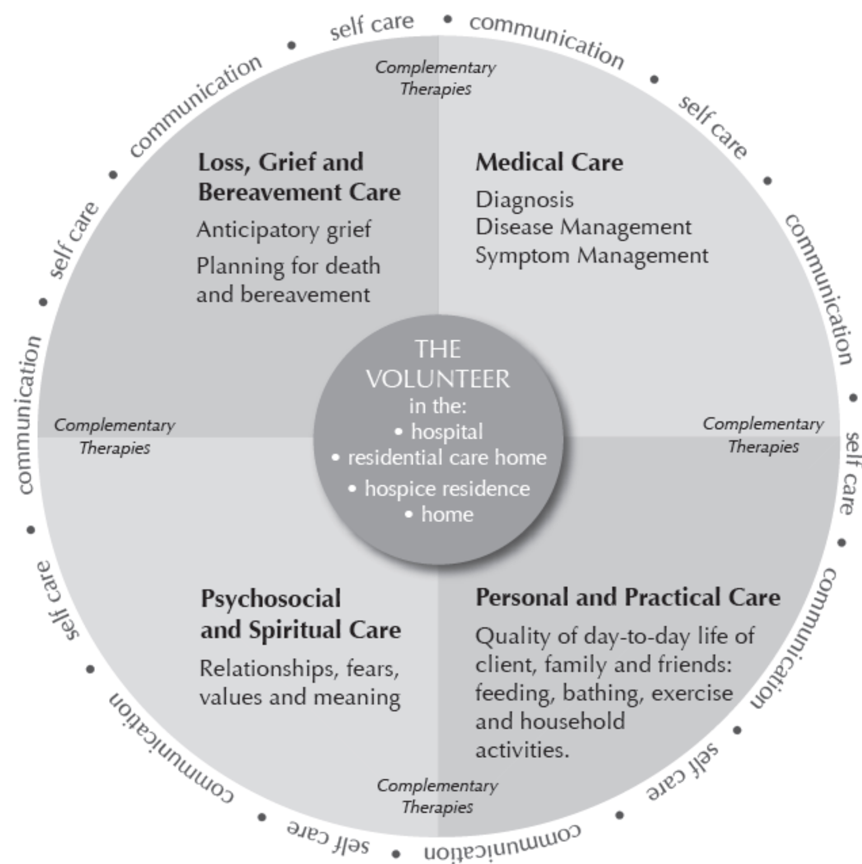
Module 6
COMMUNICATION

The best way to find things out is not to ask questions at all. If you fire off a question, it is like firing off a gun – BANG it goes, and everything takes flight and runs for shelter. But if you sit quite still and pretend not to be looking, all the little facts will come and peck around your feet, situations will venture forth from thickets, and intentions will creep out and sun themselves on a stone; and if you are very patient, you will see and understand a great deal more than a person with a gun does.

Elspeth Huxley, The Flame Trees of Thika

British Columbia HOSPICE PALLIATIVE CARE Association

Module Six: Communication



Learning Outcomes

Upon completion of this module the volunteers will:

1. Understand the primary importance of listening in their role as hospice volunteer.
2. Understand the importance of and be comfortable just “being with” their client.
3. Understand the various ways that clients and their families react to illness, loss, grief and bereavement.
4. Understand cultural differences in communication.
5. Be aware of factors such as pain, loss of speech and confusion that may affect the client’s ability to communicate.
6. Understand the continuing need to improve their communication skill.

The Importance of Communication
Being an effective communicator is a primary role of hospice volunteers. It is integral to all aspects of their work and to all relationships. A client will be most at ease with a volunteer who is present, calm and attentive; one who is comfortable with silence; is aware of their own and the client's body language and is able to just listen.

NOTE: Though this module is presented at the end of the binder, you may choose to integrate parts or all of it at any time with other modules, particularly the Psychosocial and Grief, Loss and Bereavement Modules.

