

Avoid weakening your request. If you say "Could you think about staying with Grandma?" you weaken your request. Saying, "It's only a thought, but I'd like to go to church," sounds like your request isn't very important to you. Notice the strength of the statement, "Would you stay with Grandma from 9:00 a.m. to noon?"

Use an "I" statement to express appreciation for any help even if it is given reluctantly. "I want to thank you for staying with Grandma so I could go to church today."

If your request is turned down

If your request is turned down, try not to take it personally and give yourself credit for asking. Most likely the person is turning down the task, not you. Or he may worry about doing the task the way you want it done. Consider asking, "Do you have any concerns about what I have asked?" Then express appreciation for the person's willingness to hear your request. "Thank you for taking the time to listen."

Try not to let a refusal prevent you from asking for help again. The person who refused today may be glad to help another time.

Expressing Criticism

If setting limits and asking for help seems risky to caregiving relationships, expressing

criticism may seem even more risky. But sometimes you must speak up whether you want to or not. This is

especially true when health or safety are involved. Because the person may not like

"I never give them hell. I just tell the truth and they think it is hell."
Harry S. Truman

what he hears doesn't mean you shouldn't speak up. Usually, how criticism is given affects people more than the criticism itself. Consider Grace's approach:

Don't load the dishwasher that way. Always put the glasses on the upper rack and the cups in rows behind the saucers. You're wasting detergent. I never use that much.

How would you feel about loading Grace's dishwasher? Was the way you were doing it wrong or simply different? Grace could use some advice on more effective ways to correct people.

Before offering criticism

Constructive criticism helps people learn. It focuses on problems, not personalities. It shows you care enough to level with the person. A courteous, respectful tone makes your words, not your behavior, worth remembering.

Before you say anything, reflect on why you are criticizing. Use the following checklist to be certain you are criticizing for the right reasons.

Yes No

- ☐ ☐ Are you in a bad mood?
- ☐ ☐ Do you want to appear wiser, more knowledgeable or more experienced?
- ☐ ☐ Do you want to punish someone?
- ☐ ☐ Are you criticizing because something is done differently (not wrong or worse) than you do it?

Re-evaluate your "yes" responses because all are invalid reasons for criticizing. Valid reasons include unsafe activities and behavior that violates the rights and feelings of

others. Once you decide your motives are valid, think about the timing and possible pitfalls before you offer criticism.

Address problems promptly. Timing is important. If you ignore a problem or delay addressing it, you give someone the message that he is doing fine. Then when you do speak up, the person wonders why you didn't say something earlier. Delays in addressing the problem may also allow it to grow worse and your feelings about it to build. This often leads to blaming "you" statements like, "Why don't you ever...?" "You always..." or "You never..."

Avoid the pitfalls. Before you say anything, mentally review pitfalls you want to avoid. It's important to:

- ♦ resist offering an opinion about the person's motives for doing what he did.
- ♦ avoid mind-reading and judging the other person's motives for doing what he did.
- ♦ avoid making comparisons with other people.
- ♦ avoid raising questions about the person's loyalty or commitment.

Ways to deliver constructive criticism

Bringing up a problem can be the hardest part of communicating effectively. If the person has seen you (or others in the family) do what you will be discussing, mention that you are also working on this problem. This makes you partners against the problem.

Grace has done this in the following scenario. Compare this with her statements earlier about loading the dishwasher. Do you feel differently about the way the criticism was given?

I'd like to talk about the way the bathroom is left after Grandpa has his shower. I know he throws his damp towels on the floor; I would like them put in the laundry. I step in puddles of water when I go in the bathroom and I worry about slipping and falling. You can use the mop in the kitchen closet or the damp towels to soak up the puddles. I would appreciate it if you would make sure the floor is dry. Thanks.

Grace's criticism was constructive because she applied the following suggestions. She used an "I" statement when she said, "I step in puddles." She focused on the problem, not the person, by saying, "I'd like to talk about the way the bathroom is left." She was specific when she said, "You can use the damp towel to soak up the puddles." She focused on the issue of concern—the bathroom. She didn't mention the dishwasher.

The following are additional tools for giving constructive criticism:

Phrase questions carefully. Your questions and comments can help or hurt. Asking why the person did something sounds accusatory. Frequently people don't know why they did something. Questions beginning with "how," "what," and "when" sound like you are gathering information, not blaming.

- ♦ "How do you usually do this?"
- ♦ "What do you think went wrong?"
- ♦ "When does the problem arise?"

Offer face-saving comments. Your intent is to protect the person's pride and feelings by offering valid, impersonal reasons for what has happened. Ask yourself the aikido question when a criticism must be given, "What does this person need from me to

feel better or to save face? Protection from embarrassment? A chance to improve without having to apologize?" Some examples of face-savers are:

- ◆ "I can see how a mistake could be made. The directions are confusing."
- ◆ "This is easy to forget, especially when it's a busy time."
- ◆ "I hope we can continue to talk things over at a later time."

End on a positive note. You can end on an upbeat note by mentioning positive, helpful contributions the person has made and expressing your belief that things will work out. For example, Gerald said to an in-home worker:

I notice how patient you are when talking to Dad, especially when he keeps asking who you are. One thing I've become more sensitive to when talking to Dad is to say 'you' instead of 'we.' It sounds more respectful to say 'How are you today?' instead of 'How are we today?' With a little forethought, this can be an easy change to make. And it's a change I will appreciate very much.

Remember the tools for how to best express yourself:

1. Use "I" messages.
2. Respect the rights and feelings of other people with what you say and do.
3. Be clear and specific.
4. Speak directly to the person(s) involved.
5. Be a good listener.

Responding to criticism

Although you may do your best to offer criticism in a constructive manner, you may not always be treated in the same way. This can be infuriating even when you sense a criticism has merit. Being open to criticism isn't easy, but it's important. As a caregiver you may be offended by criticism you feel is neither deserved nor wanted. How does one deal with criticism? The Boy Scouts say it best: "Be prepared." Here are some other tools that will help:

Think about the merits of the criticism, not just how it makes you feel. Does the criticism have merit? Did the person truly criticize or was he expressing a concern that you viewed as a criticism? For example, if you were told you needed help to provide care, would you see it as a criticism of your ability? Are there times when you could be wrong? If so, it shows true grit to admit a mistake and apologize. Just be sure your apology doesn't have the word "if" in it. Saying "I'm sorry if I was wrong" suggests you don't really believe you were wrong. A genuine apology has no "ifs" and says, "I was wrong and I'm sorry."

