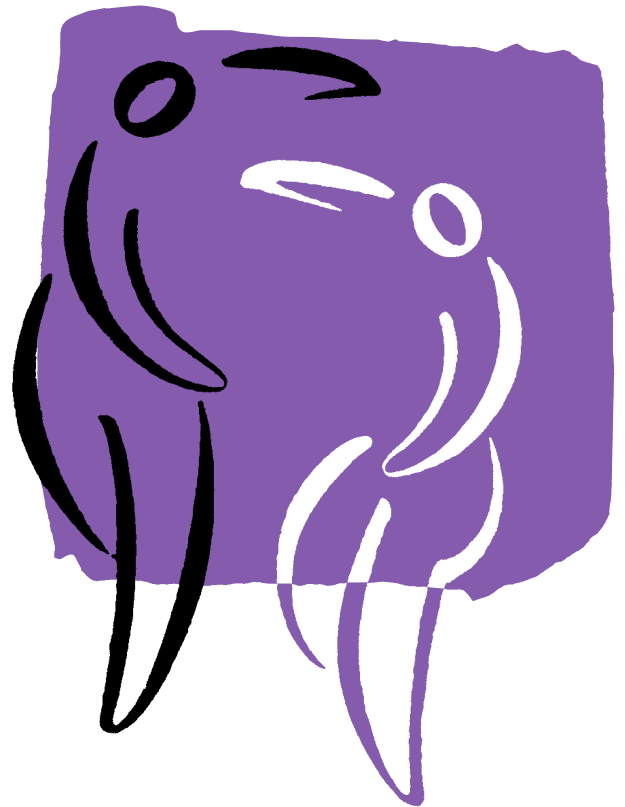


# Communication

for Carers

**Family Carer Support Materials**  
**Developing Carer Skills**  
*A Resource Booklet*



## Who is a carer?

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*A carer is someone who provides care and support for their parent, partner, child or friend who has a disability, is frail aged, or who has a chronic mental or physical illness.*

*Carers come from all cultural and social backgrounds and range greatly in age, from children to the elderly. They give up their time, their income and resources to care.*

*Caring for someone is challenging, demanding and occasionally frustrating. But then so are many of life's meaningful events and experiences. And, just as there are days of stress and anxiety, so too are there times of joy, warmth and closeness. Of course there are obstacles and difficulties - this booklet focuses on strategies for minimising their impact. At the same time, however, there are also unexpected rewards ... rewards as unique and individual as the relationships we form and the interactions we develop.*

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Disclaimer  
This booklet does not provide legal or any other professional advice. If you need professional help, you should go to the appropriate person (eg lawyer or general practitioner). Contact information can be found at the end of this booklet.



# Communication

*for Carers*

**Family Carer Support Materials**  
**Developing Carer Skills**  
*A Resource Booklet*

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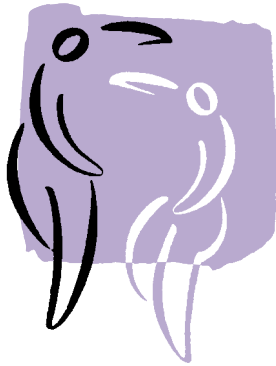
# 1 Introduction

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Welcome to *Communication for Carers*.

*Communication for Carers* is not a training booklet but rather a support and resource booklet aimed at helping carers face the many challenges associated with the caring role. Don't feel that you have to work through the booklet from beginning to end. Instead 'dip in' at those sections that best deal with needs and issues you currently face in your particular caring situation.

This booklet is one of three produced by the Carers Association in South Australia. Like the other two in the series, it isn't part of a formal study program. It does, however, provide the entry level skills required for Community Services and Health courses offered by Registered Training Organisations. If, at a future date, you decide to undertake a certificate course/qualification your skills as a carer will be acknowledged.



## **The aim of this resource is to:**

- build on the skills and abilities we, as carers, already possess
- highlight particular issues we're likely to experience and explore ways we can deal with them
- increase confidence
- identify resources and organisations that can support and help us in our role as carers.

**Did you know** it has been estimated that there are 2.3 million carers in Australia – people like ourselves who care for a spouse, partner, child, parent, friend, relative or neighbour because that person is not able to care for themselves? 2.3 million people who face challenges, rewards and difficulties that vary from day to day, week to week, year to year? Yet, despite the differences in our particular situations, we all share the experience of having someone who depends on us; someone whose well-being relies on our being there and the carrying out of tasks that sometimes go beyond the normal role expected of a partner, friend or relative. And that's a very unique, special and often daunting experience.

## 2 About this booklet

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Communication is a skill we take for granted. We do it all day, everyday, through the things we say and the way we sit, talk, sigh, react and move. Everything about us – from our hair style to our clothing – communicates something.

