Communications Skills
The purpose of this section is to assist the learner in acquiring communication skills to effectively communicate with resident, resident families and the care team members.

- Active listening
- Assertiveness
- Communication stoppers
- External interference
- “I” messages
- Internal interference
- Nonverbal communication
OBJECTIVES

The learner will be able to:

- List three components of the communication model.
- Identify methods to improve communication.
- Recognize communication interference and nonverbal communication.
- Evaluate your active listening skills.
INTRODUCTION

Good communication skills are essential to your success as an AFH provider. You must be able to communicate in every circumstance - change, challenge, conflict and crisis effectively with:

- Residents;
- Their families; and
- Care team members.
INTRODUCTION

- The communication model that has three components:
  - A sender - “encodes” a message;
  - A message; and
  - A receiver - “decodes” the message.

- Interpersonal communication involves more than the exchange of words. Nonverbal expressions such as tone of voice, gesture, facial body language and actions also communicate information.
Effective communication involves recognizing communication problems and resolving them:

- Whenever you send a message, look for a sign that it has been received.
- Feedback can be verbal or nonverbal, positive or negative.
- Barriers to communication involve internal and external interference.
Internal interference includes:
- Poor communication skills;
- Speech or hearing impairment;
- Lack of ability or inability to use language;
- Memory loss or confusion;
- Attitudes;
- Language differences between sender and receiver;
- Fatigue, illness or stress;
- Intense emotions such as anger, fear or grief; and
- Inability to concentrate.
External interference includes:
- Noise;
- Temperature (too hot, too cold);
- Activity in immediate environment;
- Interruptions (e.g., by others or phone);
- Odors/smells.
VERBAL AND NONVERBAL

- Clues that a communication problem exists can be verbal or nonverbal messages:
  - Voice tone and volume;
  - Speed, emphasis and pauses;
  - Eye contact (or lack of it) and facial expression;
  - Gestures, movements of the body and use of touch;
  - Personal appearance;
  - Distance between people (personal space);
  - Silence.
People often send nonverbal messages that do not correspond or reinforce their verbal messages:

- Your son says, “No, I don’t mind filling in for you tonight.” His arms are crossed tightly against his chest and he breaks eye contact.
- You say to a resident, “Of course I’m listening,” as you glance toward the TV.
VERBAL AND NONVERBAL CONTINUED

- It is easier to identify other people’s mixed signals than our own:
  - Most people are bothered when the other person’s words and manner do not match;
  - May overlook or choose to ignore nonverbal messages. Which risks alienating the other and undermining the relationship with that person;
  - It is best to determine if there is a problem and what, if anything, can be done about it.
Children are often taught that emotions such as anger, sadness and jealousy are "bad." As adults they may not recognize or know how to cope with these emotions.

- A person may show signs of being angry (i.e., tight voice, clenched hands) yet say, "I am not angry!"

- A good approach is to use more acceptable words to describe the emotion. For example, instead of saying, "You seem angry," say, "You seem a little upset (bothered, irritated and disappointed)."
Keep alert for inconsistent verbal and nonverbal messages. As you develop greater awareness of how other people think and feel, you will:

- Be better able to match your own words and body language; and
- Improve your ability to prevent and solve communication problems.

It is important to remember that nonverbal messages have different meanings in different cultures.
ACTIVE LISTENING

- Be a good listener - giving your undivided attention conveys to the other:
  - They are important and what they have to say is important;
- You listen not only to what the other is saying, but how it is being said.
- You turn off the critic, judge and expert inside of you.
- You put yourself in the shoes of the other person.
To enhance active listening skills:

- Make yourself available:
  - Find a quiet place and enough time;
  - Sit fairly close together, making sure you are both comfortable;
  - Face the other person, lean forward slightly and make eye contact;
  - A gentle touch on the hand or arm may be appropriate to get the other person’s attention.
If the person pauses or hesitates, a door opener may be appropriate:

- “Tell me more.”
- “I’d be interested in your point of view.”
- “Would you like to tell me about it?”
- “Sounds as if you’ve got something more to say.”
Focus on the other person:
- Do your best to avoid being distracted;
- Pay attention to nonverbal clues that may suggest how the person is feeling, e.g., facial expressions, gestures, voice, volume, tone, speed, posture and amount of eye contact;
- Communicate interest in the other person;
- Be nonjudgmental;
- Show you are listening by smiling, nodding, saying things such as “I see,” “mm,” “how about that” or “uh-huh”;

ACTIVE LISTENING CONTINUED
ACTIVE LISTENING CONTINUED

- If the person seems stuck, repeat the last few words you heard: “Your grandfather needs a lot of care since his stroke.”
- Ask questions only to clarify. An example of a clarifying question is, “Can you tell me more precisely what you mean when you say she can’t manage him at home?”
- Avoid asking too many questions which can easily interrupt or sidetrack their train of thought;
ACTIVE LISTENING CONTINUED

- Avoid giving advice. Jumping in to solve the problem usually frustrates the other person.
- Do not shift the conversation to yourself by talking about similar experiences.
- Respond to the situation and feelings. Check frequently to see if you understood what the person said:
  - “You seem to have mentioned several alternatives — getting a nurse to come in and help, admitting him to a nursing home or moving him to a foster home.”
ACTIVE LISTENING CONTINUED

- Check to see if you have understood what the person is feeling:
  - In many cases, you may be identifying feelings the other person has not recognized or explicitly stated.