Use your aikido skills if the criticism is valid. Step into the other person's shoes and try to see things from his point of view. Ask what needs to change for him to feel better: "I need to understand what you want done differently." Perhaps you can't make the changes he wants, but you can listen with respect and concern. That might be all he wanted. (See Chapter 3 for information about aikido.)

Don't take unjust criticism to heart. Another part of readiness is the ability to

disregard unfair criticism. You can ignore the criticism by simply saying, "I find your remarks interesting" and dropping the subject. If ignoring the criticism isn't the answer, you can calmly assert yourself by returning the problem to the critic with a statement like, "It would help me if you would share how you would have done ____." Or, to deflect criticism, try a remark like, "That is another way of looking at this..." If you need time to collect your thoughts, tell the person, "I will think about what you've said."

Responding to criticism from the care receiver

Taking criticism from the person receiving your help can be particularly difficult. This is especially true if you are the brunt of all the criticism and you are doing the most.

If the criticism is undeserved or invalid, try using aikido to respond and try not to take the criticism personally. Aikido is a very useful tool to use in these situations. It tends to disarm the person because he has no opponent and is not given "fuel" for an argument.

Some caregivers have also found it helps to calmly interrupt when the care receiver takes a breath and suggest talking later. Other caregivers quietly state that they can't listen any longer: "I need to excuse myself for a while," and leave the room. Offering a snack or something to drink gives you a reason to leave the room and may reduce the stress of the moment.

Another option is to suggest the person put his criticisms in writing because you can't remember everything. (The idea here is that people who criticize for the sake of criticizing often will not take the time to put



their criticisms in writing.) This also may help to focus you and the care receiver on legitimate issues that need to be addressed.

Remember, you do not have to listen to a barrage of unfair and hurtful criticism. Regardless of the criticism or its source, how you react to it affects how you will feel about yourself later. It's gratifying to look back on a challenging situation and say to yourself, "I handled that very well."

Expressing Anger

Like most of us, you can probably relate to this quote. Being able to express anger in ways that are positive and not hurtful is especially true when you find yourself facing emotionally charged problems and decisions. This happened to Betty when she least expected it.

Betty is 50 years old. She is the youngest of three children in the family and the only one who lives near their parents, who are both in their nineties. Her sister, Catherine, lives on the East Coast and her brother, Allen, lives in France. Betty

Speak when you are angry and you will make the best speech you will ever regret.
Ambrose Bierce

thought the family should get together at least once while both the parents were alive. After much planning, a family reunion was held.

Betty still gets a knot in her stomach when she thinks about what happened that weekend. Catherine had said she felt the folks should move in with Betty because they "shouldn't live at home alone at their age." Allen agreed with Catherine. Betty became upset and angry.

Betty: "You're both fine ones to give me advice. You do none of the work. You never offer to send a dime to help me with the folks' expenses. I end up doing all the work and paying for everything. Now, you have the nerve to suggest that they move in with me so I can sacrifice what little free time I have left to take care of them!"

Catherine: "I didn't realize you would be so touchy about my idea."

Allen: "You never asked for any help or money. How was I to know you needed it?"

Betty: "Just forget I said anything. You're obviously too busy with your own lives to care about your own parents and me."

Silence descended on the group. The rest of the time was spent avoiding each other while trying to be polite in front of their parents. The family reunion ended with polite good-byes. Nothing had changed, except Betty wishes she had handled her anger in a better way.

The goal of expressing anger effectively is to share your feelings in a positive way so that people hear what you say versus hearing only your anger. Reaching this goal requires taking the time to regain perspective and to prepare.

Begin preparing by taking a look at what triggers your anger. Is it advice from people who don't help? Is it repetitive questions or behavior? Is it a request for help just when you have a moment to yourself? Once you identify the triggers, think of ways to cool off before you say anything. Deep-breathing and stress reduction activities might help you regroup. Counting to ten remains an effective way to calm down and think about what to say. Once you feel composed it helps to apply the following communication tools:

Use "I" messages in a non-threatening manner. Be aware of your body language. For example, don't tower over people when you talk to them. Place yourself at or below eye level when you say, "I get upset when I get advice instead of help taking care of Mother."

Avoid "you" messages. Blaming, accusing, and mind-reading are huge pitfalls. They usually lead to strong feelings of remorse later.

Speak in a normal tone of voice. Talking fast with a raised voice implies anger, regardless of what you actually say. Maintaining a moderate tone, volume, and rate of speaking suggests you are in control of your anger.

Getting angry is only human and saying so is not a bad thing as long as you follow the tools for how to best express yourself.

Responding to anger

When we respond to anger, our goal is to defuse the anger and calm the situation. Applying the aikido style of communication is an effective way to do this. If Catherine and Allen would have responded this way, the family reunion might have turned out differently.

Catherine: "If I believed that my brother and sister didn't care about me or the folks, I'd feel the same way you do."

Allen: "I don't know exactly what you need from us. Give us an example of what we can do from such long distances."

Betty: "I figure I spend about \$200 a month on the folks. I would really like some help in covering my out-of-pocket expenses."

Catherine: "I can see we have a problem. What would you like me to do to help? I don't have much money."

Betty: "If you could come out once a year and keep an eye on the folks so I could take a vacation, it would be a big help."

In this example, Catherine and Allen aligned with Betty. They empathized with her feelings and asked for more information. This told Betty they cared. Meanwhile, they received information from Betty to redirect the conversation and move toward resolving the problem.



Other possible tools for responding to anger

Be careful with the following tools because they can backfire and make people angrier. Your knowledge and experience with the person will help you decide if these responses are appropriate in your situation.

