

Telehealth Modules- Module 2- Client Relationships & Therapeutic Relationships

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Health Workforce Initiative

MODULE 2 Client Relationships and Therapeutic Communication

Student Learning Outcomes: On completion of this module the student will be able to:

- Role play at a novice level a telehealth script to a potential client.
- Illustrate three ways a client's telehealth visit can be culturally relevant and inclusive.
- Identify client needs based on safety and protocol.

Relationships

A social relationship is usually based on some level of friendship where needs mutually met and advice is exchanged. A family relationship can come in many forms such as parent-child or sibling to sibling. Family relationships have communication that can be very personal and specific to the relationship and mutual needs are met. An intimate relationship has a level of emotional commitment and mutual needs met. In an intimate relation the communication is personal and can involve intimate desires.

A therapeutic relationship between a healthcare worker and an client is different. This relationship is established to be growth fostering and the focus is on the client concerns, needs, and goals. The healthcare worker uses specific techniques to identify and explore the client's concerns, needs, and goals then guides the client to new coping skills and behavioral changes.

Boundaries

Where physical boundaries like fences and walls create space and place, the therapeutic relationship creates personal space. A well-defined relationship between the healthcare worker and the client makes the boundaries clear by establishing when and how telehealth visits will take place and what role each participant has. Clear relationship boundaries create safe emotional space so the healthcare worker can establish trust with the client and guide the work of telehealth visit.

Structure

All conversations, including telehealth visits, have a beginning, middle, and end. This gives structure or boundaries to the visit.

Pre-Orientation

Planning for your telehealth visit is the pre-orientation phase where you plan for the client telehealth visit by looking over the referral or past visit notes, identifying the reason for the visit, and gathering education and resource information. If you have concerns about the visit this is the time to ask questions of your instructor or the client's care team. Spend a minute thinking about what you feel about this client and the visit. What are your goals for the visit?

Orientation

In the orientation phase the healthcare worker introduces themselves and explains their purpose for visiting. There should be a discussion between the healthcare worker and the client about what will be the focus of the visit and the responsibilities and roles of each person involved. There may be a written or verbal contract or consent for the telehealth visit and confidentiality practices should be explained. The length of the visit and how many visits the student healthcare worker will make sets the boundary of when the visit(s) end. This part of the visit is a 'get to know' time and helps establish trust or rapport between the student and the client.

Working

Student and client will do the most work in the working phase (pun intended). Assessing the client or listening to them will help you identify the concerns that need to be addressed. Part of your assessment may include having the client do their vital signs and share them with you or going over how the client is using their medications. Asking the client general things like how their week is going allow the client to express concerns or share their joys.

Termination

Letting the client know how long a telehealth visit will be let's the client agree to the time frame or disagree. It also creates the boundary for ending or terminating the visit. If there will be a series of visits, discuss the best times and each visit ask the client if the visits are helpful. It's okay to end a visit early or stop a series of visits if the client is not willing to participate or feels their goals have been met.

Culture in Healthcare

When student healthcare workers are helping clients, the client may have a different culture from the student. They may share some cultural ties or be very different. Healthcare workers come with their own cultures, beliefs, and values. There may be a large gap between what the client believes and what the student believes about certain customs or practices such as eye contact. Let's take some time to think about what some words mean and how we can have cultural humility.

Culture

Culture is often defined as a group of people's shared beliefs, practices/customs, and values that can guide the group's way of thinking and experiencing the world. A group can share culture partially or wholly through such bonds as race, ethnicity, language, religion, or geographical location. Culture can also be shared through work/training, school/education, disabilities, or sexual orientation and can be expressed in by things like foods, home decoration, clothing, art, and music.

Race

Physically characteristics passed genetically distinguish racial groups in the visual and biological sense. Racial groups can have many ethnic cultures scattered across a large geographic area. These groups may or may not have much shared culture.

Ethnicity

Ethnic groups have a common history and heritage. An ethnic group may share a larger world view about how the world works and how people should relate to one another. The world view can influence beliefs, values, and practices.

Importance of Culture

Each culture has norms or expected behavior and beliefs about how people should act. One culture may value being on time for an appointment but another culture has a more flexible attitude about time. One culture may value independence and encourage young people to get out into the world at an early age. Another culture may value family/group bonds and interdependence so the young people are encouraged to stay at home and live with the family while taking direction from the family elder. Non-verbal communication plays a significant part in how people communicate and it can be very different across cultures.

Cultural Empathy and Humility

Having consideration and appreciation for the differences and similarities of cultures shows cultural empathy. This empathy comes basically from exposure to other cultures and understanding your own culture.