Yet even though communication is something that is an essential part of our lives, it's not always easy. Far from it. As carers we're often communicating with people on behalf of the person we care for and that means we need to be very clear about:

- their needs
- our requirements
- what the doctor or service provider is saying.

This may also involve communicating with family members and others about roles, responsibilities and health issues – issues they may not want to talk about. And finally we communicate with the person for whom we're caring about practical, personal and private matters ... some of which we may feel uncomfortable talking about.

To help you in communicating in these different situations we've divided the booklet into three parts. You don't have to read through it all – just turn to the topic that focuses on the areas that concern you.

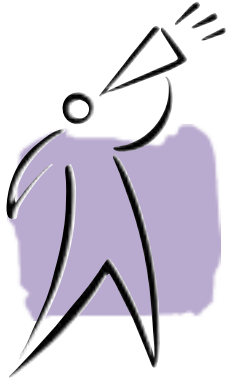
This material is linked with two other booklets:

- *Rights and Responsibilities for Carers*
- *Advocacy for Carers*

*At the end of this booklet you will find a list of resources and organisations that offer further information, assistance, advice or referral.*

# 3 Dealing with professionals

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## Receiving services

Doctors, nurses, social workers, community liaison officers, Centrelink personnel, specialists ... they all provide services that are designed to help us and the person for whom we're caring. That's their job and we relate to them on that basis.

### Activity

In this activity *don't* focus on any particular service provider you've met. Rather, think about your ideal. What would you like from a medical professional or social worker in their dealings with you? You might find it useful to note your ideas in the space below.

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### Did you mention:

- clear information?
- a willingness to listen to your fears and worries?
- a willingness to answer questions?
- an understanding of the needs of the person for whom you're caring?
- time?
- having things explained in language both you and the person for whom you're caring understand?
- recognition of *your* role as a carer?
- flexibility – i.e. are they are willing to talk about a range of options rather than just suggesting one 'solution'?

## 3 Dealing with professionals

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This list of expectations is perfectly reasonable. As carers we should receive these things (a topic explored in *Rights and Responsibilities for Carers*). But do we?

For many of us the answer is 'no'.

But why don't we? And what can we do about it?



### Activity

Read through the situation below. If you had been in Felicity's position what might you have done differently?

*Felicity slowly led her mother from the waiting room into the surgery. Dr Harrison didn't look up but nodded his head and mumbled what could have been hello as they walked in the room. Felicity gently eased her mother into one of the chairs, sat down herself and waited until Dr Harrison stopped writing. 'Okay Mrs Maxus, what seems to be the problem this time?' The doctor focused on Felicity's mother, ignoring Felicity. Mrs Maxus shook her head. 'Nothing really doctor. I'm just feeling a bit weak.' The doctor nodded. 'Well we did expect that, didn't we? Now, have you been taking those tablets that I prescribed for you?' Felicity's mother smiled sheepishly. 'Sometimes I forget and Felicity's not always home to remind me.'*

*Felicity leant forward in her chair. 'You know those tablets make you sick Mum. That's what we wanted to talk about.' Felicity looked at the doctor. His attention remained on Mrs Maxus. 'Are the tablets making you sick Mrs Maxus?' he asked sharply. 'No,' replied Mrs Maxus. 'That's just Felicity worrying. I'm never sick. Hardly had a sick day in my life. I'm just weak is all.' Felicity sighed. 'Mum. You know the tablets make you ill.'*

### 3 Dealing with professionals

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*Dr Harrison turned briefly to Felicity. 'If she takes the medication she shouldn't be experiencing any bouts of nausea. You really need to watch her treatment more carefully.' Felicity opened her mouth to speak but Dr Harrison had moved around to Mrs Maxus's side. 'I'll just check you out while you're here but the weakness is to be expected with your condition. But you must remember to take your tablets. That's very important.'*

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As carers most of us have probably encountered similar situations where:

- we haven't been acknowledged or welcomed by service providers
- our comments about what we've seen, heard and observed are ignored
- the reason for our visit to the service hasn't been fully explored
- we're been non-verbally shut out of the discussion (notice that Dr Harrison makes very little eye contact with Felicity and when he does it's only to criticise Felicity).

When things like this happen it's easy to feel hostile, angry and bitter. And that, in turn, just makes it even more difficult to build a good relationship with the service provider.

# 3 Dealing with professionals

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## Activity

Spend a few minutes thinking about the various health and service professionals you've come into contact with since becoming a carer. Does one person stand out for being helpful and supportive? What sorts of things did they do? *How did you relate to them?* You might like to make a few notes below.

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The other area you may like to think about is your choice of doctor. Some carers prefer to have the same doctor as the person for whom they care ... this doctor then develops a more complete picture of the whole health and family situation and understands the pressures and demands on your time. On the other hand, having a different doctor means that you're viewed as an individual – an individual who is not the prime carer and support person for another of their patients.

