

# Module 3

Communicating in relation to  
*challenging behaviours or unmet needs*



# Key questions

- How does the language used among people affect how each person understands and responds to care?
- What choices do people have in their communication together?
- How do these choices matter for safety and care, particularly where there are in play
  - challenging behaviours or unmet needs
  - linguistic, cultural and faith-based diversity?
- How can these choices be collaboratively extended and shared by nurses, care workers and families?

# Objectives

In this module participants will:

- understand how choices in language use matter to safety and care
- consider how understanding and responding to the language of the person can enhance care and reduce risks for staff and residents
- develop strategies for communicating and doing safety and care by using the language of the person where appropriate/possible
- explore ways of understanding and using language beyond words.

‘You just have to think very deeply, the only way to approach them is to be polite. Smile. And just make them feel very comfortable. That is the only way to deal with dementia. So most of the time, like she said, we sing together, just to create a very good atmosphere. We sing, we play music together. That’s the only way we can distract them. Sometimes, maybe when they’re aggressive, the only thing to bring them back to your level is to play music. Do something that you think they really love. That’s basically how we create that connection. So if they’re aggressive, things are not going to get done. They’re very different individuals.

‘Me as a person, I will take my time to get to know what Mr M. likes and what he doesn’t like. What Martha likes, what she doesn’t like. So I take my time to figure out a few things like that, which makes the job much easier.’

(Care worker, African background)

# Outline

1. Understanding how people's use of language accomplishes safety and care
2. Considering how each person uses and understands language
3. Developing strategies for using the language of the person
4. Exploring language beyond words

# Segment 1

***Understanding how people's use of language accomplishes safety and care***

**Video 3.1** Consider the perspectives of a trainer and three care workers discussing the role of language in safety and care.

# Small group activity

In a group of three, take turns doing the following:

- Imagine that one of you and a partner are friends. One friend asks the other to tell you all about what they did at the weekend.
- Now imagine that the two friends are now strangers. One stranger asks the other about what they did at the weekend.
- The third person observes and notes down as many differences as they can between what was told about the weekend each time (e.g. the different words that you choose, the tone that you use in your voice, how you would use silence, the topics you include, and how much you say). (contd over)



(contd)

In your groups of three, discuss your responses.

- What do the responses show about your understanding of the relationship between you and the friend and you and the stranger?
- How does what you know about your friend and what you know about the stranger affect your responses? What would the friend and stranger think if you responded to the friend in the way that you responded to the stranger or the other way around?
- How are the two situations similar or different to how you would talk with a someone you care for or another person at work? What are you being careful about when you choose how to tell the story? What are the risks here? What might trigger the person to feel uncomfortable?

# Bringing it together

- What key ideas emerged about the choices in language and why these are made?
- What does this tell us about how people choose and understand the language that they use with each other in the workplace?

## **Segment 2**

***Considering how each person uses and understands language***

Occupational Therapist: Something meaningful to them.

Physio: Because people with dementia will just say  
'Why?'

OT: So if they're going out with the family. 'So we'll get you up to get ready, you're going out with your daughter today. We'll take you to the shower. To the toilet.'

Registered Nurse: Even though you have to do that task, 'Do you want to pick out the nice blouse today so that you can go out?' You're still working towards the end goal, rather than saying 'You need a shower now.'

Researcher: So you link the end goal to the cues? To the person.

RN: You've got to know the person.

**Video 3.2** Consider the perspectives of five care workers and a registered nurse on how language is used when approaching someone.

# Individual or pair activity

- Think of a recent experience you have had of entering the room of a person you care for. What similarities and differences do you see between your experience and that of the people in the video, and the OT, Physio and RN in the slide.
- Now think of someone you might care for. Imagine that you know that the person is in pain, and that you are about to enter their room and to turn them over in bed.

# Consider together

- What are the different ways that you could explain to them what you are going to do?
- Which way would you choose?
- What would you want to understand from them?
- What would you consider if the person was: someone you know, someone you don't know, a man, a woman, an adult, a child, someone for whom English is not their first language?

How might your answers be different:

- if the person was someone that you had not met before?
- if you were about to enter their room?
- if you knew that that the person had dementia?
- if you knew that they might show challenging behaviours or difficulty expressing their needs?



In each case:

- How might what you know about the person affect:
  - the choices that you make in your language with them
  - how you understood their responses,
  - how you respond to them?
- How would you tell if the person was becoming confused or upset?
- What would you do if they were becoming aggressive?

## Discuss together:

- What you would want to know before entering the room.
- What the person would know about you.
- How you would each decide to enter the room.
- How you would talk with the person (e.g. language, tone).
- What you would tell them about yourself.
- What you might be able to tell from their responses to you.
- What you would do if the person appeared upset or aggressive to you.
- What you might not be able to tell.
- How you could confirm/check your understanding.
- What you might still need to find out.
- Who the people are that you would talk with to find out.

