

Utilizing Strength-Based Communication Strategies with Older Adults




Linda J. Keilman, DNP, GNP-BC

Objectives:


1. Identify interactive communication skills helpful to use with older adults to learn their story & perform the assessment.
2. Describe the strength-based approach to meaningful engagement with older adults.


What is Communication?


- 2-way process
- Verbal & non-verbal components 
- Complex
- Influenced by the emotions & thoughts of the health care professional, the patient/family
- Essential for high quality, effective & safe practice of evidence-based health care
- Building block for creating therapeutic relationships with patients & their families

(Rajashree, 2011)

Effective Communication Essentials

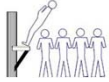
- Courtesy 
- Respect
- Introductions
- Uniqueness of all individuals
 - Gender
 - Age
 - Race/Ethnicity/Culture
 - Religion/Spirituality
- Flexible & adaptable
- Admitting don't have all the answers!

- Honesty & integrity
- Therapeutic
- Holistic
- Voice tone & quality
- Person-centered
- Interactional process
- Strength *versus* deficit model 
- Listening component
 - Active, silence, repetition, reiteration, reflection, nodding, smiling, “hmmm”
- Requires preparation!

- Incorporation of ethical principles
 - Respect for autonomy
 - Nonmaleficence
 - Beneficence 
 - Justice
- Confidentiality is an expectation
- Give broad range time frames
- Empowerment
- Emotional attunement
- Acknowledgement of “others” needs
- Self-awareness is key!

- Be a good person
- Treat others as you would want to be treated (*respect*)
- Be fair
- Be the best you can be in these situations
- Simply do the right thing (*Browning, 2010*)

Universal Human Standards
or
Common-Sense Ethics

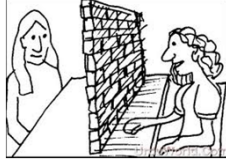
- *Therapeutic Communication Should:*
 - Create trust & build relationships
 - Provide education & reassurance
 - Promote understanding
 - Be continuous & ongoing 
 - Advocate *for*
 - Improve communication between the interprofessional team, the patient/family & the physician (PCP)
 - Instill hope

Factors Potentially Impacting Communication



- Talk with another person
- Relationship oriented
- Building rapport by information sharing
- Disagreement impacts relationship
- Get things done by building relationships
- Nodding head
- Keep their issues to themselves
- Status & dominance important
- Share only to be “one-up”
- Disagree & get over
- Relationships are for getting tasks completed
- Agree = nod head

- Physical symptoms
- Emotions
- Fear
- Financial constraints
- Family dynamics
- Uncertainty
- Time constraints
- Lack of experience or practice
- Lack of self awareness



- *Health issues:*
 - Depression
 - Anxiety
 - Substance abuse
 - Dementia
 - Delirium
 - Hearing loss
 - Vision loss
 - Pain



- *Lack of awareness related to:*
 - Self *
 - Gender
 - Age
 - Culture
 - Education
 - Literacy
 - Social & economic status
 - Religion/spirituality
 - Feelings, emotions, values, beliefs



- Not recognizing the importance of the “family” within the persons life
- Giving inappropriate reassurance or false hope
- Hurrying the conversation
 - Looking at watch
 - Appearing distracted
 - Looking at cell phone or pager messages



Listening



Silence

Home Visit Communication Strategies

Attending

Acknowledging

Containment

Acknowledgement

Introduction



Duration

Explanation

Thank you

- Introduce yourself, your role, the PCP
 - Shake hands
- Thank them for inviting you into their home
- May need to make more than 1 visit for assessment based on fatigue
- Give complete information
- Be objective
- Reframe, educate & normalize
- Interprofessional approach
- *Know something about the person!*



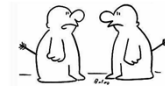
- Work your schedule around the availability of the patient & any family members
- Be prepared
 - Review the medical record & other appropriate information *before* the visit
- No interruptions
 - Cell phone off; have someone cover pages; quiet room away from traffic & noise
- Rehearse mentally
- Prepare emotionally & spiritually