Training

Orientation and Basic Training

1. **Effective Communication**
2. **Factors and/or barriers affecting communication**
3. **Communicating with clients and families**
   - How clients and family may react to illness, grief, loss and bereavement.
   - How to respond to client and family reactions.
   - How family dynamics and cultural differences influence communication.
4. **Communicating with hospice team members**
   It will be important for volunteers to be familiar with:
   - the organization's staff members, their responsibilities and roles in relation to volunteers;
   - the organization's policies and procedures relating to volunteers;
   - the opportunities that exist through team meetings, education sessions and social gatherings for volunteers and staff to connect.
5. **Communication with other hospice palliative care team members in the hospital, hospice residence and residential care home**
   To ensure the volunteer is a valued and participating member of the hospice palliative care team, it would be helpful to have guiding principles in place that spell out how the team members will work together, including:
   - confidentiality;
   - how volunteers request and receive information, assistance and advice;
   - the limits of the volunteer's role (e.g. attending rounds as a silent observer,
   - access to information, privacy, etc.);
   - ensuring that volunteers are familiar with protocols for reporting to and communicating with all staff they encounter including:
     -signing in;
     -procedures for communicating observations; (communication book, debriefing with staff, etc.)
     -what constitutes an emergency.

Orientation and Basic Training cont'd

6. **Communication with client, family and care staff in the home:**

   To ensure the hospice volunteer continues to be welcome in the client's home and contributes to the quality of everyday life of client and family, it will be important to include training on how to conduct oneself in a private residence.

   Though volunteers may play a more significant role than a guest, they must remember that they are not family members or immediate friends and will need to know how to maintain appropriate boundaries. They should know for example to refrain from:
   - joining family conversations unless invited;
   - being drawn into family conflicts.

Ongoing Training

1. Provide opportunities for volunteers to practice and enhance their communication skills using role plays and exercises.
2. Encourage volunteers to attend workshops and courses on communication, such as those offered by the Justice Institute of British Columbia (www.jibc.bc.ca) or your local community college.
3. Offer workshops that focus on cultural context in communication.

Training Methods

1. Provide an overview of the above topics with handouts for reference.
2. Include experiential exercises, including role plays, that allow volunteers to practice their communication skills in many different situations and in different roles. This can even be done informally in pairs or threes when they get a chance.
3. Invite experts to speak to volunteers or conduct workshops on various aspects of communication.
4. Show videos that demonstrate various aspects of communication.
5. In a multicultural community, have guest speakers from the various cultures speak to the volunteers about how individuals and families in their cultures communicate, particularly around illness, grief, loss and bereavement.
6. Provide volunteers with guidelines for communication in each of the settings where they work. Information could include directions to each of procedures.

RESOURCES

Module 6

COMMUNICATION

RESOURCES

- **Being There**
- **Questions to Ask Yourself**
- **Communication Exercise**
- **Communication Exercise II**
- **Effective Listening Skills**
- **Going Empty**
- **The Way of Council Practice**
- **Ten Commandments for Good Listening**
- **Listening Checklist**
- **Phone Support Guidelines**
- **Risk Factors or Indicators of Difficult Grief**

BEING THERE

Palliative care makes the promise that the client and the family will be cared for spiritually, intellectually, emotionally and physically. No person could possibly do that, and of course no one person does.

The promise is impossible if one person or discipline presumes to provide it; next to impossible if specialists, however talented and well intentioned, work in isolation from one another; but possible if caregivers work as a well-trained and coordinated team.

People are not created as separate 'pieces' – a change in our physical well-being affects us totally. With the pronouncement of a terminal diagnosis, feelings flood our thoughts and spirits. The very foundation of our being is shaken and we look for, and need, more than medical science can offer. What is required is the willingness of the members of the health care team to be present with people in their fear and uncertainty – without the answers.

How then can each of us help? We begin with who we are. Our life experience of loves and losses, our history, our interests are all available to help us really connect with clients - and they need us to connect. In this work, it simply comes down sooner or later, to how comfortable we are with ourselves, with others and with the whole idea of dying, because often working with the dying involves more "being" than "doing".

Generally it is the "doing" that we are more comfortable with but the client's need at this time, more than ever, is for someone who can be counted on to be there for them. Availability is probably the single most reassuring and helpful attribute in a person who is working with the dying. The highest praise any caregiver can hear may be: *"You were there when I needed you".*

EMPATHY

The power of entering into the experience of
or understanding emotion outside ourselves.

