

PRINCIPLES OF CAREGIVING: FUNDAMENTALS

CHAPTER 3 – COMMUNICATION

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OBJECTIVES

1. Describe and explain the communication process.
2. Explain the importance of non-verbal language.
3. Identify different communication styles and explain the importance of assertive communication.
4. Identify and explain barriers to communication.
5. Describe and explain effective techniques for therapeutic communication and conflict resolution.
6. Identify and explain techniques for communicating with individuals with disabilities.

KEY TERMS

Assertive communication	People first language
I-messages	Platinum rule
Non-verbal communication	Verbal communication
Open-ended question	Wheelchair etiquette

A. COMPONENTS OF EFFECTIVE COMMUNICATION

1. The Communication Process

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

The communication process involves the:

- Sender (for example, the speaker)
- Receiver (for example, the listener)
- Message
- Feedback

The goal of communication is the acceptance of the sender's message by the receiver. If the receiver understands the meaning of a message and perceives it the same as the sender, the goal of communication is achieved. The sender gets input as to how the receiver perceived 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 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. Sign language and Braille are also verbal communication. Braille is the writing system that uses raised dots to express the letters of the alphabet.

3. Non-Verbal Communication

Non-verbal communication does not use words. There are 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 she dresses can influence the communication process.

As much as 90% of communication can be non-verbal. Non-verbal means no words are used.

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 a client to sign your 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 she replies, “I’m okay,” but she is sobbing into a tissue. → Two different messages are being sent.

Facial expressions – What they can mean in different cultures

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 meanings in different cultures. In some Latin American cultures, winking is a romantic or sexual invitation. In Nigeria, Yoruba people 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 not to blink one’s eyes openly. 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 they may purse 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 value being *stoic*, showing no emotion. Others may encourage a more emotive state. Expressions of pain or discomfort are also learned from one’s family illness experiences and expressions of distress.

Source: “Non-verbal Communication,” Management Sciences for Health, www.msh.org.

B. COMMUNICATION STYLES

The main types of communication styles are:

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

1. Aggressive Communication

What is aggressive communication? It may be physical, non-verbal (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 others.
- 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 “to suffer.” A verbally passive person keeps quiet 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 compliant, 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 manipulative. This can include forgetting, pouting, silent treatment and manipulative 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.

- It is respectful of yourself and others
- It recognizes your needs as well as others. You are not a doormat, and you are not a bully.
- It is constructive, honest, open direct communication because you:
 - have options,
 - are proactive,
 - value yourself and others,
 - stand up for yourself without excessive anxiety, and
 - accept your own and other's limitations.



Assertiveness is a win-win situation.

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 → receivers notice uneasiness .
- Favorable self-attitude → receivers notice self-confidence.
- When favorable self-attitude is too strong → receivers sense brashness and overbearing attitude. Then our communication loses much of its effect with the receiver.

Attitude toward the receiver or 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 than 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 in a 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 understood. Are you assertive or defensive? Angry or thoughtful?

D. BARRIERS TO COMMUNICATION

1. Poor Listening Skills

Poor 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!

Steps to improve your listening skills

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



2. Other Barriers

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

- Giving advice.
- Making judgment.
- Giving false reassurances about your client’s physical or emotional condition.
- Focusing on yourself.
- Discussing your own problems or concerns.
- Discussing topics that are controversial such as religion and politics.
- Using clichés or platitudes (for example, “*Absence makes the heart grow fonder*”).

Did you know?

1. Communication is effective when two people:
 - a. Understand one another.
 - b. Agree with one another.
2. Non-verbal communication can include:
 - a. Singing
 - b. Facial expressions
 - c. Written notes
3. Listening is important True False
4. Assertive communication is rude True False

E. THERAPEUTIC COMMUNICATION

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

- Use open-ended comments to encourage conversation. This keeps a person from just answering yes or no.
- Learn more about the person 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. This lets others 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?*

Better

Open-ended questions ask for details:

- *What did you have for breakfast today?*
- *Could you describe how you are feeling today?*

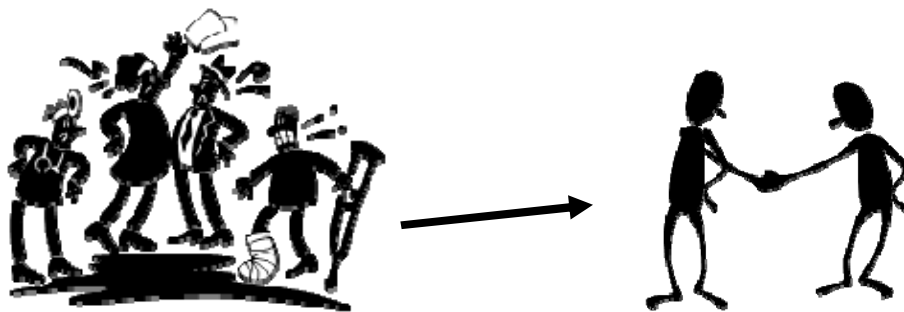
2. I – Messages

Use “I” messages instead of “You” messages. You-messages can put the 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.*