- Consider where & how YOU sit
 - Close to
 - Eye level
 - No barriers between
 - Ask permission to sit
- Address issues as they surface
- Encourage exploration of feelings & emotions
- Be open & non-judgmental



Empathic Communication



- Total focus on “the other”
- Person-centered
- Brings humanism to the conversation
- Listening component
- Motivational interviewing
- Accurate understanding of the patient’s unique feelings
- Effective communication of that understanding back to the individual



Concept of Humanism:

- View individuals holistically & as unique
- Address the person by name
- Touch
- Presence
- Utilize medications with compassion
- Provide optimum autonomy
- Give dignity & respect
- Show compassion & sensitivity



Mattering

“The extent we make a difference in the world around us. People matter simply because: others attend to them (*awareness*), invest resources in them (*importance*), or look to them for resources (*reliance*)”

Elliott, Kao, & Grant (2004)

- Involves feeling:

- Important
- Attached
- Missed
- Interesting
- Depended upon



- Refers to our belief, right or wrong, that we matter to someone else

- Motivating

The Person's Story



- Valuable form of communication
- The person's story is their reality
- Meaning is created by how we link together the different experiences of our lives
- Stories we tell ourselves about ourselves have the power to positively or negatively influence our lives
- Theories on aging support the mental health benefits of life storytelling (Trentham, n.d.)
- Creates a sense of community
- Defines the uniqueness of the individual

Strength-Based Approach



- Focus on relationships
 - Authentic, therapeutic
 - Dynamic; life-long process
- Empowering individuals
- Collaborative approach with mutually agreed upon goals
- Utilizing personal/family resources of motivation & hope
- Consider *potential*
- Creating sustainable change through education, counseling & support (Hammond, 2010)



- Focus on well-being
- Facilitating rather than fixing
 - Supporting change & building capacity
- Maintaining personhood throughout one's life
- Consider health rather than dysfunction
- Goal-oriented
- Community involvement
 - Resources, referrals
- Life-affirming living communities



Bucket List: 🍷

- People have goals & priorities besides living longer (*Bernacki & Block, 2014*)
- Discovering goals & priorities empowers caregivers to provide better care
- Creates environments conducive to healing
- Forward looking & thinking
- Ignites enthusiasm & instills hope
- Maximizes every moment of existence
 - Mattering
 - Meaning & purpose

- What are your biggest goals & dreams?
- What matters most to you?
- What experiences do you want to have? Feel? See? Hear? Touch? Taste?
- What have you always wanted to do but have not done yet?
- Are there any special moments you want to witness?
- What do you need to do to lead a life of the greatest meaning?
- What if you were to die tomorrow? What would you wish you could do before you die?

- Cost
- Time
- Review regularly
 - Add
 - Mark as accomplished
- Focus
 - Quality & joy of the interaction/experience
 - Death is a journey & not a single event
- Outcomes



Interventions to Enhance Well-Being



- Get to know the individual
- It's not just *what* you do – it's *how* you make the person feel
- Know what the individual *can* do & support them in doing it
- Help the person to feel comfortable, safe & secure in their environment
- Remember – little things all add up
- See the person – *not the disease*
- Incorporate care & compassion into practice



- Presence
- Active listening
- Compassionate intention
- Person-centered
- Holistic approach
- Motivational interviewing (MI)



– “ Client-centered, directive method for enhancing intrinsic motivation to change by exploring & resolving ambivalence” (Miller & Rollnick, 2002, p. 25)

- *Effective communication is associated with:*
 - Improved health outcomes
 - Better quality of care
 - Improved understanding, involvement & co-operation
 - Improved individual & professional satisfaction
 - Reduced medical error & malpractice claims
 - Self-esteem & hope

- There is no right or wrong way to approach!
- Try, try again!
- Practice makes perfect!
- Do not be afraid to show you are human
 - Emotions
 - Feelings
- Empathy *toward the individual* increases their overall satisfaction
- Conversations about hope & suffering should be a natural part of the caring relationship



Linda J. Keilman, DNP, GNP-BC
517/355-3365
keilman@msu.edu