot to ask of parents. "But it is, without a doubt, the approach that works best in my experience."

It's common for kids to deny their drug use, or to respond casually (e.g., "It's just pot, and I don't smoke it that often, anyway"). If this happens, "give a brief response in which you tell them that you do not want them to use drugs of any

kind,” Kaplin said. Reiterate your house rules about drugs and alcohol use and “the consequences that come with that behavior.”

## **2. Talk when your child is lucid.**

Don’t try to have a serious conversation when your child is drunk or high, Duffy said. “This might seem like common sense, but I have worked with many parents who have attempted to lecture an inebriated teenager.”

## **3. Ask open-ended questions.**

It’s more likely that your child will be honest, and talk about their drug use if you ask open-ended questions. According to Kaplin, these are several examples: “Can you tell me more about that? How did you feel in that situation? What will you do if that happens again? How can I help you with this?”

If your child admits to using drugs, again, “ask them with open-ended, non-judgmental questions about what drugs they have used, how often, and if they plan on using again.” You also can ask “for their input on how to proceed.”

## **4. Don’t punish your child.**

Avoid punishing your kids, Duffy said. It rarely works. For instance, “Taking a cell phone away will never keep a drug user away from using.”

## **5. Show your support.**

If your child reveals their drug use, “Thank [them] for being honest with you,” Kaplin said. Let them know that you’re “here to help them. Tell them you love them.”

## **6. Get your child treatment.**

It’s key to take your child to see a qualified therapist who specializes in working with teens and young adults. When talking about professional help, don’t negotiate with your child, or take “no” for an answer, Duffy said.

Instead be brief, firm and clear, he said. Duffy gave the following example of what you might say to your child: “It is clear to us that you have been using something, and we are really concerned for your safety. As your safety is our domain as Mom and Dad, we are going to pull rank here and schedule an appointment for someone for you, and all of us, to talk to about this issue.”

Depending on the situation, you can “give [your child] options regarding therapists or treatment centers,” Kaplin said.



Even if your child is over 18 years old, Duffy suggested having a similar conversation. While you can't force your older child to attend [therapy](#), you can leverage other things, such as your financial position, he said.

It's also important to get clear on your limits, communicate them to your adult child and follow through, Kaplin said. For instance, "can your child still live with you if they're using drugs? If not, when must they leave and will you help them with treatment or other living arrangements?"

Knowing your child is possibly using drugs is stressful, scary and painful. And it can be incredibly hard to have a calm conversation. If you feel yourself losing control, take a break, and return when you've cooled off. Whether your child admits to using drugs or not, having them see a qualified therapist is critical.

### **Warning signs indicating that your teen is abusing alcohol or other drugs**

Below are several warning signs indicating that your teen is abusing alcohol or other drugs:

- **Changes in appetite or [sleep patterns](#).** This could be characterized by a marked increase or decrease in either or both. For example, individuals abusing amphetamines may show a diminished need for sleep and food. Those abusing marijuana may sleep more and have an increased appetite. These effects may vary depending upon the drug being abused. If you are interested in the effects of specific drug use, you may want to conduct some online research or call your local drug and alcohol commission or mental health clinic for more specific information.
- **Deterioration of physical appearance.** Typical teenagers are very concerned about the way they look to peers and friends and may be very specific about clothing, makeup, and overall hygiene. Individuals abusing substances often start to focus less on their physical appearance as their substance use increases.
- **Withdrawal from social or important activities.** You may notice your teen stops showing interest in things he or she once found pleasurable. For example, they may start missing school or participate less in sporting events or other social activities. They may also stop attending family functions or gatherings such as church because their drug use has become more important, or they may be embarrassed and try to hide their use from others.
- **Unexplained need for [money](#) or secretive about spending habits.** Individuals abusing drugs may begin asking for money without a clear reason. Generally an abuser will not ask for very large amounts, but rather small amounts over periods of time. They may also become more secretive about spending habits. For example, he or she may claim to need more for something than they actually need and pocket the extra money.

- **Sudden change in friends or locations.** The abuser’s friends or hangout spots may change. For example, a teen may start hanging out with a different crowd of friends. You may notice where they hang out may change as well. They may suddenly think their old friends are no longer “cool.” They also may start to break curfew or lie about where they are hanging out.
- **Increased interpersonal or legal problems.** Individuals abusing substances may start having more interpersonal problems, i.e., increased arguments with parents, friends, or other authority figures. They may begin to get in legal trouble for shoplifting or other crimes and cited for possession or underage drinking.
- **Change in personality or attitude.** This one can be a little tricky. Given the raging hormones of teenagers, personality and attitudes can change regularly. In someone abusing substances, this will look a little different. The mood swings would be unlike typical teenage attitudes. Depending on the substance being abused, you may begin to notice marked hyperactivity or extreme happiness followed by a “crash” where the mood becomes just the opposite. The individual may appear very lethargic or more irritable than usual. Thinking and behaviors may become irrational and unpredictable.
- **Neglecting responsibilities.** If your teen is normally very responsible and there is a change in that behavior, this may be a sign. Substance abuse often begins to take precedence over other things that were once deemed important. As a result, responsibilities are often neglected and the teen becomes more and more irresponsible over time.
- **Using despite knowing it is dangerous.** Most teens are very aware of the negative effects and possible consequences of substance use. If your teen is using despite this knowledge, this is a sign of abuse.