The ability to identify with a person and so
understand his or her feelings.

The ability to communicate this understanding.

1. Empathy: the human connection to patient care
   https://www.youtube.com/watch?v=cDDWvj_q-o8

   www.youtube.com/watch?v=1Evwgu3695JW

Courtesy Prince George Hospice Society

QUESTIONS TO ASK YOURSELF

Listen for Content

1. Are you sure you are hearing the speaker's situation correctly and completely?
2. What assumptions might you have made about the speaker?

Listen for Feelings

1. Are you sure that you are hearing the speaker's feeling correctly and completely?
2. What clues were you hearing to suggest what the speaker was feeling?

Responding to Feelings

1. Did you reflect specific feelings? What did you miss?
2. Did you link content to feelings?

Open-Ended Questions

1. Were you able to use both reflections and open-ended questions?
2. Was some of your question specific?

Voice

1. Was your voice warm, caring?
2. Was your voice genuine? Ask for feedback.

Respect for Speaker

1. Did you focus on the speaker's issues rather than other people's issues, or your own problems or perspectives on those issues?
2. Were you able to suspend judgements… both positive and negative?

Silence

1. Did it feel comfortable for you as the listener? Did you rush to fill in the silences?
2. Check with the speaker to see if the responses came too soon or too slowly.

Courtesy Mission Hospice Society

COMMUNICATION EXERCISE

NOTE: It is important to remember that hospice volunteers are not "counsellors". There will be times when a social worker, a chaplain or other professional would be the most appropriate person for the client to talk to. In these cases it would be appropriate to say (after validating their feelings and a few moments of conversation) "Sounds like this is a very important issue for you. I'm feeling that the social worker/chaplain might be better qualified to help. Would it be OK with you if I ask her to come and talk with you?" Sometimes the client will refuse – they may have built up enough of a rapport that they are more comfortable talking to you. Remember your listening skills - you are not there to "fix"- you are there to offer support.

Most important, always try to validate feelings and invite the person to share more.
The following are some of the many possible responses in these scenarios.

1. **"The weather is so depressing. It rains all the time."**

   Feelings: Sadness, loss, discouraged, despairing, boredom, upset, lonely, hopelessness, low, frustrated, depressed.

   Responses:
   "Sounds like you are feeling pretty blue (or grey) today"
   "Could it be you are feeling a bit like the weather?"
   "Hard to feel sunny without the sun?"

2. **It is near Christmas time and a woman says "This is such a hard time of year for me this year."**

   Feelings: grief, lonely, abandoned, sad, lost, anxiety, stressed, nostalgic. This may be a grieving person. If a palliative client they might also fear being a burden, or scared it will be their last Christmas.

   Responses:
   "What's happened this year that makes it so difficult?"
   "Christmas can be a hard time, especially if you have lost someone you love"
   "Sounds as if you are feeling different this year. Has something happened to change your feelings?"

3. **"I should have been a better husband/wife. I let him/her down many times."**

   Feelings: guilt, fear of loss, regret, failure, self doubt, disappointment, sadness, despair, inadequacy, anxiety, anger, hopelessness, lonely, grief over lost opportunities.

   Responses:
   "Sounds like you have a lot of regrets."
   "Sounds like you have been reflecting on your relationship."
   "Sounds like you've given this a lot of thought – how do you feel you let him/her down?"
   "What do you wish you had done differently?"

Courtesy Nanaimo Hospice Society

COMMUNICATION EXERCISE cont'd

4.“That doctor…he never gets in here when he says he will.”

Feelings: fear of abandonment, anger, frustration, insignificance, rejection, lack of control, afraid, resentment, worthless, impatient, anxious, disrespected

Responses:
“It must seem like an eternity waiting for doctors sometimes.”
“Pretty frustrating eh?”
“Do you feel like you're always waiting for something these days?”

5. “I'm dying. I don't want to die….”

Feelings: anger, fear, regret, anxiety, defeat, sadness, sorrow, anguish, questioning, helplessness, defiance, self pity, denial, disbelief, concern for loved ones, panic, loss of control.