Excuse yourself and leave the person alone. Sometimes anger builds as it is being expressed. You may decide to say, "I have to excuse myself. Let's talk when we both feel less emotional," and calmly leave the room. This is an option if your presence is making the person angry, if your safety is at risk, or anger is building and the person usually calms down when alone. Be careful about using this response. There are times when even politely leaving the room will increase someone's anger.

Use humor to ease tensions. Humor, used wisely, can recast unfairness into nonsense. It can help people rethink a problem. The difficulty is that not taking someone seriously is a powerful act of defiance. Using humor can come across as insulting or arrogant when it isn't meant that way.

Either way, there is a risk of increasing anger if the person feels you are making fun of him or light of an issue.

Refer to yourself, *not* the other person, in using humor. "So, I guess I'm not 'person of the week'" or "Here we are, madder than hatters at each other, and Dad is the one with the driving problem."

Change the subject. This is risky, too, because the person may think you don't understand or don't care. He needs to feel you have heard him before you change the subject. A remark like "You have a good reason to be upset. I have news I hope will help you feel better..." may work to lighten the atmosphere.

Expressing anger with blaming and accusations or responding to anger with anger doesn't promote family unity or help to solve problems. The assertiveness and aikido communication tools will help you accomplish more.



EXPRESSING YOURSELF UNDER SPECIAL CIRCUMSTANCES

Talking On The Telephone

Bob lived several hundred miles from his father. He called his father weekly, but was increasingly concerned about his father's well-being after the calls. He said:

My dad is 85 years old and very frail. He is hard of hearing and has poor vision. Lately he seems more forgetful. I learned from a neighbor that my dad had a blood test at the hospital the previous day. Dad didn't remember anything about it. Every time I call, he tells me "Everything is just fine." But his voice sounds weaker when he says it. I have a feeling something just isn't right, so I'm going down for a visit.

Although telephone conversations can reveal clues about potential problems, they also can lead you astray. Miscommunication can occur because you don't have "the messages" that body language and facial expression provide. If you want to understand what the person means or feels, you might have to check with the person to make certain you both understand each other. For instance:

- ◆ "From the sound of your voice, I have the feeling you are worried. Is there something that is worrying you?"
- ◆ "I'm having trouble understanding what you mean. Can you explain a little more?"
- ◆ "It sounds like you mean (want, need, feel) _____. Am I right?"

Some people feel safer talking on the telephone than they do face to face. It's possible to capture honest thoughts, concerns, and feelings that would not be disclosed in

person. If you discover this, try to schedule your calls when you won't be interrupted and you have time to talk. You don't want to cut off someone who finally trusts you and opens up to you. If your time is short when the person calls, mention in advance how long you can visit.

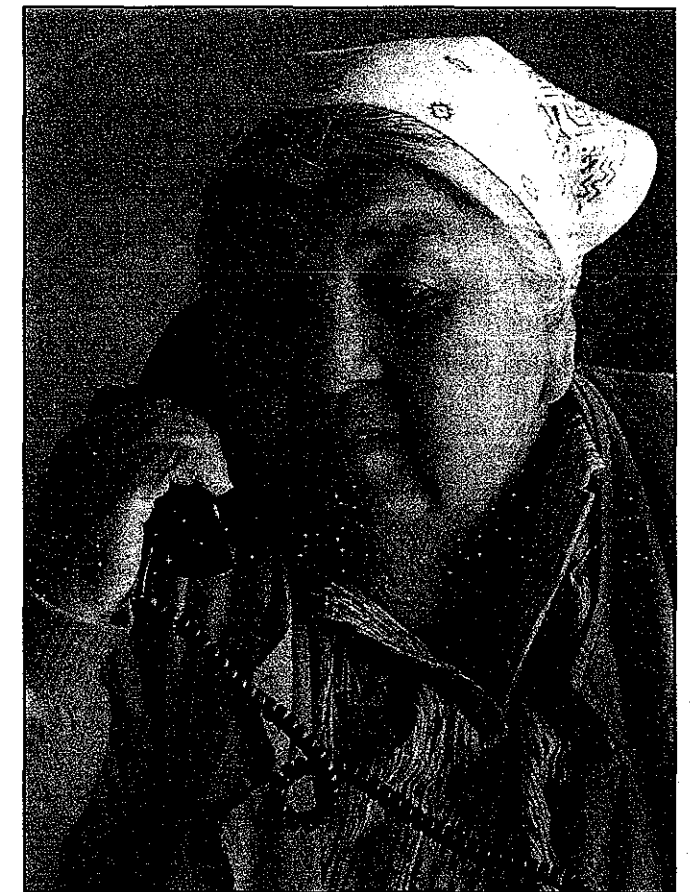
Telephone skills

A skilled, considerate telephone listener will:

- ◆ listen for clues in the tone of voice or manner of speaking that are different from earlier conversations.
- ◆ ask open-ended questions to get more information about those clues, like "How did you feel?", "What do you mean?", or "What do you think about...?"
- ◆ confirm what was meant: "Are you saying Dad won't agree to stop driving?"
- ◆ stop other activities such as housework or driving while on the phone.
- ◆ take notes. Details of telephone conversations are easy to forget, perhaps because there is no visual information to support what has been said. Taking notes helps you remember key concerns and to refer to them during future calls.
- ◆ summarize the conversation at the end to clarify what you both said.

Communicating With The Doctor

As you provide care over the years, you wear various hats. You are an expert in the care of your relative, a consumer of health care services, and the person who works with the doctors. You may also be a patient occasionally. In any case, you want to build a partnership with the physician and other



health care providers. You, as well as the physician and his or her staff, have a role in forming and maintaining this relationship.

What to consider before going to the doctor

Think about the main reasons for your visit and what you expect from the doctor as you prepare for your visit. Consider the following tools.

Prepare your questions. Make a list in advance of your most important concerns and questions. This increases the likelihood your office visits will meet your needs.