If you notice any of these signs, it may be time to talk to someone – starting with your teen. Approach them in a non-confrontational, non-threatening manner. Remember, the object of the conversation is to get them to talk to you, not for them to shut down.

If you suspect drug use, even if you think it’s just a little – start talking. If you realize your teen does have a substance abuse issue, don’t be afraid to seek help. Drug use is typically an “escape” for teens. It’s important to seek help for the drug use, but more important, to find the cause of it. You may wish to seek out a private counselor or find your local drug and alcohol treatment facility. Most facilities are well-equipped to work with teenagers with substance abuse issues.

Substance abuse is something that can and likely will get worse over time. Be proactive and remember that a short conversation could be the one thing that keeps your teen from full-blown addiction.

## FOR THE FAMILY MEMBER WHO IS LIVING WITH ADDICTION or MENTAL ILLNESS

### Steps to Stating a Need or Providing Feedback in a Difficult Family Conversation

If you are a late teen or adult family member living with a mental health challenge and need to state a need or give feedback.

- Seek permission to provide the talk and give feedback. If you are the family member, start by stating you have some feedback you'd like to share with your family member. Ask if it's a good time or if the person would prefer another time and place.
- Use a soft entry. Don't dive right into your needs or feedback - give the person a chance to open to what you have to say. Tell the family member that you need to talk and that is difficult to say. If you're uncomfortable with the conversation, you might say that, too. Most people are as uncomfortable providing stating their needs or giving feedback about another's behaviour or habits, as the person receiving the feedback.
- Often, you are in the feedback role because the other ways of conveying your needs are not working. Do not give in to the temptation to exaggerated the feedback, or excuse your part in the responsibility for the feedback by blaming the family member. This heightens the potential differences between you and hampers the communication and the relationship with the person you wish to reach.
- The best feedback is straightforward and simple. Don't beat around the bush. ***I want to talk with you because this is an issue or a problem and I need you to listen to me.***
- Tell the person the change you are looking for will help you both work toward a positive outcome. Tell the family member how choosing to do nothing will feel to you.
- You may want to state the situation as you see it. ***When you ignore what I'm saying or are too busy for me, I don't feel like I count. Or When we are talking about stuff and you don't listen to me, I get frustrated or discouraged. Or When you seem to dismiss what I say, I don't feel equal or I feel less than...***State how this affects you: ***Then, I get angry , act out, isolate, ignore you, just want to leave, play my music louder...etc.***

State why this is important to you. ***This is important to me because \_\_\_\_\_ (e.g.) I want us to get along.***

*I need you to \_\_\_\_\_ ... state what you need and want ...e.g.*

Samples:

*Really listen to me and let me know you get what I'm saying even if you don't agree*

*I need you to include me in family decisions*

*I need to go to my room and have time out from...*

*I need a hand with...*

*I need you to stop reminding me to take my medications, or*

*I need you to stop reminding me to go to a 12 step meeting.*

You may ask the family member what is important to them.

- Reach agreement with your loved one about what changes each of you will make.
- Follow-up. The fact that the problem exists means that backsliding is possible; further conversation may also be necessary.

## APPENDIX “C”

### ROLE PLAY SCENARIO f#1 Demonstration of Listening Skills

**Background:** WHO: 13 year child with cognition challenge and a parent. WHEN: After a Dr.’ visit for an allergy shot.

When you are both ready, read out the background sentence above to the participants.

**CHILD:** The Dr. said you have an allergy and need to have shots every week so you don’t sneeze so much. You don’t like shots because sometimes they are painful but sometime you hardly feel them. The shot you had today really hurt. After you left the Dr.’s office, you want your parents to know how it felt.

**PART I:** The first time your feelings will be denied but keep trying to get your parents to understand anyway. When the conversation comes to a natural conclusion, end the role play. Start the scene by rubbing your arm saying: *The doctor nearly killed me with that shot!*

**PARENT:** You have to take your cognitively challenged child to the Dr. every week for an allergy shot. Although you know your child dreads going, you know the shot hurts just for a second. Today after leaving the Dr.’s office your child complains bitterly.

The first time you role play you will try to stop the whining (as you see it) or complaining by denying your child’s feelings. You might use some the following statements or make up you own words:

*“Oh come on, it can’t hurt that much!” “You are making a big fuss over nothing!” “You sister never complains about her shots.” “You are acting like a baby”.*  
*“You better get sued to those shots you’ll be getting them every week. “ “I don’t have time to dale with this right now. We are in traffic, I have to concentrate.”*

End the conversation when it comes to a natural conclusion. Your child speaks first

**PART 2:** play the same scene again

**PARENT:** this time you really listen, you acknowledge the feelings. Your responses show you heard and accepted the child feelings.

