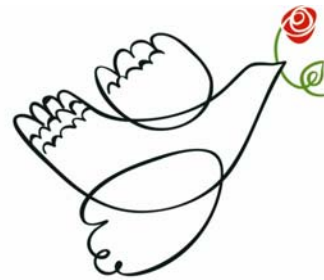


THE MARIAN CENTRE  
Growth through choice and understanding



THE MARIAN CENTRE  
Growth through choice and understanding

# Supporter's Companion: Inpatient Therapy Program

---

# THE MARIAN CENTRE

Growth through choice and understanding



## Contents

*Therapy Groups* ..... 5

*Anxiety Disorders* ..... 10

*Depression* ..... 16

*Self Destructive Behaviour*..... 21

*Suicidal Ideation and Suicidal Behaviour*..... 21

*Self-esteem?* ..... 23

*Communication Skills*..... 26



## ***Supporter's Manual***

This manual is designed as a supporter's companion to the Enhanced Coping Skills Therapy Program that is run as part of the Inpatient Therapy Program at The Marian Centre.

The information contained in this manual mirrors that which is in the patient's manual.

This manual aims to:

- Provide you an understanding of the nature of therapy
- Provide you with information on the different therapy groups available to inpatients at The Marian Centre
- Provide you with information on the key topics that are covered in the Enhanced Coping Skill Program
- Help you understand & learn how to help your loved one recover from their mental illness

# THE MARIAN CENTRE

Growth through choice and understanding





## What is Therapy?

There are many misconceptions about therapy. People often have ideas of lying on a leather sofa while talking about their feelings to a psychiatrist who sits behind you. Therapy (as practiced at The Marian Centre) is really another way of saying support and education. Therapy aims to provide patients with:

- an opportunity to express their feelings and be listened to in a non-judgmental way
- identify problem areas in their life
- find solutions to these problems
- teach patients adaptive and functional coping tools and problem solving skills.

In this way we hope the skills and resources that are acquired not only help patients to cope in the immediate present, but assist them to do so in the future.

**IN SHORT THERAPY IS ALL ABOUT HELPING PATIENTS TO GET BETTER AND STAY BETTER.**

Depending upon the needs of each individual patient different therapy groups are available.

## Activities Based Therapy Group

<i>Rationale:</i>	Based on the therapeutic benefits of providing patients with an opportunity to participate in a range of different activities while an inpatient at the Centre.
<i>Aims:</i>	To provide patients with structure, routine & distraction via participation in a range of different activities that will help to improve mood, restore motivation, build confidence, increase self-esteem & promote social interaction.
<i>Target group:</i>	This group is designed to help those patients who are currently to unwell to attend a discussion based group. When you are feeling particularly unwell participating in other types of activities (other than therapy classes) can help to direct your attention away from negative & distressing thoughts, & focus on other activities that are more pleasurable & engaging.
<i>Time:</i>	Daily from 9.00 to 12.15 pm.

# THE MARIAN CENTRE

Growth through choice and understanding





## Enhanced Coping Skills Group

<i>Rationale:</i>	Often times mental health problems are caused or perpetuated by the use of unhelpful ways of dealing with problems. This group is designed to replace these unhelpful coping tools with more effective ways of solving problems.
<i>Aims:</i>	To teach patients more functional ways of managing symptoms, reducing distress, & dealing with problems & stressors.
<i>Target group:</i>	All patients who are well enough to attend a discussion based group & who need skills in managing anxiety & depression.
<i>Time:</i>	Daily from 9.00 to 12.15 pm.

## Relaxation Training Group

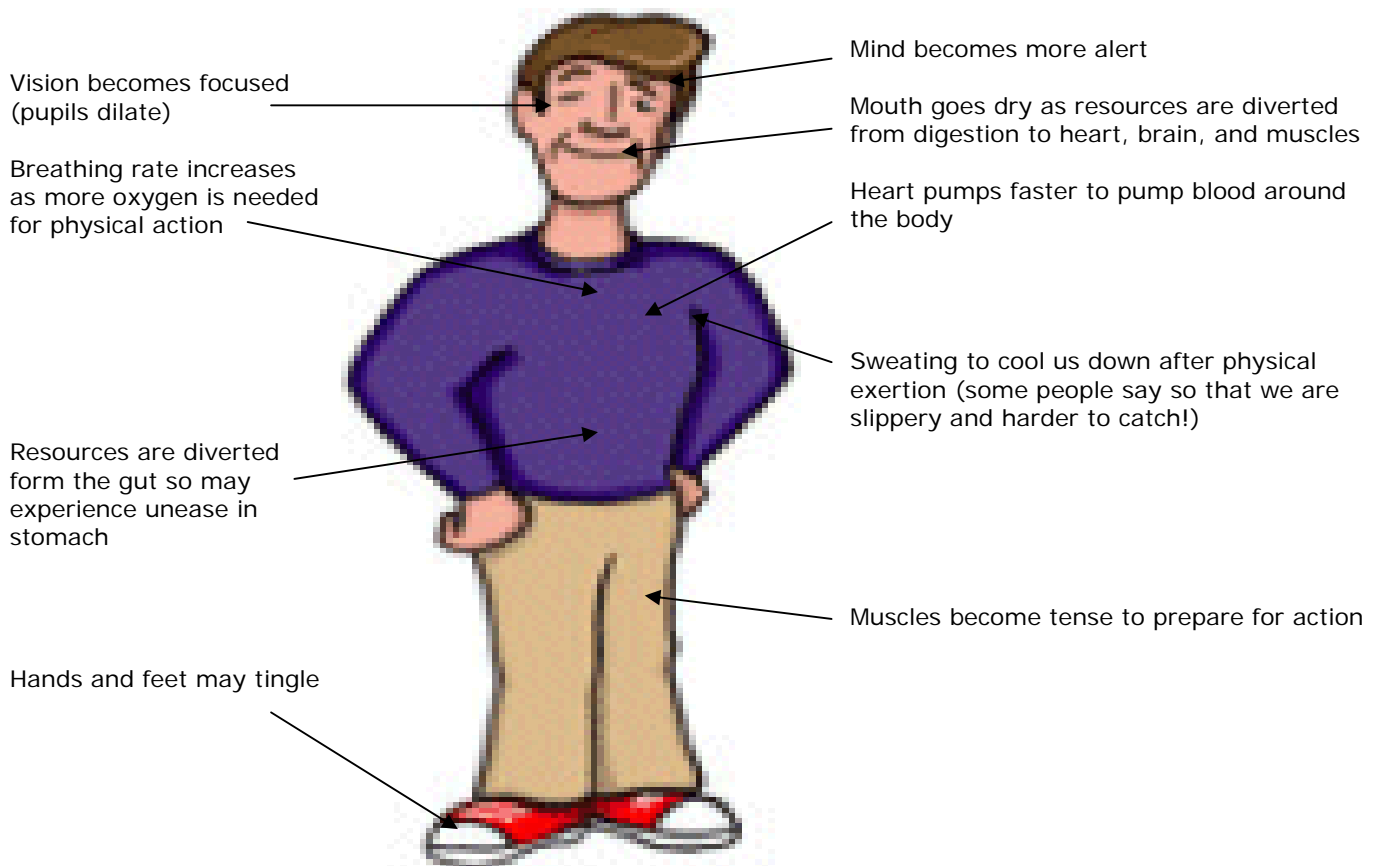
<i>Rationale:</i>	Learning how to relax is essential in being able to reduce stress & anxiety in our lives. While we may have different ways of relaxing such as listening to music, taking a walk or going for a swim, learning formal relaxation techniques can help to deepen the level of relaxation & hence further combat feelings of stress.
<i>Aims:</i>	To teach patients different techniques to help reduce stress, irritability, anxiety, frustration & anger.
<i>Target group:</i>	Anyone who needs to learn ways to reduce their level of tension, stress & anxiety. In effect relaxation can be of benefit to just about everyone.
<i>Time:</i>	Daily from 2.00 to 3.00 pm.



