Principles of Caregiving: Fundamentals

Section Three- Communication

A. Components of effective communication

Communication in homecare is the link between you, the consumer, and the agency. Sharing accurate information and observations with family and the agency improves the care a consumer receives.

1. The Communication Process

The communication process involves the:

1. Sender (for example, the speaker)
2. Receiver (for example, the listener)
3. Message
4. Feedback

The goal of communication is the acceptance of the sender's message by the receiver. If the receiver understands the meaning of the message and perceives it the same as the sender, the goal of communication is achieved. The sender gets input as to how the receiver perceives the message via feedback from the receiver. If the feedback never comes or if the feedback is not what the sender expects, communication is ineffective.

Effective communication happens when the intended meaning of the sender and the perceived meaning of the receiver are virtually the same.

2. Verbal Communication

Verbal communication is communication that uses words. Often, we use the word "verbal" to mean oral, or spoken, language. But verbal communication also includes writing and different ways of expressing words, such as sign language and Brille, the writing system the uses raised dots to express the letters of the alphabet.

3. Non-verbal Communication

Non-verbal communication is all communication that does not rely on words. It can be divided into several categories: facial expressions, head movements, hand and arm gestures, physical space, touching, eye contact, and physical postures. Even a person's emotions or how he/she dresses can influence the communication process.

As much as 90% of communication can be non-verbal.

Have you ever visited a country and didn't speak the language? How important was non-verbal communication?
When verbal and non-verbal communication are combined, a stronger message can be sent. A completely different message is sent if the verbal and non-verbal do not agree.

- **Example 1:**
  while asking your consumer to sign you time sheet, you hold the timesheet and pen in your hand. Your actions support the verbal message.

- **Example 2:**
  You ask a person, "How are you today?' and they reply, "I'm okay," but they are sobbing into a tissue. Two different messages are being sent.

Facial expressions:
What they can mean in different cultures.

- Although smiling is an expression of happiness in most cultures, it can also signify other emotions. Some Chinese, for example may smile when they are discussing something sad or uncomfortable.
- Winking has very different connotations in different cultures. In some Latin American cultures, winking is a romantic or sexual invitation. In Nigeria, Yorubas may wink at their children if they want them to leave the room. Many Chinese consider winking to be rude.
- In Hong Kong, it is important to not blink one's eye conspicuously, as this may be seen as a sign of disrespect and boredom.
- Some Filipinos will point to an object by shifting their eyes toward it or pursing their lips and point with their mouth, rather than using their hands.
- Some Venezuelans may use their lips to point at something, because pointing with a finger is impolite.
- Expressions of pain or discomfort such as crying, are also specific to various cultures; some cultures may value a stoic affect while others may encourage a more emotive state. Expressions of pain or discomfort are also learned from one's family illness experiences, expressions, and idioms of distress.

B. Communication Styles

The main types of communication styles are:

Aggressive: Meeting needs of self and not others
Passive: Meeting needs of others and not self
Assertive: Meeting need both others and self

1. Aggressive Communication

What is aggressive communication? It may be physical, nonverbal (if looks could kill, ridicule, disgust, disbelief, scorn), or verbal (insults, sarcasm, put downs). It is used to humiliate or demean another person, for example, with profanity or blaming.

Why people behave in an aggressive way:

- They anticipate being attacked and overreact aggressively.
- They are initially non-assertive. Their anger builds until they explode.
- They have been reinforced for aggressive behavior. It got them attention and/or what they wanted.
- They never learned the skills for being assertive. They do not know how to appropriately communicate their wants and needs to other.
- They were socialized to win, be in charge, be competitive, and be top dog.

Consequences:

- They get their own way but often alienate others.
- They are often lonely and feel rejected.
- They receive little respect from others.
- They may develop high blood pressure, ulcers, have a heart attack, or other related ailments.

2. Passive communication

The word “passive” refers to “not resisting**”** or “not acting.” It comes from the Latin word o suffer.” A verbally passive person “keeps quite” and may withhold feedback. This makes communication harder and puts relationships at risk. When you withhold needed information and create an atmosphere of uncertainty, the other person does not really know what you think or feel, no one is a mind reader. It can lead to misunderstandings, strained relationships and suffering.

Why people behave in a passive way:

- They believe they have no rights.
- They fear negative consequences (someone being angry, rejecting, or disapproving of them). They mistake being assertive as being aggressive.

- They do not know how to communicate their wants and assume others should know these.
- They were socialized to always be complaint, accepting, accommodating, non-demanding, and selfless.