# Bringing it together

What key ideas have emerged about:

- how people make choices in their use of language use, how they understand language, and how they respond to it?
- how these choices can enhance care and reduce risk?
- how it is important to understand the people at the time we are with them in order to make these choices?
- how the people we are with can better understand the person if they are part of a team who can share and support each other's understanding?

## **Segment 3**

### ***Developing strategies for using the language of the person***

‘We have this particular resident, she hardly speaks English and you have to use your skills, your knowledge in order to communicate to her. One of the things we the staff require from the family is to give us an idea of how to communicate with, the easiest way that we can implement more of our nursing skills ... and she couldn’t understand anything at all ... she has to speak her own language; they have to translate on the other side.

‘And we have to ask them “Can you please draw a picture? What does that picture mean to her?” that can relate, you know, that connection for us.’

(Enrolled nurse, Australian background)

RN1: We've got someone coming tomorrow.

RN2: It's a man I think. He's from an Arabic country, or Iraq, so...

Researcher: ... How would you anticipate this?

RN2: I would involve the family more. What we are doing normally, say if he comes from the hospital, we want to know how they coped in the hospital.

# Small group or individual activity

Consider the experience of the nurses in the previous two slides. Think of an experience in which you are shortly to enter the room and care for a person whose language and culture you do not know.

Consider the risks for safety and care for the person and for you.

- How would knowing something of the person's language and culture help you each to reduce these risks?
- What would the person know of your language and culture?
- How might this become more complex because of language difficulties due to clinical changes?

**Video 3.3** Consider the perspectives of two care workers, an enrolled nurse and a registered nurse on communicating across languages and cultures.



# Small group or individual activity

Consider the ways you can learn with other staff and family about the resident's language ability, language/s and culture/s.

Write down an example of a time when you found out something important about a resident's language ability, language/s and culture/s from someone else.

- What did this help you translate for yourself / for the resident?
- What does this tell you about the resident?  
About yourself?

‘What are the basic words, we try to learn them, we try to understand. Ok, for the Vietnamese, for the Chinese ‘Ni hao’ or something. You know, those sorts of things, we try to get that from the family. ‘What do you call this?’, ‘What do you call the shower?’ So we’ll get those words from the family. For the Vietnamese, I asked the lady, she is Buddhist, and when we’ve done something good, like when we took her to the toilet, and then after she was doing this (*gestures hands together praying*). And what does that mean? We didn’t know. That means she was happy. If she’s really, really happy, she does like this (*gestures and bows head*). That’s the Buddhism. And one day I was telling her, I know the slogan of the Buddhism, I was praying to her like this, and she was laughing. We just try to get that word from their languages as well.’

(Care worker, Asian background)

# Small group activity

- In groups of four ask each other how you would answer the questions in the first task.
- Compare your experiences to that of the person in the previous slide. What similarities and differences can you see?

Discuss together:

1. What you would want to know about the person's language ability, language/s and culture/s before entering the room
2. How you would each decide to enter the room
3. How you would talk with the person in their language and your language
4. What you might be able to tell from their responses
5. What you would do if the person appeared upset or aggressive to you
6. What you might not be able to tell
7. How you could confirm/check your understanding
8. What you might still need to find out
9. Who the people are that you would talk with to find out

# Bringing it together

What key ideas have emerged about:

- how you can discover important information about a person's language and culture from family, other staff or others?
- how you can use words or phrases of the person's language to reduce risk and build trust?
- how you communicate this information to others?
- why you should do this?
- how this influences *communicating* and *doing* safety and care together when people communicate (or don't communicate) this with others?

# Segment 4

## *Exploring language beyond words*

‘The thing is, when you go there, you need to talk to them, eye to eye contact like this, and by touching, by the love, with a smiling face. How you approach them ... that behaviour comes with the approach.

‘That’s why I do this myself ... Before when I used to see these people, I think they feel a bit scared of us, so if we touch them and make them secure, like they are secure with us, they feel that relationship between each other.’

(contd over)

(contd)

‘You were asking what other approach we have, we have Mrs E. who doesn’t like to get up. If you just tell her, “I’m going to get you a cup of tea”, that really works for her. You can say “Come with me, I’ll give you a nice wash or shower and I’ll get you a nice hot cup of tea”. She’ll get up. It depends who the resident is, what works for them. We have different kinds of approaches.’

(Care worker, Indian background)



‘...you see there is this problem here in Australia because in my country if you are like a year older than me, I have to respect you, I don’t have the right to look you straight in your eyes while I’m talking to you ... yeah so when I came to Australia it was very difficult like in Australia here if you’re talking to someone and you don’t maintain the eye contact they look at you like you’re lying to them but in my country it is quite different ... when you’re talking to me like I’m talking to you now I don’t have the right to look at you straight in the eyes ... it’s disrespectful.’

(Care worker, African background)

# Consider

... the experience of the previous two care workers. Think of an experience in which you have been very anxious or upset and someone has made you feel less anxious.

