

## Nursing 311

### TECHNIQUES OF THERAPEUTIC COMMUNICATION

Technique	Description	Example
Broad opening statements	To allow the patient to pick the topic, take the initiative to express self, and set the direction of the conversation. Note: there is <b>no</b> topic is given by the student. The patient gives the topic in response.	Where would you like to begin? What is on your mind today? What are you thinking about? Is there anything you would like to discuss?
Offering general leads	Encourages the client to continue and that the nurse is interested in what comes next.	Go on. And then? Tell me about it.
Exploring	Examines certain ideas, experiences, or relationships more fully.	What kind of relationship do you have with your children? Tell me about your coping mechanisms? What brought you here to the hospital?
Focusing	Helps the patient focus on a certain point <u>when they are jumping from topic to topic</u> . The patient is talking about many things at once and you focus in on one topic.	Let's stop and look more closely at your feelings about managing your medications. You've mentioned many things. Let's go back to your thinking of "giving up".
Silence	Provides time for the patient to put thoughts or feelings into words, regain composure or continue talking.	Maintain an interested, expectant silence. (If you are silent because you are uncomfortable or don't know what to say, then it's a block and should be processed as such.)
Accepting	Indicated the patient has been understood. It does not indicate agreement and is nonjudgmental.	Uh-hmm. Yes. I'm following you. Nodding.
Giving recognition	Indicated awareness of change in personal efforts. Does not imply good or bad, right or wrong.	Good morning, Mr. Jones. I see you have put on your jewelry today. You've finished your list of things to do.
Offering self	Offers presence, interest, and a desire to listen to the patient.	I'll sit with you her for a while. I would like to spend some time with you. I'm available if you need to talk.
Sharing observations	Calls attention to the patient's physical behavior or emotional state. How a person looks, sounds or acts. Verbalizing what the nurse perceives.	You appear tense. I noticed that you are biting your lip. You seem upset. You are trembling.
Paraphrasing	Repeating the main idea in order to be sure the patient has been understood. Restating another's message more briefly using one's own words.	<i>Patient:</i> "I have been tossing and turning all night." <i>Nurse:</i> "You are having difficulty sleeping." <i>Patient:</i> "I just give up." <i>Nurse:</i> "You don't see the point of trying anymore." <i>Patient:</i> "I've been overweight all my life and never had any problems. I can't understand why I need to be on a diet." <i>Nurse:</i> "You are not convinced that you need a diet because you've stayed healthy."
Reflecting	Directing questions, feelings and ideas back to the patient. Acknowledges the patient's right to have opinions and make decisions.	<i>Patient:</i> "What do you think I should do about telling my employer about my illness?" <i>Nurse:</i> "What have you been thinking about this situation?" <i>Patient:</i> "Everyone ignores me". <i>Nurse:</i> "Ignores you?"
Providing information	Makes facts available in order to assist in decision-making or drawing conclusions.	This medication is for you high blood pressure. This test will determine your treatment options. My purpose for being here is...

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Sharing Empathy	Acknowledging feelings. To help the patient know that feelings are understood and accepted. Attempting to see the situation through the client's eyes.	<i>Patient:</i> "I hate it here. I wish I could go home." <i>Nurse:</i> "It must be difficult to stay in a place you hate." This diagnosis has been life changing. You have a lot on your plate.
Seeking Clarification	To make clear that which is vague or maximize understanding between the nurse and patient. Asking for further explanation or an example.	I am not sure I follow you. What would you say the main point of what you said was? Can you give me an example of a time you thought everyone hated you.
Verbalizing implied thoughts and feelings	To voice what the patient has implied. To verify impressions to help the patient more fully aware of feelings expressed.	<i>Patient:</i> "I can't talk to you or anyone else because it's a waste of time." <i>Nurse:</i> "Do you feel that no one understands?" <i>Patient:</i> "My wife pushes me around just like my mother and sister did." <i>Nurse:</i> "Is it your impression that women are domineering?"
Sharing humor	Discharge of energy through comic enjoyment of the imperfect. Can reduce tension and promote mental well-being. Must be used carefully and sparingly.	This gives a whole new meaning to "just relax".
Seeking consensual validation	Searching for mutual understanding especially when slang terms have been used.	Tell me whether my understanding of it agrees with yours. Are you using this word to convey that ...?
Encouraging comparison	Brings out recurrent themes by looking at similarities or differences.	Was it something like....? Have you had a similar experience? Has this ever happened before?
Encouraging evaluation	Assists the patient in considering things from their own set of values or perspective.	What did it mean to you when he said her couldn't stay? How do you feel about your recovery this time in the hospital?
Encouraging description of perception	Asking the patient to verbalize things from their own perspective. Asking to describe thoughts and feelings.	What is happening right now? What are you are thinking when you feel anxious?
Placing the event in time or in sequence	To help the patient see cause and effect or identify patterns of events and actions.	When did this happen? What seemed to lead up to....? Was it before or after....?
Sharing hope	Communicating a sense of possibility to achieve their potential. Commenting on the positive aspects of the patient's behavior, performance, and responses. You must personally see the patient display the behavior you base this hope on. It can't be based on things you did not observe because that is a block called "false reassurance".	I believe you will find a way to face your situation because I have seen how you interact with your children in this situation.
Presenting reality	Indicated what is real without arguing. Presenting the facts of a situation.	Your mother is not here. I am the nurse. I see no one else in the room.