Responses:
Silence and a comforting touch.
“I can't begin to imagine how you are feeling?”
“Sounds like there are still things you want to do.”
“This must be so hard for you.”

6. A 35-year-old woman has been in the Palliative Care unit for 3 weeks and you have conversed with her a little each week. She says, **“I feel dreadful today.”**

Feelings: pain, sorrow (suffering), discouraged, helpless, fear, fatigue, foreboding, weary.
Responses:
“What's going on for you today?”
“Sounds like you are feeling discouraged – what's happening today that makes you feel dreadful?”

7. An elderly woman has just found out she has cancer of the stomach and it is too advanced for treatment. She says, **“There must be something that can be done. I'm not ready to go yet.”**

Feelings*:* fear, denial, feeling of incompletion, shock, feisty, loss of control, frustration, disbelief, wanting hope, cheated, anger, panic, bewilderment

***Responses*:**
“It must be so hard to hear that sort of news?”
“Sounds like you still have things you want to do.”
”Sounds like you have had quite a shock.”
“Must be hard to believe this is really happening to you?”

Courtesy Nanaimo Hospice Society

COMMUNICATION EXERCISE cont'd

8. A young woman has breast cancer, which has metastasized, and she knows she is dying. She says, **"I wonder if my husband will find somebody else soon."**

***Feelings*:** grief, fear of being forgotten, sadness, insecurity, lonely, concerned, jealous, love, betrayal

Responses:
"Is that something that you fear?"
"Are you worried that that's what will happen?"
"Are you thinking he might forget you once you are gone?"
"Is that a distressing thought or a comforting one?"

Courtesy Nanaimo Hospice Society

COMMUNICATIONS EXERCISE II

Group is divided into two's – they sit back to back. One listens, one speaks for five minutes. The listener can't encourage the speaker with words/gestures etc. then they switch and the listener becomes the speaker. The speaker must speak on their own topic and not respond to what the other had said and to not say anything personal. After we debrief – comfort level in having to speak for that length of time, having to listen without responding, how they handled external and internal stimuli, and how they handled moments of silence – if there were any pros and cons to both. I've had trainees do this exercise in the meeting room and out on the hospice deck where noise from traffic was an issue. Good learning experience.

Nancy Reeves – Victoria Hospice

Courtesy Karen Lynch BSW
Co-ordinator of Volunteers – Grief Support
Quesnel & District Hospice Palliative Care Association

EFFECTIVE LISTENING SKILLS

Some people think that “listening” is the same as “hearing”. It’s not! Listening must be learned. You must actively participate in a conversation and comprehend the ideas behind the words in order to really listen and understand. To listen actively, pay attention to both what the speaker says and what the speaker does.

Show The Speaker That You Are Interested

Tone of Voice: Be aware of the tone of your voice when you respond to the speaker. A monotone communicates boredom. Even with moderate tones, you also show boredom when combined with certain tones in the voice. Change the level (modulation) of your voice to show interest when you are responding.

Expression: Look the speaker in the eye – it shows that you are paying attention to what is being said and lets the other person know that you are friendly and receptive.

Gestures: Gestures indicate that you like the speaker. In fact, a lack of gestures can indicate unfriendliness. Open palms and large open gestures with the hands show that you like people.

Posture: Leaning toward the speaker shows interest. It doesn’t need to be overdone, but a movement of the upper half of the body towards the speaker says that you are really interested in what’s being said. If you fold your arms or back away, you show that you aren’t interested in what the speaker is saying.

Ask: Get the full story by asking questions. Don’t assume that you know what is going to be said. Listen so you will be able to ask relevant questions to get even more information.

Create A Safe, Peaceful Atmosphere

Sit across from, and on the same level with, the person. Be sure you are not seated at a higher level, looking down at them.

Shut the door and let the person know that you are there to listen.

Note bad eyesight or hearing problems and situate yourself so as to decrease the impact of either of these challenges.

