# Therapeutic Communication Techniques

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| **Technique** | **Description** | **Examples** |
| **Using Silence** | Accepting pauses or silences that may extend for several seconds or minutes without interjecting any verbal response | Sitting quietly (or walking with client) & waiting attentively until client is able to put thoughts & feelings into words |
| **Providing general leads** | Using statements or questions that   1. Encourage client to verbalize 2. Choose a topic of conversation 3. Facilitate continued verbalization | *“Can you tell me how it is for you?”*  *“Perhaps you would like to talk about...”*  *“Would it help to discuss your feelings?”*  *Where would you like to begin?”*  *“And then what?”* |
| **Being specific**  **& tentative** | Making statement that are specific rather than general, tentative rather than absolute. | *“Rate your pain on a scale of 0-10.”* [Specific Statement]  *“Are you in pain?”* [General Statement]  *“You seem unconcerned about your diabetes.”* [Tentative Statement]  *“You don’t care about your diabetes and you never will.”* [Absolute Statement] |
| **Using**  **open-ended questions** | Asking broad questions that lead or invite the client to explore (elaborate, clarify, describe, compare, or illustrate) thoughts or feelings. Open-ended questions specify only the topic to be discussed & invite answers that are longer than a few words. | *“I’d like to hear more about that.”*  *“Tell me more about….”*  *“How have you been feeling lately?”*  *“What brought you to the hospital?”*  *“What is your opinion?”*  *“You said you were frightened yesterday. How do you feel now?”* |
| **Using touch** | Providing appropriate forms of touch to reinforce caring feelings. Because tactile contacts vary considerably among individuals, families, & cultures, health care workers must be sensitive to differences in attitudes & practices of clients & staff | Putting an arm over the client’s shoulder.  Placing your hand over the client’s hand. |
| **Restating or Paraphrasing** | Actively listening for client’s basic message & then repeating those thoughts and/or feelings in similar words. This conveys that the healthcare worker has listened & understood the client’s basic message & also offers clients a clearer idea of what they have said. | **Client:** *“I couldn’t manage to eat any dinner last night, not even dessert.”*  **Healthcare Worker**: *“You had difficulty eating yesterday.”*  **Client**: *“Yes, I was very upset after my family left.”*  **Client*:*** *“I have trouble talking to strangers.”*  **Healthcare Worker**: *“You find it difficulty talking to people you do not know?”* |
| **Seeking clarification** | A method of making client’s broad overall meaning of message more understandable. It is used when paraphrasing is difficult or when the communication is rambling or garbled. To clarify the message, the Healthcare Worker can restate the basic message or confess confusion & ask client to repeat or restate the message. Healthcare workers can also clarify their own messages with statements | *“I’m puzzled.”*  *“I’m not sure I understand that.”*  *“Would you please say that again?”*  *“Would you tell me more?”* |
| **Perception checking or seeking consensual validation** | A method similar to clarifying that verifies the meaning of a message. | *“I meant this rather than that.”*  *“I’m sorry that wasn’t very clear. Let me try to explain another way.”*  **Client:** “*My husband never gives me presents.”*  **Healthcare Worker:** *“You mean he has never given you a present for your birthday or Christmas?”*  **Client:** *“Well-----not never. He does get me something for my birthday and Christmas, but he never thinks of giving me anything any other time.”* |
| **Offering Self** | Suggesting one’s presence, interest, or wish to understand the client without making any demands, or attaching conditions that the client must comply with to receive the Healthcare worker’s attention. | “*I’ll stay with you until your daughter arrives.”*  *“We can sit here quietly for awhile; we don’t need to talk unless you would like to.”*  *“I’ll help you to dress to go home, if you like.”* |
| **Giving information** | Providing in a simple & direct manner, specific factual information the client may or may not request. When information is not known, Healthcare worker states this & indicates who has it or when the healthcare worker will obtain it. | “*Your doctor’s appointment is scheduled for 11 AM tomorrow.”*  *“You will feel a pulling sensation when the tube is removed from your abdomen.”*  *“I do not know the answer to your question, but I will find out from the charge nurse.”* |
| **Acknowledge** | Giving recognition in a nonjudgmental way, of a change in behavior, an effort the client has made, or a contribution to a communication. Acknowledgement may be with or without understanding, verbal or non-verbal. | *“You trimmed your beard and mustache and washed your hair.”*  *“I notice you keep squinting your eyes. Are you having difficulty seeing?”*  *“You walked twice as far today with your walker.”* |
| **Clarifying time or sequence** | Helping the client clarify an event, situation, or happening in relationship to time. | **Client:** *“I vomited this morning.”*  **Healthcare Worker:** *“Was that after breakfast?”*  **Client:** *“I feel like I have been asleep for weeks.”*  **Healthcare Worker:** *“You had surgery on Monday, today is Tuesday.”* |
| **Presenting reality** | Helping the client to differentiate the real from the unreal. | *“That telephone ring came from the program on television.”*  *“I see shadows fro the window coverings.”*  *“Your magazine is here in the drawer. It has not been stolen.’* |
| **Focusing** | Helping the client expand on & develop a topic of importance. It is important for the healthcare worker to wait until client finishes stating the main concerns before attempting to focus. The focus may be an idea or a feeling; however the healthcare worker often emphasizes a feeling to help the client recognize an emotion disguised behind words. | **Client:** *“My wife says she will look after me, but I don’t think she can, what with the children to take care of, and they’re always after her about something—clothes, homework, what’s for dinner.”*  **Healthcare Worker:***“Sounds like you are worried about how well she can manage.”* |
| **Reflecting** | Directing ideas, feelings, questions, or content back to clients to enable them to explore their own ideas & feelings about a situation. | **Client:** *“What can I do?”*  **Healthcare Worker:** *“What do you think would be helpful?”*  **Client:** *“Do you think I should tell my husband?”*  **Healthcare Worker:** *“You seem unsure about telling you husband.”* |
| **Summarizing and Planning** | Stating the main points of a discussion to clarify the relevant points discussed. This technique is useful at the end of an interview or to review a health teaching session. It often acts as an introduction to future care planning. | *“During the past half hour we have talked about…”*  *“Tomorrow afternoon we may explore this further.”*  *“In a few days I’ll review what you have learned about the actions and effects of your insulin.”*  *“Tomorrow, I will look at your feelings journal.”* |