Identifying which culture(s) are yours and what you believe about the world (worldview), including faith/spirituality, family bonds, customs and practices, language, and behavior will help you become more open to other people's culture. Ask polite questions to learn more about peoples' cultures and be willing to observe differences in behavior, body language, eye contact, hand shakes, etc. We can never know everything about another culture but if we realize this and remain humble, we can become open to learning about other people's culture.

Cultural Relevance

When a healthcare worker uses cultural empathy and humility to listen and learn then make a client's care meet the client's cultural beliefs and needs the care becomes more relevant to the client. If the client does not have a home or transportation because they are part of the homeless culture, the healthcare worker would need to meet the client where the client is, literally. Appointments may not be kept and prescriptions may not be filled due to the client's cultural barriers.

Example

A pharmacy technician notices a blood pressure prescription for a certain client has not been picked up for over a week and needs to be returned to stock. Before returning the medication to stock, the pharmacy tech decides to call the client. The client, a 74 year old Armenian man who recently came from Armenia to live with his daughter and her family, is hard of hearing and speaks little English. The pharmacy tech talks with the daughter who speaks English but sounds hesitant. The pharmacy tech offers to get an interpreter who speaks Armenian and the daughter agrees. With the interpreter's help over a 3-way phone call, it is agreed that the daughter will pick up the client's medication and a blood pressure cuff for home use. The daughter says she really isn't sure what blood pressure is and why her father needs medication. The pharmacy tech encourages a return visit to the client's doctor for education and asks about how medical care works in Armenia. The client's daughter says it's very different and here in California they fear large medical bills so stay away from the doctor. The pharmacy tech asks what they do when they are ill and there is a conversation about home remedies.

The pharmacy tech was willing to take time to hear about an unfamiliar culture and offer encouragement about medical care for the client.

Example

A 24 year old male client is being seen at a community clinic for a minor infection and the medical assistant, while settling the client in an exam room, asks where the client is from. The medical assistant says they always ask clients where they are from because California has so many different people from around the world. The client says he is from El Salvador and escaped to this country because of a dangerous political situation. After being in California for two years, the client thinks he needs to learn to speak English more clearly so he can get a better paying job to help support his family. He expressed worry about being at the clinic because he's not a legal immigrant. The medical assistant says it's not the clinic's policy to look at a client's legal status.

As they are going over home care instructions, the client asks the medical assistant for advice on where to take English classes that he can afford. The medical assistant tells the client that community colleges have classes to help people learn English and no one will ask questions about the client's legal status. The medical assistant offers information on the local community college and says that's where they got their medical assistant training for a reasonable cost. The client says he will look online for more information.

The medical assistant was open to asking clients about themselves and their backgrounds. They also were open to hearing what the client had to say and helping by offering useful information

in a way that empowered the client. Cultural humility means being open to learning, asking questions and listening to the answers. Cultural empathy means listening to the concern and offering to help with useful information and support while sympathy stands aside and says, 'Oh, it will be ok in the end.'

Unique Populations with Diverse Needs

Uniqueness and diversity. We have discussed several areas where clients will be unique to us. Maybe you have never spoken with a person who is from Zimbabwe or typed on an interpreting system to a person with deafness. Then these clients would be unique to you and you would need some education on what would be helpful to this client so you could meet their different or diverse needs.

Uniqueness

Each individual client is unique and comes with their own life story, medical history, culture, preferences, and so on. It is really impossible to group people into categories and expect the whole group to have the same needs.

Let's think about an 85 year old female who is being admitted to a memory care facility because of progressive dementia. The family brings the client to the facility to meet the staff and see her room. The certified nursing assistant (CNA) at this facility meets this new client and welcomes her. It is observable that the client has strength to walk unassisted, is clean with combed hair, and speaks strongly and clearly but in an unknown language. The family says the client was born in America and can speak English but also speaks several other languages including Farsi. The client was a professor of philosophy in Iran and has a doctorate. When the family reminds the client to speak English, she does. Sometimes instead of speaking the client sings out her answers to admission questions. As the CNA takes this client to her room, the client acts like she is staying at a hotel, asking for extra towels and more shampoo. She asks when her taxi will be there to take her to the opera. The client also says she is Muslim and want NO male staff to care for her.

Is this client like all other clients with dementia? While this client has some classic symptoms of dementia, she also is a unique person who has lived a unique life. What types of things will help this client?

Diverse Needs

Diversity can inspire creativity and innovation. When faced new situations or clients who have needs we have not seen before, we, as healthcare workers can meet the challenge or turn away. Helping clients with many different needs is what healthcare workers do. Listening, observing, asking the client, then trying to meet a variety of needs.

What are some of the diverse needs of the example client? She is physically mobile, likes to talk and speaks several languages, likes to sing, worked with her mind most of her life. Needs may be for exercise, socialization, female staff only, reminders to speak English to English speaking

people, chances to speak to other staff or clients who share a language other than English with her. Can you think of anything else? What creative solutions would you use?