## Activity

Spend a few minutes thinking about *your* situation and your current relationship with your doctor and the doctor of the person for whom you care.

- Do you and the person you care for have the same doctor?  
Are there any advantages or disadvantages to this?
- Would you think about changing doctors if your needs – or the needs of the person for whom you are caring – aren't met?

## 3 Dealing with professionals

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### Taking action

In the past people put little thought into choosing their 'family doctor'. Today we tend to be more selective. If a doctor or service provider doesn't meet our needs we need to do something about it. Service professionals, like everyone else, have their good days and bad days. And some of them really do lack people skills. Now although it's tempting to blame them when we don't receive the information we want, there are things we can do to make the communication between us easier.

In Felicity's case *she* could have:

- a) greeted the doctor when she walked in
- b) explained why she and her mother were there
- c) made sure she had prepared a list of questions before she arrived
- d) not allowed her concerns to be so easily dismissed.

Of course, it's always easier said than done.

# 3 Dealing with professionals

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## Activity

Focus on your own situation but imagine that the person you care for has been referred to:

- a new specialist
- a new social worker.

You now have the opportunity to build positive relationships with two new providers.

- a) What sorts of information does each of these professionals need *from you* about:
- the person for whom you care?
  - your personal situation?

You might find it useful to briefly note your answer below.

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- b) What information do you want *from them*? If we assume that they don't offer these details (and lots of service providers don't), what questions would you ask to get the information you need?

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### 3 Dealing with professionals

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- c) You've given the specialist clear information about the person's behaviour and needs (when they haven't been able to do so themselves) and you've asked at least ten questions about:
- the medication the specialist is prescribing
  - the side effects
  - the rate the illness will progress
  - the sorts of things you need to expect as the person's health gets worse.

Unfortunately none of your questions have received the answers you want. Basically the specialist has told you not to worry, that the drugs will 'help matters' and that the rate of the illness really can't be judged.

Can you think of ways for getting more detailed information or advice?

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# 3 Dealing with professionals

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## Activity

d) As a carer you know why it's important that you're involved in giving feedback on care plans. But not all health professionals understand. What information could you give either the specialist or the social worker that would help them to see your importance?

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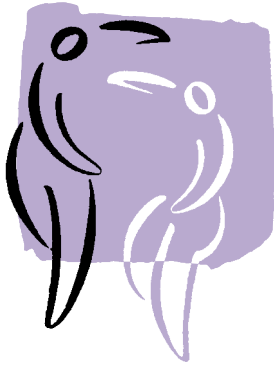
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## 3 Dealing with professionals

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### Developing our skills: listening, clarifying and offering feedback



Our communications with service providers won't always go smoothly ... and part of the reason for this is poor listening skills. On both our parts. It could be that the doctor or specialist hasn't understood our question or worries and gives a less than helpful response. We, on the other hand, may not have picked up the non-verbal cues (the body language that tells us that there really isn't anything that can be done for the person in our care beyond managing their pain). In order to make sure we truly understand what it is that service providers are saying – or implying – it's important that we repeat what we think we've heard and provide feedback.

Almost all of us use these techniques in our private lives. 'Oh, so the reason you're late home is because the bus forgot to stop. Is that what you're telling me? That the bus drove right past you?' We know how to question people – sometimes not politely – but we do have the skills. What we need to do is to develop the confidence to use these skills – in a different way – with health professionals.

#### Activity

Look at the comments below. If a care worker, doctor or specialist were to say these things what could you say/or ask to make the information clearer?

- a) 'All things considered, she's as well as can be expected.'
- b) 'There shouldn't be any major side effects if you follow the correct dosage.'
- c) 'Try and encourage some mild exercise – you might find that this helps his condition.'
- d) 'If she gets too much worse contact the hospital.'

These statements don't tell us anything. And yet most people nod when they hear them. They don't ask 'what do you mean by all things considered' or 'can you describe the major side effects?' 'Are there minor side effects – and, if so, what are they?'

## 3 Dealing with professionals

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As carers we have a right to this information. And we are responsible for asking for it if it's not given. You may find it useful to go to the booklet *Rights and Responsibilities* if you'd like to learn more about your rights as a carer. Of course, we won't always think to ask all the relevant questions at the time. Or we may forget to mention an area of concern. That's perfectly normal. When/if this happens we can either:

- phone the GP to talk about matters over the phone
- make an appointment to see them without the person for whom we care
- write a letter clearly outlining our questions or concerns.

But we shouldn't just rely on our memories when it comes to remembering the advice and suggestions of service providers.



## 3 Dealing with professionals

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### Keeping records

Over time we may receive lots of different information from the various professionals we come into contact with. There will be changes in treatments, changes in routines, different types of medications and different care plans. It's impossible to keep track of all these details.