## Understanding Anxiety

If anxiety feels so unpleasant why do we experience it? - because it can be helpful. It is a response that humans have had for 1000s of years. Basically, anxiety helps the body prepare for action. You may have heard of the 'flight or fight' response – this is the body's response to threat where it is prepared to either 'flight', that is, run away, or to 'fight' whatever the threat might be.

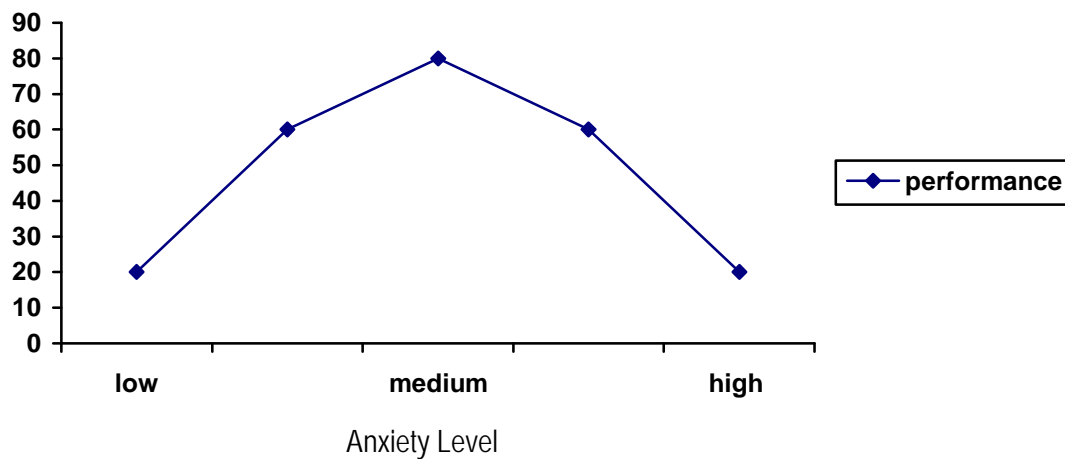
A number of changes occur in the body that helps it to be prepared for flight or fight.





## *Performance and Anxiety*

### The Yerks-Dodson Curve



Note that some degree of anxiety can facilitate performance. If we have no anxiety we are likely to be bored and unmotivated which won't lead to top performance. If we are at the other extreme and very anxious we won't perform well either.

The key point is that anxiety is a normal, natural, and necessary human response. It is not dangerous.



## *What are Anxiety Disorders?*

If anxiety or the fight or flight response is helpful & has survival value, why do some people develop abnormal forms of anxiety or anxiety disorders?

The anxiety disorders are the most common, or frequently occurring, mental disorders. They encompass a group of conditions that share extreme or pathological anxiety as the principal disturbance of mood or emotional tone.

One way of understanding anxiety disorders is view them as the "fight or flight" response occurring in the absence of any real danger or threat. This essentially highlights that someone is experiencing the fight or flight response at a time when it is not necessary or essential for safety, protection & survival. Their perception of danger or threat is likely to be exaggerated & inflated.

There are a number of different anxiety disorders. These include:

**Panic:** A Panic Attack is defined as the abrupt onset of an episode of intense fear or discomfort, which peaks in approximately 10 minutes, and includes at least four of the following symptoms:

- a feeling of imminent danger or doom;
- the need to escape;
- palpitations;
- sweating;
- trembling;
- shortness of breath or a smothering feeling;
- a feeling of choking;
- chest pain or discomfort;
- nausea or abdominal discomfort;
- dizziness or lightheadedness;
- a sense of things being unreal, depersonalization;
- a fear of losing control or "going crazy";
- a fear of dying;
- tingling sensations;
- chills or hot flushes.

**Agoraphobia:** Agoraphobia often, but not always, coincides with Panic Disorder.

Agoraphobia is characterized by a fear of having a panic attack in a place from which escape is difficult. Many sufferers refuse to leave their homes, often for years at a time. Others develop a fixed route, or territory, from which they cannot deviate, for example the route between home and work. It becomes impossible for these people to travel beyond what they consider to be their safety zones without suffering severe anxiety.

**Specific phobia:** Specific Phobia is characterized by the excessive fear of an object or a situation, exposure to which causes an anxious response, such as a Panic Attack. Adults with phobias recognize that their fear is excessive and unreasonable, but they are unable to control it. The feared object or situation is usually avoided or anticipated with dread.



Specific Phobia is diagnosed when an individual's fear interferes with their daily routine, employment (e.g., missing out on a promotion because of a fear of flying), social life (e.g., inability to go to crowded places), or if having the phobia is significantly distressful. The level of fear felt by the sufferer varies and can depend on the proximity of the feared object or chances of escape from the feared situation. If a fear is reasonable it cannot be classed as a phobia

**Generalised anxiety:** The essential characteristic of Generalized Anxiety Disorder is excessive uncontrollable worry about everyday things. This constant worry affects daily functioning and can cause physical symptoms. GAD can occur with other anxiety disorders, depressive disorders, or substance abuse. The focus of GAD worry can shift, usually focusing on issues like job, finances, health of both self and family; but it can also include more mundane issues such as, chores, car repairs and being late for appointments. The intensity, duration and frequency of the worry are disproportionate to the issue and interferes with the sufferer's performance of tasks and ability to concentrate. Physical symptoms include: Muscle tension; Sweating; Nausea; Cold, clammy hands; Difficulty swallowing; Jumpiness; Gastrointestinal discomfort or diarrhea;

**Social anxiety:** Social Phobia is characterized by an intense fear of situations, usually social or performance situations, where embarrassment may occur. Individuals with the disorder are acutely aware of the physical signs of their anxiety and fear that others will notice, judge them, and think poorly of them. This fear often results in extreme anxiety in anticipation of an activity, a Panic Attack when faced with an activity, or in the avoidance of an activity altogether. Adults usually recognize that their fears are unfounded or excessive, but suffer them nonetheless.

Symptoms of Social Phobia manifest themselves physically and can include:

- palpitations
- tremors
- sweating
- diarrhea
- confusion
- blushing

People with Social Phobia tend to be sensitive to criticism and rejection, have difficulty asserting themselves, and suffer from low self-esteem. The most common fears associated with the disorder are a fear of speaking in public or to strangers, a fear of meeting new people, and performance fears (activities that may potentially be embarrassing), such as writing, eating or drinking in public. Sufferers usually fear more than one type of social setting.



**Trauma-related anxiety:** Symptoms of PTSD are:

- Reexperiencing the event, which can take the form of intrusive thoughts and recollections, or recurrent dreams;
- Avoidance behavior in which the sufferer avoids activities, situations, people, and/or conversations which he/she associates with the trauma;
- A general numbness and loss of interest in surroundings; this can also present as detachment;
- Hypersensitivity, including: inability to sleep, anxious feelings, overactive startle response, hypervigilance, irritability and outbursts of anger

Post Traumatic Stress Disorder (PTSD) is not a disorder to be associated solely with military personnel, as it has been in the past. It has been shown that exposure to traumas such as a serious accident, a natural disaster, or criminal assault can result in PTSD. When the aftermath of a traumatic experience interferes with normal functioning, the person may be suffering from PTSD.

