

Home Health Aide

D I G E S T

Pre-/Post-Test Difficult People (March-April 2004 issue)

All questions in this quiz are based on articles in the March-April 2004 issue of *Home Health Aide Digest*. After completing the quiz, please turn it in to your supervisor. (Circle the one correct response for each question.)

1. (True/False) Asking a client to talk about fears can be risky, because talking about them is apt to make those fears even more real.

- a. True.
- b. False.

2. It is best to seek help in dealing with a difficult client when:

- a. You feel endangered by a violent client.
- b. The client's behavior has changed markedly after a change in medication.
- c. The client seems to be suffering from severe, long-term depression.
- d. You suspect the client's behavior may be caused by abuse in the home.
- e. All of the above.

3. In order to prevent conflict, you should:

- a. Assert your authority so that the client will not try to push you around.
- b. Remind the client and family that your training and experience make you the expert in knowing how to care for the client.
- c. Try not to give the client choices that may lead to a feeling of control.
- d. Make it safe for the client to communicate needs.
- e. None of the above.

4. Good communication that can prevent conflict includes:

- a. Paying attention to verbal and non-verbal cues.
- b. Continuing to talk so the client doesn't have time to argue.
- c. Using positive body language.
- d. a & c.
- e. None of the above.

5. Some of the reasons a client may become violent include:

- a. Conflict with a family member that builds up to an angry outburst.
- b. A change in medication, an overdose, or a missed dose.
- c. Dementia, caused by a disease such as Alzheimer's.
- d. b & c.
- e. All of the above.

6. Some warning signs of a potentially violent client include:

- a. The client appears restless.
- b. The client seems to be on edge and irritable.
- c. The client is more demanding than usual.
- d. a & b.
- e. All of the above.

7. (True/False) If a client shows signs of becoming violent, putting away potential weapons will probably just make the client more angry and violent.

- a. True.
- b. False.

8. Which of the following type(s) of medications is/are NOT likely to affect mood or personality?

- a. Steroids.
- b. Analgesics.
- c. Antidepressants.
- d. Benzodiazepines.
- e. All of the above.

9. When trying to solve a problem with a coworker or boss, it is important to:

- a. Let the other person express her viewpoint without being interrupted.
- b. Immediately reply by showing the person why her viewpoint is wrong.
- c. Point out as many of the person's faults as possible, so she will see why your opinion is right.
- d. Persist until the other person gives in and admits that you are correct.
- e. a & d.

10. After arriving at home following a difficult day, you can deal with the stress by:

- a. Writing in a notebook the aspects of the day that made you feel bad and those that made you feel good and strong.
- b. Taking several minutes to be alone and quiet.
- c. Trying to recall each person who made your day bad, and planning ways to get them to apologize.
- d. a & b.
- e. a & c.

I began reading *Home Health Aide Digest* at _____ am/pm.

I finished reading *Home Health Aide Digest* at _____ am/pm.

name

date

signature



Home Health Aide

D I G E S T

A Fall... OR A Call?

AN ACCIDENTAL
DESTINY



**Spirit Profile:
Linda Meisner**

Many home health aides (HHAs) enter their career with a sense of call. They love caring for people, so becoming an HHA seems to be a natural move. Not so for Linda Meisner.

"I fell into it," Linda admits with a chuckle. "I was looking for a job—looking for anything." She soon found herself working in a nursing home. A

year later, she began working for Holy Redeemer Home Health and Hospice Services (HR)—and she never left. That was 23 years ago. (Only one HHA at Holy Redeemer has worked there for more years than Linda.)

"I've been lucky," she says, commenting on her years at HR. Because of the size of the organization, "I got to work at a nursing home for four years, then at the Mother House taking care of Sisters for 10 years. After that I worked in home health." For Linda, that variety just made the job better.

Throughout those almost two-dozen years, Linda has found that HR is "a nice place to work. We're one big team. They care about all of us—our clients, their families, and employees. They try hard to keep us happy."

**"My rewards are
their hugs and smiles,
their thank-yous,
the great feeling
I can't explain."**

—Linda Meisner

During her earlier years at HR, Linda had to juggle her job and the needs of her young children. She says her supervisors "were flexible and understanding," and they still are. "I don't feel alone," she says. "There's always someone to talk to."

Focus on **Dealing with Difficult People**

If you've ever had trouble with a client, coworker, or supervisor, you are eligible to join an exclusive club: the human race! We live in a flawed world, so working with people will never be perfect. Therefore, it is important that we know how to handle—and even prevent—such problems.

In this issue you will find useful ways of dealing with a problem client or staff person, as well as ways to prevent problems. Knowing how to prevent and deal with conflicts—and even violence—will make you a better HHA. And it will make your job more pleasant as you earn the respect of even the difficult people you meet each day in your work.

Most of Linda's years at HR were spent as a CNA. Recently she became certified for home health, including hospice and palliative care. She calls on five or six clients a day, doing all the usual tasks—taking vitals, giving personal care, observing changes.

