

Therapeutic Communication

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Therapeutic Communication

An interpersonal interaction between the health-care provider and the client during which the focus is on the specific needs of the client to promote an effective exchange of information. Therapeutic communication is one that promotes source of healing which patients can maximize their potential to recover. The relationships in which this communication takes place must be warm, positive one, which helps to diminish anxiety and offers the patient a measure of hope.




Goals in Therapeutic Communication

- Establish a therapeutic relationship
- Exploration of the client's feelings, thoughts, behaviors and experiences
- Identify the most important client concern at that moment in time and the client's perception of the problem
- Distinguish those thoughts, feelings, and behaviors that are functional from those that are not.



Goals in Therapeutic Communication

- Assist clients to make that distinction.
- Understand the roles played by the client and significant others in contributing to the identified problem
- Guide the client towards identification and implementation of socially acceptable actions to resolve problem areas.

Factors Influencing Communication between the Nurse and the Client

Past Experiences	Attitude	Knowledge of subject matter
Ability to relate to others	Environmental factors	Interpersonal perceptions
		Sociocultural background

Attending Skills

Presence – involves being with the person both physically and psychologically and with a certain degree of intensity

Attending – using the self so as to communicate to another person that one is paying attention; involves physical and psychosocial

- **Physical** – facing the other person squarely, adopting an open posture, leaning towards the other person, maintaining direct eye contact, creating a relaxed environment (posture, lighting, space, placement of furniture) and creating privacy
- **Psychosocial** – active listening
- ✓ Much of the meaning of a message – 65% or more – is conveyed by nonverbal behavior



Verbal Communication

- Communicate our beliefs and values
- Communicate perceptions and meanings
- Convey interest and understanding or insult and judgment
- Convey messages clearly or convey conflicting or implied messages
- Convey clear, honest feelings or disguised, distorted feelings



Nonverbal Communication

- **Kinesics** - body behaviors, facial expressions, eye contact, gestures, posture, touch; observable automatic physiological responses
- **General Appearance** - Physical Characteristics
- **Paralanguage** - refers to the way in which the voice is used
- **Proxemics**


Implications of Nonverbal Communication

- Minimize control issues by having communication take place in a neutral area and having both participants at similar levels when seated or standing
- Recognize your own nonverbal cues that communicate interest, respect and genuineness.
- Equally important is recognizing negative nonverbal cues that communicate boredom, judgment, anger, or anxiety
- Recognize the potential for touch to be interpreted in a sexual way
- Identify cultural differences in nonverbal communication through interventions that respect cultural variations



Implications of Nonverbal Communication

- Respond to nonverbal behavior by confirming and clarifying its meaning and significance to the client
- Allow hospitalized clients, whenever possible, to control and enjoy personal possessions and private space - wearing of personal clothing, access to certain areas
- Assess level of client's spatial tolerance by observing the distance the patient maintains with other people.
- Use touch judiciously
- Clearly communicate explanations before and during procedures requiring physical contact



Therapeutic Communication Techniques

- Using silence
- Accepting
- Giving Recognition
- Offering Self
- Asking open-ended questions
- Offering general leads
- Making observations
- Encouraging description of perceptions
- Encouraging comparison
- Restating
- Reflecting
- Focusing on specifics
- Exploring

Therapeutic Communication Techniques

- Giving information
- Seeking clarification
- Presenting reality
- Voicing doubt
- Encouraging formulation of a plan of action
- Encouraging Evaluation
- Attempting to translate into feeling
- Suggesting Collaboration
- Summarizing
- Asking direct questions

Facilitative statements that improve client's ability to process ideas, feelings and experiences

- **Observe** – to notice what went on or what goes on
- **Describe** – to be able to recall and tell the details and circumstances of a particular event or experience
- **Analyze** – to be able to review and work over the data with another person to gain greater understanding
- **Formulate** – to be able to restate in a clear, direct way the relationship between thoughts, feelings, and experiences
- **Validate** – to be able to confirm with another person one's thoughts, feelings and perceptions
- **Test** – the ability to try out new thoughts, feelings or behaviors