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Voicing doubt	Expressing uncertainty about the reality of the patient's perceptions. The patient can become aware that others do not necessarily perceive things in the same way. This is not an attempt to get the patient to change their point of view.	Really? That's hard to believe. Isn't that unusual.
Attempting to translate into feelings	Seeking to verbalize the patient's feelings that are expressed only indirectly.	<i>Patient:</i> "I'm dead inside." <i>Nurse:</i> "Are you saying you feel lifeless?" <i>Patient:</i> "I'm way out in the ocean." <i>Nurse:</i> "Are you saying you feel lonely or deserted?"
Encouraging formulation of an action plan	Asking patient to consider kinds of behavior likely to be appropriate in future situations	What could you do to let your anger out harmlessly? Next time this comes up, how might you handle it? What are other ways you could approach your boss?
Summarizing	Concise review of the key aspects of the interaction to bring a sense of satisfaction and closure.	During the past hour, you and I have discussed... We have discussed many ways to deal with your anger toward your mother. You have agreed to try a few and let me know how it works out.
Self-disclosure	GENERALIZED sharing of personal experiences about the self to benefit the patient.	That happened to me once, too. It was devastating, and I had to face some things about myself that I didn't like. I went for counseling, and it really helped....What are your thoughts about seeing a therapist?
Confrontation	Helping the patient become aware of inconsistencies in feelings, attitudes, beliefs or behaviors. This technique can only be used gently and after trust has been established.	You say you have already decided what to do; yet you are still talking a lot about your options. You said you wanted to attend the support group but you stayed in your room all day.
Recommend or suggest options (do not advise)	Allows the patient to consider options they may not have previously considered	Have you thought about....? Here are some things other people in your situation have considered.....?
Suggesting collaboration	Offering to share, to strive, to work with the patient for their benefit. The nurse offers to do things with rather than for the patient.	Let's see if we can figure this out. Let's work together to identify triggers to your anxiety. Let's go to your room. I'll help you find what you are looking for.
Using Touch	Care must be taken to use touch at the appropriate time and with the appropriate patient. Touch should not be used when someone is paranoid, angry, in a panic state, or has had previous trauma. Sensitivity to cultural and social cues for touch must be practiced. Asking permission may be appropriate in some cases.	Holding a patient's hand or placing your hand on a patient's shoulder.

## BLOCKS TO THERAPEUTIC COMMUNICATION

Technique	Description	Example
Giving advice/personal opinions	Nurse imposes own opinion and solutions on the patient. Implies the patient cannot make own decisions. These are decisions that are not ours to make.	What you should do is.... Why don't you...? Get out of that situation immediately. I would leave that person if they did that to me.
Asking personal questions/probing	Asking personal questions not relevant to the situation. These questions may be asked due to personal curiosity and not for the client's benefit.	Why have you never gotten married? What is your political party?
False reassurance	Attempts to dispel anxiety by implying there is not sufficient reason for concern.	Don't worry, everything will be all right. You're doing fine. I wouldn't worry about that. I've felt that way myself sometimes.
Automatic responses/ clichés	Automatic responses like these are belittling to the patient's experience. Minimizes the significance of the patient's feelings.	Everything happens for a reason. God doesn't give you more than you can handle. Keep your chin up. Everyone gets down in the dumps. All old people are hard of hearing.
Giving approval/ Disapproval	Not client centered. Opinions and conclusions should come exclusively from the patient. Nurses are <b>neutral</b> . Both can cause dependence on the healthcare professional because the patient may want to please the nurse. Avoid using good, bad, right, or wrong.	That's good thinking. Great job! I agree. I'm glad that... That's bad for you. I'd rather you wouldn't. That's not right.
Agreeing/ Disagreeing	Implies right and wrong, good or bad from the nurse's point of view. Now, if the client changes their mind, they are "wrong". Limits their freedom to think or act in a certain way.	That's the right attitude. I agree. You must be right. That's not true. You're wrong.
Technique	Description	Example
Asking for explanations/ "Why" questions	"Why" questions can also imply right or wrong and may be perceived as threatening or intimidating. If the client doesn't know the answer they may become defensive.	Why do you think that? Why do you feel that way? Why don't you take your medications? Why are you upset? Tell me why you did that?
Sympathy	Sympathy may be a compassionate response however it is not effective as empathy in a therapeutic context. Feeling sorry for the patient may impair good judgment by the nurse and anger the client.	I'm so sorry that your leg was amputated. It must be terrible. I'm so sorry you lost your mother.
Defensive responses	Suggests criticism is unfounded and that the patient has no right to voice their opinion.	Your doctor is quite capable. I can't believe that nurse would give you the wrong medication. No one here would...
Changing the subject	The nurse takes the initiative for the interaction away from the patient, which is usually due to the nurse's discomfort.	<i>Patient:</i> "I can't stop thinking about my diagnosis." <i>Nurse:</i> "Let's go for a walk now."
Arguing	Denies that the patient's perception was real or accurate.	How can you say you didn't sleep a wink when I heard you snoring all night? You are not working for the CIA.