Berman, A., Snyder, S.J., Kozier, B., & Erb, G. (2008). Communicating. In A. Berman, S.J. Snyder, B. Kozier, & G. Erb (Eds.).

*Kozier & Erb’s Fundamentals of nursing: Concepts, process, and practice* (8th ed.) (pp. 459-85). Upper Saddle River, NJ:

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# Barriers to Communication

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| **Technique** | **Description** | **Examples** |
| **Stereotyping** | Offering general & oversimplified beliefs about groups of people that are based on experiences too limited to be valid. These responses categorize clients & negative uniqueness as individuals | * “Two year olds are brats.” * “Women are complainers.” * “Men don’t cry” * “Most people don’t have pain after this type of surgery.” |
| **Agreeing**  **and**  **Disagreeing** | Akin to judgmental responses & disagreeing imply that the person is either right or wrong & that the healthcare worker is in a position to judge this. These responses deter the person from thinking through his/her position & may cause the person to become defensive. | **Client:** *“I don’t think Dr. Joe is a very good doctor. He doesn’t seem interested in his patients.”*  **Healthcare Worker**: *“Dr. Joe is head of the surgery department and is an excellent surgeon.”* |
| **Being Defensive** | Attempting to protect a person or health care services from negative comments. These responses prevent the client from expressing true concerns. The healthcare worker is saying, *“You have no right to complain.”* Defensive responses protect the healthcare worker from admitting weaknesses in the health care services, including personal weaknesses. | **Client:** “Those evening aides must just sit around and talk all night.”  **Healthcare Worker**: *“I’ll have you know that we literally run around on nights. You’re not the only resident, you know.”* |
| **Challenging** | Giving a response that makes individuals prove their statement or point of view. These responses indicate that the healthcare worker is failing to consider the client’s feelings, making the client feel it necessary to defend a position. | **Client**: *“I felt nauseated after that red pill.”*  **Healthcare Worker**: *“Surely you don’t think I gave you the wrong pill?”*  **Client**: *“I feel as if I am dying.”*  **Healthcare Worker**: *“How can you feel that way when your pulse is 60?”*  **Client:** *“I believe my husband doesn’t love me.”*  **Healthcare Worker**: *“You can’t say that; why, he visits you every day.”* |
| **Probing** | Asking the information chiefly out of curiosity rather than with the intent to assist the client. These responses are considered prying & violate the client’s privacy. Asking “why” is often probing & places the client into a defensive position. | **Client:** *“I was speeding along the street and didn’t see the stop sign.”*  **Healthcare Worker:** *“Why were you speeding?”*  **Client**: *“I didn’t see the doctor when he was here.”*  **Healthcare Worker:** *“Why didn’t you?”* |
| **Testing** | Asking questions that make the client admit to something. These responses permit the client only limited answers and often meet the healthcare worker’s need rather than the client’s | *“Who do you think you are?” (Forces people to admit their status is only that of a client).*  *“Do you think I am not busy?” (forces the client to admit that the healthcare provider is really busy)* |
| **Rejecting** | Refusing to discuss certain topics with the client. These responses often make clients feel that the healthcare worker is rejecting not only their communication but also the clients themselves. | *“I don’t want to discuss that. Let’s talk about……”*  *“Let’s discuss other areas of interest to you rather than the two problems you keep mentioning.”*  *“I can’t talk now. I’m on my way for a coffee break.”* |
| **Changing**  **topics & subjects** | Directing the communication into areas of self-interest rather than considering the client’s concerns is often a self-protective response to a topic that causes anxiety. These responses imply that what the healthcare worker considers important will be discussed and that clients should not discuss certain topics. | Client: *“I’m separated from my wife. Do you think I should have sexual relations with another woman?”*  Healthcare Worker: *“I see that you are 36 and that you like gardening. This sunshine is good for your roses. I have a beautiful rose garden.”* |
| **Unwarranted**  **Reassurance** | Using clichés or comforting statements of advice as a means to reassure a client. These responses block the fears, feelings, and other thoughts of the client. | *“You’ll feel better soon.”*  *“I’m sure everything will turn out all right.”*  *“Don’t worry.”* |
| **Passing**  **Judgment** | Giving opinions and approving and disapproving responses, moralizing, or implying one’s own values. These responses imply that the client must think as the healthcare worker thinks, fostering client dependence. | *“That’s good.” Or “That’s bad.”*  *“You shouldn’t do that.”*  *“That’s not good enough.”*  *“What you did was wrong.” Or “What you did was right.”* |
| **Giving**  **Common Advice** | Telling the client what to do. These responses deny the client’s right to be an equal partner. Note that giving expert rather than common advice is therapeutic. | **Client**: *“Should I move from my home into the nursing home?”*  **Healthcare Worker**: *“If I were you, I’d go to a nursing home, where you’ll get your meals cooked for you.”* |

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