Barriers to Effective Communication

- Failure to listen
- Conflicting verbal and nonverbal messages
- A judgmental attitude
- Misunderstanding because of multiple meanings of words
- False reassurance
- Giving advice rather than encouraging client to make decisions
- Disagreeing with or criticizing a person who is seeking support
- The inability to receive information because of a preoccupied or impaired thought process
- Changing the subject if one becomes uncomfortable with the topic being discussed

Techniques that Hinder Communication

- Reassuring
- Giving Approval
- Rejecting
- Disapproving
- Agreeing
- Disagreeing
- Advising
- Probing
- Testing
- Defending
- Requesting
- Minimizing Feelings
- Making stereotypical comments
- Using denial
- Changing the subject

THE NURSE AS A THERAPEUTIC PERSON

Understanding of another begins with understanding of self. Nursing takes place in an interpersonal setting and deals with relationships and interactions concerning the self and self interacting with others. Feelings, thoughts and behaviors continually emerge and change as a result of dynamic, reciprocal interaction between nurses and clients.



Therapeutic Use of Self

During therapeutic communication, the health-care provider use themselves as a therapeutic tool to establish a therapeutic relationship with a client. This is using one's humanity- personality, experiences, values, feelings, intelligence, coping skills and perceptions to help the client grow and change. This implies that nurses use their personal identity to promote self actualization and healing in their clients



The Self

Self describes one's own person as distinguished from others in the environment.

The self represents each person's unique pattern of values, attitudes, feelings, ideas, and needs.

This pattern results from biological heredity, beliefs, and values developed within the family and culture, formal learning experiences, and interpersonal relationships.

Together, with these factors contribute to the emergence of a unique self-concept.



The Self

Self-Concept

The sum total of perceptions, feelings, and beliefs about oneself.

It includes characteristics and personality traits and an evaluation of the worth or desirability of these traits.

Identity

The awareness of being a person separate and distinct from all others

The nurses identify as a person and as a professional, as well as the client's identity, influences the therapeutic process

Self-Esteem

An evaluative dimension of self-concept as it can be either positive or negative.

Positive self-esteem requires self-acceptance and a healthy attitude towards one's own worth despite limitations and trials.

Self-awareness

It encompasses self-knowledge about one's behavior and its impact on self and others, feelings toward self and others, one's need and wishes, and one's sense of life purpose.

It is the keystone in therapeutic relationship.



Self-assessment

An essential ingredient of therapeutic use of self and an integral part of therapeutic relationships.

Self-intervention

A process of understanding and modifying forces within the self that provoke anxiety and interfere with the nurse-client relationship.

Nurses engage in self-intervention process in several ways like counseling, stress management, etc.

Core Dimensions in Therapeutic Relationships

Rapport

- To create a sense of harmony based on knowledge and appreciation of each individual's uniqueness. It is the ability to be still and experience the other as a human being—to appreciate the unfolding of each personality one to the other. The ability to truly care for and about others is the core of rapport (Travelbee, 1977)

Trust

- To trust another, one must feel confidence in that person's presence, reliability, integrity, veracity, and sincere desire to provide assistance when requested.
- Trust is the basis of a therapeutic relationship. Trust must be established in order for the nurse-client relationship to progress beyond the superficial level of tending to the client's immediate needs.



Core Dimensions in Therapeutic Relationships

Empathy

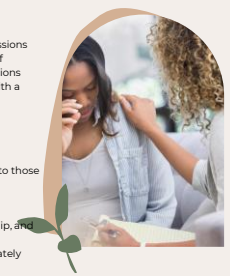
- the temporary experiencing of another individual's feelings; expressions that convey the nurse's understanding and accurate recognition of feelings, motives, and meanings underlying a client's communications
- It is the ability "to get inside another's skin" and subjectively feel with a client while objectively observing behavior.

