

## Teaching Plan

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To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson. Certificates may be copied for everyone who completes the lesson.

### ***Learning objectives***

A participant in this lesson will be able to:

- Define psychosocial care and recognize opportunities to provide it
- Practice good communication skills with patients
- Assist patients in fulfilling psychosocial needs

### ***Activity***

Ask your participants to make a list of all the important people in their lives, such as family members, friends, and coworkers. Now ask them to look at the list and try to imagine what their lives would be like if they couldn't see some or all of those people anymore. Remind them that many of the patients we care for are lonely or have limited numbers of social interactions. Often, caregivers are the only people they interact with on a regular basis, so we are very important people in their lives.

Divide your participants into small groups of two or three. Assign each group one of the sections in the learning guide: self-esteem, adjustment to age or disability, coping mechanisms, communication, social relationships, intellectual stimulation, and sexuality. Give each group more than one topic if necessary, or make your groups larger to accommodate the number of participants. Ask each group to read the material on their topic in the learning guide and prepare to explain it to the rest of the participants.

## PSYCHOSOCIAL CARE

After allowing enough time for the group work, bring everyone together and ask each group to present their material. Allow time for discussion and questions.

Discuss things the participants can do to meet the psychosocial needs of their patients. Ask each of the participants to look for opportunities to do these things. Plan to review their progress at some future date, and reward those who excel at good communication or other psychosocial care.

### ***Conclusion***

Have participants take the test. Review the answers together. Award certificates to those who answer at least seven (70%) of the test questions correctly.

### ***Test answers***

1. False
2. True
3. d
4. True
5. False
6. b
7. False
8. True
9. False
10. True

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## Psychosocial Care

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Psychosocial care is care that enhances the mental, social, spiritual, and emotional well-being of patients, families, and caregivers.

What does psychosocial care involve?

- Issues of self-esteem
- Adjustment to illness or disability
- Intellectual stimulation
- Social functioning and relationships
- Communication
- Sexuality

### Issues of Self-Esteem

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Anyone having contact with patients and their families provides psychosocial care. You can do your job in a way that helps your patients feel good about themselves, enhancing their self-esteem.

It is important to meet every patient's basic needs for acceptance, social opportunities, food, clothing, rest, activity, comfort, and safety. The way routine care is carried out affects a patient's mood, self-esteem, dignity, self-respect, and feelings of independence.

Encourage and praise patients whenever possible. And remember that all physical care is an opportunity to provide good psychosocial care.

Physical care includes helping with daily activities. Paying attention to a patient's appearance, such as by shaving a man or fixing a woman's hair, is a practical way to enhance self-esteem. Look for small ways to make a difference.

## PSYCHOSOCIAL CARE

Patients who are confined to bed or dealing with illness often experience tremendous emotional upset brought on by inactivity and dependence. Help the person express his or her feelings. High levels of emotional distress can make illness worse and slow recovery.

Everyone should be encouraged to do as much of his or her personal care as possible. This gives many patients a real sense of dignity and accomplishment. Of course, always follow the plan of care.

### **Adjustment to Illness, Disability, and/or Age and Its Consequences**

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Whether it happens suddenly or gradually, losing one's independence and finding it necessary to rely on others is a big adjustment that can create great emotional distress. Patients may feel the loss of friends and family as they become more dependent or isolated from their social network. In addition, family members often feel the stress of caregiving. Both patients and families may experience anxiety and/or depression.

#### ***Anxiety and depression***

When a patient exhibits signs of anxiety or depression or says he or she feels anxious or depressed, pay attention. Anxiety and depression can be caused by some medicines, by withdrawal from medicines, or by a mental illness. Medications may be used to treat both conditions.

Cognitive loss or dementia can cause anxiety or depression or can be made worse by either condition. Anxiety and depression that go untreated may lead to physical problems or an increased risk of accidental injuries. Treatment can improve the person's quality of life.

Anxiety or depression may cause a decrease in daily functioning, behavior problems, or lapses in judgment.

#### ***The dying patient***

Supporting a patient and family through death is important. Sometimes a dying person feels lonely and depressed. He or she may feel abandoned or hopeless and become resentful or withdrawn.

## PSYCHOSOCIAL CARE

Many people are uncomfortable with the thought of death and prefer to withdraw and leave a dying person alone. Usually the sick and the dying need company. Sometimes there is nothing to do but hold the person's hand. If the dying person wants to talk about dying, listen and respond appropriately and honestly. If you do not know how to respond, simply assure them that you care and encourage them to talk about their feelings while you listen.

When you see that a patient is in pain or is uncomfortable, tell your supervisor. If appropriate, bring fresh pillows or sheets, remove wrinkles from the bed, or help the patient change position. Restlessness, tension, and discomfort may be relieved by a change in position. Determine whether the patient is thirsty or hungry, and ask if the temperature in the room is all right. Encourage the person to tell you what is causing his or her distress. Excitement, anxiety, and depression can contribute to pain—not all pain is physical.