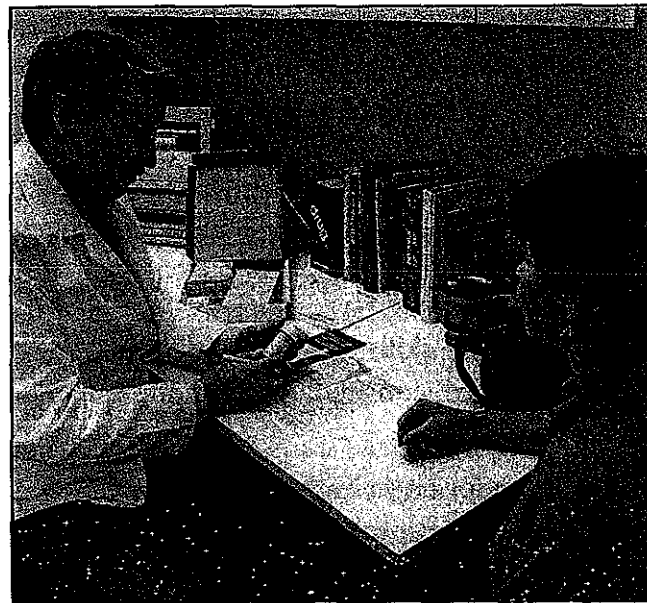
Consider other reliable sources of information. Before you decide what questions you want to ask the doctor, consider other reliable sources of information. Your

pharmacist can answer questions about medications and the office nurse may have answers to your caregiving questions. Most caregiving issues relate more closely to nursing than to medicine. Also, the nurse usually has extensive knowledge about the doctor's patients, their illnesses, and the treatments prescribed.

Don't worry about asking the nurse questions the doctor should or prefers to answer. The nurse will refer you to the doctor for those questions. Depending on her background and the doctor's wishes, you can usually ask a nurse questions regarding:

- ◆ what you can learn from various tests and examinations.
- ◆ scheduling tests and what you have to do to prepare for tests or surgical procedures.
- ◆ providing personal care and measures to prevent problems such as pressure sores.
- ◆ managing medications at home.

You also can obtain information from support groups, specialty clinics, your local health department, and organizations dealing with certain health problems such as Parkinson's and Alzheimer's diseases, and stroke. These organizations offer free or inexpensive educational materials or can tell you where to get them. Sharing this information with non-caregiving relatives gives them an objective overview of the illness and related caregiving issues.



Make sure appointments meet your needs. When you call for an appointment, be clear about the reasons for the visit so the receptionist schedules enough time for you or the care receiver. Experience has shown that the first appointment in the morning or after lunch, and the last appointment of the day, are the best scheduling times.

Call ahead. Office staff suggest calling before you leave for the appointment to see if the doctor is seeing patients on time. If the appointment is for a memory-impaired relative, mention problems the person might have if kept waiting. Remind the receptionist of these special needs when you check in at the desk.

Take someone with you. Take a friend or relative along if you feel uncomfortable asking questions. They can ask questions you don't want to ask and help you remember what the doctor said.

Build a relationship with the office staff. Introduce yourself to the doctor's office staff. After you get acquainted, consider

sending a card during the holidays or dropping a note to a staff member who provided exceptional service. Getting to know the staff often means better service.

Talking with the doctor

The following tools can help you get the most out of your time with the doctor.

Discuss your main concerns first. This is important because if you wait until the end of your appointment there may not be time to properly deal with the main reasons for your visit. You can say something like:

- ◆ "I have something important I want to talk about."
- ◆ "There are three things I need to understand better."
- ◆ "I have three important questions to ask."

Be concise. Clearly, briefly, and frankly discuss your concerns. The doctor will ask questions to get the necessary details. Lengthy, detailed descriptions of past experiences and old health problems are usually a waste of your time.

Refer to a second party. If you want a second opinion but you hesitate to ask for it, tell your doctor. "My _____ and I have discussed the importance of getting a second opinion." (Remember, there is a better chance of getting a second opinion if you ask for it than if you don't ask.)

Get your questions answered. Ask about tests and treatments and the reasons for them.

- ◆ What do you expect to learn from the test?
- ◆ When can I expect to hear the results of the test?

- ◆ How will I (or my relative) feel afterward?
- ◆ Are there other options to having this test?

Ask about treatment plans. Ask about medications and treatments that don't seem to work. Ask about alternatives for any treatment you find burdensome, such as a medication that must be taken in the middle of the night. Ask for clarification about the diagnosis and treatment plan and the reasons the doctor recommends it, what the treatment will accomplish, and restrictions on activities, food, or driving and the reasons for the restrictions. Find out about recovery and how long it will take to get back to normal, not just to feel better.

Telephone calls to the doctor

Most of us have called the doctor and waited for a call back. Because a doctor may not be able to return a call right away, caregivers and health care providers recommend that you briefly describe the reason for your call and ask when you can expect the doctor to return your call. Be prepared to answer some questions. If you're calling about a new symptom, the doctor will probably want to know what the symptom is, when it appeared, what you think causes it, and if it is getting worse. Be prepared to answer such questions.

When Getting Needed Information Is a Problem

Some caregivers find they can't get the information they need about their family member's condition and functioning because their relative won't tell them. It is important to understand the reasons a person may not want to disclose health matters. Some people fear losing privacy or control.

This lack of trust on the part of the care receiver can hurt and frustrate caregivers. If you have this problem, you face some difficult choices.

- ◆ Do you ask the care receiver if you can talk to the doctor?
- ◆ Do you politely tell him you will be talking to his physician?
- ◆ Do you contact the doctor even though you were told not to?
- ◆ Do you just talk to the doctor without telling the care receiver at all?

Everyone's situation is unique, but it's better to ask your relative about talking to the doctor. Would you agree or disagree with Judy's response in the following conversation?

Judy: "Dad, I need a better understanding of how you are doing. I realize you don't want to talk to me about it so I'd like to talk to your doctor."

Dad: "No, I don't want you to. No."

Judy: "What is it about my talking to your doctor that bothers you?"

Dad: "Frankly, I don't think my health is anybody's business but mine."

Judy: "I agree that your health is a private matter. Privacy is important to me too. I will keep what the doctor says in

strict confidence. But I can't help you if I don't know what to do. I have questions that need answering."

Judy called the doctor. She briefly explained the caregiving situation and told the doctor she did not have her dad's permission to call, but he knew she was calling. She asked for the information she needed and the doctor gave it to her. Leona's story is a little different.