Clinical examples and discussions are a helpful way to work through meeting the diverse needs of the many unique clients you will meet.

[Instructors: Add in some unique and diverse examples from your clinical area here.]

Social Determinates of Health

Understanding what 'social determinants of health' means helps us know how to design health programs and work with clients in ways that help them live a healthier life. The environment or places where people live, work, study, play, and worship contributes or takes away from their health.

Healthy People 2020

Healthy People 2020

<https://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm> uses a framework to organize what were identified as the 5 key areas of social determinations of health (SDOH).

These five key areas are:

- Economic Stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment

Health is effected in a negative way when the life someone lives is challenged by struggles in any or all of these 5 areas. A couple with two small children live in unsafe housing that has toxic mold in the walls and no way to cook or store food. The couple may live in this unsafe housing because they have not finished high school (poor education) because they got pregnant and left school to get married. The only jobs they can get pay low wages (economic stability). The low wage job does not offer health care and if the one of the couple gets sick from the toxic mold (health and health care) and misses work, they get fired. This couple is too embarrassed by where they live to ask family or friends to visit them so they feel lonely (social and community context) and there is no park or green space near their home (neighborhood).

Changing the Social Determinants

The 5 key areas that determine health are all inner-related and by working on one area to help a client, other areas can also be changed for the positive.

Many public health programs try to have an impact on the social determinates of health by building programs to effect one or more of the 5 areas. These programs need healthcare workers such as community health workers to help clients hear about the program and get signed up for help.

A healthcare worker can be aware of resources and offer information to help clients overcome their challenges. If the couple described above were able to go to school to finish their high school diploma/General Education Development test, they could improve the type of jobs they could get. When they are making a higher salary, they could move to safer housing and afford health insurance. The change could begin with helping the couple find safe low income housing so they are not getting ill from the toxic mold.

Therapeutic Communication

Communication like boundaries has many different sides. A conversation between friends is different than that between a healthcare worker and a client. There can be friendly conversation about general subjects, sports or hobbies, between a healthcare worker and a client but it would and should still be centered on the client.

Techniques that Help Communication

Research and practice have given us techniques that work for therapeutic communication. Using these techniques allows the conversation to stay focused on the client and help guide the client to their goals. These techniques also show you are able to suspend judgement and listen to the client where they are. The client may not share your values so set yours aside.

Active Listening

- Giving Recognition: 'Good Morning, Mrs. Smith.' 'I noticed you got a hair cut.'
- 'Accepting: simple small statements like 'ah' or 'I follow what you say.'
- Using silence: you stay silent and let the client finish their thought.
- Giving broad openings: 'Where would you like to begin?' or 'What are you thinking about?' This lets the client start the topic of conversation.
- Offering general leads: 'Go on.' 'And then...' 'Tell me about it.' Shows you are interested in what the client has to say next.

Open Ended Questions

- Focusing: 'You said several things so let's go back to...' puts the attention on a single point.
- Reflecting: When the client asks you what to do, turn it back to them for their own solution. 'What do you think you should do?'
- Projective questions: 'What if.....' Give the client an example of something that could change.

Clarifying Techniques

- Restating: Client-I can't eat. I feel hungry but I can't swallow. Student-You feel too anxious to eat? Repeat the main idea or emotion stated and allow the client to validate it.
- Exploring: 'Please tell me more.' or 'Describe the situation for me.' Allows the client to go into more detail.
- Seeking clarification: 'Give me an example of how the doctor didn't listen to you.' Has the client give definite examples after they make a very general statement like, 'My doctor never listens to me.'

Sharing Perceptions

- Informing: giving information to the client.
- Suggesting: offer choices or solutions for a client's concern or problem. 'What about trying....' or 'Some people find it helpful to....'
- Observations: 'You sound very frustrated today.' or 'That greeting was very cheerful!' The comment on what is seen or heard about the client then allows the client to give some details about the emotions they are feeling.

Helpful Guidelines

- Keep the focus on the client
 - Speak briefly
 - When you don't know what to say, say nothing.
 - When in doubt, focus on feelings: 'You look upset today.' 'That smile make you look happy.'
 - Offer suggestions instead of giving advice: 'Some people find this resource helpful.'
 - Avoid relying on questions and use observations or other techniques.
 - Pay attention to non-verbal cues
 - Stay away for asking 'Why did you' It will make the client feel defensive or shut them down.
 - Try to keep any positive comments factual not praising. Clients should do positive things for themselves not to please their healthcare worker.
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Professional in the Virtual World

Over casualization is the result of working in a virtual world. Who will see you if you are wearing workout clothes or pajamas? Laying in bed to participate in a class video conference is comfortable but not professional. Clients will get a good impression if they are on a video telehealth visit with a clean, neatly dressed healthcare worker student who is polite and respectful.