One of the most important of Linda's tasks is supporting a client's family. "I listen to the family," she says, "what

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Resolving a With a

CONFLICT CLIENT

By Suzanne B. Campbell, MS, QRC, CRC

An entire industry has grown up to help people settle conflicts with others.

Licensed mediators can be hired for everything from school bullying to international disputes. Obviously, dealing with difficult people is a big problem.

As a home health aide (HHA), you deal with a variety of clients and some of them may be difficult. What might cause a person's anger and frustration, and what steps can you take to resolve them?

Fear

Sometimes your client may seem unreasonable, but actually is just fearful. A 2002 study by the National Council on Aging, "American Perceptions of Aging in the 21st Century," provides some clues. Sixty percent of seniors said that they feared losing their memory. The next most common fear was of being in uncontrollable pain.

Action: Encourage your client to talk with you about her fears. Perhaps the client is afraid that a new exercise she is supposed to do will cause pain or injury. Maybe she objects to a change in routine because she fears being unable to master new skills. Talking it out can lead to better cooperation.

Depression

At any one time, 18 million people in the United States may have depression. You are there because the client has lost the ability to do some self-cares. It isn't surprising that he may be sad



and frustrated about the loss of independence. This could lead to feelings of depression, and those feelings may show up as anger or noncooperation.

Action: Activity, especially physical exercise, is a good antidote to depression. Encourage the client to be more active, because it may improve his mood. (Ask your supervisor about appropriate exercises or activities.) Also, sometimes it helps to talk out feelings of sadness.

Lack of information

Is your client being asked to participate in a care program that she doesn't understand? Ruth was 70 years old when she had a stroke that caused paralysis in the left side of her body. She was told her condition would be permanent. Her doctor ordered that home health staff help her to bathe and dress daily. Ruth also was assigned a series of painful exercises. She refused to cooperate because, she thought, "What's the use?" Ruth had understood only that she was paralyzed for life. No one had explained that the care plan would help her to become stronger and maintain good mental health.

Action: Ask your client why she doesn't want to cooperate. Be prepared to explain the value of the activity you would like her to do.

Feeling ignored

We all like to feel that others respect us. Sometimes, illness or infirmity leaves a person feeling of little value.

Fourth-year medical students at the University of Minnesota recently took part in an exercise called "The Aging Game." The goal was to help them better understand what their elderly patients were going through. The students were fitted with earplugs and then given complex directions about how and when to take different medications. Some had to wear neck braces, or walk around with uncooked popcorn in their shoes to mimic the pain of osteoarthritis. Doctors in white coats talked about the students as though they weren't in the room.

At the end of the game, students were asked for their response. "This is an experience in losing power," said one man. When asked, afterward, what could be done to improve care for the elderly, the class had one word of advice: "Listen."

Action: Respectfully listen when your client is showing feelings of anger or frustration. Don't respond with anger of your own, which would only raise the level of tension. Help your client see that you value him by listening and responding with understanding. If he says, "I hate this food!" you might reply with "It's hard for you to get used to this salt-free diet isn't it?" You haven't agreed to change the diet back to the one that caused his elevated blood pressure. You have simply let the client know that you understand his frustration.

Of course, it is good to be able to resolve conflicts with a difficult client. But there are times when you may

A Care Giver Speaks:

“ ” Success With a Difficult Client

By Joanne M. Tarman

My daughter, Laura, has multiple disabilities and has gone through many surgeries. Many HHAs have helped us over the years, and I have watched Laura work well with some and be quite difficult for others. On days when her pain is worse, working with her can be hard for anyone. But, with the right approach, caring for Laura can be more pleasant for everyone, even on those more painful days.

Through these experiences I have observed a number of ways HHAs can, and often have, made the working relationship successful. I trust you'll find them helpful.

Prevent conflict whenever possible

Preventing conflict makes your job easier and makes your relationships with clients more pleasant.

1. Remember that the client is a person, not a job. The job is to provide care for that person. If you take just a few minutes to get acquainted with a new client, you may get off to a much better start than if you try to just get your work done and get out. Time is important and you are there to provide care, not to be social. But the few minutes you invest to show an interest in the client could save you a lot of time later.

2. Remember that the client and his family are the experts on the client's situation. You are the trained professional but every client is different. Two clients each may have had the same surgery, but they are different individuals in different situations. One may recover faster than the other because of better general health. One may move more slowly or be more easily upset because of greater pain.

3. Make it safe for your client to communicate her needs to you. Show a desire to understand the client and how she likes things done. Ask questions such as, "How can I help you get dressed?" or, "Do you like a firm back-rub or would you prefer a light touch?" Tell her that you want to know if she wants something done differently.

4. Remember that you are in the client's home. A new person in the client's home, helping with things the client used to do independently, can seem like an intruder. The client is probably feeling vulnerable and at your mercy. Try to keep the client's routine as familiar as possible.