Today, Leona's doctor told her she had Parkinson's disease. Leona told her doctor that under no circumstances did she want her daughter Elaine to know her diagnosis. Leona fears the diagnosis will be the last straw because Elaine already helps Leona manage her diabetes, take care of the house, and run errands. She strongly believes Elaine would pressure her into moving to an assisted living facility.

Leona's demand places the doctor in an awkward position. While he respects her right to confidentiality, he also needs assurances his prescribed treatment can be carried out. Leona clearly needs Elaine's help to do this. Faced with dilemmas like this one, some doctors may decline to provide further care. The prospect of losing the doctor usually changes the patient's mind.

If you suspect that, medically, more is going on than your relative will tell you, talk to the doctor about it. If possible, mention specific problems your relative is having that worry you: "I'm helping my mother get along at home and manage her diabetes. I've noticed she has a tremor and seems unsteady when she walks. I need to know if she has other health problems besides her diabetes because I am responsible for her care."

The following tools may also help to deal with this difficult situation.

Tell your family member you cannot help without certain information from his doctor. Mention that health care professionals require similar information to provide the best care possible. If your relative still refuses to share information, you could say:

- ◆ "I'd like your permission to talk to your doctor about..."
- ◆ "I can't help you without talking to your doctor."
- ◆ "I will have to tell your doctor I can't help carry out his treatment orders without knowing what's wrong."

Get the doctor involved. Talk with the doctor. Ask for information on a "need to know" basis. Tell the doctor about the care receiver's objections. Be clear that you are requesting only information you need to help your relative. If the doctor reassures your relative that only information about his current illness will be shared, your relative may agree.

Talk to a trusted friend, relative, or religious advisor. Without betraying confidences, explain that you cannot provide the best possible care without knowing your relative's medical problems. If they agree to get involved, it is best to tell the care receiver up front that you talked to them because you were concerned.

Respect your relative's need for confidentiality. Build trust by sharing only caregiving problems that do not undermine the person's dignity and privacy. Ask, "If I had this problem would I want it discussed with others?" If you still aren't sure, ask

permission from your relative before you discuss a concern with someone else.

Communicating with Older Adults

The communication tools discussed so far also apply when communicating with chronically ill, frail, older people. However, it's important to consider how health-related problems may affect communication. Age-related changes in vision and hearing affect 50 percent of people over age 75. Approximately 10 percent of people over age 65 experience memory loss as a result of Alzheimer's disease or a related disorder. You will be able to communicate more effectively if you try some of the following tools.

The hearing-impaired

To communicate more effectively with the person who is hearing-impaired, try these tools:

- ◆ Approach the person so he can see you to avoid startling him.
- ◆ Stand or sit between three and six feet away from him.
- ◆ Get the person's attention before speaking.
- ◆ Place yourself so the light is on your face for better visibility of lip movements, facial expressions, and gestures.
- ◆ Speak at a normal rate using normal lip movements.
- ◆ Do not shout. Yelling distorts sound, making it even more difficult for the person to hear.
- ◆ Use one-sentence explanations.
- ◆ Use gestures (nod, point, beckon) and demonstrate what you mean.

- ◆ Avoid eating, chewing gum, smoking, and turning away from the person while you are speaking.
- ◆ Do not speak directly into his ear. He will hear you more loudly but not more clearly.
- ◆ Reduce background noise and activity.
- ◆ Remember that hearing aids make all sounds louder, not just your voice.
- ◆ Be aware of false impressions. Head nodding doesn't necessarily mean "I understand."
- ◆ Give time for the person to respond.
- ◆ Explore adaptive and assistive listening devices. These include pocket size amplifiers and speakers.

The visually-impaired

Use these tools with the person who has limited vision.

- ◆ Announce your presence. Speak as you enter the room to avoid startling.
- ◆ Ask if the lighting in the room is adequate.
- ◆ Speak normally and directly. Remember, just because a person is sight-impaired doesn't mean he can't hear or talk.
- ◆ Use a gentle touch, if appropriate. It may help him focus on you.
- ◆ Tell him when you are leaving the room.
- ◆ Obtain low-vision aids. These devices help a person make the best possible use of remaining vision.