The best thing to do is to keep a written record of:

- the information we receive – including the date and the name of the person we've spoken to
- changes that this person makes to the care plan or treatment
- the effects these changes have on the person for whom we are caring
- any concerns we may have that haven't been answered.

Sometimes we won't really understand all the changes because the language or the concepts are not common. When that happens we need to ask the health professional to write the details down. We can also follow up these things with support groups or organisations that aim to help us understand and better deal with 'the system'.

*For more information about communicating with service providers you might find it useful to refer to the list of publications at the end of this booklet.*

# 3 Dealing with professionals

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## Talking about medications

Giving medication is a responsibility many of us take on (a topic discussed in the booklet *Rights and Responsibilities for Carers*). Yet it's not always as simple as following the doctor's orders. We need to have some understanding of the drug or treatment we're giving ... and that, of course, means asking questions.

### Activity

Imagine that the doctor has prescribed a new medication for the person for whom you care. What questions might you ask about this treatment? You might find it useful to list your questions below.

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Did you consider the following:

- what side effects does the drug have?
- what do I do if they won't take it or if they take it in the wrong amount?
- can they drink alcohol while on this medication?
- what happens if they skip a day or two?
- are there any problem signs or symptoms I should look for?

As carers it's important that we ask questions about the type of medications being given and that we feel okay requesting support or help if the person won't take the drug or if they show side effects. *For further information about medications refer to the resource listing included at the end of this booklet.*

## 3 Dealing with professionals

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### Dealing with difficulties

Unfortunately the best efforts at communicating with service providers won't always get the best results. Some health workers won't take the carer seriously. Others will expect carers to give up all their time to the person for whom they care and to give up their own independence as well. Still others will resent carers asking questions or offering opinions.

#### Activity

Think about your own experiences with different service providers. Has there ever been an issue between you and a health care worker? Think back over the most recent incident and describe:

- what went wrong (why did the conflict take place)
- the actions of the service provider (what did they say and do)
- how you responded
- how the matter ended.

You might find it useful to make notes in the space below.

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Now look back over the event. Is there any point where you could have said or done something differently in the situation? (This is NOT saying that you were at fault. As carers we often have more communication and interpersonal skills than we realise and, if we're skilled, we can use our abilities to avoid problems before they happen.)

## 3 Dealing with professionals

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There are many books and resources available in libraries, book stores, COPE and on the internet – that deal with conflict resolution, negotiation and assertiveness (one useful resource is *People Skills* by Bolton ) however, it is important that each of us remember:

- our opinions as carers are valid
- we have a right to be heard and taken seriously
- it's okay to make mistakes and to change our minds if things aren't working the way they should
- we can say 'no' to health professionals if they are trying to encourage us or the person for whom we care, to undertake treatment or take on behaviours that go against our interests, preferences, cultures and needs.



## 3 Dealing with professionals

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### Making complaints

Sometimes problems can't be solved. In fact, they may get worse. It may be that as a young carer we are told that we don't know what we're talking about. It may be that as an Aboriginal or person from a non English speaking background, our culture, beliefs and life-style have been ignored; or that as a person in a gay relationship we are subjected to inappropriate comments from workers.

None of us should have to put up with discrimination or poor treatment. We are caring for someone who is ill or injured or disabled or unable to look after him or herself. We have a right to expect that the services that have been set up to support us will do their best.

### Activity

Think about your own situation.

- Have you thought about complaining about any aspect of the service you've received from health professionals or service providers? If yes, why? (You might find it useful to record your answer below.)

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### 3 Dealing with professionals

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- When making a complaint about some aspect of the treatment, it helps if we have an idea about what we want. What do we want from complaining? i.e. would we like a written apology, a change in treatment, a different employee assigned to us?

What outcome would you have liked in the above situation?

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- If you were to make the complaint now, how would you complain?  
e.g. By phone, in person, by letter
- Who would you send it to?
- What would you say?

Making complaints isn't an easy task. But if we – or the person we care for – has been treated unfairly then it's important that we take action. This topic is also covered in the booklet: *Advocacy for Carers*.

*For more information about making complaints refer to the agencies listed at the back of this booklet.*

## 4 Communicating with family and friends

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**Sometimes communicating** with family and friends can be one of the hardest things we do. In fact, asking questions of doctors or telling social workers we're unhappy with their help can seem quite easy in comparison.

### Why?

Because families are complex. When we deal with our relatives, children, parents and partners we bring a huge range of expectations, feelings and emotions with us. This means that our discussions aren't always straight-forward – particularly when emotions are involved.

But don't panic. This section isn't going to look at the inner workings of our families. We'd need much more than a few pages for that! Rather, the material looks at practical issues that may arise and explores ways for communicating on these matters.

If, however, you do have problems communicating with friends and family members it's important to remember that you're not alone. There are Carers' Support groups (the Carers' Association can put you in contact with one in your local area) as well as professional counsellors (available through Community Health Centres and a wide range of private medical practices). These people will not only listen but, in the latter case, offer advice and suggestions.