5. Give the client a sense of control over the situation. Let your client make choices about what to do, and when and how to do it. If sheets need to be changed, let him choose

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need to seek help. Such a time might be when:

- You feel that you are in danger from a violent client. (See "Protect Yourself From a Violent Client.")
- You observe that the client has a marked personality change after a change in medication. (See "Medications May Be the Culprit.")
- You notice symptoms of severe and lasting depression.
- You suspect that the client's reactions may be due to abuse in the home.

→ A client becomes sexually aggressive. (See "The Sexually Aggressive Client.")

Remember that not all conflicts can be resolved. A client may remain difficult despite your best efforts. In that case, since you can't control the client, you can only control your response to that person. (See "Undoing the Stress" in this issue of the *Digest*.)

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law.

For more information, or if you have questions about this topic, consult your supervisor.

The Author

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A Care Giver Speaks

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which ones to have on the bed. If the client has different kinds of body lotion, ask, "Which lotion would you like to use today?"

When preparing for a shampoo, ask, "Would you like to wash your hair first, or last?" If you typically wash a person's hair last, but this client wants to do it first, should it really matter to you?

6. *Be respectful, even when you cannot do something the client's way.* Safety is, of course, most important. With something such as a transfer, at times you will not be able to do it the client's way. Nonetheless, start by asking how the client usually does it. (It can be very confusing, and unsafe, if everyone does it differently.) You may know a better or safer way, but instead of saying, "You can't do it that way," try, "Let me show you how I do this with other clients. It works really well."

When a client is difficult

A client who resists makes your job harder, but there are ways to make it easier.

1. *Try to set a positive tone from the beginning, when you first walk in the door.* You might say something upbeat like, "Good morning! I'm so glad to see the sun is shining."
2. *If the client seems angry when you first arrive, it is more important than ever to give control of some small decisions.* This can help ease tension. Just asking in a cheerful tone, "What would you like to start with today?" may help.
3. *Don't fuel the client's anger by responding in anger yourself.* Try to diffuse the client's anger by staying calm and doing your best to understand the reason behind it. Ask, "Are you frustrated about something?" or, "What do you think would help you?"

4. *Even when you can't figure out the reason for the client being difficult, remain calm and pleasant.* At least you won't be escalating the problem. Say something like, "I'm sorry you're having a hard day. I hope tomorrow will be better."

Communication is key

Maintaining the lines of communication is crucial to a successful relationship with a client.

1. *"Listen" to both verbal and nonverbal cues from your client.* What is being said and how is it being said? Is the client's tone of voice relaxed or anxious? Does he sound as if he is in pain? The client's body language is especially important if he is unable to speak. Does the client feel relaxed when you touch him? Do his muscles feel tight? Does his facial expression seem calm or distressed?

Remember that the client is a person and not a job.

2. *Talk to the client.* Let her know what you plan to do. This is especially important with a client who cannot talk, because it can help to relieve her fears. Ask questions about how she is feeling. Is she comfortable with what you are doing? Would the client like something done differently? When a client has limited ability to communicate, try to phrase questions that can be answered with a yes or no, a nod or shake of the head.
3. *Make good eye contact.* Look at the client when speaking to him or when he communicates with you. This will assure him that you are listening. Again, this is very important with a nonverbal client. It shows that you are paying attention.

Use positive body language. Smile! Your facial expression says a lot. If

you look angry or depressed, the client may reflect that feeling right back to you. A cheerful attitude will make the visit more pleasant for both of you.

5. *Be gentle as you care for your client.* How you handle the client speaks even more clearly than your words. If you are rough in the way you handle your client, she may feel that you just want to finish and get out. A gentle approach shows caring and respect for the person.

A tale of two HHAs

After one of Laura's surgeries, two new HHAs come into our home. Observe their different approaches:

Ellen (not her real name) walked in and said, "You need me to bathe and dress her, right?" Without any conversation she started in. She told Laura which way to turn, what to wash first, and how to get dressed. She soaped up the washcloth and started washing Laura's arms.

Laura said, "No!" She tried to tell Ellen that she always washed her face first. Ellen got angry and told Laura, "You have to let me do this. I have to get done. I have other people to take care of." The more Ellen insisted on her way, the more Laura resisted.

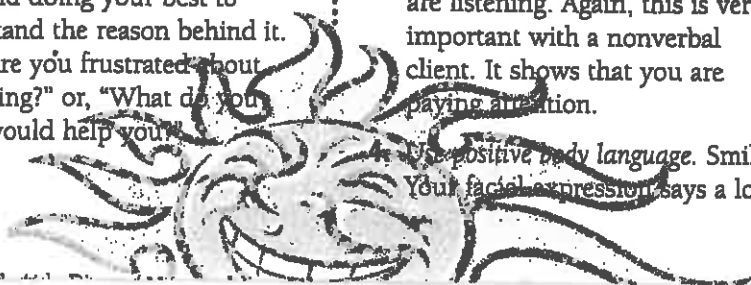
Jan (not her real name) came in with a smile and a friendly, "Hello! I'm Jan. How are you feeling today?" She studied family pictures on Laura's bed table and asked about the people. When she saw Laura's long hair she said, "My daughter has long hair too. I've had lots of practice washing long hair."

