

Working together

Communication and consideration

By Xavier Amador, PhD

An important lesson I have learned time and time again is this: when a consumer and his or her therapist and family work together, treatment and recovery are optimized. When there is no team—or when there is poor communication between team members—bad things happen. (For our purposes, the term “therapist” includes doctor and/or any other provider.) I won’t tell you my horror stories because we all have them—whether you are a consumer, a relative, or a therapist (or all three).

Communication between the consumer and his/her therapist and loved ones has been studied and written about a great deal. But why don’t therapists and family members talk to each other more? Let’s look at it from different perspectives.

What is the therapist’s view? I can tell you from personal experience and from countless remarks I have heard from colleagues that fear plays a role. But it’s more than just the fear of getting into trouble, of being sued, or of breaking confidentiality regulations. We also fear betraying our patient’s trust. In fact, I think it’s fair to say this is the biggest fear of all. We worry that talking with family will weaken the alliance and leave us powerless to help.

With relatives—and again, I can speak from personal experience—the barrier is not only the therapist’s reluctance to talk with us, but also our own prejudice. Too often, we assume that providers just don’t care. Or we assume nothing will be gained

because we don’t think the therapist is right for our loved one.

All of these barriers are surmountable—quite easily, in fact—if we understand each other’s perspectives and take them all into account when building our team.

Communication

The road to hell is paved with good intentions; I can think of few better examples of this than mental health laws that are designed to put up a wall between mental health professionals and their patients’ families. And yet, one of the most important things a family member can do is to stay in touch with their loved one’s mental health care providers. This is true whether your loved one is in the hospital or is an outpatient seeing his therapist weekly or, more commonly, only once a month.

I remember my brother Henry’s first hospitalization for schizophrenia. During one meeting with Henry’s doctor and social worker, my



mother and I should have asked about the discharge plan and shared our observations about what we thought would and would not work. The most important observation we could have shared was that Henry did not think he was sick. We should have helped the professionals come up with a more realistic plan than the one they had. We could have asked: "Given that he does not believe he's ill, what good will your prescription and outpatient appointment slip do?" But we didn't, because we were new to it all.

With my brother's future therapists, I did eventually try to ask more questions and provide what I felt certain would be useful information—like the fact that he continued to think he wasn't sick. But I encountered the same problem most loved ones do: no one would talk to me. Strict privacy regulations make it difficult for mental health professionals to share information; often they cannot even confirm whether or not an individual is a patient. It's enough to make you want to scream. And yet, this obstacle is not coming from an evil place, nor is it unmovable.

Consideration

If you're a therapist, you have to overcome your preconceived belief that family members may distract you from your work or have nothing to share. Family members usually have a wide range of vital information ... but there are times when they don't.

Relatives who call their loved one's therapist to vent—and, basically, get free therapy—are tapping an inappropriate resource. I often think about that at the end of a very long day when a family member wants to talk to me about how hard their relative's illness has been on them. Of course I understand and sympathize, but that's not the point. If you have more than one patient, it's impossible to be available to all of your patients' involved family members in this way.

Tips for sharing information without violating the doctor-patient relationship

For therapists:

- If the consumer knows certain types of communication will occur between therapist and family, confidentiality is not being violated.
- Clarify the limits of confidentiality with your patient up front.
- Tell him/her you would like to hear from his/her family from time to time "to get a feel for how they think you're doing."

What I have learned, however, is that if I explain my limitations and suggest to the stressed relative that he or she get help for him- or herself, it helps to refocus the conversation on what we should be talking about. If the family member is unwilling to get professional help—or even if they are—I strongly suggest that he or she go to a National Alliance on Mental Illness (NAMI) meeting to gain support from other people who are in the same situation.

If you're a family member, you may make the mistake of thinking an unresponsive therapist (one who doesn't return phone calls or who won't talk to you) doesn't care. I can't say you'd be wrong in every instance, but I can say that, in my experience, this assumption is much more often wrong than right. Most therapists get into this line of work because they care. They chose the career because, like me, it has personal meaning for them and they want to help. So if that's the case, why do they sometimes appear so uncaring?

Often the reason is, in a word, burnout. That being said, family members can help by being focused on specific issues when they call. For example: "I want to tell you about

For relatives:

- There are no regulations prohibiting a therapist from listening. Try saying: "I know you can't talk to me about my loved one, and that's not what I'm asking you to do. I am not even asking you to verify that my loved one is your patient. All I am asking is that you let me share some observations and concerns about my loved one, and that you listen for a minute."
- To get a therapist to talk with you about your loved one, try saying: "I know you cannot confirm my relative is your patient, I understand and respect that. But, hypothetically, if the person I just described were your patient, what would you say about ...?"
- Assume your loved one's therapist cares, and communicate that assumption. Say, "I know you are trying to help my relative," and it will usually open doors.

some warning signs of relapse I am seeing," or "I am concerned about the discharge plan because ..."

Don't call to vent. For that kind of support, call a friend, relative, or your own therapist.

I am reminded of an old anti-stigma campaign slogan that read: "Mental illness is not a flaw in character, it is a flaw in brain chemistry." When talking to relatives about therapists who seem to not care, I sometimes say, "Therapists did not get into the field because of a flaw in character; they did it because they care." **SZ**

Xavier Amador, PhD, an adjunct professor at Columbia University and the author of numerous scholarly and trade publications, is a regular columnist for Schizophrenia Digest.