

Guiding a Loved One Toward Recovery

Summarized by Thomas T. Thomas

The speaker at our January 24 meeting, **Rebecca Woolis, MFT**, is a long-time member and supporter of NAMI-East Bay. She is currently the Director of the Berkeley Creative Living Center (CLC) and author of *When Someone You Love Has a Mental Illness*. Her entire career has been dedicated to improving the life of mentally ill people and their families. Her topic at the meeting was using knowledge and empathy to help both the family of a mentally ill person and that person him- or herself to recover from the shock and trauma of the disease's onset.



REBECCA WOOLIS, MFT

Woolis said she wears a number of professional hats. She has a part-time private practice in counseling and therapy, and for ten years she has been director of various community mental health programs—“a roving director,” she said—with Bonita House, Inc. in Berkeley. This is a facility providing specialized treatment services to adults who have been dually diagnosed, which means they have a mental illness with substance abuse. Right now, Woolis is program director for the Berkeley Creative Living Center associated with Bonita House.

The CLC was founded in 1971 and is a socialization program for adults with significant mental health problems who live in Alameda County. Its various classes and programs serve approximately 175 individuals a year. “We are open Mondays and Fridays from 9 a.m. to 3 p.m.,” she said. “And we are very informal. This is a place where people can come whenever they want, a place of community, and they will be accepted and supported no matter how symptomatic they are.”

Everyone is invited, Woolis said, although to become a member of the CLC there is a simple intake procedure asking the person to provide some background information and consent to treatment. Some members work part-time or go to school part-time. The facility offers activities and groups including exercise, gardening, creative expression, creative writing, symptom management, living skills, relaxation, and pre-vocational training. “Although we have a few Bonita House employees and teachers and interns from the Berkeley Adult School,” she said, “the members make the place happen. We have a clubhouse model, and everything is optional. People are not required to do anything but be respectful of others.”

For members there is also a Tuesday morning art class in a studio. The members' work has been exhibited at the Berkeley Adult School and the Addison Street Windows Gallery across from the Berkeley Repertory Theater. In February,

their work will be exhibited at the SomArts Cultural Center at Ninth and Brannan in San Francisco.

The Creative Living Center is located in the First Congregational Church at 2345 Channing Way in Berkeley.

Among her professional hats, Rebecca Woolis helps families with the recovery of a loved one with mental illness. “Recovery used to be physical,” she said. “Take two aspirin and go to sleep. Or drink lots of fluids and rest. But the substance abuse field has transformed recovery in the direction of an active process with personal involvement and participation. This model applies to both substance abuse and psychiatric disorders, and now families can go through a process of recovery from the ordeal of having a family member experience these disorders.”

Woolis noted that there are generalized steps in the recovery process. But this is a fluid process and not everyone experiences the steps as a linear flow or at the same pace. Relapses can also interrupt the flow of these steps. Recovery is remarkably like the grieving process, she said, because having a family relation with a psychiatric or substance disorder is a traumatic and catastrophic event.

The **first reaction** to hearing that someone you love has a diagnosis of severe mental illness is usually shock, disbelief, denial. You feel overwhelmed and unable to take in and process the information. You may have a sense of confusion and distraction, and also a sense of loss—of predictability, of security, of your sense of self. There may be physical manifestations such as stress, sleeping problems, and eating problems.

In this situation the response that family members need from each other and from professionals is compassion and empathy. “The empathy provides a mirror of the situation that helps a person to understand and feel normal again,” Woolis said. It helps, also, to label the situation as a crisis, a trauma, and this enables the grieving process to begin. Then the family can connect with organizations like NAMI and similar groups to begin receiving education and support and become knowledgeable about the illness.

The **second stage** of family recovery may involve guilt, shame, depression, fear, and a crisis of faith. “It helps to know that psychiatric and substance disorders are not caused by the family situation and bad parenting,” Woolis said. “But even if you know that the illness is biologically based, there will be a lot of stress and tension. Families can become confused about how to respond, how to ‘be’ with the ill or addicted family member. They won’t know how to set limits. And, particularly with substance abuse, there will be a noticeable change in the ill person’s abilities, a loss of self-confidence and competence.” She said that family members sometimes wish the whole situation—and the person causing it—would disappear, would die.

