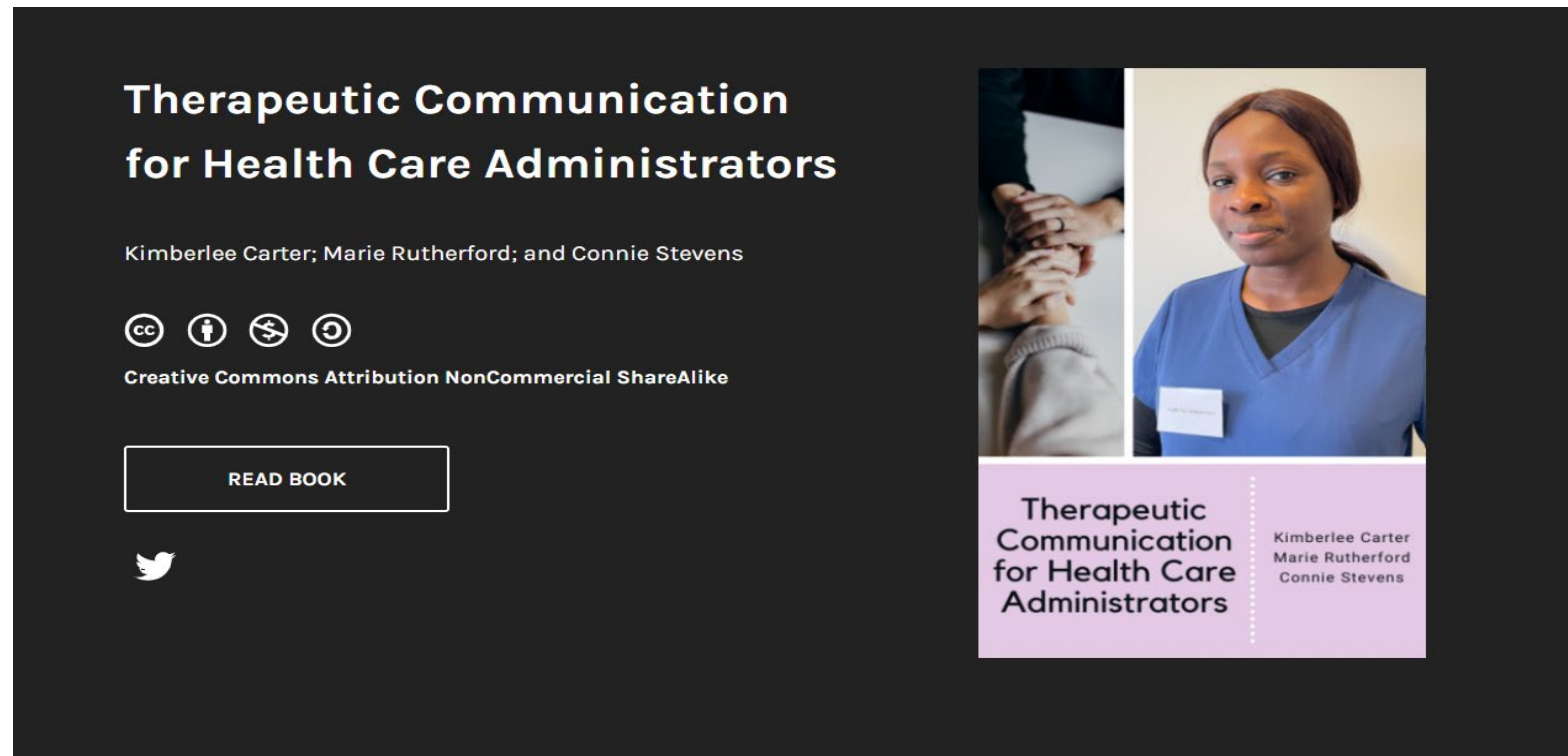


Therapeutic Communication for HCA

Chapter 9: Communication with Loss and Grief



Accessibility Statement

- This PowerPoint is compatible with assistive technology
- Images have alternative-tags applied
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Learning Objectives

Objectives:

- Describe the encompassing elements of loss and grief.
- Explore the stages and models of grief applying the Kübler-Ross Grief Cycle.
- Recognize how personal beliefs, culture, spirituality, and experiences, affect responses to sensitive communication.
- Review options for end-of-life care recognizing the personal decision making involved.