Consequences:

- They avoid conflict but often appease others.
- They lose self-esteem.
- They develop a growing sense of anger and hurt.
- They may develop headaches, ulcers, backaches, depression, and other symptoms.

What is passive-aggressive communication?

Passive-aggressive behavior is often used when we try to avoid doing something, but we do not want to cause a conflict. We may just try to postpone or procrastinate. Passive-aggressive communication is subtle and may appear underhanded and manipulate. This can include forgetting, pouting, silent treatment and manipulate crying.

3. **Assertive Communication**
   Assertiveness is the ability to say what you want to say but still respect the rights of others. When you are assertive, you are honest about your opinions and feelings. At the same time, you try not to criticize or put others down. Assertive communication is respectful of both the sender and the receiver of the message. As a direct care worker, you should strive to use assertive communication at all times.

1. It is respectful of yourself and others
2. It **recognizes your needs as well as others**. You are not a doormat, and you are not a bully.
3. It is **constructive, honest, and open direct** communication because you
   - Have options,
   - Are proactive,
   - Value yourself and others,
   - Stand up for yourself without excessive anxiety,
   - Accept your own and other's limitations.

C. Attitude

Attitudes influence our communication in three ways:

- Attitudes toward ourselves (the sender)
- Attitudes towards the receiver
- Attitudes of the receiver towards the sender

Attitudes toward ourselves determine how we conduct ourselves when we transmit messages to others:

- Unfavorable self-attitude towards receivers, notice uneasiness
- Favorable self-attitude towards receivers, notice self-confidence
- When favorable self-attitude is too strong towards receivers perceive brashness and overbearing, and our communication loses much of its effect with the receiver.

Attitude toward the receiver's attitude toward the sender also influences our communication. Our messages are likely to be very different when communicating the same content to someone we like and then to someone we dislike. We also structure our messages differently when talking to someone in a higher position than ours, in the same position, or lower position, regardless of whether we like them or not.

The words may be the same but how you deliver them may affect how the message is perceived.

Are you assertive or defensive? Angry or thoughtful?

D. Barriers To Communication

1. Inadequate listening skills

Inadequate listening skills contribute to ineffective communication.
Listening involves not just hearing the message, but the ability to understand, remember, evaluate, and respond. **Be an active listener!**

<u>Steps to improve your listening skills:</u>

a. Be quiet. Pay attention to what the other person is saying.
b. Stop all other activities. Focus on the speaker.
c. Look and sound interested.
d. Do not interrupt the speaker. Let the speaker finish, even if it takes a long time.
e. Do not to think of a response while the person is speaking.
f. Do not finish sentences that the speaker begins.
g. Listen for feelings.
h. Clarify what the speaker has said.
i. Ask open ended questions that encourage the speaker to continue.

2. Other Barriers

There are numerous other barriers to communication. Avoid the following:

a. Giving advice

b. Making judgment
c. Giving false reassurance about your consumer's physical or emotional condition
d. Focusing on yourself
e. Discussing your own problems or concerns
f. Discussing topics that are controversial such as religion and politics
g. Using cliches or platitudes (e.g., "absence makes the heart fonder")

E. Therapeutic communication

Good communication between the DCW and the consumer is important to provide services that meet the needs of the consumer. Therapeutic communication is a process designed to involve the consumer in conversation that is beneficial to his/her physical or mental well-being. Useful techniques:

- Use open-ended comments to encourage verbalization. This keeps a person from just answering yes/no.
- Allow for the collection of more information to meet the person's needs.
- Use paraphrasing or reflective responses to clarify information (explained below). Use this method to direct the conversation to specifics.

1. Open-ended questions

Use open-ended questions to allow others to engage in the conversation and share information. It gives them the chance to tell you what is important to them.

- Closed-ended questions are answered by "yes or no"
  Did you eat breakfast today?
  Are you feeling, okay?

- Open-ended questions are responded to with more details
  What did you have for breakfast today?
  Could you describe how you are feeling today?

2. I-Messages

Use "I" messages instead of "You" messages. You-messages can put blame on the others, but an I-message is assertive. It shows that you take responsibility for your own feelings.

- You-Message: You make me worry when you don't talk to me.

- I-Message: I feel worried when I cannot communicate with you.

3. Reflective responses

Using reflective responses can help the speaker clarify his/her own meanings. There are several specific techniques you can use.