Respect

- communication of acceptance of the client's ideas feelings, and experiences; recognition of client's potential for self-actualization
- Confidentiality – respecting client's right to keep information only to those who are dealing with the client's care

Genuineness

- Awareness of one's own feelings as they arise within the relationship, and the ability to communicate them when appropriate
- The ability to use therapeutic communication tools in an appropriately spontaneous manner, rather than rigidly of in a parrot-like fashion



Core Dimensions in Therapeutic Relationships

Concreteness

- The clear, direct expression of personally relevant perceptions, values, and feelings as they exist in the present relationship.
- It is used to help clients focus on specific problems and significant details.

Immediacy

- A dimension of communication that deals with the relationship-building element of the helping process
- Expressions emphasizing immediacy draw relationships between clients overt communications and their underlying impressions of what is going on between client and nurse into the here and now.

Confrontation

- Communications that call attention to significant discrepancies in the client's experience
- Verbal messages that are intended to help a client recognize information that is not consistent with his or her self image.



Phases of a Therapeutic Relationship



Orientation Phase



Working Phase



Termination Phase



Orientation Phase

- Build trust and rapport by demonstrating acceptance
- Establish a therapeutic environment, including privacy
- Confidentiality is discussed and assumed
- Establish a mode of communication acceptable to both client and nurse
- Explain the role of the clinician and the purpose of the interview
- The responsibilities of both the client and nurse are defined
- Initiate a therapeutic contract by establishing a time, place, and duration for each meeting, who will be involved in the treatment plan, as well as the length of time the relationship will be in effect
- Assess the client's strengths and weaknesses
- The terms of termination are introduced



Working Phase

- Maintain the relationship and gathering of further data
- Explore client's perception of reality
- Help the client develop positive coping behaviors and problem-solving skills
- Identify available support systems
- Promote a positive self-concept and self-esteem
- Encourage verbalization of feelings
- Facilitate behavioral change and develop a plan of action with realistic goals
- Implement the plan of action
- Evaluate the results of the plan of action and redefine goals as necessary
- Promote client independence



Termination Phase

- Evaluation and Summary of Progress
 - Synthesizing the Outcome
 - Referrals
 - Discussion of Termination
- Mutually accepted goals resulting in the termination of a therapeutic relationship include the client's ability to:
- ✓ Provide self-care and maintain his or her environment
 - ✓ Demonstrate independence and work interdependently with others
 - ✓ Recognize signs of increased stress or anxiety
 - ✓ Cope positively when experiencing feelings of anxiety, anger or hostility
 - ✓ Demonstrate emotional stability and sense of identity

Establishing Boundaries

Boundaries should be well stated and the nurses' role should be well-defined. However, boundaries are at risk of blurring, and a shift in the nurse-client relationship may lead to nontherapeutic relationship

Transference

The process whereby a person unconsciously and inappropriately displaces (transfers) onto individuals in his current life those patterns of behavior and emotional reactions that originated with significant figures from childhood



Counter-transference

The tendency of the therapist to displace onto the client feelings caused by people in the therapist's past. Frequently, the client's transference to the nurse will evoke counter-transference feelings in the nurse

Testing Behaviors of Clients

- Attempting a social relationship
- Casting nurse into parental role
- Judging whether the nurse trusts them
- Attempting to take care of nurse
- Avoiding discussion of problems
- Asking for personal data about the nurse
- Violating personal space of nurse and others
- Seeking attention from the nurse
- Challenging the nurse's commitment to the process
- Revealing information that shocks the nurse
- Touching the nurse inappropriately



Explaining Telemental Health to Patients

- ✓ Ask whether the patient has ever sought consult through telehealth
- ✓ Patients can then be told that the session is happening in "real time"
- ✓ Discuss security such as encrypted technology, etc. and that the session is not being recorded
- ✓ Establish a visual context of where the clinician is sitting
- ✓ Discuss any technical difficulties noticed during the introduction
- ✓ Observe for any signs of discomfort
- ✓ Give patients an opportunity to ask questions

Technological Considerations Impacting Rapport



- Connectivity
- Camera Placement
- Microphone
- Background/Environment



"If you just communicate you can get by... but if you skillfully communicate, you can work miracles." - Jim Rohn

Thank You!