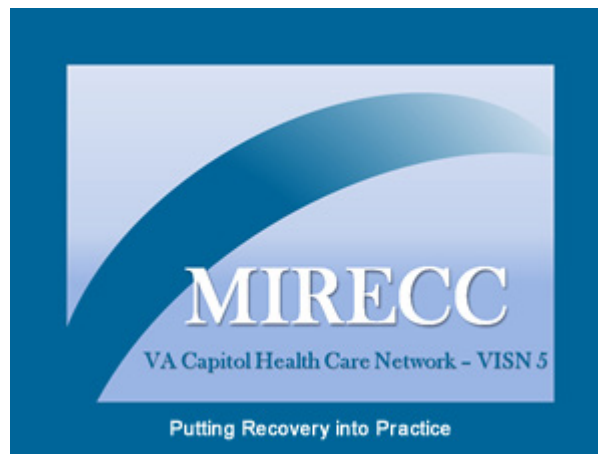


# Communication Skills

## for Working with Veterans with SMI in CLCs



NOTE: These handouts were created by Dr. Anjana Muralidharan, investigator at the VISN 5 MIRECC, in collaboration with VA Central Office - Office of Mental Health and Suicide Prevention, as a part of a larger toolkit for working with Veterans with SMI in Community Living Centers (CLCs). These handouts, and the toolkit, could also be useful for any VHA staff who provide care to Veterans with SMI.

# Communication Skills for Working with Veterans with Serious Mental Illness in Community Living Centers (CLCs)

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## **Serious Mental Illness: The Importance of Social Support**

Research has found that a positive environment is critical to minimize the progression of symptoms among individuals with serious mental illness (SMI). Support people for individuals with SMI can play a role in creating this positive environment.

### **Improve an Individual's Prognosis with Every Interaction**

The manner in which you interact with someone with SMI can affect their prognosis.

When support people engage in negative communication patterns with individuals with SMI, it can increase stress, thereby increasing risk for relapse.

**Unhelpful** communication styles include:

- Nagging
- Criticism
- Hostility
- Repeated prompting
- Correcting
- Fault-finding

**Helpful** strategies can improve outcomes:

- Practice empathy. Remember that people with SMI are coping with a lot.
- Monitor and reduce criticism and hostility
- Don't sweat the small stuff!
- Choose your battles wisely!

Remember, when working with individuals with SMI, **YOU can be the treatment.**

Developed by Anjana Muralidharan, Ph.D., VISN 5 MIRECC. Version date: 7/17/17.  
Adapted from Behavioral Family Therapy for Serious Psychiatric Disorders, Therapist Manual.  
<https://vaww.portal.va.gov/sites/OMHS/familyservices/default.aspx>

# Practical Communication with Residents with Serious Mental Illness

## Face and Head Movements

- Keep your expression calm and encouraging.
- Nod appropriately and positively.
- Smile.

## Hand and Arm Movements

- Use hand movements gently for emphasis.
- Keep an open body posture – don't cross your arms.

## Speech rate and tone

- Speak slowly and clearly.
- Use short sentences.
- Ask one question at a time.
- Be patient.

## Eye Contact

- Make eye contact with the other person when speaking or listening unless they appear uncomfortable with it.
- Move eyes spontaneously and naturally.

## Body Position

- Make sure you have the person's attention.
- Gently approach from the front and move to the person's side.
- Place yourself on the same level with the other person as much as possible.
- Position yourself close enough to be seen and heard clearly.

Adapted by Anjana Muralidharan, Ph.D.; VISN 5 MIRECC, from Karlin, B. E., Teri, L., McGee, J. S., Sutherland, E. S., Asghar-Ali, A., Crocker, S. M., Smith, T. L., Curyto, K., Drexler, M., & Karel, M. J. (2016). *STAR-VA Intervention for Managing Challenging Behaviors in VA Community Living Center Residents with Dementia: Manual for STAR-VA Behavioral Coordinators and Nurse Champions*. Washington, DC: U.S. Department of Veterans Affairs.

**Handout: Building Trust Through Active Listening**

- Step 1.** Look at the resident.
  - Step 2.** Let him or her know that you are listening by EITHER nodding your head OR saying something like “Uh-huh” or “OK” or “I see.”
  - Step 3.** Repeat back what you heard the resident saying.
  - Step 4.** Make an empathic statement.
- 

**Example – Staff member is in resident’s room**

Staff: [look at the resident] *How are you doing today?*

Resident: *I am feeling bad because I saw somebody come in here earlier and gave me a funny look, I think he thought I was a bad person. But I am not that kind of person, but he gave me a funny look before! I don’t like that, I don’t like when people come in here I don’t know.*

Staff: [nodding] *So you are feeling bad because someone you didn’t know came into the room, and he gave you a funny look.*

Resident: *Yes I really didn’t like that at all because I am not that kind of person.*

Staff: *You really didn’t like that, and you are not a bad person.*

Resident: *Right!*

Staff: *I am sorry that that happened to you.*

## Listen with Respect, Comfort, and Redirect/Refer

Residents with serious mental illness may experience distress, refuse treatment, and make complaints while you are working with them. Follow these steps when interacting with a resident who exhibits these behaviors.

### 1. Listen with Respect

#### Active Listening

Make sure the residents KNOWS you are listening.

- Gently approach the resident if it is safe to do so.
- Get on his/her level if possible and safe.
- Make eye contact with the resident.
- Focus on the resident; don't try to do two things at once.
- Gently ask the resident what is causing him/her distress.
- Nod your head.
- Summarize what the resident is saying.
- Follow up with clarifying questions.