## 4 Communicating with family and friends

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### Activity

Caring for a friend, partner or family member often leads to changes in our relationships. Think about the various people in your life at the moment – other than the person for whom you care. What sorts of things do you talk about with them? Have these things changed over time? How?

You might find it useful to list each friend/relative below and then identify the range of topics you talk about.

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The one thing we can say about relationships is that they vary – from person to person, from day to day, from week to week. And once we take on the role of carer they may change even more. It may be that what we talk about have become more restricted ... we may talk more about our role as carers and the challenges and rewards that come with it. Or, we may choose to not talk about it all and focus on interests different from these day to day responsibilities.

## 4 Communicating with family and friends

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The reality is that most of us DO talk about our role as carers with family members and friends. And we do for a number of reasons. These include:

- the need to share information about the person's health and well-being
- the need to let others know what our life is like; how it has changed since we took on the role of carer and our feelings about these changes
- the need for support and help
- a need for advice
- the need for approval and recognition
- the need to make clear our expectations – people's expectations of us and our expectations of them.



### Activity

For this activity focus on the family close to you.

- Do you talk with them regularly about the health and well-being of the person for whom you care?
- 

- Do you always raise the topic or do they ask about the person's well-being?
- 

- How much information do you provide about the person's physical and emotional state? Why?
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## 4 Communicating with family and friends

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- Do you have any expectations of your family members?  
E.g. do you expect them to offer help without being asked?  
Briefly describe these expectations.

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- Are you happy with your communications with your family members?
  - If yes, what advice could you draw from these experiences that may be useful to other carers?
  - If no, how could the situation be improved? What could you do to make sure that your communications were more positive?

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Obviously we're all in quite different situations. Some of us will have a number of caring and supportive relatives who are interested in what we're doing and are keen to offer help and support. At the other extreme, we may have family members who are totally disinterested in the health and well-being of the person for whom we care.

## 4 Communicating with family and friends

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In order not to raise our frustration levels (and it is very easy to become resentful if we feel that nobody listens to what we have to say or recognises the work we do) it's important that we talk to members of the family about what information they want. And, we need to understand their expectations. What do they expect will happen in the short and long term future? Do those expectations match our own? To what extent are they willing to offer support and help? How do they see our role? How do we see theirs?

The case study below highlights what can happen when people don't talk about their expectations or make clear roles and responsibilities.



*Gina was one of four adult children and had always been 'the responsible' member of the family. When her mother began showing signs of dementia and became increasingly accident prone, everyone expected Gina to take on the role of carer and support person. Gina, who had always had a close relationship with her mother, was happy to do so. Over time this willingness began to change. Her brother and sisters, who dropped in on average once every three weeks, never offered to help. They would sometimes bring a bunch of flowers or some of her mother's favourite foods but they didn't offer any practical help.*

*Things grew worse when Gina moved in to the family home to provide full time care. Her brother and sisters still visited ... but they complained when she decided to get rid of some of the old furniture and put hand rails along the hallway ('It looks so ugly. Couldn't you have just given her a bit more help?'). They helped themselves to things around the house in much the same way as they had when they lived at home. They made comments about what 'should' happen and told Gina to organise more days out for their mother to make her life more interesting. Rarely did any of them phone to find out how things were going or to ask about their parent's health.*

## 4 Communicating with family and friends

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Gina's reaction isn't difficult to guess. She feels used and taken for granted. Soon she'll resent the other family members coming to visit, particularly if they go on treating her home as their theirs.

This type of situation occurs throughout Australia every day. Many carers like ourselves feel as if we're having to shoulder a responsibility that should be shared; that the people around us aren't interested in our rights or needs.

Yet do we talk about these things with other people? How do we approach such discussions? Who do we involve?

### Activity

Imagine Gina has only recently started looking after her mother and hasn't yet moved back to the family home. She's unsure of her role as a carer and doesn't want the rest of the family assuming that she'll be the sole caregiver until her mother dies. She asks you for advice because she knows that you're a carer yourself. She doesn't want to end up being taken for granted yet she knows that this could happen.

Drawing upon your own experiences as a carer what advice would you give? You may like to note your answer below.

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## 4 Communicating with family and friends

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Although it's often easier giving advice to other people than it is putting it into practice in our personal lives, it's important that we give lots of thought to our communications with partners, family members and friends.

In Gina's case organising a meeting with all the family and talking about the things listed below is the best place to start:



- the sort of care needed by her mother
- the sort of help other family members could give on both a regular and occasional basis
- the sorts of help available
- short and long term options if her mother needed full time care.

Talking about these issues ahead of time helps lay the 'ground rules'. And that means less likelihood of being misunderstood.

