

Chapter 1 - Guided Notes Answer Key

Three Most Important Concepts

- Concept 1:** Reading the resident’s emotional state and choosing your entry point (proceed, pause, or step back)
- Concept 2:** Navigating refusal of care by respecting autonomy, exploring reasons, and documenting the interaction
- Concept 3:** Knowing when to escalate for safety and recognizing the limits of the CNA role

Main Concept Overview

- 1. emotional
- 2. document
- 3. aggressive
- 4. escalate
- 5. autonomy

Matching Section

- 1. C
- 2. D
- 3. A
- 4. B
- 5. E

True/False Questions

- 1. False
- 2. True
- 3. False
- 4. True
- 5. True

Fill in the Table

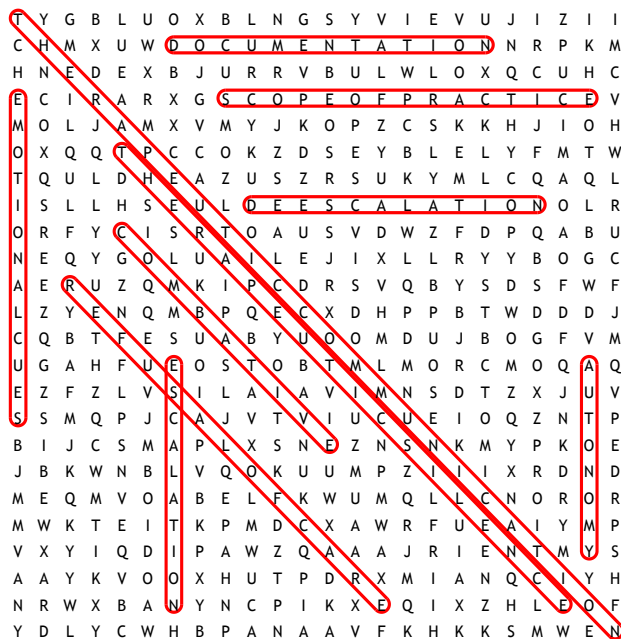
Situation	CNA Action
Resident is crying but not in physical distress	Sit quietly nearby and wait for them to acknowledge you
Resident refuses morning care	Acknowledge their choice, explore what’s behind it, and document with specifics
Resident becomes physically aggressive	Step back, remove yourself from harm, and get help immediately
Resident mentions wanting to hurt themselves	Stay with them if safe and call for your nurse right away
Resident’s behavior changes suddenly	Report it as a potential medical issue, medication reaction, or undiagnosed pain

Chapter 1 - Guided Notes Answer Key

Application Question

First, assess their emotional state by observing physical signs (rapid breathing, no eye contact, staring). Make a decision: pause before proceeding with care and address what's happening. You might sit down, lower your voice, and ask if they want to talk or if you should return later. This approach is important because not every high-stress moment requires immediate intervention—reading the situation accurately helps you choose the right path forward.

Therapeutic Communication in High-Stress Situations

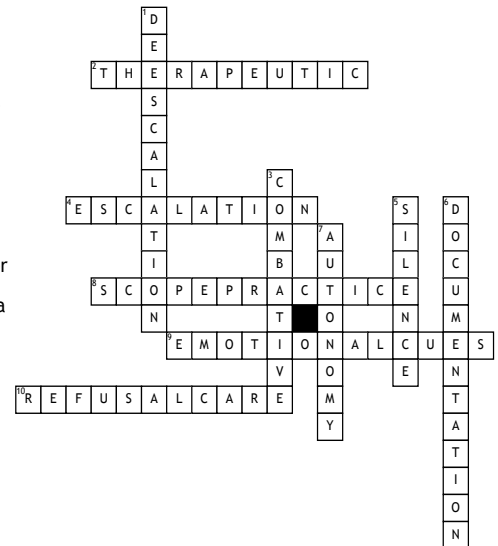


Therapeutic Silence	Therapeutic Communication	Scope of Practice
Refusal of Care	Escalation	Emotional Cues
Documentation	De-escalation	Combative
Autonomy		