When in a patient's presence, always speak directly to him, not about him. Since hearing is thought to be the last of the senses to fade, an unconscious person may hear and be hurt by careless conversations.

## Coping Mechanisms

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### ***Faith***

There is a difference in religion and spirituality. Religion may be based on traditional activities at church. Spirituality involves personal thoughts, feelings, characteristics, and experiences of a supreme being. People may think of themselves as spiritual even when they are not involved with a church.

A hopeful, positive attitude about life and illness improves physical and mental health outcomes. People who use religious coping skills (praying, reading a sacred book, etc.) are less likely to develop depression and anxiety. Persons with a strong personal faith and many social contacts are better able to cope with health problems and remain more motivated to recover and to stay well. Caregivers who maintain social contacts and faith are better able to cope with the stresses of caregiving.

Workers can enhance the coping skills of both the patient and the family. Interventions include praying with patients, reading sacred books to them, and seeing that they have the religious materials they need, such as audiotapes and large-print books. Spiritual health should be included as part of the physical,

## PSYCHOSOCIAL CARE

mental, emotional, and social needs addressed in psychosocial care.

### ***Stress management and relaxation techniques***

Help patients use the following techniques when they are feeling anxious or depressed. As simple as they are, they can be very calming and cheering.

#### **Imaging**

- Get comfortable
- Imagine a favorite scene (beach, mountain, etc.)
- Feel the body relax, enjoy the warmth of the sun, the smells of the beach, or the gentle breeze and cool crisp air in the mountains
- Continue until the body feels totally relaxed

#### **Abdominal breathing**

- Relax (either sitting or lying)
- Place right hand on chest and left hand on abdomen
- Breathe in slowly through the nose
- Hold breath and slowly count to five
- Purse lips and exhale slowly
- Relax
- Repeat

### ***Change of scenery***

Everyone needs a change of scenery from time to time. Patients that are able should be assisted to go on outings with friends and family. Those who cannot go out need visits from friends and family or from staff and volunteers if others don't come. Room decorations can be changed, plants or flowers added, pictures hung, or new curtains put in place. Sometimes a simple rearrangement of the furniture, if safe and possible, can improve a person's emotional outlook.

### ***Communication***

Good communication between workers, patients, and families is essential. Workers should be able to recognize the difference between a patient who just needs a listening ear and a patient who should be referred for formal counseling.

Communication takes place on two levels—verbal and nonverbal. Verbal is what is said. Nonverbal is expressed through body movements, gestures, facial expressions, posture, tone of voice, or touch.

Communication includes both speaking and listening. Ask yourself how the patient is thinking and feeling. Listen to both the verbal and the nonverbal messages. Pay attention to your verbal and nonverbal messages.

Listening means to both understand and accept what a person says about his situation and his feelings. Empathy means understanding what he says so well that you can identify with him. When you show you care, patients feel safe and will share concerns with you. This is therapeutic communication.

Active listening tells the patient that you respect him. When you look into the eyes of the person speaking, you show him by your facial expressions that you are following what he is saying. This encourages him to continue with his train of thought. A person can tell if you are distracted and not listening.

Ask questions to clarify what the patient is saying. This will encourage him to talk more. Avoid questions that require only a “yes” or “no” answer. Use open-ended questions like, “Can you tell me about the problems you are having?” Don’t ask questions that might steer the conversation in another direction.

Don’t brush off the patient’s concerns by saying “Don’t worry about it, it will be okay.” This makes the patient’s concerns seem trivial.

Try not to either agree or disagree with a patient’s statements. You should not judge the things he says. You must leave room for him to change his mind. Don’t give advice. If the patient asks for advice, reply, “What do you think you should do?”

## PSYCHOSOCIAL CARE

While listening:

- Don't plan your reply
- Don't daydream or think about your next task
- Don't change the subject
- Don't laugh if the patient is serious
- Don't interrupt

Say back to the patient what you hear her say. Don't use her exact words, but briefly rephrase or paraphrase her statements. This gives the patient a chance to restate what she meant or to clarify her thoughts. It is important to make comments that indicate you understand what has been said. If you don't comment for a few minutes, the patient may think you have lost interest, you don't understand, or you disapprove. Short silences are good, however, to give the patient time to think.

Sometimes a good listener may understand what the patient is feeling before the patient has recognized or expressed his own emotion. If you ask the patient if he might be feeling a certain way, he might recognize an underlying emotion. A listener might say, "I wonder if ..." or "Could it be that ...." Try not to appear to be interpreting the feelings or the situation too quickly.