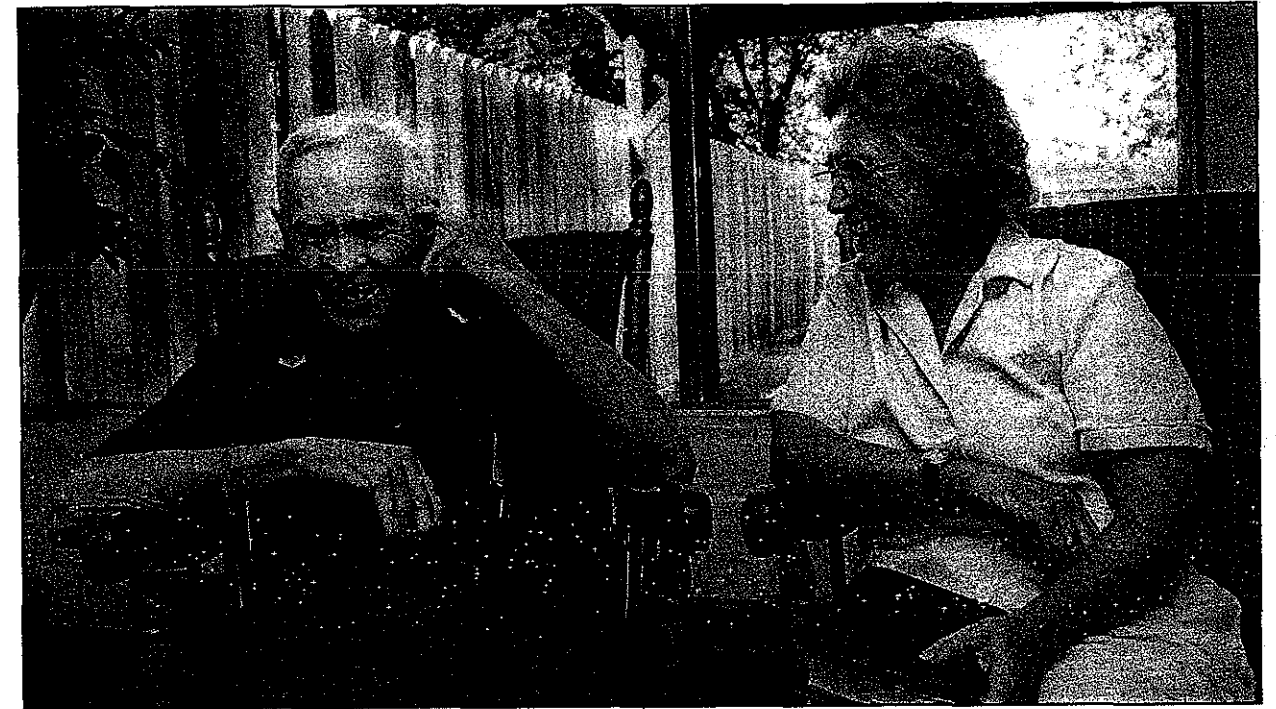
The memory-impaired

Figuring out how much a person with memory problems understands takes some detective work. It can get confusing because some people can read aloud without understanding a word they read. Others may respond with smiles and nods to your words without understanding a word you said. Still others understand what they see and hear but cannot find the words to respond.

Once you realize what aids the person in understanding, you can take measures to communicate in those ways. For example, if your relative cannot understand writing, pictures may be helpful. If he can't find the bathroom, a picture of a toilet on the bathroom door may solve the problem. If your spoken word is not understood, try using gestures and demonstrate what you mean. For example, pat the seat of the chair while saying, "Please sit down," or demonstrate a task one step at a time, allowing time for the person to imitate what you do. These tasks may range from getting dressed to making a sandwich or setting the table.

There are many special tools for communicating with people who have memory loss. Organizations dealing with such problems as stroke, Parkinson's disease, and Alzheimer's disease, have materials written specifically for families. Look in the telephone directory under the name of the disease or call the social services department of your local hospital. Chapter 17, "Caring for Memory-Impaired Elders," addresses this topic in greater detail.

Additional information about hearing and visual impairment is available through local hearing and speech specialists or specialty clinics.



Setting the stage for effective communication

Choose a time to talk that is best for the person. Select a day when little else is going on. Select a time when the person feels rested and medication levels are at their most effective levels. Try to fit your visit in his routine so he doesn't have to delay or skip a daily activity or miss a favorite television or radio program. Make sure he has eaten and doesn't need to use the toilet. Adjust the room temperature and lighting to his liking.

Remove as many distractions as possible. As we grow older, we are more easily distracted by noise and activity in the surroundings. See the list of potential distractions discussed in Chapter 3.

Speak directly and clearly. Older people respond better to clear messages. "I noticed some meat has spoiled in the refrigerator. May I throw it away?" or "Your doctor wants to see you this month. I'll be glad to

take you." They may not take a subtle hint like "Hasn't it been a long time since you saw your doctor?"

If the Care Receiver Mistreats You

Bill, a 48-year-old son, said:

When my mother died, my wife and I decided to turn the daylight basement into an apartment for my dad, Joe. At 78, he was lonely and becoming more forgetful. He moved in six months ago. My wife, Marie, provides most of his care. It is just not working. Our teenage sons avoid him because he constantly criticizes them. Lately they've been spending a lot of time at their friends' homes. When he wants something, he yells at us. The stress of putting up with this is too great. Last night we decided Dad will have to move into an assisted living facility.

Charlotte, a retired nurse, said:

Robert's cold, angry look stopped me in my tracks and he wasn't even looking



at me. He was looking at his wife. Even though it was years ago, I still remember how he silenced his wife without saying a word. I was attending a stroke support group meeting. The man I'm talking about actively participated in the group discussion while his wife sat quietly behind his wheelchair. I wondered how long the woman could continue caring for someone who treated her so unkindly.

What do you do if the care receiver trespasses on your rights or hurts your feelings? Do you feel you must suspend your rights because of the person's age or health problems? If the person speaks or, like the men in the stories, communicates in such a way that you feel hurt or "put down," do you just "grin and bear it"?

If a care receiver mistreats you or uses helplessness to control you, you will likely become resentful. Your feelings of resentment will eventually affect your ability to provide care. Letting resentment build and saying nothing is a disservice both to you and to the care receiver. If he sees no consequences to mistreating you, the behavior will continue.

The reality is that a price is paid for mistreating the caregiver. The cost comes as the caregiver's physical and mental health suffers and talk of placement surfaces. Another

consequence of mistreatment may come in the use of medications to control aggressive behavior. Often these medications are powerful and may have unwanted side effects.

Caregiver burnout, placement, and the use of potent medications are high prices to pay for not dealing with mistreatment. If you need a refresher, refer to assertiveness (in Chapter 3) and dealing with anger and criticism sections of this chapter. You may also find support groups and professional counseling helpful. Your effectiveness as a caregiver and your relative's ability to remain at home may lie in your ability to communicate limits and consequences in a clear, kind, but firm manner.



CHALLENGING COMMUNICATION STYLES

The challenges of providing care increase when communication breaks down. This can happen with certain communication styles. These styles frequently emerge when stress is at peak levels or when people must make difficult decisions. Also, sometimes people use these styles because they have always worked. This section will briefly discuss tools for communicating more effectively, with three such styles: passive/peacekeeping, aggressive/pitbull, and factual/computer.

Passive/Peacekeeping Style

"Peace at any price" is a motto for people who use the passive/peacekeeping style to communicate. However, when honest concerns and feelings are not raised, it can potentially undermine important relationships and decision making. Making sound decisions becomes difficult because the true nature of problems remains hidden and cannot be clearly identified and resolved.

Sharon: "Usually I say nothing when my father-in-law ridicules my family and me because I'm afraid of making him mad. Or I end up saying 'I don't mean to sound disrespectful' and apologizing to him, even though I've done nothing wrong."

Judy: "When our family gets together to decide how to help Grandma, my sister Christy won't tell us what she wants to do. She always wants the rest of us to choose what we want to do first. When we ask her to tell us what she wants, she says, 'Anything is fine with me.'"

Yesterday, Ken told me Christy gets tired of doing what nobody else wants to do."