The increasing stress of living in the 21st century, on both a global and personal level, has been sufficient to considerably elevate the numbers of people who suffer from PTSD.

PTSD can occur at any age, from childhood to old age. Responses to trauma include feelings of intense fear, helplessness, and/or horror. There are three types of generally recognized stressors:

- Threatened death or serious injury to one's person;
- Learning about the death, near death, or serious injury of a family member or close friend;
- Witnessing the death, near death or serious injury of another person

**Obsessive-compulsive anxiety:** Obsessive-Compulsive Disorder is characterized by uncontrollable obsessions and compulsions which the sufferer usually recognizes as being excessive or unreasonable. Obsessions are recurring thoughts or impulses that are intrusive or inappropriate and cause the sufferer anxiety. Some common obsessions are:

- Thoughts about contamination, for example, when an individual fears coming into contact with dirt, germs or "unclean" objects;
- Persistent doubts, for example, whether or not one has turned off the iron or stove, locked the door or turned on the answering machine;
- Extreme need for orderliness;
- Aggressive impulses or thoughts, for example, being overcome with the urge to yell 'fire' in a crowded theater

Compulsions are repetitive behaviors or rituals performed by the OCD sufferer, performance of these rituals neutralize the anxiety caused by obsessive thoughts, relief is only temporary. Compulsions are incorporated into the person's daily routine and are not always directly related to the obsessive thought, for example, a person who has aggressive thoughts may count floor tiles in an effort to control the thought. Some of the most common compulsions are:

# THE MARIAN CENTRE

Growth through choice and understanding



- **Cleaning.** Sufferers concerned with germs and contamination tend to clean constantly, either repeatedly washing their hands, showering, or constantly cleaning their home;
- **Checking.** Individuals may check several or even hundreds of times to make sure that stoves are turned off and doors are locked;
- **Repeating.** Some repeat a name, phrase or action over and over;
- **Slowness.** Some individuals may take an excessively slow and methodical approach to daily activities, they may spend hours organizing and arranging objects;
- **Hoarding.** Hoarders are unable to throw away useless items, such as old newspapers, junk mail, even broken appliances; sometimes the hoarding reaches the point that whole rooms are filled with saved items.

In order for OCD to be diagnosed, the obsessions and/or compulsions must take up a considerable amount of the sufferers time, at least one hour every day, and interfere with normal routines (a person, for example, who cannot make left turns when driving), occupational functioning, social activities, or relationships.



## ***Coping with Anxiety – Breaking the Vicious Cycle***

Coping with anxiety requires us to:

1. manage negative thoughts (coping statements and distraction techniques)
2. manage behaviour (reduce avoidance of the feared situation)
3. manage physical symptoms (slow breathing techniques and relaxation)

### ***Managing Negative Thoughts***

*Cognitive restructuring:* Identifying & evaluating anxiety-inducing thoughts & worries is an important way of breaking the cycle of anxiety.

As anxiety-inducing thoughts tend to center around an inflated perception of the risk of danger or threat in a given situation or environment, it is important to try & help patients to develop a more balanced & realistic appraisal of how dangerous & threatening a situation really is. This can be achieved by asking questions such as:

- What is the real evidence for thinking this way?
- Is there any evidence that what you fear won't happen?
- Realistically how likely is what you fear going to happen?
- Is it really worth worrying about?
- Does worrying about this change the outcome? Will worrying about this stop it from happening?
- Even if what you fear does happen, what does this really mean? Will it be as bad as you think it will be? Is it something that you can cope with? Are you underestimating your ability to cope?

*Coping statements:* Coping statements can help to remind us that we can cope with a situation, even if it is challenging.

Examples of coping statements

- I'm going to be all right. My feelings are not always rational. I'm just going to relax, calm down, and get through this.
- Anxiety is not dangerous - it's just uncomfortable.
- Right now I have feelings I don't like. They will be over with soon and I'll be fine.

*Letting Negative Thoughts Be:* It can be helpful to simply let negative thoughts come into your mind and let them be. Just observe that they are there rather than struggling against them. After all, they are just thoughts. They are a set of neurons firing in certain ways to make up the experience of a thought. Thoughts are not facts, they are just mental events. They do not necessarily represent the truth. Considering them in this way can help to take their power away.



## **Reducing avoidance**

### **Types of avoidance behaviours**

In addition to avoiding particular situations, people who suffer with anxiety may engage in other behaviours in order to keep themselves from feeling anxious.

For example:

- Someone with panic disorder who fears suffocation may gulp in air (hyperventilate) when they are anxious.
- Someone with social anxiety might avoid eye contact, speak very quietly, wear a jumper to cover-up sweating, drink alcohol etc to help them cope with social situations
- Someone with generalised anxiety may try to block out any anxiety-provoking thoughts from their mind

There can be two difficulties with these behaviours:

- a) they may actually make the anxiety or the feared outcome more likely to occur
- b) they are likely to maintain the anxiety because they don't allow the person to see that they may be able to cope better than predicted without the behaviour

Facing up to or exposing oneself to feared or avoided situations is a major component in the treatment of anxiety disorders. By facing up to rather than avoiding anxiety provoking situations, people are given the opportunity to:

- Face their fears
- Test out their thoughts or predictions & to discover whether what they fear will happen actually happen
- Prove to themselves that the anxiety is not as bad as they think it will be
- Prove to themselves that they can cope in the situation

## **Managing physical symptoms of anxiety**

Learning ways to manage the unpleasant physical symptoms of anxiety is another important treatment component. Often times patients are most afraid of their symptoms & fear losing control. Learning strategies such as breathing control techniques or relaxation strategies can help patients attain better control over their symptoms & help to overcome avoidance behaviour that perpetuates anxiety problems.



## ***Understanding Depression***

In defining & understanding “depression” it is important to distinguish between the normal emotional experience of sadness & the clinical disorder known as Major Depression.

### ***Sadness – Feeling low/down***

We will all feel sad at different times in our lives, as there will be some events or situations in which sadness will be both an appropriate & understandable reaction. E.g. losing your job; the death of a loved one; a friend making a hurtful remark about you; the end of an important relationship etc. Feeling sad in response to these & other events is a normal part of everyday human experience. In addition we will also have “sad moments” or “down days” for seemingly no apparent reason. This describes those times when we may wake up feeling down, blue & a bit out of sorts. While unpleasant it doesn’t usually last for long, nor does it affect our life too greatly.

These forms of sadness are not considered to be abnormal or problematic, & do not need to be forcibly changed & resolved. Usually as the situation changes & with time this form of sadness will lift.

### ***Depression - Lowness***

Major Depression is different to the normal sadness described above. Major Depression refers to a collection of different symptoms that occur together over a specified period of time, in which the feeling of sadness is more intense. Importantly, this experience interferes with a person’s ability to function on a day to day basis & fulfill important roles & responsibilities such as going to work, study, looking after family & children, attending social functions, looking after one’s home, completing domestic duties etc.