Therapeutic Communication in High-Stress Situations

Across

- Using purposeful language, tone, and body language to support a resident's emotional and physical well-being. _____ Communication
- The process of involving a nurse or supervisor when a situation exceeds a CNA's scope of practice or becomes unsafe. _____
- The specific duties and responsibilities a CNA is trained and legally allowed to perform in their role. _____ of _____
- Physical signs like facial expressions, body language, and tone that reveal how someone is feeling. (Two words)
- When a resident declines assistance with daily activities, hygiene, medication, or treatment. _____ of _____



Down

- Techniques used to calm a tense situation and reduce the likelihood of violence or emotional crisis.
- Physically aggressive behavior such as hitting, kicking, or pushing during care interactions.
- Intentionally staying quiet to give a resident space to process emotions without interruption or pressure. Therapeutic _____
- Recording detailed, accurate information about resident interactions, refusals, and incidents for continuity of care.
- A resident's right to make their own choices about their care, even when refusing assistance.

Chapter 1 - Hypothetical & Clinical Case Study Answer Keys

Hypothetical Answer Key

Scenario 1

- a) Step back, give space, lower voice: “I hear you. Do you want to try this yourself, or should I come back later?”
- b) Loss of independence, fear of helplessness, embarrassment, frustration over lost control.
- c) Damaged trust, escalated anger, potential aggression, violated autonomy.

Scenario 2

- a) Stay with her if safe, acknowledge statement, document exact words, notify nurse immediately.
- b) Suggests hopelessness or suicidal ideation—mental health concern beyond CNA scope.
- c) Nurse wouldn’t know to assess depression/safety risk; crisis could worsen without intervention.

Scenario 3

- a) Stay with resident, use calm voice, call nurse immediately, continue monitoring while reassuring.
- b) Panic attack or anxiety—feelings of breathlessness are real even with normal oxygen levels.
- c) Miss anxiety episode, resident feels unheard, trust damaged, situation escalates.

Scenario 4

- a) Step back to safety, exit if needed, call for help, don’t restrain or continue care alone.
- b) Possible stroke, infection, hypoglycemia, or medication reaction—not just agitation.
- c) Stroke, severe infection, diabetic emergency requiring immediate assessment—delays cause harm.

CNA Clinical Case Study Answer Key

1. Clinical Recognition (Application)

Tears, silence, distant gaze, untouched breakfast indicating acute grief. Conflict between family’s “stay positive” directive and resident’s need to express fear about dying.

2. Decision-Making (Analysis)

Choosing to honor the resident’s need to talk about dying rather than following the family’s directive. This validated her emotions, created trust, and led to care acceptance and better team support.

3. Professional Judgment (Evaluation)

Forcing care would have led to refusal and isolation. Redirecting away from death would have dismissed her needs, worsened depression, and violated her emotional autonomy.

Chapter 1 - Reflective Questions & Action Plan Answer Keys

Reflection Questions Answer Key

Question 1: How do you think you would feel if a resident yelled at you or pushed you away during care?

You might feel hurt, angry, embarrassed, or scared. These feelings could show up as tension in your body, defensiveness in your tone, or rushed movements. Managing these reactions means pausing before responding, reminding yourself the behavior isn't personal, and staying focused on the resident's need rather than your emotional response.

Question 2: Why is it important to document the exact words a resident uses when refusing care, rather than just writing "refused"?

Exact words help the next shift understand what triggered the refusal and adjust their approach. Vague documentation leads to assumptions and repeated failures. Accurate records protect resident autonomy and give the care team information needed to identify patterns like depression, pain, or medication issues.

Question 3: How can you show respect for a resident's autonomy while still ensuring they receive necessary care?

Offer choices about timing, approach, or modifications rather than forcing compliance. Explain consequences clearly and document refusals thoroughly. Adjust the plan when possible (different CNA, later timing, modified routine) while ensuring safety and reporting concerns to your nurse.

Extension Reflection Answer: Building Your Identity as a Communicator

To become a trusted CNA, develop self-regulation under pressure, ability to read emotional cues quickly, and comfort with escalating beyond your scope. Practice therapeutic silence, separate personal emotions from professional response, and build confidence in honoring resident autonomy. These skills develop through intentional practice and reflection after difficult interactions, transforming you into the CNA residents request and teams trust.