Above all, **DO NOT JUDGE.** Do not try to convince the person of what YOU believe. A person must find their own solutions; they must recognize their own problems and experience them for themselves. We are there to provide an environment that is safe and understanding from the heart. Be open and non-judgmental. Only then will the person feel safe**.**

Courtesy Mission Hospice Society

GOING EMPTY

The term *going empty* means to leave your agenda, your issues (your "stuff") outside when you are going to visit the dying person. This does not mean that you never say anything personal, but it does mean that you are there primarily to listen to and support the dying person. *They* set the agenda. Their needs determine the content of the visit. As aware as we are of this, it can still be a challenge, especially after a difficult or busy day. Here are some suggestions, which might help you to "empty" yourself before a visit.

1. If the dying person lives within walking distance, walking could provide you with some quiet time and to rid yourself of the day's stuff.
2. Listening to some special music can help to quiet your mind.
3. A relaxing bath can work wonders to leave stresses behind.
4. Visualize that as you enter the dying person's room you are leaving your own worries and cares outside the door.
5. Make sure that you are getting enough sleep and that you are meeting the needs in all four areas of your life – mental, physical, spiritual and emotional. **SELF-CARE** is so important in the helping field.
6. Set boundaries and respect them. Do not over extend yourself. When we overdo, it speaks more of our needs than the dying person's needs.
7. If you are extremely upset or emotional, you would probably be wise to postpone the visit.
8. Take time to reflect on the previous visit. Some visitors find journaling helps them to express their thoughts and feelings.
9. Take a few deep breaths before the visit.
10. Talk to the Creator, or whoever your Higher Power is.

    Other suggestions: (fill in your own ideas).

BROWN BAG YOUR STUFF AND LEAVE IT AT THE DOOR

Courtesy Mission Hospice Society

THE WAY OF COUNCIL PRACTICE

Council is a practice where we, as listeners, develop a quality of listening that elicits wisdom from the one who is speaking. To be in Council with someone means to bear witness to his or her story, to his or her suffering.

To be in Council, we listen with a kind of deep devotion to the speaker, not judging, practicing absolute tolerance and non-prejudice, as though we, ourselves, are listening from within the speaker.

Often, Council begins in silence, giving a chance for each person to drop down to the truth in his or her own heart.

Council honours the wisdom of the circle. Groups of First Nations Elders sit in a circle in a position of wisdom. Council allowed the Quakers practice in devout listening and speaking spontaneously from their hearts. There is even mention of Council in Homer's Iliad.

You can be in Council with one person or one thousand people. Council is a practice where each person can speak clearly and listen deeply. In Council, each sits so that he or she can see the others. In Council, a shift is made from busyness to intimacy and truth. In Council, connection is made with the spirit of place and the sacredness of space.

A Native American teacher suggests that a lighted candle, (or a flower, a rock, or some other chosen symbol) be placed in the center of the space. This symbol represents the Children'sFire. The Children's Fire is the fire of our own innocent heart. As devout listeners, we do not speak across the children's fire. The Children's Fire is there to remind us of who we really are: the spirit part of our experience.

A talking piece (a stone, talking stick, family heirloom, or another object of choice) helps to keep each person in Council on track. Whoever has the talking piece has the others' undivided attention and devout listening, as each practices the "The Four Intentions of Circle".

Adapted from audiotape by Joan Halifax *Being with Dying*

Courtesy Mission Hospice Society

TEN COMMANDMENTS FOR GOOD LISTENING

1. ***STOP TALKING*****:** You cannot listen if you are talking. As Polonius says in *Hamlet*, "Give every man thine ear, but few thy voice".
2. ***PUT THE SPEAKER AT EASE:*** Help them feel that they are free to talk. This is often called a "permissive environment".
3. ***SHOW THE SPEAKER THAT YOU WANT TO LISTEN*****:** Look and act interested. Do not read your mail while they talk. Listen to understand rather than to reply.
4. ***REMOVE DISTRACTIONS*****:** Don't doodle, tap or shuffle papers. It will be quieter if you shut the door.
5. ***EMPATHIZE WITH THE SPEAKER:*** Try to put yourself in their place so that you can see their point of view.
6. ***BE PATIENT*****:** Allow plenty of time. Do not interrupt. Don't start for the door or walk away.
7. ***HOLD YOUR TEMPER*****:** An angry person gets the wrong meaning from words.
8. ***GO EASY ON ARGUMENT AND CRITICISM*****:** Argument and criticism puts people on the defensive. They may clam up or get angry. When you argue, even when you win, you lose.
9. ***ASK OPEN-ENDED QUESTIONS*****:** This encourages people and shows them that you are listening.
10. ***STOP TALKING*****:** This is the first and the last commandment, because all the others depend on it. You just can't do a good job of listening while you are talking.