Appropriate responses at this stage are to acknowledge and validate these feelings. Structured education classes and support from people in the same situation can provide a sense of perspective.

In the **third stage**, the family members will regain a sense of competence and confidence. But they will also feel frustration with the limits of the social and psychiatric services system. They may feel the pain of stigma and society’s

discrimination against mental illness and substance abuse. They will also become concerned about the future.

The responses needed include obtaining education and consultation on connecting the ill person with the larger aspects of life, discovering effective intervention strategies, and identifying and separating conflicting sets of advice. “And of course, you must take care of yourself,” she said.

Finally, in the **fourth stage**, the family comes to terms with the person’s illness, becomes more comfortable in situations like family gatherings, more adaptable and accepting of the changes that illness and recovery bring. Family members may then seek to make a difference where they can.

The response from professionals and others is to help the family to learn more sophisticated coping strategies, begin long-term planning, and even provide avenues for turning the experience into an opportunity for advocacy. And if the situation deteriorates, it may be necessary to provide therapy or other support.

For the person suffering from the mental illness or substance abuse, the stages of recovery are very similar.

The **first stage**, with the onset of illness, brings crisis and a sense of powerlessness. The consumer will be desperate for control over his or her life. The lack of control may be terrifying, the experience of illness horrifying.

In the **second stage**, the consumer begins to accept the fact of illness and cope with the symptoms and stresses. The person needs help to educate him- or herself about the illness and learn coping skills. Under these conditions, family and friends can provide the strength and courage to help the person put his or her life together—although the person may not be able to acknowledge or, because of symptoms like paranoia, be able to accept this support.

By the **third stage**, the person is recovering strength, regaining valued social and vocational roles, and learning to manage the illness.

And in the **fourth stage**, the person moves beyond the illness, developing a life that contributes to society and expresses his or her talents and abilities. This is the point at which the family can help the person develop realistic life goals.

After describing these steps, and throughout her talk, Rebecca Woolis answered questions. Here is a sample.

Q. What can you do for people who don’t understand they have a substance abuse problem or a mental illness?

A. You can try to develop a trusting relationship. Listen, empathize, and let the person know you understand his or her perspective. People with substance abuse and illness are sometimes under delusions—believing things that are not true—so showing understanding may be difficult. You should focus on the person’s strengths, not weaknesses. Help him or her establish goals. Be as positive as you can and provide a safety net for a time. Focus on the behavior and its consequences, not the person and the illness.

Q. Do you ever see Post Traumatic Stress Disorder (PTSD) accompanying mental illness?

A. Illness causes stress, whether acute or chronic. If you don’t deal with the stress by getting help, it can generate PTSD. It’s entirely possible that a family and a mentally ill person can get to stability in stage three, then suffer PTSD and go right back to the shock and disbelief of stage one.

For the person with the illness, interactions with police, hospital staff, with other consumers during the process of being 5150'ed¹ or handcuffed and led away can be terribly stressful and set the person up for PTSD. The person becomes distrustful—or even more distrustful.

Q. You mention developing trust with family members. What do you do if the family is the focus of psychotic and paranoid behavior?

A. Then you may have to stay back. Paranoia is a control issue, so you need to give the person control of the situation. Acknowledge that he or she may not like or trust you, that you understand this, but you are there and ready to renew contact and provide help when the person is ready for it. These relationships are fraught with problems. You will make mistakes, but that only means you are still trying, that you haven't given up. The one who bears the focus of paranoid behavior is usually the family member who is there, the care giver, the one who is around. After a while, the focus may shift—and that's as good as it gets sometimes.

Q. You mentioned advocacy as an activity in the fourth stage for families. What are the systems needing advocacy?

A. Advocacy is not for everyone. But if that's your desire, then the question of where to put your money and effort—the need is everywhere! Housing support. Vocational support. Equitable medical coverage. Funding levels are just enough in this society that we know everything to do with mental illness needs more. Mentally ill people need all the things that healthy and successful people need and more.

¹ “5150” refers to the section of the California Welfare and Institutions Code that permits a person with mental illness who is a danger to him- or herself or others to be taken into custody for a 72-hour evaluation and treatment period.