## ***What are the symptoms of depression?***

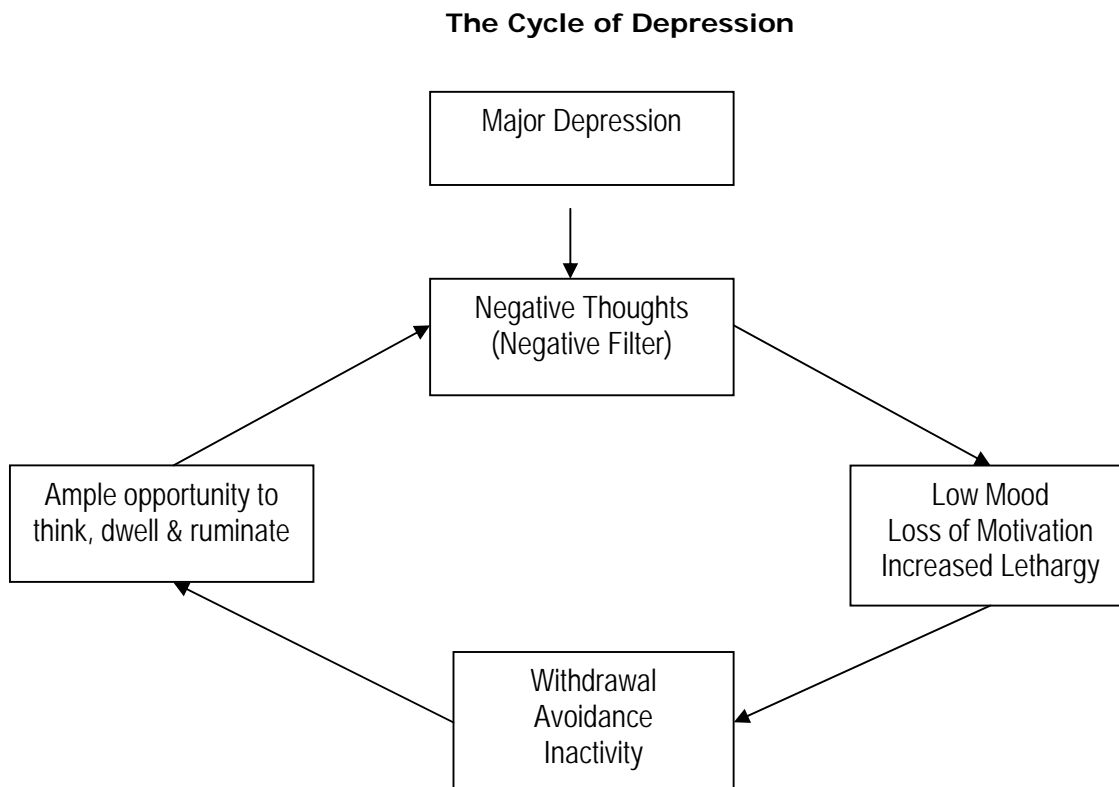
The following symptoms are characteristic of a Major Depressive Episode. A set number of these symptoms are required to be present over at least a two week period in order for a diagnosis on a Major Depressive Episode to be made:

- constant feelings of sadness, irritability, or tension
- decreased interest or pleasure in usual activities or hobbies
- loss of energy, feeling tired despite lack of activity
- a change in appetite, with significant weight loss or weight gain
- a change in sleeping patterns, such as difficulty sleeping, early morning awakening, or sleeping too much
- restlessness or feeling slowed down
- decreased ability to make decisions or concentrate
- feelings of worthlessness, hopelessness, or guilt
- thoughts of suicide or death



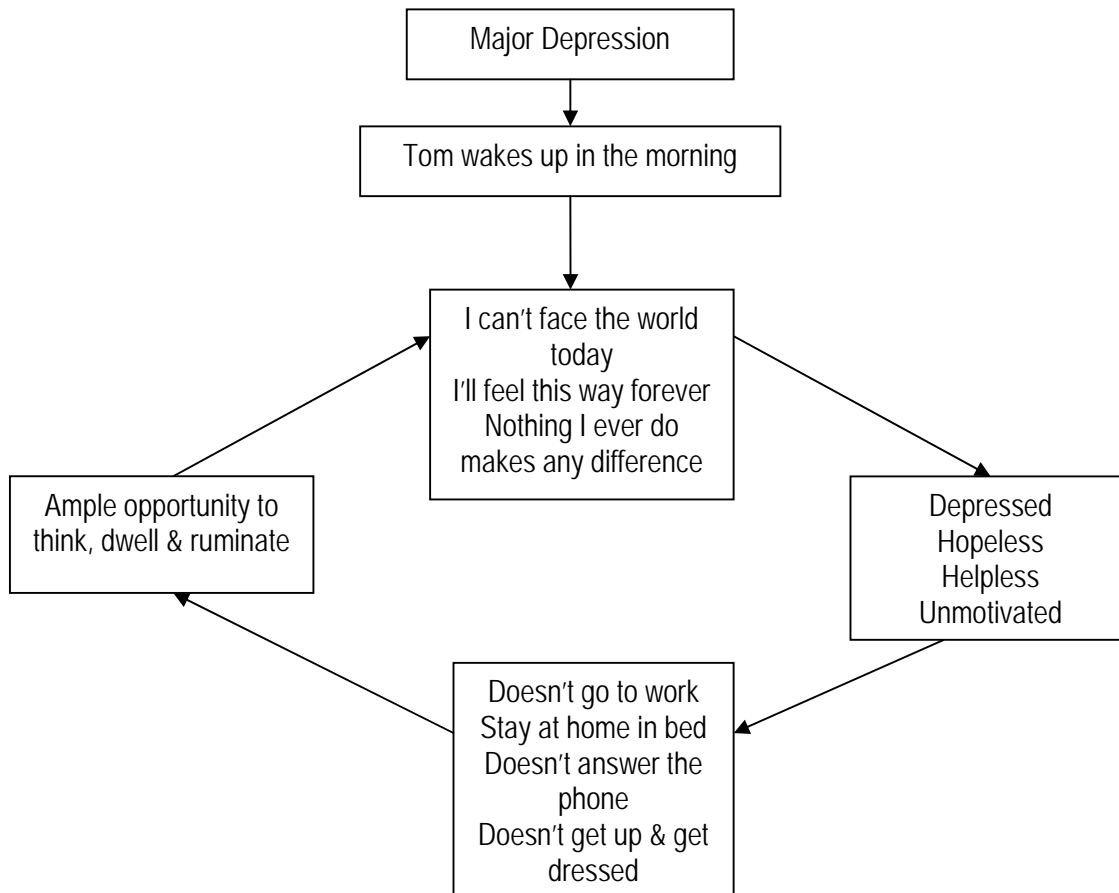
## *How is depression maintained?*

In order to understand what maintains depression, one has to consider the cycle of depression:



This diagram effectively demonstrates how depression is maintained or perpetuated. This is of paramount importance, as the best way of resolving depression is to target those factors that are responsible for maintaining or “keeping the depression alive”, rather than those factors that may have caused the depression in the first instance.

Let’s consider the example of Tom as a way of illustrating how the cycle of depression works.



