

## TIPS FOR TALKING

As a caregiver, you know that some of the symptoms of schizophrenia may make connecting with your loved one difficult. Because your involvement is so important, here are some tips to help make it easier to work together:

### Speak slowly and clearly

- Keep sentences short and simple.
- Wait to see if you were heard and understood before going on.
- Avoid getting caught up in an argument or raising your voice.
- Be friendly and encouraging.

### Keeping things calm

Experiencing the symptoms of schizophrenia can be very stressful for your loved one, and for you. Here are some helpful ideas:

- When your loved one has a delusion or hallucination, remember that to them it *feels* real.
- You can sympathize with them, without confirming the hallucination or delusion.
- Make and stick to routines if you can, like setting times for eating, taking a walk and going to sleep every day.
- Keep the environment calm. Having a TV blaring or loud music playing can stress anyone out.

### Including your loved one

It's important for all of us to feel productive, and have a say in our daily lives. To help your loved one do this:

- Suggest a simple chore, like making the bed — understanding that it might be difficult or take longer.
- Offer choices, so your loved one can have a sense of control — even if it's just deciding what's for dinner.
- Talk to your loved one about their treatment — and encourage them to tell you and the Treatment Team how they are feeling.



**A SAMPLE CONVERSATION**

These are the kinds of topics that **loved ones** and their **caregivers** may talk about, along with some communication tips that can help. Of course, every relationship and situation is different, so the best way to improve communication between you and your loved one is with the help of your Treatment Team, including your doctor.

**Taking medication**



**SON**  
"I'm not taking that."

**MOTHER**  
"Remember...those symptoms that make you feel so bad may come back when you miss your medication."

**TIP:** Focus on symptoms they don't like having. Avoid "blaming" language.

**Going to the doctor**



**WIFE**  
"I don't want to go to the doctor. I'm not leaving the house."

**HUSBAND**  
"We'll see that nurse who's always so nice to us. And we'll do something you like when we get back."

**TIP:** Find something positive about the experience. Use an incentive for after the appointment.

**Dealing with delusions**



**DAUGHTER**  
"They're following me again."

**MOTHER**  
"You're here at home and we're safe."

**TIP:** You can comfort someone without agreeing that a delusion or hallucination is real.

**Seeing signs of relapse**

**TIP:** If you see signs of a relapse, acknowledge how your loved one is feeling. Try to be calm, and talk about how important it is to reach out to get medical help. Meanwhile, do what you can to help your loved one feel more secure.



**SISTER**  
"Seems like you're experiencing more symptoms lately. Let's talk to the doctor."



## FACING ACUTE SCHIZOPHRENIA EPISODES

Acute episodes are when symptoms are typically severe and may lead to hospitalization. While it's possible to try to prevent acute episodes from coming back quickly by sticking to a treatment plan, they may occur and it's best to be prepared as much as possible.

One of the first things to do is call the Treatment Team immediately. Meanwhile, here are a few things to remember:

- Acute symptoms like strong hallucinations, delusions or paranoia can't be argued with. To your loved one, these experiences are real and hard to ignore.
- Stay as calm as you can. Don't argue or show anger. Don't raise your voice.
- "De-fuse" the environment. Turn off electronics that make noise or hum like the TV, radio, etc. Ask any casual visitors to leave.
- Ask an agitated loved one to sit down, and then you can calmly sit down, too.

## REACHING MAINTENANCE

Managing symptoms with medication and therapy can help your loved one reach and stay in a Maintenance Phase. And by doing this, many people can aim to lead productive lives. But acute episodes are still a risk — which is why it's so important to remember to stay with the treatment plan.



Models are used for illustrative purposes only.

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