Later, Jan asked Laura questions such as, "How can I help you get your nightgown off?" "How do you get into your shower chair?" "Is the water temperature okay for you?"

Laura was in a great deal of pain that day, but she was very cooperative.

Which HHA do you think we had back?

The keys to getting along with even a difficult client are basic—but can be easy to forget. Make them part of your



attitude and actions and see what good things happen. When you have a good working relationship with a client, both of you can look forward to the next visit.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

The Author

Joanne Tarman has worked as a nursing assistant with elderly patients. She also has worked as a houseparent and personal care assistant in homes for developmentally disabled young adults. Twenty-two years ago, she adopted a 5-year-old girl with multiple disabilities. Now a freelance writer, Joanne lives in Minnesota with her daughter.

What You Will Learn

After studying this issue of the Digest, you should:

1. Be acquainted with several ways by which to prevent or resolve a problem with a difficult client or staff person.
2. Understand keys for good communication that can prevent conflict with a client.
3. Be able to identify cues that indicate a client may be angry and could become violent.
4. Know several types of medications that may affect a client's behavior.
5. Be familiar with several techniques that will help you deal with the stress of working with difficult people.

Protect yourself from a

VIOLENT CLIENT

By Nathan E. Unseth

It has become a sad fact of life that we live in a violent world. But you don't expect to face violence in a client's home. Rarely, however, a client may get out of control, trying to slap or beat you, or throwing or breaking things. If the client has a history of emotional problems, this is even more likely.

Why a client may be violent

- The client may be having conflict with one or more family members. This could build anger that blows up when you are giving personal care.
- Stress, such as worry over money, may result in the client exploding.
- Medication may be a factor in out-of-control behavior. Has the client recently changed a prescription? Has the client overdosed? Has the client forgotten to take medication?
- Dementia, due to Alzheimer's or some other disease, may spark a violent outburst.
- The client may have a history of using violence to show anger or control others.

Warning signs

Sometimes, a person will send "signals" that warn of potential violence. By spotting these warning signs, you may be able to prevent or sidestep a bad blowup. Here are some basic clues:

- ✓ Does the client appear restless?
- ✓ Is the client on edge, irritable?

- ✓ Is the client making more demands than usual?
- ✓ Is the client's language abusive?

Taking precautions

Even if the client isn't being violent, if you are worried about the way he is acting, take steps to head off trouble.

- Call your supervisor right away and explain your concerns about the client.
- If a family member is in the house, tell that person what is going on.
- Keep cool, and avoid saying something that might provoke your client.
- Try to put away any item that could become a weapon (such as a knife, scissors, or cane).

If the client goes out of control

Sometimes, no matter how careful you've been, the client may unleash his fury. When that happens, you must remain calm. Mishandling the problem could result in injury—to yourself and to the client.

- If you can, call your supervisor and ask for immediate help. If the supervisor can't be reached, call 9-1-1 and report the problem.
- Arguing will just make things worse, so don't do it.
- Keep your distance. Don't allow the angry client to hurt you. If you must, step outside the house and wait until help arrives.

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Protect Yourself From a Violent Client *continued from page 5*

Thankfully, an incident such as this is rare in home health care. However, if it should occur, keep in mind that protecting yourself can be just as important as caring for the client.

Adapted from portions of Schizophrenia: A Handbook, by Chennai Interactive Business Services, Ltd., www.chennaionline.com

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The Author

Nathan E. Unseth, BTh, BA, is the publisher of Home Health Aide Digest. With degrees in theology and communications, he has spent 25 years developing media that help people improve their careers, and their personal and family lives.

Signs of Anger

By noticing a client's cues, you may be able to take steps to head off a violent explosion. Here are some possible danger signals:

- ▲ Sleep problems.
- ▲ Refusal to talk.
- ▲ Eating problems.
- ▲ Insults or sarcastic comments.
- ▲ Restlessness and agitation.
- ▲ Name-calling.
- ▲ Verbal outbursts or flashes of temper.
- ▲ Short attention span.
- ▲ Physical symptoms such as raised blood pressure or pulse, headaches, clenched jaw, tight muscles.

If you notice these, or similar, signs, discuss your concerns with your supervisor.

(Sources: www.mentalhelp.net and www.creativepurpose101.com)

The Sexually Aggressive Client

What if the problem you have with a client is not violent behavior or uncooperativeness, but rather sexually aggressive behavior? What do you do if your client makes embarrassing sexual comments, shows you pornographic pictures, or grabs and gropes you?

- ❗ Tell the client clearly that you do not like this behavior and will not put up with it. Ignoring the behavior, hoping it will stop, usually does not work. The person may see this as encouragement and permission to keep trying.
- ❗ Tell the client what he is doing that you don't like and suggest a different behavior. "It offends me when you talk to me like that. I would rather have you tell me I'm doing a good job, or you like the way I prepared your meal."
- ❗ Keep your cool and do not react in anger. Do, however, be assertive. Stay in control.

- ❗ Tell your supervisor about the problem. If appropriate, also tell the family care giver.