- Restate what the speaker has said: So, you think that you don't get enough sleep.
- Pay attention to feelings: it seems you are upset about this.
- Don't guide the conversation and don't make suggestion: Don't say: perhaps you should…

4. Conflict Resolution

a. Use listening skills and therapeutic communication techniques listed above.
b. Listen intently to let the person know what he/she has to say is very important.
c. If the person knows that what he/she has value, they will begin to diffuse anger.
d. Do not respond with anger or become defensive.
e. Empathize, see it from their perspective.
f. Then, once thy see you are an ally, not an enemy, fil them in on your challenges, feelings, roadblocks, and/or perspective.
g. Put your own emotions on hold. Take a few minutes of "time-out" if needed to diffuse anger and gather your thoughts.

5. Other Communication Tips

1. Stick to the point/issue at hand-don't add on and another thing…"
2. Turn a negative into a positive
3. Set limits
4. Understand that people respond with different emotions to the same situation
5. Do not react when you feel your emotions are rising:

- Listen first
- Speak in "I" and "I want"
- Own your feelings- no one make you feel something
- Feelings are not right, or wrong-they just are

Scenarios

How would you respond (communicate feedback) in these situations?

a. Consumer: “that is not how my other worker folded my laundry!”

b. Consumer’s mother: “it dose not matter what they told you at the office. I need to have you here by noon.”

F. Communicating with induvial with disabilities

1. Vision impairment

a. Is it appropriate? to offer your help if you think it is needed but don’t be surprised if the person would rather do it himself.
b. If you ate uncertain how to help, ask the one who needs assistance
c. When addressing a person who is blind, it is helpful to call them by name or touch them gently on the arm.
d. Do not touch their guide dog.
e. Let the person hold onto you verse you holding them.
f. When walking into a room, identify yourself.

2. Hearing impairment

a. If necessary, get the person’s attention with a wave of the hand, a tap on the shoulder, or other signal.
b. Speak clearly and slowly, but without exaggerating your lip movements or shouting (with shouting sound may be distorted).
c. Give the person time to understand and respond
d. Be flexible in your language. If the person experiences difficulty understanding what you are saying, rephrase your statement rather than repeating. If difficulty persists, write it down.
e. Keep background noise such as tv and others who are talking at a minimum
f. Place yourself in good lighting and keep hands and food away from your face
g. Look directly at the person and speak excessively
h. When an interpreter accompanies a person, direct your remarks to the person rather that to the interpreter
i. Encourage the person to socialize since some people with a hearing impairment tend to isolate.
j. Use Voice-to-TTY: 1-800-842-4681 (Arizona Relay Service) for people who either use a TTY or want to communicate with someone who dose
k. Maintain amplifier aids

3. Emotional/ Mental Health impairment

A person with an emotional or behavioral health issue may have distorted thinking. He/she may hear voices, see things that aren't there, be paranoid, or have difficulty communicating. Usually, this does not mean the person is aggressive unless he/she feels threatened. Here are some communication guidelines to use:

a. **If the person has difficulty having a conversation with you,** he/she may be able to enjoy your company in other ways. Consider watching TV, listening to music, playing cards, or being read to. Talk about childhood events.
b. Allow the person to have personal "space" in the room. **Don't stand over them or get too close (this includes touching the person). The individual may hit you if you try a "soothing touch" without knowing if it is safe to do so.**
c. Don't block the doorway.
d. Avoid continuous eye contact.
e. Try to remain calm with a soothing approach. Speak with a slow-paced and low toned voice.
f. Use short, simple sentences to avoid confusion. If necessary, repeat statements and questions using the same words.
g. Establish a structured and regular daily routine. Be predictable. Be consistent. Do not say you will do something and then change your mind.
h. Offer praise continually. If the person combs their hair after three days of not doing so, comment on how attractive he/she looks. **Ignore the negative and praise the positive**
i. Avoid over-stimulation. Reduce stress and tension.
j. Respect his/her feelings. Saying "don't be silly. there's nothing to be afraid of, "will get you nowhere. Allow the person to feel frightened by saying something like, "its all right if you feel afraid. Just sit here by me for a while."

4. Cognitive/ Memory Impairment

A person with cognitive or memory impairment has difficulty thinking, reasoning, and remembering. These individuals can become very embarrassed or frustrated if you ask them names, dates, what they had to eat, who called, etc. since their long-term memory is much more intact, they may dwell on events in the past and not remember such things as a relative's death or that a child has grown and married.

The two most important factors in working with the individual with a cognitive impairment are:

1. Your actions
2. Your reactions to the individuals l and their behavior.

When communicating with these individuals, remember:

a. Use a calm voice and be reassuring. The person is trying to make sense of the environment.
b. Use redirection
c. Give honest compliments
d. **Do not argue with the person**. If the person tells you he is waiting for his wife to come and you know that his wife died several years ago, do not state, "you know your wife died several years ago. "The person will either get mad because you are wrong or become grief stricken because he has just learned his wife died. It would be delayed. Then divert his attention to an activity.
e. Treat each person as an individual with talents and abilities deserving of respect and dignity. Individuals can usually tell if they are being talked down to like a child which can make the situation worse.