- Accept the other person’s pain. It is important, but difficult, to let other people talk about their pain.
  - When another person is in emotional pain, we want the pain to go away. We are often tempted to try to solve the problem for the other person.
ACTIVE LISTENING CONTINUED

- A person who moves into your AFH is probably dealing with many issues:
  - Physical;
  - Social; and
  - Psychological changes.

- Taking time listen to their feelings, tells them:
  - You care and take their problems and feelings seriously.
  - You are showing respect for their thoughts and ideas. This may be the most important part of caregiving.
COMMUNICATION STOPPERS

- Communication stoppers are messages that say to the other person, "Your thoughts, ideas and feelings are not worth listening to."

Communication stopping behavior includes:

- Criticizing or blaming is a negative judgment:
  - "Can’t you remember anything?"
  - "If you had done what I told you, we wouldn’t be in this mess."

- Diagnosing, analyzing or interpreting says you have the other person all figured out. "You’re depressed, aren’t you?"
COMMUNICATION STOPPERS

- Name calling, ridiculing or shaming makes the other person feel foolish, belittled or embarrassed.
  - “You’re acting like a spoiled child.”
  - “Where did you get such a silly hat?”
- Ordering or threatening commands another person to do something or warns them what will happen.
  - “Now stop that crying!”
  - “If you don’t chew your food more, you’re going to choke.”
COMMUNICATION STOPPERS CONTINUED

- Advising or giving solutions suggests that the person isn’t capable of coming up with a solution.
  - “If I were you, I’d never tell her anything again.”
  - “Here’s what I advise. Change physicians.”
- Moralizing or preaching tells others what they should do.
  - “Just forget about your old home. You live here now.”
  - “You mustn’t come to the table dressed like that.”
Questioning or probing says you are trying to find reasons for and solve the problem for the other person.

- “Have you always let your children make all your decisions?”
- “Why do you want to stay in your room all by yourself?”

Diverting or distracting suggests you are not interested or the problem is not important.

- “Let’s have a nice cup of tea and you’ll feel better.”
- “What you need is a good night’s sleep!”
Minimizing or denying says you have no regard for the person’s feelings, values or position.
- “You’re just oversensitive.”
- “I don’t see why you’re so upset over a little thing like that.”

Using logical arguments discounts a person’s feelings.
- “Think of all you still have, not what you have lost.”
- “Sooner or later all older people need help.”
“I” MESSAGES

- Speak only for yourself. Almost all comments that judge, send solutions or avoid the concerns of others are “you” messages:
  - “You” messages criticize, lay blame, suggest the other person is at fault and are a verbal attack. Most communication stoppers are “you” messages.
  - “You” messages usually make a problem worse.
“I” messages communicate without blaming or criticizing. An “I” message describes how you feel about another person’s behavior. The message focuses on you and your feelings, not on the other person. An “I” message has three parts:

- A feeling — I state how I feel about a situation.
- A behavior — I describe the action or behavior related to what I am feeling.
- A result — I tell you what effect the action or behavior is having on me.
An example of an “I” message is:

- “I feel frustrated (feeling) when you visit your father first thing in the morning (behavior) before I have had a chance to finish my morning routine with the residents (results).”

An example of a “you” message about the same situation would be:

- “You really shouldn’t come so early. It disrupts the other residents.”
Assertiveness means standing up for your personal rights and expressing your thoughts directly, honestly and appropriately, while showing respect for the opinions of others:

- For example: “I know you think your father’s bedsores are being adequately treated. However, I am concerned that they are not improving. I do have to ask the doctor to take another look at them.”
The alternatives to being assertive are being aggressive or passive:

- You are aggressive when you stick up for your rights and beliefs in a way that violates those of others. Your attitude comes across as “must win at all costs.”

- You are passive when you are unable or unwilling to speak up for yourself. When you are passive, you convey the message “My feelings and opinions aren’t important.” Passive people often feel frustrated and powerless, resentful or guilty.
Assertiveness does not come naturally for most people. People who are not assertive:

- Believe they have no right to speak up;
- Feel it is rude to disagree with others;
- Feel their knowledge is inadequate;
- Are uncertain if they are right;
- Feel their feelings or opinions do not count.
Communication experts believe assertiveness is learned:

- Being assertive leads to increased self-respect, self-confidence and respect from others.

There are times when you make a conscious decision not to be assertive:

- However, by practicing assertiveness skills, you will feel in command, rather than trapped in aggressive or passive patterns of behavior.
When you feel yourself getting tense:

- Take several deep breaths;
- Admit to yourself that you do feel anxious;
- Rate your anxiety on a scale of 1 through 10 with 10 being high;
- Don’t panic;
- Imagine a time when you felt good about how you handled a situation and try to experience those feelings now;
- Stick to your main point. Don’t let the other person draw you off it.
DISCUSSION/QUESTIONS