Earlier we talked about putting together a list of questions or concerns before we visit health professionals. It can be very useful if we do the same thing when we meet to talk with our families – that way we don't forget things and we can keep coming back to points or questions that aren't resolved.

Needless to say, these discussions don't always work out the way we'd like. Given the conflicts and (often long-standing) resentments that exist in some families sometimes we can find ourselves in situations where a request for help or the care we give creates tensions. This isn't unusual and can have far more to do with family dynamics than the issue you are trying to resolve.

*For information on ways to tackle these events refer to the resource listing at the end of this booklet.*

## 4 Communicating with family and friends

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### Legal and medical matters

Talking about and organising care arrangements with family can be a good and bad experience. Matters can become even more complex when legal or medical issues arise. Relatives may feel upset if they've been left out of the discussions or if they don't agree with the actions taken.

What's important here is that the person for whom we care decides what *they* want to happen. Do they want to be buried or cremated? Do they wish to be kept alive under all circumstances? Who do they want to make decisions for them if they can no longer do this themselves? If their level of independence goes up and down at what point should someone else become involved in making decisions on their behalf? These questions need to be decided with the person concerned (and we explore this subject in the booklet *Rights and Responsibilities of Carers*) and communicated by *them* to the rest of the family.

In some cases, however, they may be unable to either form or express an opinion. If this is the case we need to make sure that:

- we're aware of our legal rights and responsibilities
- we're clear about the issues
- we calmly and logically discuss the situation with family members – making sure that we listen to their opinions, acknowledge their feelings and respect their views ... even if those views are different to our own.

## 4 Communicating with family and friends

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### **The benefits of positive communication**

Although communicating with family members can be difficult, many of us will find that our families provide us with help, support and encouragement. They can work with us on developing care plans. They can help gather information from health professionals or government agencies. They can offer ideas and suggestions when it comes to handling difficult situations. But for this to happen someone has to build the foundations and talk about issues in a practical and positive way. As carers that responsibility generally lies with us.

Communicating with our families and friends can be a huge challenge. But it's a challenge all of us face ... and we're not alone.

*For further information or advice refer to the resources listed at the end of this booklet.*

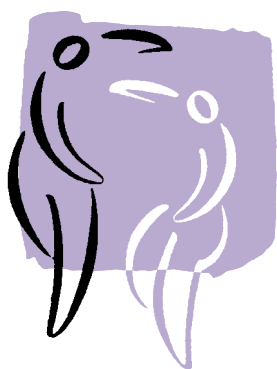


*'I'm so glad I took the time to listen to my children – we share many happy memories.'*



## 5 Communicating with the person for whom we care

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*'That's right. Palm me off onto someone else. You go out and enjoy yourself. Don't let me stop you.'*

*'You didn't even ask! Just because I'm physically disabled doesn't mean I don't have a brain.'*

*'That's not my normal medicine. My medicine is red not orange. You're trying to poison me. You stay away. I'll ring the police if you come any closer.'*

*'Where's my purse? You've taken it haven't you!'*

*'I don't want to go out. I look sick, I'm all skin and bone. None of my clothes fit me. I just want to stay here where no-one can see me.'*

*'What would I do without you? You've done so much for me and although I don't always show it, I appreciate it.'*

### **Have you heard any of these comments before?**

Even if we haven't heard these words the emotion behind them probably strikes a chord.

The people we care for, no matter what their condition, will feel many different emotions. And thanks may not necessarily be one of them.

Yet despite the fact that our communications can be difficult at times, there's also a strong chance that they can also be rewarding, satisfying and enriching. As carers there are a number of things we can do to help this to happen.

# 5 Communicating with the person for whom we care

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## Activity

Think back on a recent enjoyable, satisfying or thought-provoking conversation you have had with the person for whom you care. If you can, describe:

- where and when the discussion occurred
- your behaviour during the conversation
- how the person responded to you.

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## 5 Communicating with the person for whom we care

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You might find it useful to compare your response with the checklist below.

### **Did you:**

- make time to talk to the person?
- ensure that the person knew you weren't in a hurry to get away? (e.g. you sat back in your chair; you didn't constantly look at the clock/your watch)
- make sure the person was comfortable and happy to talk?
- use accepting body language (e.g. appropriate eye contact – and this varies between cultures; interested facial expressions; open posture; non-verbal cues of nodding, smiling etc.)?
- listen to what the person had to say and:
  - ask questions
  - clarify if you were unsure of their meaning
  - build on their topic of conversation and provide feedback?
- avoid making negative or judging comments?
- stay calm and patient?
- use humour (when appropriate)?
- use your knowledge of the person to extend and develop the conversation?

These behaviours lie at the heart of good communication. Yet although we know this, we also tend to forget their importance in the day to day rush to get things done. And it's that push to 'get on with things' that often damages our relationships.