Introduction

- According to the Canadian Mental Health Association (CMHA), grief is both a feeling and a process that people typically go through after a death or other significant loss (2021).
- We will discuss how compassionate approach plays an important role in health Care system.
- This chapter provides the examination of loss and grief support in therapeutic communication process.

Emotional Responses to Grief

Several emotional reactions are triggered due to grief.

- The common reactions associated with grief are
 - Sadness
 - Despair
 - Hopeless
 - Loneliness
- Other common responses to grief are
 - Shock
 - Guilt
 - Fear

Studying and Understanding Grief

- According to Clewell (2004), Sigmund Freud proposed over 100 years ago a theory of grief which proposed that “mourning comes to a decisive end when the subject severs its emotional attachment to the lost one and reinvests the free energy in a new object.”
- According to Adaptive grief model of Kenneth Doka and Terry Martin, grief can be described as complex process which is unique for every individual.

Stages of Grief

Elisabeth Kübler-Ross was a psychiatrist who described main five stages of grief after his investigation

- First stage is **Denial Stage**.
- Second stage is **Anger Stage**.
- Third stage after the anger is called as **Bargaining stage**.
- After bargaining stage the fourth stage is **Depression**.
- The final stage of this process is the **Acceptance Stage**.

Communicating with Individual Experiencing Grief and Loss

The way of communication with such individual requires care and support.

Some strategies included in the therapeutic communication process are

- Recognize the need of client and provide support.
- Demonstrating empathetic support by supportive statements. For example “I’m sorry you’re suffering”.
- Focus of needs of client and understand how they feel due to loss.
- Recognize the situation that leads to complex communication and try to avoid them.

Ambiguous Loss

Ambiguous loss are experience where there is no direct reason of loss.
For example: Infertility.

An HCA can express support and make them feel better by following some strategies .

- Identifying and understanding the event of loss.
- Provide support by giving information of supportive groups.
- Providing the ideas about what still exists.
- Giving motivation and inspiration to client.

Beliefs, Culture, and Spirituality

- Beliefs, culture, spirituality and Experience plays vital role in Responses to grief.
- Beliefs can make individuals feel comfortable.
- Beliefs are associated with personal philosophies, it creates positive response to grief and loss.
- Different cultures have their own unique way to expressing grief.

Beliefs, Culture, Spirituality, and Experiences

- Some social activity also influence the impact on grief ,such as
 - Avoid something in fear of judgements by society.
 - isolation from society
 - Critics from society
- An HCA should understand different types of beliefs and respond with care without judging anything and focusing on needs of client and providing proper care.

End-of-Life Care Options

- End of life care is given to patients at the time surrounding the death. For example, patients given care in intensive care units.
- According to Health Canada Services at Canada.ca, these options include
 - Palliative care
 - Do not resuscitate (DNR) orders
 - Refusal or withdrawal of treatment
 - Refusal of food and water
 - Sedation to ensure comfort,
 - Medical assistance in dying.

Decisions at end of life are uniquely individual and personal.

End-of-Life Care Options

Palliative care

- Care given to those having serious illness.
- HCA should work in palliative care setting where Therapeutic communication skills are important to support the quality of treatment and life of client.
- The support in palliative care includes emotional, nutritional , medical care and additional comfort measures.

Advance Care Planning (ACP)

- This is often considered as future planning of treatment process when the individual in need of care is not in stage to make decision.

End-of-Life Care Options and Decisions

- Do not Resuscitate is example of ACP where loved ones are given the authority of decision for treatment.

Assisted Dying

- In this practise the life of person suffering from incurable condition are concluded. It is referred as **MAID (medical assistance in dying)**.
- As an HCA it is important to be very clear and give detailed information and awareness to the family members and surrounding peoples as it is very crucial situation.

Summary

In this presentation you have:

- Described the key elements of utilizing Language Interpreter Services.
- Explored the diverse range of communication modalities language interpreters provide.
- Communicated clearly as part of a team while providing exemplary customer service to persons who speak another language.
- Developed an awareness of when, why and how to utilize language interpreters.

References

Canadian Mental Health Association. (2021). *Understanding and coping with loss and grief*. CMHA Ontario

Clewell, T. (2004, March 1). Mourning beyond melancholia: Freud's psychoanalysis of loss. *Journal of the American Psychoanalytic Association*, 52(1): 43-67. <https://doi.org/10.1177%2F00030651040520010601>