Your client may be surprised that you find his behavior offensive. He may try to make you feel that you provoked the behavior. Don't be swayed and don't be shy. Stand up for yourself and let him know it won't be allowed.

If the actions continue, let your client know that this is sexual harassment and is against the law.

Follow the guidelines outlined in "Protect Yourself From a Violent Client." And, of course, if you fear for your safety, get away from the person and call 9-1-1. Notify the family care giver and your supervisor immediately.

Adapted from "Rethinking Sexual Harassment" from the University of Virginia Office of Equal Opportunity Programs. www.sexualassault.virginia.edu/harassment_rethinking.htm

COMMUNICATION TIP

Responding to the Silent Treatment

When a youngster does it, we call it sulking or pouting. If the person is an adult, it's known as the "silent treatment." The authors of *Managing Anger* offer some insights into this frustrating and challenging behavior.

A client (whether young or old) who is no longer in control of life may want a way to hold power over other people. What could be an easier way to do this than by clamoring up? At the least it drives the other person crazy. At worst, it may prevent the other person—in this case, an HHA—from giving required care. (If the client won't reveal what is needed, how can the HHA provide help?) So, what can be done to unlock those lips?

The authors suggest two approaches. First, you can take away the power of the client's silence by showing that the

silent treatment will not affect your job. Say, "Well, I expect you'll talk to me when you're good and ready. I'll go ahead and clean up the kitchen, then we'll chat afterwards—if you're ready."

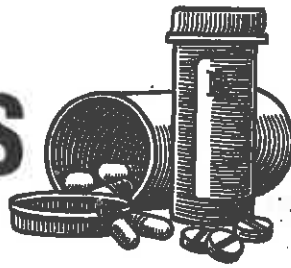
A second approach is to give the client a choice. This enables the client to feel that she still holds power. You might reach out for sympathy, by saying, "It hurts me when you don't talk to me. If you don't want to talk to me I won't be able give you what you need. I'll leave it up to you."

Of course, if the client doesn't open up, no matter which technique is applied, make sure the problem is reported to a supervisor.

Source: *Caronado-Bogdanak, Roman; Dillon, Linda J.; and Messer, Mitchell H. Managing Anger. Chicago: Anger Clinic. 1992.*

Difficult Client?

MEDICATIONS



MAY BE THE CULPRIT

In home health care, a "difficult" person can be a client with underlying health issues. Sometimes medications can create an even more difficult person.

The underlying health problem may cause mood swings or personality changes. Drugs being used to treat the health problem can cause the same effects. It can take great patience to understand and cope with a client who is in poor health and on medications.

The following are examples of medications that can affect mood or personality. You may find this information very helpful when dealing with some of your clients.

Steroids

Steroids have many uses and are prescribed to treat many types of illnesses. Common steroids include prednisone, sometimes known as Medrol Dose-Pak. Mood swings, testiness, unpleasantness, and jitteriness can occur when a client starts taking steroids. Often, such medications are decreased slightly every day until the client is taking none. As dosages taper off, the personality changes also may decrease and eventually disappear once the medication is finished. However, contact your supervisor if:

- You notice marked differences in the person's behavior.
- The client's personality changes continue for several days.

Your supervisor will decide if the physician or pharmacist should be contacted to discuss these changes.

Antidepressants

Depression is a common health concern, especially among the elderly. Personality changes and mood swings may signal that a client is going through depression. Medications used to treat the illness also may affect the client's mood or personality. It may be difficult to decide if personality changes are the result of the depression or the medications. Regardless of the cause, an extra amount of patience and understanding is needed in caring for such a client.

Medications used for anxiety or psychosis

Benzodiazepines (ben-zoh-dy-AZ-ih-peenz) are used to treat anxiety or nervousness. Psychotic (sy-KAH-tik—major mental problem such as schizophrenia) symptoms are treated with medications called *antipsychotics* (AN-ty-sy-KAH-tiks). Both types of drugs can seem to change a client's

personality. In these cases, it may be impossible for an HHA to tell whether the client's difficult personality is the result of medications or the psychosis. If you have questions:

- Ask your supervisor for help in understanding the situation.
- Read the information about side effects provided by the pharmacist with each prescription.

The more you understand about the causes of your client's negative moods, the better equipped you will be to help that person in the best way.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

The Author

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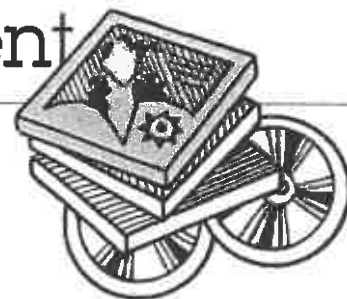
"If you want to
soar like an eagle,
you need to
earn your wings
every single day."

—Gerhard G. Schwandner



Undoing the Stress of a Difficult Client

The importance of taking care of yourself



By Suzanne P. Campbell, MS, QRC, CRC

Most people who work in the healing profession feel good about what they accomplish in their jobs. As an HHA, you help people to remain independent away from a hospital or nursing home. You enable them to bathe, eat a healthy meal, dress for the day, and handle many other activities of daily living. Your presence makes it possible for their care givers to take a much needed break.