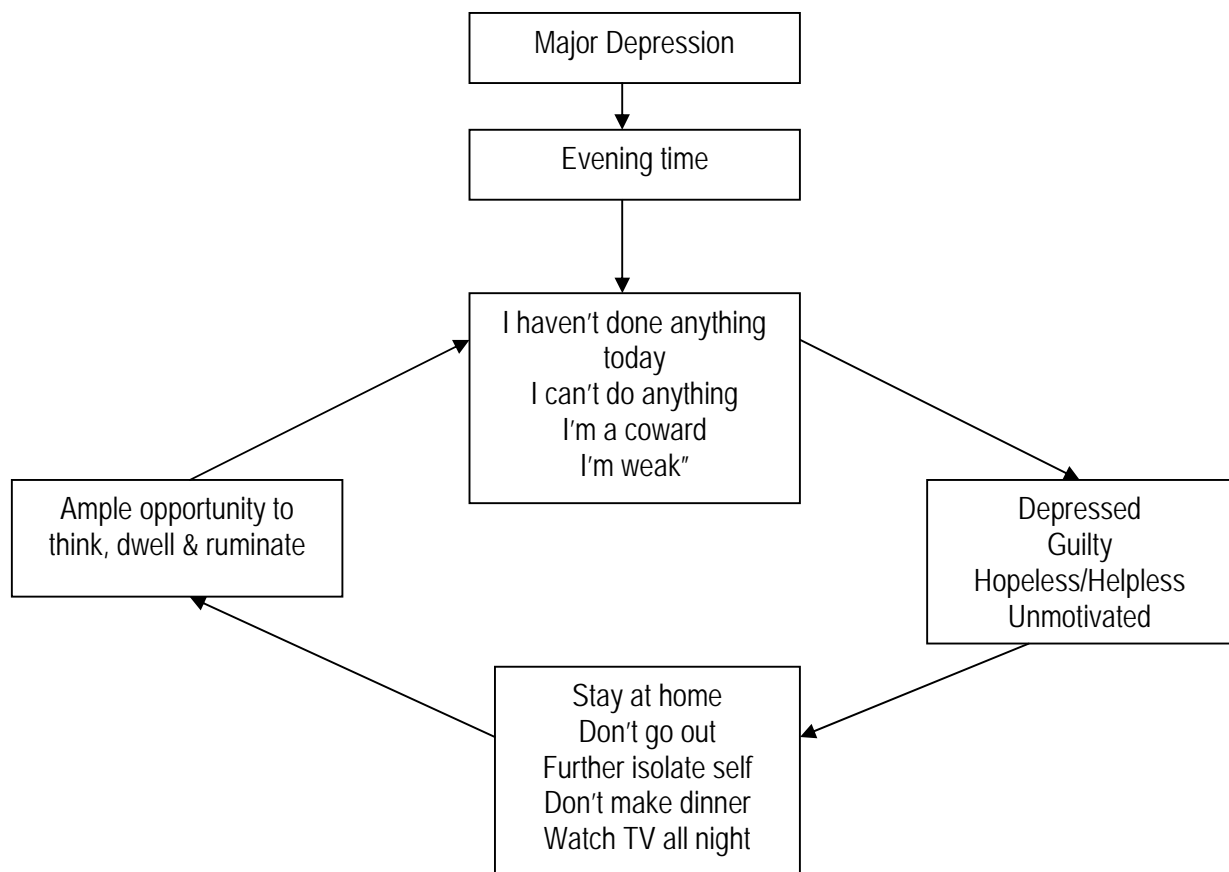
The diagram above illustrates the vicious & self-perpetuating cycle of depression.

- Tom is depressed. As a consequence his thoughts are negative. He wakes up in the morning & can only think about why he cannot go to work & see people. He has what is often referred to as the “negative filter” switched on. This describes the tendency to focus exclusively on the negative aspects of a situation & screen out or ignore the positive. This relates to a perspective where the “glass is half empty” & never “half full”. It can be referred to as *Mood Dependent Thinking*.
  - Mood and cognition spiral at times where there is no contrary information to interrupt the cycle.
  - Then, in the absence of sufficiently concrete alternative criteria, mood is itself used as the criterion of truth of a self-statement.
  - Therefore, a proposition is taken to be true if it's consistent with the mood being felt at the time, however the mood has been caused.



- The result of this way of thinking is a further increase in feelings of depression, hopelessness, helplessness & a loss of energy, drive & motivation.
- These feelings lead to a number of unhelpful behaviours that can be described as *Mood Dependent Behaviours*. Tom “gives into his mood” by withdrawing & avoiding his daily responsibilities. Subsequently he doesn’t go to work, stays at home in bed, doesn’t answer the phone when it rings & doesn’t get up & get dressed. In effect he hides from the world & in doing so gives himself ample opportunity to be alone with himself & his negative thoughts.

What are the consequences of his behaviours? Let’s consider what happens as the day progresses.



What do you notice about the cycle outlined above? By staying home the whole day & not engaging in any activity, Tom has given himself plenty of opportunity to think, dwell & ruminate about his problems. Furthermore he has also provided himself with more evidence that he is not able to help himself, as he has spent the entire day avoiding the world and positive stimulation. These two factors combined have only served to worsen his mood as well as his self-esteem & confidence, which is likely to lead to further inactivity & hence more opportunity to dwell & ruminate .... & the cycle continues.



## **Breaking the depression cycle**

### **Dealing with negative thoughts**

Awareness: It is important to be aware of negative thoughts & the role that they play in contributing to the depression cycle.

Counter-thoughts: Once the most common negative thoughts have been identified, developing some counter-thoughts or more helpful responses to these thoughts can prove to be especially useful. Consider the following examples:

Negative Thought	Counter-Thought
I can't stand it	<i>I can stand it. It's difficult but I can put up with it</i>
I'm not good enough	<i>I'm not perfect. Like everyone, I'm good at some things and not others</i>
What's the point in trying?	<i>If I don't try, I won't know. Trying will broaden my experience and skill</i>

The table above highlights some commonly described negative thoughts & more helpful & rational alternatives. As you can see these counter-thoughts are not just positive statements. They represent a more balanced & realistic perspective, one that incorporates both the positive & negative aspects of a situation. This is in contrast to the operation of the negative filter that directs the depressed person's attention to only the negative elements of the environment.

Cognitive restructuring: This refers to being able to identify & evaluate thoughts. Again instead of accepting negative thoughts as being true, evaluate their validity; establish whether they are based in objective fact; determine whether they are helpful or unhelpful. This is a key way of countering your negative thoughts & is the opposite of giving in to their content.

### **Overcoming inactivity: Getting activated & having fun**

As we have seen, withdrawing & becoming inactive only serves to increase the amount of time we have to think & dwell on our problems. Given we tend to think in very negative ways when we are feeling depressed, getting active & participating in different activities can be a very effective way of breaking the depression cycle & restoring a positive mood.



## ***Self Destructive Behaviour***

Self depreciating, or self destructive behaviour in those that suffer mental illness is most commonly a poor coping strategy.

These behaviours can vary greatly for different people but they can include, deliberate self-harm, drug and alcohol abuse, some obsessive behaviour and some impulsive behaviour, such as stealing, hoarding or cleaning.

A common question from the supporters of patients is WHY?

Why do their loved ones engage in such self destructive behaviour?

When a person who has not got sufficient positive coping strategies, they turn to a more familiar, or seemingly easier coping strategy even though it may be to their own detriment. In the moment of panic where the person thinks that they cannot cope, they turn to these self-destructive behaviours to provide a superficial relief. Quite often these behaviours are addictive, and in the process of therapy, the goal is to replace these negative coping behaviours with positive and reinforcing coping skills.

