

Psychosocial Care

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- Psychosocial care is care that enhances the mental, social, spiritual and emotional well-being of patients, families, and caregivers.
- What does psychosocial care involve?
 - Issues of self-esteem
 - Adjustment to illness or disability
 - Intellectual stimulation
 - Social functioning and relationships
 - Communication
 - Sexuality

Issues of Self-Esteem

- Anyone having contact with patients and families provide psychosocial care. You can do your job in a way that helps your patients feel good about themselves, enhancing self-esteem.
- It is important to meet every patient's basic needs for acceptance, social opportunities, food, clothing, rest, activity, comfort and safety. The way routine care is carried out affects a patient's mood, self-esteem, dignity, self-respect and feelings of independence.
- Encourage and praise patients whenever possible. And remember that all physical care is an opportunity to provide good psychosocial care.

Issues of Self Esteem Cont.

- Physical care includes helping with daily activities. Pay attention to patients' appearance, such as by shaving or fixing their hair, is a practical way to enhance self-esteem.
- Patients who are confined to bed or dealing with illness often experience tremendous emotional upset brought on by inactivity and dependence. Help them express their feelings. High levels of emotional distress can make illness worse and slow recovery.
- Everyone should be encouraged to do as much of his or her personal care as possible. This gives many patients a real sense of dignity and accomplishment. Of course, always follow the care plan.

Stress Management and Relaxation Techniques

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

- Imaging
 - Get comfortable
 - Imagine a favorite scene (beach, mountains, etc.)
 - Feel the body relax; enjoy the warmth of the sun, the smells of the beach or the gentle breeze and cool crisp air in the mountains.
 - Continue until the body feels totally relaxed.
- Abdominal breathing
 - Relax (either sitting or lying)
 - Place right hand on chest and left hand on abdomen
 - Breathe in slowly through the nose
 - Hold breath and slowly count to five
 - Purse lips and exhale slowly
 - Relax
 - Repeat

Communication

- Good communication between workers, patients, and families is essential. Workers should be able to recognize the difference between a patient who just needs a listening ear and a patient who should be referred for formal counseling. Communication takes place on two levels-verbal and non-verbal. Verbal is what is said. Nonverbal is expressed through body movements, gestures, facial expressions, posture, tone of voice or touch.
- Communication includes both speaking and listening. Ask yourself how a patient is thinking and feeling. Listen to both the verbal and nonverbal message. Pay attention to your verbal and nonverbal messages.

Communication Cont.

- Listening means to both understand and accept what people say about their situation and feelings. Empathy means understanding what they say so well that you can identify with them. When you show you care, patients feel safe and will share concerns with you. This is therapeutic communication.
- Active listening tells patients that you respect them. When you look into the eyes of a person who is speaking, you show that person by your facial expressions that you are following what's being said. This encourages the person to continue with his or her train of thought. A person can tell if you are distracted and not listening.

Communication Cont.

- Ask questions to clarify what the patient is saying. This will encourage the patient to talk more. Avoid questions that require only a “yes” or “no” answer. Use open ended questions, but not questions that will steer the conversation in another direction.
- Don't brush off a patient's concerns by saying “Don't worry about it; it will be ok.” This makes the patient's concerns seem trivial.
- Try not to agree or disagree with a patient's statements. You should not judge the things the patient says. You must leave room for the patient to change his or her mind. Don't give advice. If the patient asks for advice, reply, “what do you think you should do?”

While Listening

- Don't plan your reply
- Don't daydream or think about your next task
- Don't change the subject
- Don't laugh if the patient is serious
- Don't interrupt
- Say back to the patient what you hear him or her say. Don't use the patient's exact words, but briefly rephrase or paraphrase his or her statements. This gives the patient a chance to restate what was meant or to clarify his or her thoughts.
- Sometimes a good listener may understand what the patient is feeling before the patient has recognized or expressed his or her own emotion. If you ask the patient whether he or she might be feeling a certain way, the patient might recognize an underlying emotion. A listener might say, "I wonder if..." try not to appear to interpret the feelings or the situation too quickly.

Social Functioning and Relationships

- Social contact is a basic human need. People who are isolated from others have a higher risk of depression, anxiety, low self-esteem, mental disorders and physical illnesses. Giving a patients opportunities to maintain existing social relationships and develop new ones may be the most important thing we can do to meet psychosocial needs. It is our responsibility to provide social activities and to encourage patients to participate.
- The following are suggestions for encouraging social relationships:
 - Find out if the patient has hobbies or activities they enjoy.
 - Help patients get to know others who like the same activities
 - Provide ample time and opportunity for social visits with family and friends
 - Find ways for the patient to communicate with others

Intellectual Stimulation

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

Sexuality

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