On a good day, when you return home, you can look back with satisfaction, feeling your time was well spent and you were appreciated. But we all know that not every day is a good day.

Some days a client may be angry and uncooperative. The client's care giver might seem unappreciative. On these days, you return home feeling weary and dreading the next day's visits.

It's time to give yourself some tender, loving care. Several years ago, I developed a seminar on working with difficult clients. One of the most popular segments was the discussion about ways to relieve the stress that comes from dealing with those clients. Here are some ideas:

Stress-busters

♥ Starting tonight, sit down after work and think about your day. What two aspects made you feel stronger, healthier, happier? Write them down in a notebook or journal. What two parts drained you or made you feel bad? Write them down too. Think about what

you could do tomorrow to increase the number of things that made you feel good and to decrease those that dragged you down. At the end of the month, review your journal. What does it tell you about the ways you are caring for yourself and about what you could increase to treat yourself better?

- ♥ Take at least 30 minutes at the end of the day to be alone and quiet. This may not be easy if you have many duties at home, but be creative. Lock the bathroom door and soak in a warm tub; take the phone off the hook; turn off the TV; listen to soothing music; go for a walk; read a good book; light a candle; or meditate. Ask your family to respect this time and not talk with you. A physical therapist I know uses a beautiful old shawl, a family heirloom, as a signal. When she wants time for quiet meditation, she drapes the shawl over her head like a Russian babushka, and her family knows that she is not to be disturbed.
- ♥ Build a routine that helps you separate your workday from your time at home. A specific action, such as changing clothes, can signal to your brain that you have moved from one locale to another. One busy bookkeeper, who works from her office in a spare bedroom of her home, signals the close of her business day by shutting the office door firmly and calling out cheerily, "Honey, I'm home!"
- ♥ Give yourself a treat. For me, that means buying flowers or my

favorite Chinese take-out. What is it for you?

- ♥ Do something you haven't done before, or haven't done for years. How long has it been since you flew a kite, rode a bicycle, or visited the hospital maternity ward and looked at newborns in the nursery? Did you ever take a penny walk or a penny drive? (At each corner, flip a penny—heads you turn left, tails you turn right.) After eating a peach, instead of discarding the pit, plant it and see if it grows.



- ♥ Engage in random acts of kindness. Feed someone's nearly expired parking meter; take cookies to a neighbor; shovel snow from someone's sidewalk; send a note of appreciation; play peek-a-boo with a toddler.
- ♥ Make a list of the important people in your life—and include yourself!

We can't always control the actions or feelings of others. But we can control our own. By taking good care of ourselves, we are better prepared to take good care of our clients. Even the difficult ones.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

A Meeting of the Minds

Dealing with a difficult boss or coworker

Unless you're one of those lucky people who seems able to overlook faults and get along with anybody, you'll likely find yourself, at some time, at odds with a fellow staff member. The best way to deal with the tension is to meet face-to-face and talk about it.

Dr. Luis T. Sanchez, MD (director of Physician Health Services, Massachusetts Medical Society), offers these pointers for a successful dialogue:

- 1. Listen.** Instead of interrupting, let the other person express her viewpoint about the conflict. Wait until she has finished, and then respond.
- 2. Once the other person has had a chance to talk, summarize what you've just heard:** "I think these are the concerns that you just

expressed to me." After you've stated the points, ask, "Is that what you meant to tell me?"

3. Focus on the problem, not the person. Pointing out the other person's faults is like throwing gasoline on a campfire. Be respectful. Talk about how the problem makes you feel, and how it is affecting the relationship between the two of you. Ask for suggestions as to how to fix the matter.

4. Seek a win-win solution. Negotiate. Be ready to allow that some things can't be changed. And agree upon the specific actions each of you can take to make things better.

Many conflicts between people are caused by misunderstanding. You'll be surprised at how easily some problems can be solved if you'll just sit down and talk it over.

(Source: Massachusetts Medical Society Online)

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Our proud sponsor for this issue of the *Digest* is Utopia Home Care, Inc., which joined our sponsor group in 1998. Utopia has provided quality home health care services since 1983 and now has 17 offices in New York, Connecticut, and Florida. All of its offices are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

A family-owned and operated home health care agency, Utopia provides a *Digest* subscription at no charge for each of its aides and has had a home health aide representative on the *Digest's* advisory board for the past five years. Utopia provides ongoing free training classes for those who want to become certified home health aides. The company demonstrates its commitment and support for its home health aides by providing recognition and monetary awards throughout the year. For more information about Utopia, visit its Web site at www.utopiahomecare.com.

With the other sponsors, Utopia will help the *Digest* honor the annual *Home Health Aide Digest Aide of the Year*. That person will be chosen from this year's six "Spirit Profile" HHAs by a panel of judges. The winner, to be named at year's end, will receive a cash award from the *Digest* and its sponsors. That award may be used to pursue career advancement through training or any other means the aide may choose.