## ***Suicidal Ideation and Suicidal Behaviour***

Suicide is a major cause of death in Australia. It is a result of a range of complex issues, which include personal, emotional, psychosocial and medical issues. The impact of suicide, in both the short and long-term on family, friends and significant others is incalculable.

Getting support and information is crucial, particularly if you or someone you care about is at risk of harm.

There are some common warning signs that a person who is contemplating suicide might show. Some of the common warning signs are:

1. Overwhelming emotional pain: feelings that seem impossible to deal with
2. Hopelessness: the feeling that things will never get better.
3. Powerlessness: the feeling that the emotional pain will not stop or go away
4. Feelings of worthlessness, shame, guilt, self-hatred, or "no one cares".
5. Sudden shifts and changes in behaviour: more sad or withdrawn, increased tiredness or angry outbursts.
6. Fear of losing control, harming yourself or others.

It is important to remember that it is normal for people to occasionally experience some of these symptoms sometimes. However, if the problems are getting in the way of living life, or last for a prolong time, it is important to talk to someone.

Usually when someone is considering hurting themselves, they might think that suicide is a solution to their problems and pain.



## ***If your loved one is feeling suicidal:***

- Try & remain calm
- Stay with them during this time
- Encourage them to express their feelings
- Try & engender a sense of hope
- Help them to identify what is troubling them
- Help them to find practical solutions to these problems
- Think of constructive, concrete & practical things they can do to improve their mood & cope in the interim
- Try & help them to think of reasons why they want to live
- Contact the treating Psychiatrist & make an appointment ASAP
- If you can't get an urgent appointment with the Psychiatrist & you are very concerned about the safety of someone then take them to the emergency department at your local hospital
- If the person you are caring for does not want to go to hospital & you are worried about their safety it may be appropriate to contact the Mental Health Emergency Team or the Police.



## ***What is self-esteem?***

Self-esteem refers to the judgment we make about our own self-worth. Subsequently self-esteem can have a profound effect on the way we feel. For instance low self-esteem can leave us:

- Feeling depressed, anxious, guilty, inadequate or ashamed
- Reduce our ability to relax and manage stress
- Make us feel less comfortable with others
- Affects our ability to communicate effectively, and be assertive with others by way of setting boundaries, limits and saying "no"
- Lower our self confidence and willingness to try new things and take calculated risks

In summary, our self-esteem affects our overall ability to feel happy and safe in the world.

## ***What influences our self-esteem?***

- Personality traits
- Childhood experiences
- Feedback from others
- Other experiences
- Social conditioning

## ***Why is self-esteem important?***

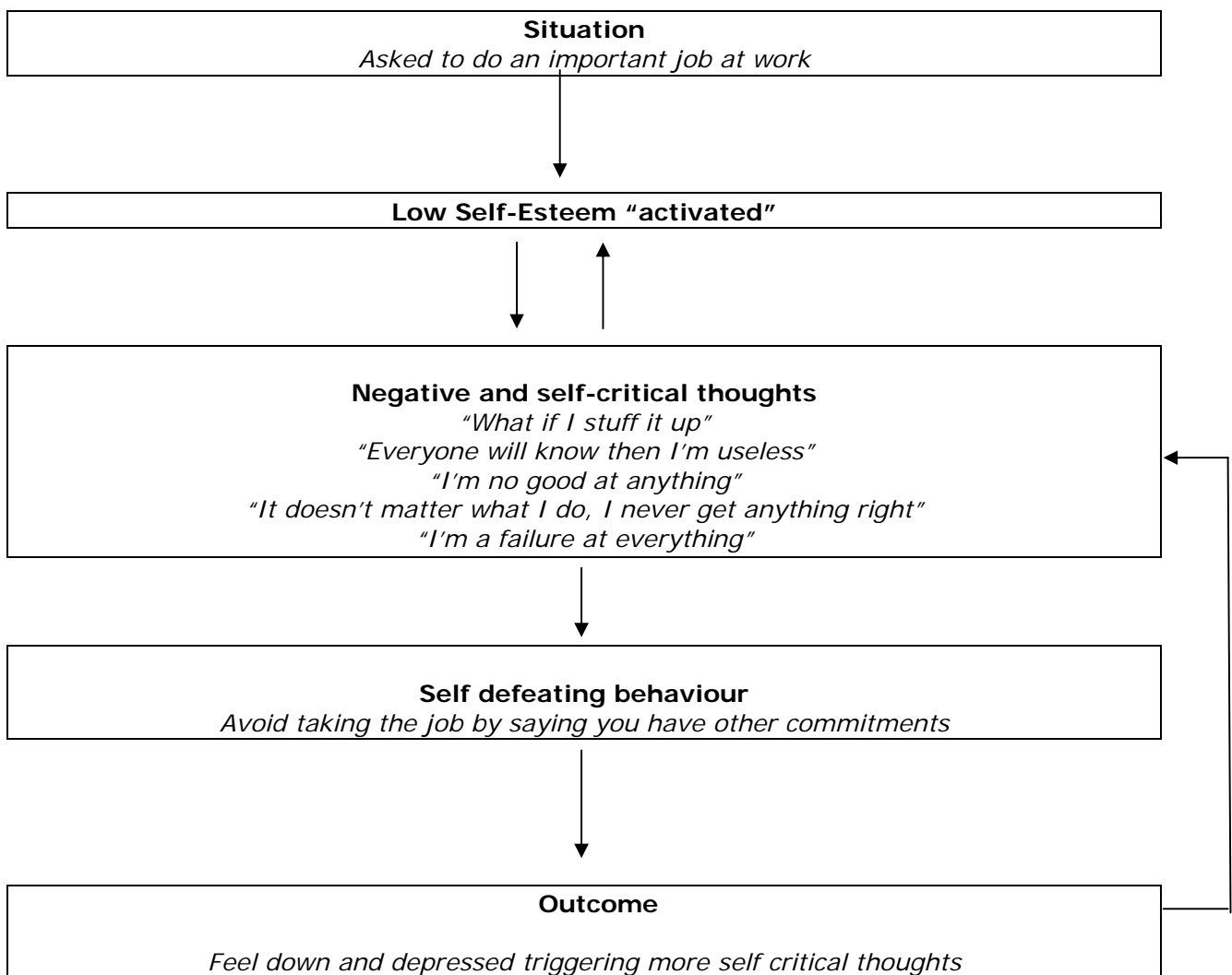
Low self-esteem can:

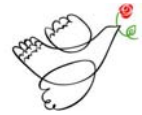
- Leave us feeling depressed, anxious, guilty, inadequate or ashamed
- Reduce our ability to relax and manage stress
- Make us feel less comfortable with others
- Affects our ability to communicate effectively, and be assertive with others by way of setting boundaries, limits and saying "no"
- Lower our self confidence and willingness to try new things and take calculated risks



## What maintains low self-esteem?

Low self-esteem is often maintained by a vicious cycle of negative and self-critical thinking that often goes unqualified, resulting in self-defeating behaviour that only serves to strengthen and reinforce the negative view you have of yourself. This in effect results in a further lowering of your self-esteem and feelings of depression, anxiety, inadequacy or guilt. Consider the illustration below:





## ***How to build self-esteem***

Self-esteem can be improved by:

1. Challenging negative self-statements
  - Instead of just accepting negative self-statements as accurate & true (which is what people with low self-esteem usually do), it is important to try & challenge these thoughts by looking at the evidence, facts & proof
2. Replacing these with positive affirmations
  - Positive affirmations are designed to affirm & build a person's sense of worth rather than decrease these as happens with negative self-statements
3. Setting realistic & achievable goals
  - Goals are important as they provide us with something concrete to work towards
  - This provides us with a sense of direction & purpose
  - This also helps to motivate us to take action & achieve what is important to us
4. Attempting new & challenging tasks
  - Being prepared to take a calculated risk & attempt new tasks is a very important & effective way of improving self-esteem.
  - The more we experience successful experiences the more we grow in confidence & the belief that we can achieve important goals
  - We also become more confident in our abilities to effect positive change in our life
  - The only way to experience success is to give new & challenging tasks ago
5. Testing negative predictions & overcoming avoidance & self-defeating behaviour
  - As noted above, the more we avoid trying new tasks or attempting new challenges, the less opportunity we have to prove to ourselves that we can do it!!!