Better:

- I – message: *I feel worried when I cannot communicate with you.*



3. Reflective Responses

Using reflective responses can help the speaker clarify his or 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 or make suggestions. Don’t say, *“Perhaps you should...”*

4. Conflict Resolution

Sometimes a client or family member gets upset when you are in the home. It is important for you as the DCW to not get angry. You must be polite and professional, and you must respond in a way that is not threatening.

- Use listening skills and therapeutic communication techniques listed above.
- Listen intently. This lets the person know that what he has to say is very important.
- If the person knows that what he has to say has value, he/she will begin to diffuse anger.
- Do not respond with anger or become defensive.
- Empathize. See it from his/her perspective.
- Then, once he sees you are an ally, not an enemy, fill him in on your challenges, feelings, roadblocks, and/or perspective.
- Put your own emotions on hold. Take a few minutes of time out, if needed. This lets you calm down and gather your thoughts.

5. Other Communication Tips

- Stick to the point at hand—don’t add, *“And another thing...”*
- Turn a negative into a positive.
- Set limits.
- Understand that people respond with different emotions to the same situation.
- Do not react when you feel your emotions are rising:
 - Listen first.
 - Speak in “I” and “I want”.
 - Own your feelings – no one can make you feel something.
 - Feelings are not right or wrong – they just are.



Scenarios

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

- Client: “That is not how my other worker folded my laundry!”

- Client’s mother: “It does not matter what they told you at the office. I need to have you here by noon.”



Good Listening Skills Made a Difference

I remember teaching a class for caregivers quite a few years ago. I remember this one girl who really stood out. She was so young, yet so wise. She knew what it took to be a good caregiver. She aced the test and when she took her first assignment she was working for a consumer who required a lot of care. She put a smile on our face. She just knew how to handle everything.

Well, one morning I was listening to one of the supervisors who was having one of those crazy days when quite a few people were calling in sick. Our star caregiver called in also that day stating she is leaving the position and it would be immediately. I told the supervisor to play the message again. I said something is not right here. I told the supervisor that this caregiver was an awesome worker, she was an overachiever. I asked the supervisor to call her and see if she was okay. She called and left a message for the caregiver to let her know all was okay with the consumer, but that we were also concerned that she was okay herself.

Well, later that evening we received a call from the caregiver’s mother thanking us for the nice caring call we left for her daughter. She told us that her daughter had a lot happen to her, that she was working two jobs and going to school. She was having a break down and was considering suicide. Thanks to our understanding call, her daughter was able to talk things out and get herself the help she needed. The supervisor and I just looked at each other and were thankful that we took that extra time to listen to what was not being said.

We all get those days when it seems like everything is going wrong. We need to be aware that we could be getting a call for help and not even know it if we don’t take the time to really listen. Listen, not only listen to the words, but listen to the feelings that are being communicated.

—Attendant Care Manager/Instructor



F. RESPECTFUL COMMUNICATION

1. Addressing Another Person

One of the most basic forms of communication is using a person's name. Some people want you to use their first name, others prefer to be addressed formally (for example, Mrs. James or Mr. Gant). As a DCW, you should ask your client how he or she wants to be addressed. Also learn to pronounce the name correctly.



Always ask clients how you should address them – then learn to say the name correctly. Never call a person “dear” or “sweetie.”

2. Showing Respect

It is also important to treat adults as adults. As a DCW, you may work with people who have a hearing or speaking disorder. Perhaps they take longer to respond. Sometimes you may have to repeat the message. It is disrespectful to treat an adult person as a child.

- Do not talk down to a person who has language difficulties.
- Use adult language; don't use baby talk.
- Use adult words. For example, adults use “briefs” (not diapers).
- Choose adult books and TV programs for your clients.
- Let each person make choices. Don't decide for them.

G. COMMUNICATING WITH INDIVIDUALS WITH DISABILITIES

1. Vision Impairment

- It is appropriate to offer your help if you think it is needed, but don't be surprised if the person would rather do it himself.
- If you are uncertain how to help, ask the one who needs assistance.
- When addressing a person who is blind, it is helpful to call them by name or touch them gently on the arm.
- Do not touch the person's guide dog.
- Let the person hold on to you versus you holding them.
- When walking into a room, identify yourself.