#### Be Respectful

Sometimes being too casual with residents can be viewed as disrespect.

- Start with formality.
- Later, ask the resident how he or she likes to be addressed.
- Take the resident's concerns seriously.
- Respect the resident's right to as much independence and choice as possible.
- Don't argue with the resident.

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## 2. Comfort

### Provide Comfort

What we say and how we say it can provide comfort to residents who are distressed.

- Stay calm.
- Use a gentle, soothing voice tone.
- Let the resident know you understand.
- Make empathic statements, such as, “That must be very difficult for you.”
- Offer comfort measures (e.g., water, a blanket, a walk outside).
- Address any concerns that you can.

## 3. Redirect/Refer

After listening carefully and providing comfort, residents may continue to express distress or concerns. In this case, you can:

### Redirect

- Gently introduce a new topic of discussion.
- Involve the resident in pleasant events.
- Whatever you do, don't argue!

### Refer

- If the resident raises a concern that you cannot address (e.g., his/her medication is no longer working), refer the resident's issue to another member of the treatment team who might be able to help, such as his/her mental health provider or medication prescriber.
- If the behavior is a sudden change for this resident, report this to the treatment team and/or the resident's mental health provider.
- If a resident does not want to take his/her psychiatric medication, refer this issue to the treatment team and/or the resident's mental health provider or medication prescriber, as this should be immediately addressed.

Adapted by Anjana Muralidharan, Ph.D.; VISN 5 MIRECC, from Karlin, B. E., Teri, L., McGee, J. S., Sutherland, E. S., Asghar-Ali, A., Crocker, S. M., Smith, T. L., Curyto, K., Drexler, M., & Karel, M. J. (2016). *STAR-VA Intervention for Managing Challenging Behaviors in VA Community Living Center Residents with Dementia: Manual for STAR-VA Behavioral Coordinators and Nurse Champions*. Washington, DC: U.S. Department of Veterans Affairs.

## Managing Our Reactions to Challenging Behaviors

When distressed, individuals can behave in challenging ways that make us feel frustrated, angry, hurt, or scared. Individuals with mental illness can behave in challenging ways as well. It can help to recognize our feelings, remember that people with mental illness have symptoms that can affect how they behave, and “keep our cool”. Using the boxes below, reflect on a time when a Veteran behaved in a way that upset you.

(1) What did the Veteran do? Be specific – what behaviors did he/she engage in?

(2) How were you feeling when the Veteran behaved in that way? What was most upsetting for you?

(3) Given what you know about this individual’s mental illness, what are some possible reasons the Veteran acted in that way?

(4) What might be some helpful ways to “keep your cool” if this type of situation happens again? How could you respond?



## **Handout: Pitfalls to Building Trust Through Active Listening**

There are some common mistakes that people make that get in the way of good, active listening.

Some of these common mistakes, as well as examples of them, are listed below.

Which of these pitfalls tends to trip you up? Can you think of any others?

<b>Pitfall</b>	<b>Example</b>
Interrupting	Resident: I hate this room, it's – Staff member: OK well, let's get your medication.
Changing the Topic	Resident: I barely slept last night. Staff member: Well let's get you your breakfast then!
Correcting What the Person Was Saying	Resident: No one likes me. Staff member: That's not true!
Jumping Straight to Solutions	Resident: I have a headache. Staff member: I'll tell the doctor.
Giving Advice	Resident: I feel so bored and lonely. Staff member: Well why don't you read your book?
Arguing	Resident: I don't want the housekeeper to come in here. Staff member: Well, housekeeping has to clean the room.
Not Reflecting What the Person Was Saying	Resident: I am worried that my medications aren't working anymore. Staff member: I'll get you your morning dose in about an hour.
Write your own here!	

# Tips for Responding to Psychotic Symptoms

Individuals with serious mental illness (SMI) sometimes experience psychotic symptoms, including paranoia, suspiciousness, hallucinations, and delusions.

Below are some tips for responding to someone who is experiencing these symptoms.

## **Paranoia and Suspiciousness**

Paranoia and suspiciousness are common symptoms of SMI. Residents with SMI may believe that others, including you, are out to hurt them or take advantage of them.

To prevent paranoia and suspiciousness, try to:

- Build a trusting relationship with the resident
- Maintain a daily routine for the resident and minimize changes
- Notify the resident in advance about changes to routine, especially new people
- Increase lighting and decrease noise

When a resident with SMI expresses paranoia and suspiciousness:

### **DO**

- Remember that it is a distressing symptom of their illness.
- Take their concern seriously and respond kindly and with empathy.
- Use gentle touch when appropriate.
- Reassure the resident that he or she is safe and you will take care of him or her.
- If the symptom is new or getting significantly worse for the resident, report the change to the treatment team and/or a mental health provider.

### **DON'T**

- Take the behavior personally.
- Argue with or correct the resident.

## **Hallucinations and Delusions**

Hallucinations are seeing, hearing, smelling, tasting, or feeling things that aren't there. Delusions are ideas that are not true, that the individual believes very strongly. These are common symptoms of SMI.

When a resident with SMI is experiencing hallucinations or delusions:

### **DO**

- Remain calm, consistent, and supportive of the resident
- Respond to the fears and the feelings being expressed (for example, "That must be scary," or "It must be difficult")
- If the symptom is new or getting significantly worse for the resident, report the change to the treatment team and/or a mental health provider.

### **DON'T**

- Act like the resident is "going crazy"
- Argue with the resident about what they are seeing, hearing, or believing