G. Guide to Wheelchair Etiquette

- **Ask permission.** Always ask the person if they would like assistance before you help. It may be necessary for the person to give you some instructions. Am unexpected push could throw the person of balance
- **Be respectful.** A person's wheelchair is part of their body space and should be treated with respect. Don't hang or lean on it unless you have their permission. When a person transfers out of the wheelchair to a chair, toilet, car, or other object, do not move the wheelchair out of reaching distance.
- **Speak directly.** Be careful not to exclude the person from conversations, speak directly to the person and if the conversation lasts more than a few minutes, sit down, or kneel to get yourself on the same plane as the person in the wheelchair. Also, don't be tempted to pat a person in a wheelchair on the head as it is a degrading gesture.
- **Give clear instructions.** When giving instructions to a person in a wheelchair, be sure to include distance, weather conditions, and physical obstacles which may hinder their travel.
- **Act natural.** It is okay to use expressions like "running along" when speaking to a person in a wheelchair. It is likely the person expresses things the same way.
- **Wheelchair use doesn't mean confinement.** Be aware that persons who use wheelchairs are not confined to them.
- **Questions are okay.** It is alright for children (or adults) to ask questions about wheelchairs and disabilities. Children have a natural curiosity that needs to be satisfied so they do not develop fearful or misleading attitudes. Most people are not offended by questions people ask about their disabilities or wheelchairs.

- **Some Persons Who Use a Wheelchair for Mobility Can Walk.** Be aware of the person's capabilities. Some persons can walk with aids, such as braces, walkers, or crutches, and use wheelchairs some of the time to conserve energy and move about more quickly.
- **Persons Who Use a Wheelchair for Mobility Are Not Sick.** Don't classify persons who use wheelchairs as sick. Although wheelchairs are often associated with hospital, they are used for a variety of non-contagious disabilities.
- **Relationships Are Important.** Remember that persons in wheelchairs can enjoy fulfilling relationships which may develop into marriage and family. They have physical needs like everyone else.
- **Wheelchair Use Provides Freedom.** Don't assume that using a wheelchair is in itself a tragedy. It is a means of freedom which allows the person to move about independently. Structural barriers in public places create some inconveniences; however, more and more public areas are becoming wheelchair accessible.

H. People First Language

A very useful concept to guide our communication is *People First Language*. Kathie Snow, who has written extensively about this, reminds us that words are powerful and that poorly chosen words can perpetuate negative stereotypes and create barriers. A person with a disability is still a person – not a condition. The illness or disability is often just a small part of who they are.

Example: Anna is a five-year-old girl. She has autism.

Mr. Barnes uses a wheelchair.

The People First Language document on the next page offers more examples for you to use.

I. Resources

- **www.Disabilityisnatural.com -A website with articles and information on thinking about disabilities.**
- **Tips for First Responders. Center for Development and Disability. University of New Mexico, 2005. http://cdd.unm.edu/products/tips_web020205.pdf**

Examples of People First Language

By Kathie Snow

Visit WWW.Disabilityisnatural.com To see the complete article.

Say:	Instead of:
People with disabilities.	The handicapped or disabled.
He has a cognitive disability/diagnosis.	He's mentally retarded.
She has autism (or a diagnosis of…).	She's autistic.
He has Down syndrome (or a diagnosis of...)	He's Down's, a mongoloid.
She has a learning disability (diagnosis).	She's learning disabled.
He has a physical disability (diagnosis).	He's a quadriplegic/is crippled.
She's of short stature/she's a little person.	She's a dwarf/midget.
He has mental health condition/diagnosis.	He's emotionally disturbed/mentally ill.
She uses a wheelchair/mobility chair.	She's confined to/is wheelchair bound.
He receives special ed services.	He's in special ed.
She has a developmental delay.	She's developmentally delayed.
Children without disabilities.	Normal or healthy kids.
Communicates with her eyes/device/etc/	Is non-verbal.
Customer	Birth Defect
Brain Injury	Brain Damaged
Accessible parking, hotel room, etc.	Handicapped parking, Hotel room, etc.
She needs… or she uses…	She has a problem with…
	She has special needs…

Keep thinking-there are many other descriptions we need to change

Visit www.disabilityisnatural.com for other new ways of thinking!

Now that you've read through the

March In-Service review, please return

to the previous page, and complete the

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online form for submission.