We were given two ears, but only one tongue,
a gentle hint that we should listen more than we talk.

Courtesy Mission Hospice Society

LISTENING CHECKLIST

- Am I facing the speaker and making eye contact?
- Am I aware of body language?
- Do I know my bias and prejudices so that they do not unduly filter out certain messages?
- Have I established a comfortable distance?
- Am I relaxed and do I look interested?
- Do I try not to over-respond to emotionally charged words?
- Do I understand that in order to hear I need to stop talking?
- Do I consider the person involved as well as the situation?
- Have I shut out my own thoughts and distractions?
- Do I wait before responding (don't finish his/her sentence)?
- Can I tell when there is a hostile, emotionally charged atmosphere?
- Do I listen to content and acknowledge it?
- If I am having trouble being understood, do I understand that the burden is on me to try to understand the other person?
- Do I listen for what is not being said?
- Do I listen to feeling and validate them?
- Do I understand that being a good listener does not mean I must believe what I am hearing or subscribe to the values of the speaker?
- Do I talk about myself only after I have really listened?
- If I were a good listener, would I listen to myself?
- Do I understand that there will be silence and am I comfortable with it?

Courtesy Mission Hospice Society

PHONE SUPPORT GUIDELINES

Prior to the first call:

When the office receives notice of a recent death that requires follow up, the Director of Client Care sends a sympathy card and information letter to the appropriate person. The letter outlines the bereavement services that we offer and informs the person to expect a phone call from a Hospice volunteer within 2 – 3 weeks.

Usually, it's the Grief Support Coordinator who makes the first phone call in order to establish contact with the person, find out how the person is doing, and assess need. Should the coordinator feel that it is important to keep in contact with the client, she asks the client if it's okay if someone from Hospice phones again in a couple of weeks.

When making the call:

The first call is the hardest for both the volunteer and the bereaved client, but it becomes easier over time:

Always identify yourself, give the purpose for the call, and ask if the timing of the call is appropriate. For example:

"Hello Mrs. Hanson, my name is Mary Peters and I'm a grief support volunteer with Cowichan Valley Hospice. I'm calling to ask how you are getting along. Is this a good time for you or would you prefer that I call at another time?"

Listen carefully to what the person says and how he or she is saying it. If the client cries, don't hang up. Allow time for the person to regain composure and be sensitive as to whether or not they wish the conversation to continue.

Ask how the client prefers to be addressed, i.e. by their first name or their surname. If you don't already know it, ask the name of the deceased and don't be afraid to refer to the deceased by name during the conversation.

Sorts of questions to ask during the first one or two calls:

- How are you sleeping, eating, feeling physically?
- Are you concerned about yourself or any other family member?
- How are you managing the practical issues—estate, daily routine, returning to work (if appropriate)?
- Are you getting the support you want?
- Do you have people you can talk to about the person who died?
- Would you like other Hospice services: 1:1, Thursday afternoon drop-in, on-going phone support? Mention the resources in the office: pamphlets, library books, etc.

Something to remember in the early days following the death or funeral

Client may feel some relief and euphoria that things went as well as they could, that family managed well, and that care was good. These feelings often sustain family members for a while before reality sets in and other feelings arise.

Courtesy Victoria Hospice and Grace Hospital Manitoba

PHONE SUPPORT GUIDELINES cont'd

The early days following the death or funeral cont'd

Some indicators of difficulty in the early days:

- Keeping busy all the time, no time for grief, "just get on with life."
- Can't cry or won't allow themselves to cry.
- Continuing shock, which prevents necessary functioning.
- Use of alcohol or drugs for coping; previous mental illness.