## Communication Skills

### Poor communication habits

The following describe some of the habits that characterize poor communication. Read through the list and see if any apply to you in any of your relationships with people.

#### Avoidance

- Do you avoid communicating with others because you fear their response?
- Do you put off communicating to avoid potential conflict?
- Are you afraid being honest with someone will result in them not liking you and rejecting you?
- Are you concerned if you express yourself you will become angry and lose control?
- Do you think others will laugh at you or not take you seriously if you tell them what you think and feel?

If you answered yes to any of the above you might be avoiding communicating something important to others. There are many problems with avoidance, the most obvious being that problems are not discussed and resolved. This in turn often creates anxiety, resentment and guilt.

#### Partial messages

- Do you often find yourself only communicating half of what you really want to say?
- Do you tend to drop hints or make vague comments about an issue?
- Do you bring up an issue but not say how you really feel about it, or what you really want, or ask a question when you really want to make a statement?

If you answered yes to any of the above you might be communicating with only partial messages-not saying all of what needs to be said.

The following describe some common beliefs that cause avoidance and partial messages as well as beliefs that challenge these accordingly.

<b>Common beliefs that cause avoidance &amp; partial messages</b>	<b>Challenging the beliefs that cause avoidance &amp; partial messages</b>
Raising the issue will invariably result in conflict & disapproval	Raising the issue does not necessarily result in conflict. Good communication skills can help minimize the likelihood of conflict
I should never raise issues that have the potential to generate conflict or disapproval	It is important to discuss certain issues, even if there is a chance that raising them may generate some disapproval
I must avoid conflict at all costs. If	I prefer to avoid conflict, but can cope

# THE MARIAN CENTRE

Growth through choice and understanding



someone is hostile towards me, it's awful & I can't stand it.	with it if it should arise. If someone is hostile to me it's unpleasant, but I can stand it
Everyone must like & approve of me	I prefer to be liked but I do accept that not everyone must like and approve of me. I can cope if some people don't like me

## ***Alienating Messages***

Avoidance & partial messages tend to stem from a fear of disapproval, while alienating messages tend to result from anger or a lack of skills. Alienating messages tend to be:

- Hostile
- Uncompromising
- Threatening
- Provoke defensiveness in others
- Designed to defeat, intimidate, point score or win an argument
- Usually expressed as "you" statements i.e. we are "pointing the finger" at others

Typical alienating messages tend to include:

### Negative judgments or labels

- You only think of yourself
- You're a hopeless communicator
- You need professional help

### Overgeneralisations

- You are never happy unless you get things your way
- Every time you say you will do something you never do it
- When I tell you anything you always get angry and resentful

### Inferred motives or mind reading

- You conned me into doing all the extra work because you didn't want to do it yourself
- You think you are better than me at everything
- You feel superior to me

### Sarcasm

- You are just so clever – you know everything
- When was the last time you had your hearing tested? You obviously have a hearing problem
- That's great! I really like the way you take my needs into account!

### Threats

# THE MARIAN CENTRE

Growth through choice and understanding



- If you don't do as I ask then the relationship is over
- Don't push me, I can make your life very difficult
- Do that again and your out of the house!

The above is rarely conducive to a good relationship. At times however it might be appropriate to point out the consequences of another person's actions may be an appropriate form of communication, especially when all other reasonable attempts at communicating have been tried and proven ineffective e.g. "If you continue to lie to me I am not willing to stay in the relationship"; "If you do not clean up your room this week, I will not give you any pocket money".



## ***Effective or good communication skills***

### ***Leveling***

As the saying goes "Honesty is the best policy". Well that may not always be true but when it comes to the way you communicate with others, there is no replacing being open, honest and to the point about the way you feel. This describes the skill of leveling-telling someone in a calm, respectful and clear manner what you are thinking and how you are feeling. This obviously is an alternative to avoiding expressing your thoughts and feelings which only serves to create tension and further problems.

Leveling can take the form of an XYZ statement where:

- X describes what you are feeling
- Y describes what the other person is doing (or done)
- Z describes the situation in question

This can be summarized as "I feel X when you do Y in situation Z". Consider the following examples:

- I feel angry when you ignore me when I am trying to talk to you about something important
- I feel hurt when you speak to me in an aggressive manner
- I feel scared when you don't tell me what you are feeling

An important part of leveling is the use of "I" statements rather than "you" statements. "I" statements are when we take responsibility and ownership over how we are feeling about something the other person is doing, rather than blaming the other person for how we feel, as is the case in "you statements".

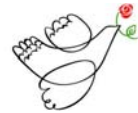
In this way our communication is non-threatening and therefore less likely to evoke a defensive reaction.

It is also important to make our leveling statements about specific and observable behaviours rather than the person pe se.

This is important because people can change their behaviours. Furthermore when we focus on behaviours we are not attacking the person but rather what they are doing and how their actions are affecting us. When people know how we feel and what we want, and they do not feel attacked, they are more likely to respond in a conciliatory way.

# THE MARIAN CENTRE

Growth through choice and understanding



## Listening

Consider the following question:

*“Are you really listening or just waiting for your turn to speak?”*

Listening is crucial to effective communication. After all how can you really communicate and engage in a dialogue with someone if you haven't really heard what they have said. Often times we fail to listen effectively because:

- we are mind reading and trying to guess what the other person is thinking or feeling
- we are thinking about what to say in response

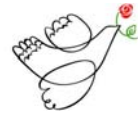
Complete the following checklist to evaluate you listening skills

<b>How often do you ...</b>	Always	Sometimes	Never
Put aside what you are doing			
Focus your eyes on the speaker			
Think about what the speaker is really saying			
Avoid “stepping on the other person’s words”			
Show interest with facial and body gestures			
Respond with a non-judgmental attitude			
Ask interested questions, remembering points for next discussion			
Try not to over do it, when bringing your own experiences into the discussion			
Really listen rather than just waiting for your turn to speak			

What’s the verdict? What aspects of listening do you do well? Do you need to improve any aspects of your listening skills? A useful strategy to improve listening skills is to develop *reflecting statements*. These are statements that are designed to

# THE MARIAN CENTRE

Growth through choice and understanding



indicate to the other person that you have listened to what it is they have said to you.

By making a reflecting statement you also get the chance to ensure you have correctly heard and interpreted the initial message, thereby reducing the likelihood of misunderstandings and it's associated problems.