We have called the passive style Sharon and Christy used a peacekeeping style. This is the style where people hope and hint rather than speak directly. They use apologetic, self-defeating language such as "I don't mean to sound..." Their personal needs nearly always take second place to the needs of others. Christy did this when she said, "Anything is fine with me."

It's also easy to fall into this peacekeeping style when providing care because often caregivers don't feel they can speak openly to someone who is elderly or sick. Some people who receive care may feel the same way for a different reason. They might feel uncomfortable speaking up because they are dependent on the goodwill of the caregiver to meet their needs.

Sometimes people use a passive style because they fear speaking honestly to a person who comes across as judgmental or controlling. Perhaps Sharon felt that way when she said "I don't mean to sound..." Sometimes people are passive because they are afraid of rejection or they don't want to jeopardize an important relationship by being open. The peacekeeper's intent is to please, not to deceive. People seeking to please may also:

- ◆ seek approval and want to stay in another's good graces.
- ◆ avoid confrontation; they might even go so far as to agree with their own critics.
- ◆ feel they are accountable for everything that goes wrong.

- ◆ feel they are responsible for other people's happiness.
- ◆ be unable to ask for things and therefore use compliments or guilt to manipulate others.

Tools for communicating with peacekeepers

You want to be clear that it is safe to speak openly to you. You may have to say directly that you won't get upset or think less of the person. A gentle, assertive style may be effective. The aikido style may not be direct enough to ferret out hidden information. However, the aikido style may work to encourage the person to share his feelings with you (see Chapter 3 for a review of aikido). In either case, you encourage peacekeepers to speak openly if you apply the following tools:

Recognize how you come across. If a person uses the peacekeeping style to relate to you, ask yourself if you may be the reason. For example, are you coming across as judgmental or controlling? Being aware of your role allows you to act on it by reassuring the person he can say "No" or express his feelings without fear of criticism, retaliation, or judgment. For instance, you might say:

- ◆ "Please tell me more. I didn't realize..."
- ◆ "I won't get upset if you tell me how you feel about what happened."
- ◆ "I want to understand. I'm not here to criticize."

Use a direct, calm, unhurried speaking style. This relaxing manner encourages openness. You can see the aikido style in the following openers:

- ◆ "I can only imagine how hard this is for you."
- ◆ "I understand how (sad, annoying, worrisome) that would be."
- ◆ "I'm interested in what's important to you."

Give the person your undivided attention. This shows you respect him and what he has to say.

What happens if you use this style?

If you communicate in a passive manner you voluntarily give up your right to:

- ◆ have a role in making decisions.
- ◆ advise others of your limits and needs.
- ◆ get the information and help you want and need from professionals and family members.

Aggressive/Pitbull Style

Joe is a 78-year-old widower. Alone and becoming forgetful, he agreed to move into the basement apartment his son constructed for him. Joe's wife was the quiet type, so Joe is used to "wearing the pants in the family." Living with his son and two teenagers isn't easy. Marie, his daughter-in-law, is easygoing, but must cope with Joe's speaking style.

Joe shouted to his grandsons: "Turn down that terrible music! You never stop to think someone else might not want to hear that junk. And, look at you! You are wearing jeans with holes in them. Why don't you ever wear clothes that look decent? (Turning to Marie) Why don't you put your foot down, Marie?"

Marie: "Boys, turn down the music, it's upsetting your grandfather. I wish you three could get along."

The person who uses the aggressive/pitbull style of communicating is focused on getting his way and ignores the feelings and the rights of others. Joe's "you" statements accuse his grandsons of being thoughtless and slovenly. Joe, and others like him, use this style to maintain power and to control other people. At times, people who need assistance use this style to regain some control over their lives. People using an aggressive style may:

- ◆ use anger and temper tantrums to intimidate.
- ◆ use criticism and ridicule to discourage the efforts of others.
- ◆ make jokes at other people's expense to undermine their self-esteem.
- ◆ list failings for the other person's "own good," injuring their self-confidence.
- ◆ blame others by using red flag phrases such as "even you," "don't you even (care)," "you should," "you always," "you never," and "why don't you ever?"

Tools for dealing with aggressiveness

The intent is to stop the aggression. If you reply in a pitbull mode, a shouting match develops. But if you wait without interrupting, the aggressor eventually runs out of things to say.

You can also reduce the need to be aggressive. If the person is angry, deal with his anger. (Re-read the dealing with anger section in this chapter.) If the person wants more control over his or her life, find ways he can regain it by offering choices whenever possible and encouraging independence.

Some tools for dealing with aggressiveness include:

Try the aikido-aligning style. Agreeing can have a disarming effect on people who are communicating in an aggressive manner. It is the last thing they expect and it surprises them. When a person's emotions get out of control, agreeing seems to initiate some calmness. Marie might have said, "Yes, the boys do wear jeans with holes in them. I know it's hard to believe, but it's the style these days."

Concentrate on areas of common concern or agreement. Asking the individual to elaborate on areas of common concern is pure diplomacy. For example, Marie could have said, "Sometimes I have trouble accepting how the boys dress, too. When I went to school, wearing clothes with holes in them was embarrassing. Was it that way for you?"

Ask about feelings. Sometimes agreement doesn't work. Asking about feelings is usually the next best step. Marie might say, "I need to know what has upset you."

Express appreciation. Sometimes people attack indirectly. They may offer criticism about the way you provide care "for your own good" or for the good of the ill person. It is difficult, but often effective, to respond to this type of aggression with, "Thank you for sharing that. I'm always open to new ideas."

Deal with indirect put-downs directly. Jokes made at another person's expense in the name of "good fun" are a form of aggression. The aggressor acts surprised when the person expresses indignation and may say, "Just kidding." Consider the following situation in which Bert put a stop to Betty's little jokes and he did it with class.

Bert: "Betty, I felt insulted at your remark that I couldn't balance a checkbook if my life depended on it."

Betty: "Can't you take a joke?"

Bert: "I know the joke wasn't meant to insult me but I don't think jokes made at my expense are funny."

Betty: "You are really getting thin-skinned."

Bert: "I don't want it to happen again. If it does, I will call you on it. It won't be funny when I say, 'I don't think jokes made at my expense are funny, Betty.'"