Chapter 1 - Lecture Notes

Teaching & Lecture Notes: Therapeutic Communication in High-Stress Situations

Introduction

- High-stress communication is a core CNA competency—residents in crisis need skilled, calm response
- This lesson moves beyond basic communication into advanced decision-making, refusal management, and escalation
- Students will learn when to proceed, when to pause, when to step back, and when to call for help
- Real-world application: every CNA will face refusals, emotional outbursts, and unsafe situations

Key Components

Assessment and Entry Point Decisions

- CNAs must read emotional state through physical cues: body language, tone, facial expression, breathing
- Decision framework: proceed with care, pause to address emotions first, or step back entirely and return later
- Not every high-stress moment requires immediate intervention—timing matters
- Rushing into care when a resident is agitated can escalate the situation and compromise safety
- Observation before action prevents unnecessary conflict and builds trust

Refusal of Care Protocol

- Refusal is common and must be handled with respect, not coercion or guilt
- CNA role: acknowledge the refusal, explore what's driving it, and document thoroughly
- Effective language: "I hear you. You don't want help right now. Can you tell me what's going on?"
- Refusals are often about loss of control, fear, or feeling misunderstood—not the care itself
- Documentation must include exact words, context, safety concerns, and follow-up plan
- Never force care—respect autonomy while ensuring resident safety and reporting to the nurse

Escalation and Safety Boundaries

- Staying calm doesn't mean staying in danger—CNAs must recognize when to step back
- Immediate escalation triggers: physical aggression, suicidal statements, sudden behavior changes, severe distress
- Escalation is professional recognition of scope limits, not personal failure
- When behavior changes suddenly (combative, confused, slurred speech), suspect medical issue and report immediately
- CNAs are not therapists or crisis counselors—knowing when to involve higher-level support is essential

Applications

Clinical Scenarios

- Morning care with angry, combative resident who refuses assistance
- Resident expressing hopelessness or suicidal ideation during routine interaction
- Sudden personality change indicating possible stroke, infection, or medication reaction
- Managing multiple residents when one requires extended emotional support

Decision-Making Practice

- Role-play refusal situations with different emotional drivers (fear, grief, loss of control)
- Practice recognizing escalation triggers and when to call for nurse support

Chapter 1 - Lecture Notes Continued

- Use case studies to identify when therapeutic silence is appropriate vs. when verbal intervention is needed
- Discuss documentation best practices using real-world examples

Technology Integration

- Monitoring equipment (BP cuffs, pulse oximeters) provides data but doesn't replace clinical observation
- Residents can feel distress (panic, shortness of breath) even when vitals appear normal
- Technology supports assessment but CNAs must still evaluate emotional and behavioral cues
- When equipment readings and resident presentation don't match, escalate for further evaluation

Implications

For Patient Safety

- Skilled therapeutic communication prevents escalation, reduces use of restraints, and protects dignity
- Proper documentation ensures continuity of care and prevents repeated failures in approach
- Recognizing medical vs. emotional crises speeds diagnosis and treatment of serious conditions
- Respecting autonomy while ensuring safety balances patient rights with clinical responsibility

For Professional Development

- CNAs who manage high-stress situations effectively are trusted by nurses and valued by teams
- Learning to regulate personal emotions under pressure is essential for long-term career sustainability
- Understanding scope of practice prevents burnout and reduces liability risk
- These skills directly impact job satisfaction, resident outcomes, and workplace safety culture

For Team Dynamics

- Clear communication about refusals and escalations supports coordinated care across shifts
- Knowing when to ask for help strengthens team trust and prevents isolation during difficult situations
- Accurate reporting allows nurses to intervene appropriately and adjust care plans
- CNAs who handle crisis communication well reduce overall team stress and improve unit morale

Conclusion

- Therapeutic communication in high-stress situations requires assessment, decision-making, and boundary recognition
- Advanced practice means knowing not just what to say, but when to act, when to wait, and when to escalate
- CNAs who master these skills protect residents, support teams, and build sustainable, confident careers
- This is the difference between reacting to crisis and managing it with professional skill

Discussion Questions

1. When a resident refuses care, how do you decide whether to continue, pause, or step away and return later?
2. What are some common reasons behind a resident's refusal of care, and how should your response change based on those reasons?
3. How can the way you speak up in a stressful situation impact whether the situation improves or escalates?
4. What are the key warning signs that a situation has moved beyond your role and needs to be escalated to a nurse?
5. Why is accurate documentation of refusals and high-stress interactions critical for both resident safety and team communication?