Consider the following examples of leveling statements and corresponding reflecting statements:

Leveling statement: "I feel hurt when you ignore me when I'm trying to talk to you about something that is important to me"

Reflecting statement: "By not listening to you, you feel hurt"

Leveling statement: "I feel angry when you don't follow through with what you say you will do"

Reflecting statement: "When I don't do as I say, you feel angry"

The above example illustrates the very basic nature of reflecting statements. In a way it involves "parroting back" to the other person what it is you have heard them say. This may seem artificial, unnecessary or may-be even a little silly and annoying, however at times, especially when the topic of conversation is important and clarification is being sought, reflecting statements can be extremely valuable.



## Communication “do’s and don’ts”

The following is a list of communication “do’s and don’ts”. They are intended as a general guide in helping you to improve your communication patterns and thereby develop healthy relationships and find constructive solutions to problems in your life.

### 1. *Do be assertive and ask for what you want*

Don’t beat about the bush, drop hints or use any other indirect means of communicating what is on your mind, what you are feeling and also what you really want. Don’t assume others know (or should know) any of the above. They cannot read your mind and when you base your communication on mind reading it leads to all sorts of misunderstandings and difficulties.

### 2. *Do be assertive and be willing to say no at times*

You have the right to say no so do it when you really want to and when you think it is reasonable to do so.

### 3. *Don’t delay your communication – do it now!*

The time to level is whenever you have strong feelings about an issue. Bottling them up only serves to cause tension and stress which has a way of adversely affecting your own mental health and well as the overall health of your relationship. Remember that confronting difficult issues now rather than later prevents escalation and reduces stress. Once issues are out in the open they can be addressed and dealt with. This doesn’t necessarily mean things will work out the way we want them to, after all there are no guarantees. But it is important to remember

“Nothing changes until something changes”

### 4. *Do be honest-tell the truth*

When you are honest with people:

- They admire and appreciate you
- They trust you
- They know where you stand
- You can get more of what you want

Don’t you appreciate people giving it to you straight?”  
Andrew Matthews, MAKING FRIENDS

### 5. *Don’t start on the wrong foot*

Watch how you start a discussion. Even though you may be leveling and using the correct formula as in XYZ statements, what is your tone of voice like? Are you being aggressive? Are you being defensive, as if you expect



the other person to respond in an attacking way? Are you mind reading? Try and ensure you start the communication off on the right foot.

## 6. *Do listen*

The time is listen is when someone else is leveling with us. Treat it as seriously as when we are leveling with another.

## 7. *Don't get automatically defensive*

It's hard not to get defensive when we think someone is criticizing or attacking us. Consider the following first:

- "Is the person really criticizing or attacking us or is this just our interpretation of what they are saying and how they are acting?"

Before assuming you are being attacked consider whether this is an accurate perception and interpretation. Often times, especially when we are feeling low or vulnerable we think people are having a go at us when in fact they are not.

Remember, just as we would like other people to not become defensive when we level with them, others appreciate the same in us. The ability to listen and respond constructively to criticism is an important skill that helps to keep our relationships with others healthy.

## 8. *Do validate (instead of getting defensive)*

Whether we agree or disagree is not relevant here. Remember to validate the other person's point of view, to let them know that you have listened and really heard what it is they have had to say. There are times when what is most important is to know you have been heard and understood. Again you may not agree but you can still send the message that you have listened and respect the right of the other person to feel the way they do.

## 9. *Do give positive feedback*

Level about the good as well as the bad times and associated feelings. Communication in a relationship that is based solely on discussion of problems, difficulties, what the other person did that was wrong etc. tends to become negative and unsatisfying. Positive feedback helps to create bonds between people and reinforces behaviours that we want to encourage. When people know we appreciate certain things, they are more likely to continue doing them.

## 10. *Don't bring up "red herrings"*

Red herrings are those issues that may be brought up in a discussion (usually a heated argument or debate) that are not really related to the central issue or point of contention. These usually involve past hurts,



injustices or disappointments. In most instances we tend to bring up these past events as a way of boosting our defences.

In effect what red herrings do is derail the communication process. We tend to lose sight of what the real issues are and instead become focused on what may not be completely relevant in the present. Consequently the problem itself tends not to be resolved.

It is much more helpful to stay focused on the issue at hand, separating past from present issues. This doesn't mean it is unhelpful or inappropriate to talk about past issues that may be unresolved. Rather it becomes a question of timing. Instead of mixing the two it is likely to be more beneficial to allocate time at a later date to discuss past issues, instead of attempting to address these in the context of a heated exchange about a present issue.

## *11. Do keep your cool*

Ask yourself this: "Can you really communicate in an effective way if you (or the other person for that matter) are becoming very angry and hostile?" If we are all going to be completely honest the answer would be no. High levels of anger tend to compromise our ability to think clearly, objectively and rationally and therefore lead to the use of ineffective communication strategies such as aggression or passive-aggressiveness. This usually results in poor problem solving.

Trying to keep your cool isn't always easy. If you find you can't it is probably better to temporarily postpone the discussion until you have cooled off.

## *12. Don't walk away from a discussion*

In other words don't use avoidance as a way of dealing with a difficult communication exchange. Also don't try to punish the other person by walking away. Instead level with them and express what you are feeling.

## *13. Do ask for clarification*

If you don't understand what the other person is communicating to you then ask for clarification. This could relate to a failure on your part to comprehend what they have said, or it may relate to an apparent inconsistency between their verbal and non-verbal communication i.e. what they are saying and the way they are saying it combined with their body language is sending a mixed message. Asking for clarification reduces the risk of misunderstandings.

## *14. Do practice*

Be prepared to practice your communication skills. Don't expect to be able to master many of these skills overnight. They take time and most importantly practice. It is sometimes useful to start practicing by

# THE MARIAN CENTRE

Growth through choice and understanding



discussing less important issues and working your way up to the more difficult ones. This can (but not always) give you the best chances of success.

# THE MARIAN CENTRE

Growth through choice and understanding



## ***Useful links***

### ***Beyond Blue***

[www.beyondblue.org.au](http://www.beyondblue.org.au)

Information on depression, anxiety disorders, bipolar disorder & post natal depression.

### ***Black Dog Institute***

[www.blackdoginstitute.com.au](http://www.blackdoginstitute.com.au)

Information on depression (including during & after pregnancy) & Bipolar Disorder – specifically looking at causes, treatments, symptoms, getting help & current research findings.

### ***Even Keel***

[www.evenkeel.com.au](http://www.evenkeel.com.au)

Information on mood disorders & related conditions (e.g. bipolar disorder, schizophrenia, depression & phobias).

### ***Clinical Research Unit for Anxiety Disorders***

[www.crufad.org](http://www.crufad.org)

Information about depression, anxiety & it's management.

### ***SANE Australia***

[www.sane.org](http://www.sane.org)

Mental health related information, links & online help for people affected by mental illness, their families & friends.

### ***Association of the Relatives & Friends of the Mentally Ill***

[www.arafmi.org.au](http://www.arafmi.org.au)

Provides information on support services for families & friends of the mentally ill.

# THE MARIAN CENTRE

Growth through choice and understanding



## ***Suicide Helpline***

[www.suicidehelpline.org.au](http://www.suicidehelpline.org.au)

Provides information on why someone becomes suicidal, how to help someone who is suicidal, what to do in an emergency & how to cope with a death due to suicide.

## ***West Australian Association of Mental Health***

[www.waamh.org.au](http://www.waamh.org.au)

Information on mental health, research programs, services & links.

## ***National Drug & Alcohol Research Centre***

[www.ndarc.med.unsw.edu.au](http://www.ndarc.med.unsw.edu.au)

Information on substance use related disorders & their management.