To Do Your Best Work, Look Your Best

Healthcare worker students using telehealth technology for clinical may think no one will see them or care what they look like. Even if the telehealth visit is over the phone and there is no video, looking ready for a clinical day is practical and professional. Clean, appropriate clothes

and combed hair are still necessary for a student to present like the professional they are training to be.

[Instructors: Add in your instructions for clinical dress and acceptable attire on clinical days.]

Your work space or call space also needs to look clean and tidy. Get off the bed or couch and sit in a chair at a writing surface with all your necessary supplies, computer or other technology, client referrals, resource lists, instructor phone numbers, paper and pen for notes, and whatever else you need.

Try to set up a quiet, private space and keep speaker phone off so your voice is clear and the client's voice is not heard by others. It may be a challenge to find space in a busy home situation but do what you can. Technology like Zoom offers nice, fake backgrounds so you don't have to clean your room.

Know Your Tech

To present professionally, learn about the technology you will use making telehealth visits before the visits happen. Practice setting up the camera in a stable place so the screen stays steady and the background noise is low. Your face should be in the middle of the screen and your voice should sound normal. Leaning into the camera and shouting can be eliminated with practice. Do some tests and record them to see if you need to make changes.

If the telehealth visit is using cell or landline phones, be aware of how to reach the client and use the *67 feature to block your phone number. Use a clear, slow voice and polite greeting if you need to leave the client a message. Many clients have low hearing or language issues so someone speaking too quickly will be difficult to understand.

Manage Your Time

The client's time is important and so is yours. Plan your telehealth visit and let the client know how much time is planned for the visit. This helps keep make it clear you have to end the conversation on time. To do this you have to watch the clock. 20 to 30 minutes is a realistic amount of time for most telehealth visits so clients can remember what was discussed and not get too tired.

Multi-Tasking

Many things are happening when you do a telehealth visit. It's no different when you work as a healthcare worker. You may need to do two things at the same time, switch between tasks, or do several things in quick succession.

Start with a Plan

Start with pre-planning the visit and gathering all the information and supplies you will need. Review the client referral and any policy and protocol that applies. Have your area ready

too with computer, cell phone, etc., charged and ready. When you need to multi-task, it helps to have everything in place and ready to go as the visit starts. There are many things to do during a telehealth visit and it may help to write out a script or an outline of what you plan to say.

Stay on Task

During the telehealth visit you will need to listen to what the client is saying and make some notes for documentation. Try to stay on track with the visit topics but be ready to discuss what is concerning the client. It's okay if the topics you planned to discuss are set aside because the client is anxious and upset about a rent increase or late paycheck. The client may need you to listen even when there is nothing definite you can do to help. While listening to the client, be ready to turn the conversation back to the planned topic if possible. If there is a problem or even an emergency, be ready to call someone for support.

Let the client know if you have to pause the visit to find information or re-read some educational material. Keep the pause as short as possible so the client doesn't get distracted or bored.

Module 2- Discussion Board Activity

Student Learning Outcome

Illustrate three ways a client's telehealth visit can be culturally relevant and inclusive.

Culture and Care

We all belong to several cultural groups including our family's identified culture of origin, health care culture, and California culture. Healthcare for the diverse California population shows us the beauty of other cultures and allows us to see the common thread of the California culture running through everyone's lives.

Discuss the culture of your family of origin such as Italian, Mexican, Korean, etc., and any other culture with which you identify. Personal conversations with your family, friends, and members of your culture are welcome in this assignment. You can also share examples of cultural remedies or simple practices.

Directions

A successful discussion will include these items:

1. Write a tip sheet about your identified culture for this discussion post. This set of tips should include what your culture believes about personal space, eye contact, and personal greetings. This tip sheet should be helpful to a healthcare worker who knows little about your culture.
2. What cultural remedies are used for symptoms of common illnesses like a cold or headache?

3. What foods are identified as being a specialty from your culture?
4. Describe a cultural belief or tradition you would like to pass along to future family generations?

Guidelines

Post an original discussion of at least 250 words, including the 3 most important points (tip sheet) we need to know about your culture. Answer all of the assigned questions in your post. If you can't directly answer an assigned question give a description of something similar that relates to your culture.

Post a response of at least 50 words to two different peers. This response should comment on differences or similarities between your posts and ask questions to clarify any ideas or points.

Submission and Rubric

Begin your submission by typing in the box below that says 'reply.' Submit your original post and responses to peer by the due dates.

You can see the complete [rubric](#) if you hover over the 3 vertical dots at the upper right of this page.

[How to view Canvas Discussion Boards.](#)

[How to reply to Canvas Discussion Boards.](#)

[Instructors: You will need to fill in the grading, using points or complete/incomplete.]

References & Resources for Module 2

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