

**Professional  
Communication  
in Home Care**

**Satellite Conference and Live Webcast  
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Produced by the Alabama Department of Public Health  
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**Faculty**

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**Depression**

- **Patients with depression are often:**
  - Irritable
  - Tearful
  - Pessimistic
  - Hopeless
  - Quiet

**Communication with a  
Depressed Patient**

- **Allow time for the patient to speak**
  - People with depression often need a longer amount of time to respond
- **Acknowledge the sadness, irritability, or withdrawal**
- **Do not provide advice – listening is the best gift to your patient**

**Communication with a  
Depressed Patient**

- **Praise every accomplishment no matter how small**
- **Be honest and promote realistic expectations**

**Alzheimer's**

- **Confusion**
- **Memory deficits**
- **Mood swings**
- **Fear / anxiety**
- **Restlessness**
- **Suspicious**
- **Unpredictable behavior**

### **Communicating with Alzheimer's Patients**

- Remain flexible, patient and calm
- Respond to the emotion, not the behavior
- Don't argue or try to convince

### **Communicating with Alzheimer's Patients**

- Use memory aides
- Acknowledge requests, and respond to them

### **Communicating with Alzheimer's Patients**

- Break down instructions into simple tasks
- Do not ask several questions all at once
  - This can be overwhelming

### **Communicating with Alzheimer's Patients**

- Ask the patient to repeat any instructions you give, or demonstrate the action being taught
  - Repeat this again at the next visit
- Include caregivers in important information

### **Parkinson's Disease**

- Symptoms:
  - Slow movement
  - Tremors
  - Rigidity
  - Poor balance

### **Parkinson's Disease**

- Slow response to questions
- Anxiety, depression, isolation
- Loss of intellectual capacity
  - Memory problems
  - Distractibility
  - Slowed thinking
  - Disorientation

### **Parkinson's Disease**

- Confusion
- Moodiness
- Lack of motivation
- Hallucinations

### **Responding to a Patient with Parkinson's**

- Allow time for patient to process what has been said and to respond
- Remove any distractions from the environment
- Encourage and praise the smallest accomplishments

### **Responding to a Patient with Parkinson's**

- Ask the patient to repeat what has been said
- Ask the patient to demonstrate new instruction
- Provide assurance and support if patient is hallucinating

### **Terminally Ill Patient**

- Culture / country of origin / race
- Values / traditions of the family
- Spirituality / religion
- Region of origin
- Age / experience
- Personality

### **Stages of Grief (Kubler-Ross, and Kessler)**

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

### **What Not to Say**

- Be strong
- It's God's will
- Time heals
- "Give your loved one space," or "He just needs a few minutes alone in the other room"

### **What Not to Say**

- You shouldn't be feeling that way
- Don't be angry with God
- Don't feel bad
- I know how you feel

### **Terminally Ill Patient**

- Remember that everyone has different views, thoughts, and feelings on dying
  - Don't assume that you know how a patient is feeling
- Be open to talking with the patient about death

### **Terminally Ill Patient**

- Don't place your values and beliefs on the patient
- Encourage the patient to talk about his/her life, family, and memories

### **Terminally Ill Patient**

- Be supportive of the patient and caregiver
  - Listening is a wonderful gift
- Accept the thoughts and feelings of the patient and family

### **Barriers to Communication**

- Language
- Culture
- Low health literacy

### **Language**

- Language barriers can cause misunderstandings, lack of knowledge of treatment or care plan, and misuse of medications
- Patients often pretend to understand what has been said

### **Language**

- **Some countries may have a few or many dialects:**
  - **68 in Mexico**
  - **Guatemala has 21 Mayan languages**

### **Language**

- **Utilize an interpreter whenever possible**
  - **Never use a child to interpret for the patient**
- **Ask them to repeat what has been said or demonstrate the new technique**

### **Language**

- **Provide literature in the patient's language, if possible**

### **Cultural**

- **Culture is different than language**
  - **A health care provider can often know the language, but not understand the culture**
- **Culture includes beliefs, tradition, and values of a particular group of people**

### **Cultural**

- **Culture can become a barrier when a patient's culture conflicts with our own**

### **Culture – Six Barriers to Communication (Keith Evans)**

- **Jargon and slang**
  - **We may be accustomed to particular words or phrases that are uncommon to someone of a different culture**

### **Culture – Six Barriers to Communication (Keith Evans)**

- **Personal space**
  - Western culture prefers an arms length
  - Middle Eastern cultures stand considerably closer

### **Culture – Six Barriers to Communication (Keith Evans)**

- **Stereotypes**
  - We can sometimes assume something about a patient and vice versa

### **Culture – Six Barriers to Communication**

- **Eye contact**
  - Western cultures encourage direct eye contact, but in some cultures, it is disrespectful such as Native American and Eastern cultures

### **Culture – Six Barriers to Communication**

- **Time**
  - Various cultures are either very strict about time, such as most Americans, while others are very lax such as Latin cultures

### **Breaking Down the Barriers**

- **Divide instructions into simple tasks**
- **Ask patients to demonstrate or repeat what has been instructed**
- **Be open and respect the patient's perspective and experiences**
- **Learn as much as you can about the patient's culture and beliefs**

### **Breaking Down the Barriers**

- **Do not make assumptions**
  - Get to know the patient and caregivers