We at the *Digest* thank Utopia Home Care, Inc., for renewing its commitment to your publication. As always, such generous support will help us continue to keep individual aide subscription costs as low as possible.

CARE TIPS

If You're Happy and You Know It

I love being a home health aide, and find that every day's work fulfills me. A hospice client once asked me, "Bonnee, how do you keep a smile on your face?" I replied, "Prayer, love, and believing that today is a new beginning." That's how I keep the smile.

Thanks to Bonnee Williams, HHA, of Gentiva Health Services in Detroit, MI.

Opening Stubborn Hands

If a client's hand is contracted, you may find it hard to wash between that person's fingers. Start by placing

the hand in a pan of warm water. This may relax the hand and fingers enough to allow you to wash between the fingers with a thin cloth.

Thanks to our most frequent contributor, Janet D. Fellers, HHA, of Panhandle Home Health in Martinsburg, WV.

Have a care tip you'd like to share with other HHAs? If we publish yours, we'll send you \$10! Send your client care tips (along with your name, address, phone number, and name of your agency) to:

Care Tips, *Home Health Aide Digest*, 2122 10th St. E., Glencoe, MN 55336

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HEALTH CARE SAVVY

A Midlife Predictor of Alzheimer's

As if the slow wearing down of the body weren't bad enough as people reach middle age, it now appears that the decline of the brain that begins at that time may have a part in the onset of Alzheimer's disease as people grow older.

Researchers at UCLA found that the myelin in the brain typically begins to break down as people reach middle age. Myelin is a sort of fatty insulation that allows messages to be sent through the brain. Depending on one's genetics and brain development, the breakdown of this myelin could be a precursor to Alzheimer's.

Once Alzheimer's begins, it is probably too late to reverse the process. Therefore, the researchers suggest that the best time to head off myelin depletion is when it typically begins—middle age. Education and activities that keep the brain active may promote production of myelin. Other steps that may be helpful include diet and exercise programs, anti-inflammatory drugs, iron-lowering medications, and possibly hormone replacement therapy that is designed to prevent menopause.

(Source: *Neurobiology of Aging*, 2004)

Antidepressants Over-prescribed?

We've heard much about antibiotics being over-prescribed for minor viral illnesses and the serious downside of that practice. Now we learn that the same may be happening with antidepressant drugs.

A study in Italy and analysis of similar data from the United States shows that

nearly half of antidepressant prescriptions are filled only once or twice—those patients stop taking the antidepressant as soon as 3 months after they began taking it. Yet, antidepressants generally need to be taken for at least 6 months in order to be effective, according to the guidelines for treating major depression. The drugs are best used to treat chronic conditions. They have been shown to be ineffective in treating mild depression.

This may well mean that some doctors prescribe an antidepressant to appease the patient who comes in with complaints of anxiety, sleep problems, or feeling emotionally upset. Because the antidepressant drugs have many side effects, this isn't usually a good idea for people with relatively mild complaints.

If antidepressant drugs are on your client's medication tray, consider whether or not they are appropriate for that person. If you have any doubts, talk to your supervisor.

(Source: *Drug Benefit Trends*, 2003)

Less Magnesium, More Diabetes?

A diet low in magnesium may mean greater risk of developing Type 2 diabetes.

This conclusion has been suggested by several short-term studies. To check it out more definitely, a research group from Harvard School of Public Health in Boston looked at food-intake data taken over a long period from a large group of health professionals. The researchers followed 85,060 women for 18 years and 42,872 men for 12 years. They recorded magnesium intake as well as other known diabetes risk factors. When participants filled out a food questionnaire every 2 to 4 years,

they were asked if and when they had ever been diagnosed with diabetes.

The results showed that there does indeed seem to be an inverse relationship between magnesium intake and diabetes risk—the lower the magnesium intake, the greater the diabetes risk. This was true of both men and women and persisted when researchers adjusted for other diabetes risk factors such as family history, smoking habits, etc.

Good reason to eat more leafy green vegetables, nuts, and whole grains—all good sources of magnesium.

(Source: *Diabetes Care*, 2004)

Music a Balm for Cancer Patients' Fears

Music therapy has been proven useful in helping patients cope with medical issues. Now music has been found to help cancer patients undergoing stressful treatments for blood-related cancers.

Patients with cancers such as Hodgkin's lymphoma and multiple myeloma often undergo a treatment called high-dose therapy with autologous stem cell transplantation (HDT/ASCT). The treatment has nasty side effects including fever, fatigue, and loss of appetite. These, coupled with the need for isolation during a long hospital stay and worry about the outcome of the treatment, cause real mental distress in the patient.

Exploring the use of music therapy for these patients, researchers from Memorial Sloan-Kettering Cancer Center in New York studied about 70 patients scheduled for HDT/ASCT. One group followed a structured music therapy program, working with a music therapist in regularly

scheduled sessions to choose music for easing pain and anxiety. The other group received usual care, listening to music if they chose to do so.