Sorts of questions to ask in subsequent calls:

- How are you looking after yourself? Any changes in your own health?
- Do you have opportunities to talk about your memories, your emotions, and your worries with family or friends?
- How are you managing the ups and downs, the good days and the bad days?
- How different has life been since the person died? How are you coping with these changes?
- Have any other losses or major changes happened since the death?
- Are you concerned about yourself or any other family member?
- What expectations do you have about managing over the coming weeks and months?
- How are you planning to deal with upcoming events e.g. Christmas, Easter, Thanksgiving, birthdays, anniversaries etc? How are you feeling about these times?

Indicators of difficulty later on:

- Being overwhelmed by emotions.
- Stuck with a certain aspect of what happened.
- Going round and round without being able to resolve an issue.
- Feeling abandoned by usual support systems.
- Inability to return to most normal routines.
- Flashback images of the death.

NOTE: Statements like, "I feel like I'm going crazy."; or "I feel depressed."; or "What's the point of getting up in the morning?" are normal, **but such statements need to be checked out further.**

At the anniversary of the bereavement, it's best to call a few days before the date and ask the following sort of questions:

- With the anniversary coming up, what plans do you have for that day?
- Who will you share it with you?
- Are you having thoughts and memories of this time last year? How has that been?
- Over the last months and weeks, how do you think you've been managing?

Courtesy Victoria Hospice and Grace Hospital, Manitoba

PHONE SUPPORT GUIDELINES cont'd

Indicators of difficulty around the anniversary of the death:

- Feeling no change from earlier days of grief.
- More bad days than good days.
- Fears of facing the future or inability to see a positive future.
- Guilt or resistance about going on with life

NOTE: It's normal to feel worse close to the anniversary date, so it's important to check the extent and duration of difficult feelings and thoughts.

Risk Factors or Indicators of Difficult Grief

Make a note if clients express any of the following concerns and report all concerns to the Grief Support Coordinator or the Director of Client Care:

- Difficult relationships with family members or with the person who died.
- Lack of perceived support.
- Difficult circumstances surrounding the death such as a sudden, violent, or suicide death, or if drugs/ alcohol use/abuse were involved
- Multiple losses; concurrent deaths, or past unresolved losses.
- Mental or physical health problems or disabilities.
- Emotional or spiritual crises.
- Major changes in life circumstances.

Points to Remember

- Listen and accept where the client is at today.
- Provide information and normalize the grief process.
- Suggest other appropriate Hospice grief support services as appropriate.
- Do **not** just stop phoning the client because you think they are doing fine. The second year after a death is often worse than the first.
- Tell the client if you plan to go away and ask if they would like someone else to phone while you're away.
- Consult coordinator/Director of Client Care before finishing with a phone client.

Home phone number

- It's a matter of personal choice whether you give a client your home phone number. Usually it's best to avoid sharing your home number until you have developed a rapport with the client.

Courtesy Victoria Hospice and Grace Hospital, Manitoba

RISK FACTORS OR INIDICATORS OF DIFFICULT GRIEF

Make a note if clients express any of the following concerns and report all concerns to theGrief Support Coordinator or the Director of Client Care:

- Difficult relationships with family members or with the person who died.
- Lack of perceived support.
- Difficult circumstances surrounding the death such as a sudden, violent, or suicide death, or if drugs/ alcohol use/abuse were involved
- Multiple losses; concurrent deaths, or past unresolved losses.
- Mental or physical health problems or disabilities.
- Emotional or spiritual crises.
- Major changes in life circumstances.

Points to Remember

- Listen and accept where the client is at today.
- Provide information and normalize the grief process.
- Suggest other appropriate Hospice grief support services as appropriate.
- Do **not** just stop phoning the client because you think they are doing fine. The second year after a death is often worse than the first.
- Tell the client if you plan to go away and ask if they would like someone else to phone while you're away.
- Consult coordinator/Director of Client Care before finishing with a phone client.

Other Considerations

Home phone number

It's a matter of personal choice whether you give a client your home phone number. Usually it's usually best not to give out your home number until you have developed a rapport with the client.

Courtesy Nanaimo Hospice Society