### ***Social functioning and relationships***

Social contact is a basic human need. People who are isolated from others have a higher risk of depression, anxiety, low self-esteem, mental disorders, and physical illnesses. Giving patients opportunities to maintain existing social relationships and develop new ones may be the most important thing we can do to meet psychosocial needs. It is our responsibility to provide social activities and to encourage patients to participate.

The following are some suggestions for encouraging social relationships:

- Find out if the patient has a hobby or activity he enjoys or used to enjoy. If so, help the patient obtain whatever is needed to be involved in that hobby or interest. Assistive devices or special accommodations may be necessary, so work with an occupational therapist to find ways the patient can do this activity.

## PSYCHOSOCIAL CARE

- Help patients get to know others who like the same activities.
- Provide ample time and opportunity for social visits with family and friends. Do not let your routines or schedules interfere with social interactions.
- Find ways for patients to communicate with others. Make sure they have easy access to a telephone that is equipped for their use. They may need a volume booster on the phone so they can hear, or they might want help dialing. If possible, program numbers into a phone so they can speed-dial friends and family. Another good form of communication is electronic mail (email). Patients will need a computer and an Internet service provider (ISP) to use email. If the patient cannot type, he or she could use a voice recognition program that listens to spoken words and produces email or letters without typing.
- If the patient builds, makes, cooks, or otherwise creates something, be sure to praise the effort and admire the product. Provide the patient with books or videos that might be of interest on the subject. Encourage additional projects.
- Involving patients with younger people can make the patients feel valued, useful, and important. Give patients an opportunity to share knowledge and skills with others with similar interests or with students and young people.
- People like to feel successful. Everyone enjoys being recognized by others. Make every effort to recognize and validate patients. Encourage families to display pictures, awards, and diplomas. Be generous with praise and verbal rewards.

### ***Intellectual stimulation***

People also enjoy solitary pursuits that engage their minds. Audio books on tape, books with large print, videotapes, television programs, movies, music, and the Internet are all good sources of intellectual stimulation. Talk to patients about setting new learning goals for themselves and working to achieve them. People who are always learning new things strengthen their mental abilities and may slow or halt cognitive decline.

### ***Sexuality***

The fact that a patient is ill, disabled, or elderly does not necessarily mean he or she no longer has a need for sexual expression. Adults have the right to determine their sexual activities within the limits of polite behavior. Adults of any age or physical condition that choose to be in a consensual sexual relationship must be given appropriate privacy, protection, and support to fulfill this need.

## Methods of Meeting Psychosocial Needs of Patients and Families

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### ***Education***

Group education and discussion, social interaction, activity programs, support groups, and training classes for both family members and patients can improve patient/family relationships and attitudes. These programs enhance quality of life for both patients and families.

Accurate information about the aging process, illnesses, disabilities, and the specific problems of the patient can help caregivers understand their own reactions and feelings. They can be taught how to take better care of themselves and their loved ones.

### ***Activities***

Regular physical activity and social interactions must be encouraged. Programs should promote well-being and enjoyment and must be tailored to the abilities of the participants.

### ***Use of pets***

Having animals around for companionship has proven to improve people's quality of life. Encourage patients to have pets only if someone is capable of caring for the animal.

### ***Social worker***

Social workers help patients deal with illness, loss, and end-of-life issues. They may work with patients and/or families to help them cope with the psychosocial effects of these events.

### ***Education of healthcare workers***

Healthcare workers must be educated in order to provide the necessary care and services to attain or maintain the highest possible physical, mental, and psychosocial well-being of patients. Everyone should be aware of cultural diversity and be committed to anti-discriminatory practices.

**TEST**

**Psychosocial Care**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_ **Score** \_\_\_\_\_

**Directions:** Circle the correct answer.

1. **Assisting someone with personal care or giving physical care is not the time to worry about giving psychosocial care.**  
True or False
  
2. **High levels of emotional distress can make illness worse and slow recovery.**  
True or False
  
3. **Untreated anxiety or depression may cause which of the following effects?**
  - a. Decrease in daily functioning
  - b. Increased risk of accidents
  - c. Behavior problems
  - d. All of the above
  
4. **Some medications can induce anxiety or depression.**  
True or False
  
5. **An unconscious patient cannot hear, so you may talk about him or her freely with others in the room.**  
True or False
  
6. **Which of these statements gives a good example of active listening?**
  - a. The worker stands in the doorway with one foot out the door while the patient talks
  - b. The worker sits down and looks at the patient while he or she talks
  - c. The worker tells the patient not to worry about it, everything will be okay
  - d. The worker listens and then says, "Now here's what you should do ..."

**TEST**

**Psychosocial Care (cont.)**

7. **Animals should not be kept around elderly, sick, or disabled people.**

True or False

8. **Persons with a strong personal faith and many social contacts are better able to cope with health problems and more motivated to recover.**

True or False

9. **Elderly, disabled, or sick people should not be allowed to have sexual relationships.**

True or False

10. **Social contact is a basic human need.**

True or False