Imagine, that you wanted to talk about wills or funerals with the person in your care. For many people these are difficult things to discuss. Can you picture how the person might respond if you were to say 'Oh, by the way Denis, I've just been going through some of the papers in the filing cabinet. You haven't made your will yet, have you?' Denis, even if he was in the best of health, may not be impressed!

# 5 Communicating with the person for whom we care

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## Activity

Select one of the issues listed below and describe how you might raise this matter with the person in your care. (Think about the person and the way they respond to issues that they feel awkward or uncomfortable about and then focus on how/where you would bring up the issue and your overall approach.)

- The making of a will.
- The taking of extraordinary measures to maintain life.
- The selection of an Enduring Power of Attorney (which allows a person to make financial and life decisions on their behalf should they become incompetent)
- The selection of someone for Medical Enduring Power of Attorney (which allows someone else to make decisions about medical treatment on their behalf).

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Did you draw on the basic skills described above? Did you choose the time and place carefully making sure that you weren't interrupted and that you had all the information you needed nearby?

Planning the way we talk about these matters is important. In fact, planning to spend time with the person (rather than just being with them) is very important.

## 5 Communicating with the person for whom we care

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### Coping when someone is confused

All of us at some time will be faced with confused, angry and hostile behaviour (such outbursts don't just relate to the people for whom we care... it could be our children, parents, partners or friends).

Being accused of something you didn't do, anger and verbal abuse can be extremely upsetting. Our first response can vary between wanting to leave the person alone, wanting to shout back or feeling some sense of failure at being misunderstood. We should avoid all of these things.

### Activity

Think back to a situation where the person for whom you care made confused and/or angry remarks and you were happy with the way you handled the situation. What did you do?

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### Did you:

- stay calm?
- listen to what the person had to say?
- kept a normal speaking voice?
- stopped yourself from making negative or hostile comments?
- tried to find out what had caused the outburst?

A useful strategy used by many carers is to keep a diary of events. This helps us to identify the actions or situation that prompted the outburst ... and to recognise behaviours that lessen the tension.

It's important to recognise that if we have concerns about the person's confused behaviour or are worried about potential/actual violence we need to seek help. The Carers' Association or the person's GP will be able to provide both support and advice on this issue.

## 5 Communicating with the person for whom we care

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### **Communicating with people with disabilities**

Communication isn't a simple task even at the best of times. Imagine how much more difficult it can be if the person with whom we're communicating:

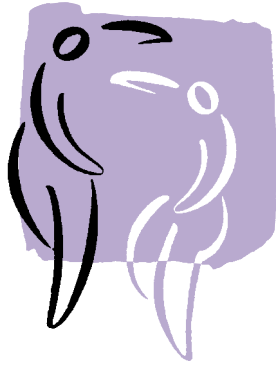
- is deaf
- is visually impaired (and so can't 'read' our body language)
- has dementia
- suffers from a mental illness (e.g. schizophrenia).

If the person for whom you're caring does have a disability you might find it useful to refer to the resource listing at the end of this booklet.



## 6 Conclusion

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**Communication is at the heart** of every relationship and although the situations differ the basic skills are the same.

If we're to communicate with health care service providers, family members and the person for whom we care successfully we need to:

- be very clear about what it is we're wanting to:
  - know
  - ask
  - discover
  - say
- keep calm and not let ourselves to be won over by emotion or past experiences that have nothing to do with the issue we're discussing
- clarify and ask questions if we're not sure of something
- give people feedback on what we think, feel or have seen
- listen and observe without judging
- keep written notes and comments
- recognise the other persons opinions and feelings as well as stating our own.

Without good communication skills we can make all sorts of mistakes ... with effective skills we can stand up for ourselves, advocate for the person in our care and develop positive relationships with the people whom we come into contact.

It's basically all a matter of practice, persistence ... and using many of the skills we already have.



# 7 Resource listing

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## Useful resources

### Information on Caring

### Available from

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- |   |                              |  |
|---|------------------------------|--|
| • <b>Carer Information Kit</b>  | 1800 242 636                 | <i>Carer Resource Centre</i>                                       |
| • <b>Information for Carers Fact Sheets</b>   | 1800 242 636                 | <i>Carer Resource Centre</i>                                       |
| • <b>The Carer Interviews</b> – Programs 5 - 9<br>Carers of the aged<br>Multicultural carers<br>Men as carers<br>Carers of the disabled | 1800 242 636                 | <i>Carer Resource Centre</i>                                       |
| • <b>Carer Contacts:</b><br>a quick guide to assistance for Carers  | 1800 242 636                 | <i>Carer Resource Centre</i>                                       |
| • <b>The Carer Experience</b> –<br>Information & ideas for carers<br>of people with dementia  | 1800 242 636<br>1800 639 331 | <i>Carer Resource Centre</i><br><i>The Alzheimer's Association</i> |
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### Information on communicating with service providers