Bert did a lot of things right. He prepared himself ahead of time. He privately practiced what he would say and how he would say it. He gave Betty a face-saving excuse for her remarks: "I know the joke wasn't meant to insult me." He used "I" statements and he used the DESC method.

Describe: He described what Betty said by using quotes.

Express: He expressed his feelings: "I don't think jokes made at my expense are funny."

Specify: He told her he didn't want it to happen again. (He also ignored Betty's "thin-skinned" remark and kept his focus on the "joke.")

Consequence: He told her what would happen if she did it again: "I will call you on it."

What happens if you use this style?

Aggressive behavior creates a vicious cycle for those dealing with chronic conditions because the mere threat of an angry outburst can keep friends and family away. It distances people. This distancing

reinforces the aggressor's belief that no one really cares. If the aggressor is the care receiver, the stress caused by aggressive behavior may hasten moving the person into a professional care setting.

There are times when all of us use the pit-bull style to get what we want or to express our frustration or anger. The hardest, shortest, and best way to get back on track is to acknowledge our misstep and, using an "I" statement, apologize for it.

Factual/Computer Style

Some people seek to prevent closeness by using a factual manner to relate to others. The belief is that people use this style of communication to avoid showing their true feelings. Not only do they wish to remain emotionally anonymous, they usually show little or no interest in how other people feel.

Ed is an example of the factual style. Ed and his sister, Nan, were meeting at a local cafe to discuss their mother's driving. Nan saw it as a problem and Ed didn't.

Ed: "Some older people drive until they are well into their 90s. One wouldn't think driving to the grocery store would be such a problem. Most elderly need the independence driving gives them."

Nan: "You're right, many older people do continue to drive. Many older people also voluntarily quit driving and remain independent by using local transportation services. Mom's driving worries me. Did she tell you about the parking meter she totaled last week? Did you know that she got a ticket for passing a school bus unloading children, and that Tuesday she got lost on her way to my house?"

Ed: "Actually, not driving would save on insurance and car maintenance. The money saved could go for cab fare. There are definitely advantages to consider."

Nan gave Ed the telephone numbers of the city bus service and the closest senior center to contact. They discussed contacting businesses that offer delivery services. She knew Ed would be comfortable doing the research and she would help her mother deal with her feelings and concerns.

"Calm, cool, and collected" describes the factual style of communicating. Unwilling or unable to share feelings, the person speaks in impersonal terms, such as "some," "most," "one," and "everyone" instead of "I" and "we." "Some" and "most" are also commonly used words. A factual-style sentence sounds like "Some older people drive well into their 90s," or "Most older people need the independence driving gives them."

Tools for relating to the factual style

The goal in responding to people who use the factual style to communicate is to adapt to it. The goal is not to make these people express their feelings. Using assertiveness or mirroring the factual style works well. The following suggestions may help you communicate more effectively.

Imitate the person's style. If you try to solicit the person's feelings with a question like "How do you feel about that?" the person may retreat further. Use the same impersonal language he uses. For example, change your question to "What do you think about that?" When responding, replace "feeling" words such as "concerned" or "happy" with the word "interesting" to

describe what was said. Nan might have said "It's interesting that some older people drive until they are well into their ninetieth year."

Give the person credit for being right.

We all like to be told we are right. Once you have agreed on the person's "rightness," he will generally become more receptive to different options and your ideas. Nan did this when she agreed that "many older people do continue to drive."

Give the person intellectual tasks.

People who relate to others in this way often prefer dealing with caregiving problems that involve facts or research, rather than emotions. They might do well and enjoy helping in areas of researching resources and dealing with finances and taxes.

What happens if you use this style?

There is good news and bad news. The good news is, you can use this style. Because it is a neutral response, it is effective in emotional, guilt-laden, no-win situations. For instance:

Non-caregiving expert: "Your mother seems lonely. I'm sure she would love to live with you."

You (in factual style): "Many people think older people want to live with their children. Research shows they actually prefer living in their own homes even when they live alone."

The bad news is, if you are like most caregivers, you occasionally want praise or approval. If you want praise or approval from a factual/computer-style communicator, you have to ask for it.



SETTING YOUR GOALS AND MAKING ACTION PLANS

Perhaps as you read the information on communication you found some areas to work on. Improving your effectiveness as a listener or a speaker is easier if you decide on specific goals. Setting goals provides focus and direction.

The next step is making an action plan. An action plan is like a short-term contract to meet a goal. An action plan should include with whom, what, and when you will apply a communication tool. The activity in the box on the next page can help you with your action plan.

Finally, write down how confident you are that you will do it (1 = not confident; 10 = fully confident).

Write one goal for listening:

Write one goal for expressing yourself:

Check the goal you want to work on first.



Caregiving is not easy, and enhancing your "box of communication tools" is extra work and does take practice. However, improved communication skills results in better relationships. And being able to communicate your limits and ask for help in positive ways will decrease feelings of frustration and resentment.

You deserve rewards for your efforts. Think of some way to congratulate yourself for applying the communication tools discussed in this chapter.



SUMMARY

Common themes reappear throughout the communication chapters. Here are some qualities and principles to strive for as caregivers:

- ◆ Listen carefully in an accepting and nonjudgmental way to show you care.
- ◆ Stand up for yourself without stepping on the rights and feelings of others.
- ◆ Create an environment in which people feel safe sharing with you.
- ◆ Respect your needs by setting limits and asking for help in a clear, direct, positive way.

- ◆ Find a mutual benefit in redefining common goals.
- ◆ Focus on issues as problems and not on people as problems.
- ◆ Avoid blaming others.
- ◆ Prepare ahead of time for contacts with health care professionals so you and the care receiver obtain the best care and advice possible.
- ◆ Continue to refine your communication tools to enhance your effectiveness in dealing with daily concerns.



IMPROVING MY COMMUNICATION SKILLS Action Plan

This week I will _____ (what)
 _____ (with whom)
 _____ (when)

On a scale of 1 to 10, with 1 being "not confident" and 10 being "highly confident," how confident are you that you will reach your goal? _____

Check the day you reached goal.

Comments

Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____