- How close did they get to you?
- Did they touch you? Where did they look? How did they use their voice (e.g. softness, silence)?
- What did the person need to know about you to behave like this?
- What did you need to know about them?
- How did you know that the person intended to care for you?

**Video 3.4** Consider the perspectives of three carers, one relative and a trainer, discussing different ways of interacting with those they care for.

# Small group activity

Now think of a person you care for or a colleague who has been anxious or upset.

- How have you used your body and your voice to reduce their anxiety?
- How did you change the way you comforted someone depending on what you knew about the person and the reason they were anxious?

How would knowing something of the person's language and culture help you change the way you comfort them? What are the first things you might want to know about their language and culture? For example:

- How will they understand the way you use your body and your voice, how close you are to them, how and where you touch them?
- How will you understand their responses?
- How might you find out how?
- Who can you ask?
- Where can you look?

# Small group or individual activity

Consider the ways you can learn with other staff and family about their experiences of being with the person.

Write down an example of a time when you found out from someone else something important about a person you care for or a staff member's behaviour and how they understood your behaviour.

- How did this help you to understand the person's behaviour and to behave with the person?
- What does this tell you about the person? About yourself?

‘It’s very much detective work. Everything. Non-verbal things we’re experts in. Just by the look of their face, or not participating in something that they’d usually participate in. It can just be so many things ...

‘So if I notice that somebody is acting a little bit strangely, I’ll ask the carers, ‘OK, I had this issue, is this normal for them?’ For me I have to ask, I usually ask. I mean, because I’ve been back for over a year now and even though I’ve been in each section once a week, I do get to see the residents and spend time with them, so I do get a general idea of what they’re normally like, but if I’m not sure, I usually ask the carers.

(Enrolled nurse, Australian background)

# Small group activity

In groups of four ask each other how you would answer the questions in the first task.

Compare your experiences to that of the person in the previous slide. What similarities and differences can you see?

Discuss:

- What would you want to know about the person to be confident that you could understand their behaviour and they can understand yours?
- What would you do if the person appeared upset or aggressive to you?
- What might you not be able to tell?
- How could you confirm your understanding?
- What might you still need to find out?
- Who should you talk with to find out?



# Bringing it together

What key ideas have emerged about:

- how people might understand your gestures, facial expressions, the ways you stand, how and where you look, and how your language reveals your attitudes?
- how choices in these areas can enhance rapport, safety and care?
- how you can find out how people with different languages and cultures might understand each other's behaviour differently?
- how this information can be communicated to others?

(contd over)

(contd)

- why you should do this?
- how this influences *communicating* and *doing* safety and care together when you communicate (or don't communicate) it with others?

# *Reflection and application*

‘...some of them when they come here they don’t speak a word of English, so we try to get translators interpreters to help out. But what I’ve done, it’s easy to try learning their language and do that, each time I greet them, good mornings and good byes, and then they all start picking up English and then they’ll learn 30 seconds, 60 seconds, “How do I say that?” and we’ll have a joke about that and how that works. And through that it gets them engaged, to wanting to come back again.

‘For those that are successful with these kinds of clients that we have, they actually do that, use their language, try to incorporate it... so for me the crucial thing is to get to know them. What their culture is. How would they like to be approached? How would they like their meal? Do they like hot coffee? Cold coffee? Do they like curry because they’re Indian?’ (Trainer, Asian background)

# What next?

*On your next shift:*

- Find out something new about the language ability, language/s and culture/s of a person you care for by asking a family member or staff member.
- Find out how to do greetings in their language and use it when you enter the person's room.
- Ask about a word or phrase that you don't understand, that a person uses or that is important for understanding an object/photo/ornament in a resident's room. Then use it as a cue to have a conversation with the resident while you are caring for them.

*Over the next week* – ‘Person of the Week’:

Working together with staff (and the family and others), focus on one person you care for at a weekly meeting or handover.

- What knowledge about communicating with the person could be shared to build rapport and a more trusting relationship with the resident, to better understand them and their needs?
- In which activities with the person would this be most important?
- What do you and other staff know/not know/need to know about the resident’s language ability, language/s and culture/s that could help you do this?
- Plan and facilitate opportunities to communicate with this resident, for this week. At the end of the week, what have you learned/noticed? What could be done differently? How does this matter for safety and care?

# Further resources

Candlin, S. (2007). *Therapeutic communication: A lifespan approach*. Pearson Education Australia.

[https://www.amazon.com/Therapeutic-Communication-Lifespan-Sally-Candlin/dp/0733985629/ref=sr\\_1\\_6?s=books&ie=UTF8&qid=1476345454&sr=1-6&keywords=sally+candlin](https://www.amazon.com/Therapeutic-Communication-Lifespan-Sally-Candlin/dp/0733985629/ref=sr_1_6?s=books&ie=UTF8&qid=1476345454&sr=1-6&keywords=sally+candlin)