

# *Family Distress and Communication*

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# Family Distress

- No work setting is free of both the expected and unexpected influences of family distress
- Despite appearances of family acceptance and knowledge, communication minefields abound

# Factors Influencing Family Distress

- Strength of cultural and societal views, especially language, gender, roles, expectations, religion and values
- Expectedness of the event (e.g. broken hip, stops eating, terminal events)
- Preparation for death, the reality of impending death vs “sometime down the road”
- Perception of patient’s suffering

# Expectedness of Death

- Even living with long-term illness or conditions for years or decades does not prepare families for death itself
- Terminal illness now adds layers of needs, changes, expectations, preparations, roles, and tasks to compound the multitude of factors already in place

# Notes on Communication

- Compounded by health care system issues
- Most complaints to the College of Physician and Surgeons of Ontario are a direct result of communication issues
- Rates of depression could be reduced by 75% if everyone had one confidant

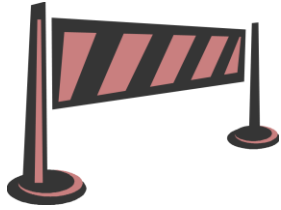
# Therapeutic Conversation

- Family distress requires the use of therapeutic conversation, that is focused intent
- Therapeutic conversation requires the use of body, mind and spirit to effectively and efficiently:
  - form the connections with the recipients,
  - understand their concerns, and
  - effectively communicate needs and choices

# Challenges to Therapeutic Conversation

- Fear of
  - upsetting a person
  - extinguishing hope
  - providing more information than expected
  - not having the right answers
- Lack of
  - knowledge/skills around effective communication





# Communication Barriers

- Lack of trust
- Feeling “not heard”
- Personality clashes
- Power struggles
- Lack of information
- Not listening
- Not allowing the person to finish their statement
- Expressing judgment
- Giving advice
- Disagreeing
- Defending
- Requesting an explanation
- Changing the topic
- Using ‘coined phrases’
- Offering false reassurance

Engaging in therapeutic conversation at the end of life requires a delicate balance of sharing knowledge, guiding decision making, and effective listening within a multilayer of emotions, understandings, situational realities, interpretations and history

# Communication Strategies

1. Concerned silence



2. Effective listening



3. Attention to body language



# Concerned silence: WAIT

- Why
- Am
- I
- Talking?

# Concerned silence / Attending

- Listening/attending is a combination of hearing and suspenseful waiting
- Attending is demonstrated through posture, eye contact, body movement, environment, facial expression which all indicate to the speaker that the listener is present

# Body Language: 85% of communication is non-verbal

Be attentive to:

- facial expression
- gestures
- posture
- physical distance between people



Be observant for:

- confusion (scratching head)
- grief (wringing hands)
- defensiveness (crossing arms)
- boredom or frustration
- anger/conflict

# Effective Listening

- Use your body and facial expression to show empathy and attention
- Use minimal encouragers (uh huh...go on)
- Use nodding in a meaningful way ( no bobble heads)

# Effective Listening

- Ask questions only for clarification and ensure they are non-judgemental
- If you don't agree with what you're hearing, keep your opinions to yourself until the speaker has finished talking
- Say "I understand" (your job is to follow)
- Stay silent as much as possible

# Reflective Listening

- Perhaps the most challenging step
- Involves
  - Paraphrasing
  - Reflecting feelings
  - Reflecting meanings
  - Summative reflections

# Reflective listening is a demonstration of skill, tact and connection

“I will have to rephrase what you said and check it out with you to make sure that what left your mind and heart arrived in my mind and heart intact and without distortion.”

(John Powell, theologian)

# Reflecting Feelings

- Reflect the emotions that are being communicated along with the words
- Reflecting the feelings/emotions identifies them for both the speaker and listener and helps to move the discussion toward solutions

# To increase awareness of the speaker's feelings:

- Focus on the emotive words
- Note the content
- Observe the body language
- Ask, “If I were having that experience, what would I be feeling?”

# Reflection Through Body Language

- An effective way of understanding what the speaker is feeling
- Fairly easy when the body reflects the words and emotions
- Challenging when it doesn't

# Paraphrasing

- Stating the essence of the other's content in the listener's own words
- Use as many of the speaker's own words as possible

# Reflective Meanings

- When feelings and facts are joined in one response, we have a reflection of meaning

# Summative Reflections

- A brief restatement of the main themes and feelings that the speaker expressed over a longer period of conversation.

# Outcomes of Therapeutic Conversation

- Reduced anxiety
- Reduced isolation
- Clarified understanding
- Informed decision
- A relationship of trust
- Improved pain and symptom management
- Conflict prevention



# The Value of Therapeutic Conversation

- Skilled listening and reflection provide a check for accuracy and a channel through which human connection can be forged despite a multitude of potential barriers
- The skill is knowing when to use what and to keep the conversation flowing

# If all else fails, remember:

- The first stage of wisdom is silence.
- The second stage is listening.

Old Hebrew saying