The patients who received music therapy scored 37 percent better on a total mood disturbance test and 28 percent better on an anxiety/depression scale than those who received standard care. Keep this in mind when working with clients who are in pain and/or distress. Some soothing music that they like may help to ease their discomfort.

(Source: *Cancer*, 2003)



Soul Food and Obesity

Obesity affects the American population like an epidemic. While overweight people seem

to be everywhere, statistics show that obesity is most prevalent in African Americans, followed closely by Hispanics and then white Americans. People become overweight due to a variety of factors including lifestyle, behavior, genetics, and environment.

It's serious, with over 300,000 Americans dying each year from conditions related to obesity. For African Americans, heritage seems to be a part of the problem, possibly a big part. We're talking about "soul food."

Soul food comes from the cookery developed by the African slaves in the American South. The slaves had to create meals from scrap foods, unwanted vegetables such as okra, certain weeds, and undesirable, fatty cuts of meat. Salting and frying the food helped to make it tasty and filling. Therefore, unfortunately, the soul-food tradition is not very healthy, providing meals high in fat and sodium. Not a healthy mix.

While soul food is not a part of every African American's diet, it may be something your client craves. Some who love soul food are not aware of

HHA-ha HAH!

A Piece of the Action

While taking the vitals of my 94-year-old client, I announced his blood pressure (BP) and he asked, "Is that good?"

"If all my clients had BPs that good, I'd be out of business," I replied.

"So...I'm going to live another day?"

"Probably several," I answered with a chuckle.

"Then you'll be coming back again?"

"Oh, yes. You're my job security," I told him.

"You mean, as long as I'm alive, you've got a job?" he joked, and we both began to laugh.

"Well, yeah, you could say that," I said.

"Great!" he exclaimed. "Now, whom do I talk to about getting my cut of your paycheck?"

Thanks to Tammy Shiflett, HHA, of Hackley Visiting Nurse Service in Muskegon, MI.

Have a humorous work experience you'd like to share with other HHAs? If we publish yours, we'll send you \$10! Send your story (along with your name, address, phone number, and name of your agency) to:

Humor, Home Health Aide Digest,
2122 10th St. E., Glencoe, MN 55336

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the health risks; others choose to eat it anyway, even though they know it is unhealthy, because it is part of the lifestyle and tradition they grew up with.

As an HHA, if you are involved in meal preparation for an African-American client, you can teach the client about low-fat ways to prepare soul food dishes or serve other healthier offerings along with the soul food dish. It's important to do this while respecting the client's culture and tradition. Appreciate diversity!

(Source: *Topics in Advanced Practice Nursing eJournal*, 2003)

OUR MISSION:

To educate, encourage and elevate Home Health and Hospice Aides as vital participants in the delivery of health care.

Home Health Aide

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Spirit Profile *continued from cover*

they're going through, the stress they're under, their family problems. The best advice I can give them is, 'Take one hour at a time.'"

HR's mission is to "care, comfort, and heal." Each day, Linda strives to fulfill that mission "by doing the best job I can." She knows she has succeeded, she says, because "I feel good."

As she gives clients her best, Linda builds a deep connection with them and their families. "Everybody is special to me," she says. "They're kind of my extended family. My rewards are their hugs and smiles, their thank-yous, the great feeling I can't explain."

Each client leaves an imprint on Linda's life, and she has learned a valuable lesson from them: "The richest people are those who have their health," she says, but in a client's suffering, "I see strength. When a client dies, I cry. I feel loss. Yet, I'm happy for them because their pain and suffering are over. It was nice to have known them."

Some of Linda's most challenging work has been with ALS ("Lou Gehrig's disease") clients. "They can't verbalize what they want," she observes. "They cry a lot. You want to know what they want, but it's hard to figure out."

"Every client is a human being, and not just a disease, so I treat them with dignity," Linda asserts. "Everyone is different, so every situation has to be

dealt with differently. So be patient and listen. There's no perfect situation."

In Linda's mind, part of treating the client with dignity is keeping a professional appearance: a clean, neat look without too much makeup. "I put myself in the client's shoes," she explains, "treating them the way I would want them to take care of me. If I look professional, the client seems to feel more secure."

Just as she advises a client's family to take one hour at a time, Linda says, "I take every day one step at a time. I never know what's going to happen." She faces each situation with a sense of humor. "I try to stay happy," she says. "I try to make the best of a bad situation, and to be the same person all the time."

Also, Linda doesn't hesitate to take her days off and her vacation time. "I need it," she admits. "I'm human, and I don't want to burn out. I need to get away and do some peaceful things."

Linda passes on her many years of experience to new home health aides as a preceptor, and she believes that her actions speak louder than words. "They watch me go into a home and see how I work with the client and family. They see my enthusiasm. Sometimes it rubs off."

Linda may have fallen into home health care, but it's quite clear that she treats it as a calling. Her 23 years of service to clients leave no doubt that

her fall was destiny. If that can "rub off" on the next generation of HHAs, we foresee many satisfied clients.

The address of the office that nominated Linda Meisner is:

Holy Redeemer Home Health and Hospice Services
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