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- |   |              |  |
|---|--------------|--|
| • <b>The Partners in Health Handbook</b>  | 08 8404 2323 | <i>Flinders Human Behaviour &amp; Health Research Unit</i> |
| • <b>Your rights and responsibilities</b><br>A charter for SA public health<br>system consumers | 1800 242 636 | <i>Carer Resource Centre</i>                               |
| • <b>The Carer Interviews</b> – Programs 10<br>Carers and GP's                                  | 1800 242 636 | <i>Carer Resource Centre</i>                               |
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### Information on handling conflict

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- |   |              |  |
|---|--------------|--|
| • <b>People Skills</b> by Bolton                      | 1800 242 636 | <i>Carer Resource Centre</i><br><i>Library, Bookshops &amp; Public libraries</i> |
| • <b>Crystal Clear Communications</b><br>by Kris Cole | 1800 242 636 | <i>Carer Resource Centre</i><br><i>Library</i>                                   |
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### Information on family communication

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- |  |              |  |
|--|--------------|--|
| • <b>The Carers Handbook</b><br>by Louise Neild Gilmore 1995         | 1800 242 636 | <i>Carer Resource Centre</i><br><i>Library</i> |
| • <b>Caring at home</b><br>by Nancy Kohner 1992                      | 1800 242 636 | <i>Carer Resource Centre</i><br><i>Library</i> |
| • <b>Palliative Care Volunteer Training Manual</b><br>by PA Gallasch | 1800 242 636 | <i>Carer Resource Centre</i><br><i>Library</i> |
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# 7 Resource listing

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## Organisations

### For information on medications

- The Pharmaceutical Society 08 8272 1211
- Your local GP • Your local pharmacist

### For support/advice on handling difficult situations and making complaints

- Carers Association of SA 1800 242 636
- Carer Support Groups *Carer Resource Centre can refer you to your local group*
- The Office of the Public Advocate 08 8269 7575
- Health Ombudsman 08 8226 8699  
1800 182 150
- Aged Rights Advocacy Service 1800 700 600
- Aged Care Complaints Resolution Scheme 1800 550 552 [www.ageing.health.gov.au](http://www.ageing.health.gov.au)
- Citizen Advocacy SA 08 8410 6644
- Disability Advocacy & Complaints Service of SA 1800 088 325 [www.dcs.sa.com.au](http://www.dcs.sa.com.au)

### For support/advice on family conflict/interpersonal hostility

- Carer Resource Centre *for referral* 1800 242 636
- Carer Support Groups *Carer Resource Centre can refer you to your local group*
- Centacare Catholic Family Services 08 8210 8200 [www.centacare.org.au](http://www.centacare.org.au)  
offers family mediation, marriage and relationship counselling, family care and intervention teams
- Relationships Australia 08 8223 4566 [www.relationships.com.au](http://www.relationships.com.au)
- A professional Counsellor – your local community health centre is a good place to start 08 8226 8699

### For support/advice on communicating with someone with a disability

- Carer Resource Centre *for referral* 1800 242 636
- Alzheimers Association 08 8372 2100

*The Carers Association of SA can help follow up issues or complaints regarding care treatment. However, if you need advocacy help relating to issues concerning your cultural background, age, sexuality or a particular disability - consider contacting one of the agencies listed above for help.*



DEPARTMENT OF  
HUMAN SERVICES



**Carers**  
Association  
of SA Inc.

# 8 Evaluation Communication for Carers

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You have now got to the end of the support materials to develop your skills in 'Communication'.  
The only way in which these materials can be improved in the future is through your feedback.

1. Could you please take a few minutes to respond to the following questions:

- Please rate your **skill level** on this topic **prior** to completion of these support materials

(1 = very poor; 2 = poor; 3 = OK; 4 = good; 5 = very good)

1	2	3	4	5
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- Please rate your **skill level now** that you have completed these support materials

1	2	3	4	5
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- Please rate your **knowledge level prior** to completion of these support materials

1	2	3	4	5
---	---	---	---	---

- Please rate your **knowledge level now** that you have completed these support materials

1	2	3	4	5
---	---	---	---	---

2. Please comment upon the content of the support materials:

- Were they easily understood? **YES / NO**
- Could you find the section that was relevant for you? **YES / NO**
- Did they assist you to learn? **YES / NO**

3. Please describe the aspects of these materials that were most helpful to you?

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4. Were there aspects of the support materials that were not helpful to you?

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5. Were there things missing from the support materials that would have been useful for you?

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6. Would you like to see other things developed in this way to assist you in your role as a primary carer?

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**Thank you for your involvement** ~ once completed please send this to the Carers Association of South Australia at [admin@carers-sa.asn.au](mailto:admin@carers-sa.asn.au), or mail it to PO Box 410, Unley, SA, 5061 or fax it to 08 8271 6388.