2. Hearing Impairment

- If necessary, get the person's attention with a wave of the hand, a tap on the shoulder, or other signal.
- Speak clearly and slowly, but without exaggerating your lip movements or shouting (with shouting, sound may be distorted).
- Give the person time to understand and respond.
- 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.
- Keep background noise at a minimum—turn off the TV, step away from others who are talking.
- Place yourself in good lighting. Keep hands and food away from your face.
- Look directly at the person and speak expressively.
- When an interpreter accompanies a person, speak to the person rather than to the interpreter.
- Encourage the person to socialize. Some people with a hearing impairment tend to isolate.
- 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 does.
- Maintain amplifier/hearing aids.

3. Language Impairment (Aphasia)

Some people can speak but not write. Others can write but not speak. Such language disorders are called aphasia. It is often the result of a brain injury from an accident or a stroke, but it does not affect intelligence.

- Get the person's attention before you speak.
- Reduce background noise. Turn off the TV.
- Use simple communication, but keep it adult. An example is yes/no choices.
- Don't speak louder and don't talk down to the person.
- Use and encourage different communication techniques: writing, drawing, gestures.
- Give the person time to respond.
- Give feedback to encourage the person; don't correct or criticize.

4. Emotional / Mental Health Impairment

A person with an emotional or behavioral health issue may have distorted thinking. He or 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 or she feels threatened. Here are some communication guidelines to use:

- **If the person has difficulty having a conversation with you**, he or she may be able to enjoy your company in other ways. Consider watching television, listening to music, playing cards or being read to. Talk about childhood events.
- Allow the person to have personal space in the room. **Don't stand over him or her or get too close. This includes touching the person.** The person may hit you if you try a soothing touch.
- Don't block the doorway.
- Avoid continuous eye contact.
- Try to remain calm with a soothing approach. Speak with a slow-paced and low-toned voice.
- Use short, simple sentences to avoid confusion. If necessary, repeat statements and questions using the same words.
- Establish a structured and regular daily routine. Be predictable. Be consistent. Do not say you will do something and then change your mind.
- Offer praise continually. If the person combs his or her hair after three days of not doing so, comment on how attractive he or she looks. **Ignore the negative and praise the positive.**
- Avoid over-stimulation. Reduce stress and tension.
- Respect his or 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, *"It's all right if you feel afraid. Just sit here by me for awhile."*

5. 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:

- Your actions.
- Your reactions to the individual and his/her behavior.

When communicating with these individuals, remember:

- Use a calm voice and be reassuring. The person is trying to make sense of the environment.
- Use redirection.
- Give honest compliments.
- **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 may get mad because he feels you are wrong or become grief stricken because he has just learned his wife died. It would be better to reassure the person that everything is all right; his wife has just been delayed. Then divert his attention to an activity.
- 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.

H. A GUIDE TO WHEELCHAIR ETIQUETTE

- **Ask permission.** Always ask the person if he or she would like assistance before you help. It may be necessary for the person to give you some instructions. An unexpected push could throw the person off balance.
- **Be respectful.** A person’s wheelchair is part of his or her body space and should be treated with respect. Don’t hang or lean on it unless you have the person’s 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 level as the person in the wheelchair. Also, don’t be pat a person in a wheelchair on the head as it is a degrading gesture.
- **Give clear instruction.** When giving instructions to a person in a wheelchair, be sure to include distance, weather conditions, and physical obstacles which may hinder 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 all right 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 hospitals, 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, most public areas are becoming wheelchair accessible.

I. PEOPLE FIRST LANGUAGE

A very useful concept for communication is *people first language*. This concept was developed by Kathie Snow. She reminds us that words are powerful. Poorly chosen words can lead to negative stereotypes and create barriers. A person with a disability is a person—not a condition. The illness or disability is often just a small part of who they are.

Example: Anna is a 5-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.

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 a 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	Client, consumer, recipient, etc.
Congenital disability	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 descriptors we need to change!

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Excerpted from Kathie's People First Language article, available at www.disabilityisnatural.com.

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Did you know?

1. When a person has difficulty reading, give them children’s books True False
2. Mr. Kranz has difficulty understanding you.
 - a. You repeat everything 2 or 3 times.
 - b. You give him extra time to understand.
3. You are trying to encourage Mr. Harding to talk more. You ask:
 - a. Did you watch TV last night?
 - b. What happened in the movie you watched?

J. RESOURCES

- Disability is Natural, a website with articles and information on new ways of thinking about disabilities. www.disabilityisnatural.com
- Tips for First Responders. Center for Development and Disability. University of New Mexico, 2005. http://cdd.unm.edu/products/tips_web020205.pdf