*“Sounds as if it really hurt this time.” “Must have been painful” “mmm that bad huh?” “it is not easy get get this shots very week. I bet you’ll be glad when it is over “*

## **DEBRIEF:**

**F** Ask the ‘child’: When you played the child in the first scenario where your feelings were brushed off, did you find yourself getting more upset? How did you feel? (name feelings and or escalation)

**F** Ask the ‘parent’: when you played the parent who wanted to stop the complaining, did you find yourself getting more and more irritated? Describe

## **Conclusion:**

**Child**, when your feelings were accepted did you feel more respected? More understood and loving toward your parent? Was the pain you had to bear easier when your parent showed he knew you were hurting?

**Parent**, when you were accepting of your child’s feelings, did you sense the fight go out of the interchange? Did you feel you could be genuinely helpful in relieving your child’s distress?

## SCENARIO # 2 – Child: drug or alcohol use

### BACKGROUND:

**You suspect your teen is using drugs.** They are not acting like themselves. Maybe they're cutting school or shirking other responsibilities. Maybe their grades are dropping. Or their behavior is worsening. Maybe they've started hanging out with a bad crowd.

Maybe their physical appearance has changed with rapid weight loss or red eyes. Maybe you've noticed a change in their [sleep](#) habits, energy level and mood. They are usually well groomed and now looking disheveled.

Naturally, the thought and possible confirmation of your child using drugs triggers a rush and range of emotions: anger, frustration, disappointment, sadness, fear.

If you think your child is using drugs, how do you approach them? Where do you start?

### **PARENT: (calm, in control)**

"Jim/Jill, I noticed the last few months, you have red eyes and your not sleeping as well. You seem to have really high energy and then crash on you bed. You've getting calls at odd hours too. I'm concerned and I want to ask you about it"

Response: I'm just tired that's all. I gotta lot of assignments at school.

So, you say you have extra work you are doing and your tired. But your grades and dropping. Jim/Jill, you are going out or getting calls at odd hours, from kids we don't know. Your are dressing or taking care of your appearance like you used to. You don't seem to be acting like yourself, I'm wondering if you are experimenting with drugs or alcohol?

Response: You worry too much, it is nothing!

"Can you help me understand the changes going on with you? Can you tell me more about that?"

Response: Look, I'm not taking drugs if that is what you think!

I'd like to believe you but I'm having hard time with what you are saying. You know how we feel about drugs and alcohol. "It is clear to us that you have been using something, and we are really concerned for your safety.

Your wellbeing and safety are still our responsibilities as parents. We'd like to take you to see the family doctor about these changes. We are making an appointment for the week after next.

Response: I don't need to see a doctor! I'm fine.

Son/daughter, as your parents we need to be sure you are healthy. In the meantime if you have anything you want to talk about ...school, the extra work, friends... just come and see us.

**DEBRIEF -**



## SCENARIO # 3 - Giving voice to your needs

### Facilitators can make up their own dialogue

BACKGROUND: You are a late-adolescent or adult family member living with a mental health challenge. You want to state a need and give feedback. You do not feel heard. You are frustrated because you feel dismissed and ignored in the family unit when you are trying to communicate your needs. You know there is a risk you might be rejected. But you learnt it won't change if you don't take a first step.

**Person with Experience:** *"Hi"*

**Family member:** *"Hi..."*

**Person with Experience:** *"I want to talk with you about something important to me and I need you to listen with your full attention, Is this a good time?"*

**Family member:** *"Oh, ...sure"*

**Person with Experience:** *"The other day, when I was asking you about wanting to go back to school to get my.... , you said you couldn't discuss it with me right then. And then, you went and watched TV. Do you remember?"*

**Family member:** *Not really*

**Person with Experience:** *"Well it is something I've brought up before."*

**Family member:** *"Yes, I realize that. Couldn't remember the other day, though."*

**Person with Experience:** *"When you ignore what I'm saying or are too busy for me, I don't feel like I count."*

**Family member:** *"Oh but that is not true!"*

**Person with Experience:** *Except that is how I feel! When we are talking about stuff that I want to tell and you don't listen to me, I get frustrated or discouraged."*

**Family member:** *"Of course I try to listen to you. I'm not always sure if you are just chatting or want to have a talk." (doesn't get it)*

**Person with Experience:** *When you seem to dismiss what I say, I don't get to have talk. Then I don't feel I get the same chance as the others do. (State how this affects you). Then, I get angry. ( or ..... act out, isolate, ignore you, just want to leave, play my music louder...etc.)*

**Family member:** *“Well, I had no idea you felt that way. Don't be too sensitive?”*

**Person with Experience:** State why this is important to you. *“This is important to me because I want us to get along.”*

*“Is that important to you?”* ask the family member what is important to them.

**Family member:** *“Of course it is.”*

**Person with Experience:** *“I'm glad to hear that I need you to really listen to me and let me know you get what I'm saying even if you don't agree” ... state what you need and want. Will you do that for me? “*

**Family member:** *“Okay, fair enough I'll give it a try! “*

*“Okay then, I'll let you know when I want to have talk not a chat. Will you please make time for me?”*

**Family member:** *“That will work. I'll try to be more available”.*

Reach agreement with your loved one about what changes each of you will make.