Key Principles in Therapeutic Communication

OBJECTIVES:

Upon completion of this course, the learner will be able to

1. Differentiate between Therapeutic Communication and Non-Therapeutic Communication
2. List key components of therapeutic communication
3. Identify strategies (techniques) that enhance therapeutic communication
4. Discuss blocks (barriers) to therapeutic communication (non-therapeutic techniques)
5. Understand the role of using therapeutic communication to improve communication within the healthcare setting

INTRODUCTION

In the healthcare industry communication permeates every aspect of patient care. This fact is important to remember as you begin to understand communication principles and the need for healthcare professionals to practice effective therapeutic communication skills. Therapeutic communication is defined by the National Commission on Correctional Healthcare as “...the face-to-face process of interacting that focuses on advancing the physical and emotional well-being of a patient. Nurses use therapeutic communication techniques to provide support and information to patients.” The phrase to focus on in this definition is “advancing the physical and emotional well-being of a patient”; because in those words we find the importance of utilizing therapeutic communication, as opposed to the alternatives of absent or non-therapeutic communication. Throughout this course therapeutic communication will be discussed specifically in regard to: differentiation between therapeutic and non-therapeutic communication; the key components of therapeutic communication; techniques that enhance communication,
definition and discussion of “blocks” or barriers, and then finally an understanding of the role of therapeutic communication and how the healthcare professional can use it in a clinical setting.

**THERAPEUTIC COMMUNICATION DEFINED**

Before we go any further in our course, the basics need to be established. What exactly does communication consist of? Communication is not simply the words that come out of our mouths, so in order to effectively communicate it is important to be aware of every aspect of communication. According to Dr. Albert Mehrabian, “…7% of any message is conveyed through words, 38% through certain vocal elements, and 55% through nonverbal elements (facial expressions, gestures, posture, etc)” This means that regardless of the words a clinical professional uses with a patient or family member, most of the message is contained in the way it is presented. Let’s use an example beyond the clinical setting to make it clearer. You enter a retail establishment; you are greeted by an employee with a smile, steady eye contact, a wave and an overwhelmingly enthusiastic “How can I help you today?” The employee is well groomed with proper attire. Take the same scenario, yet the employee does not smile, he does not wave, his shirt is un-tucked, his pants are dirty and eye contact is avoided; he asks the same question “How may I help you today?” In each of these scenarios the English language was used in the exact same way, but which of these employees would you rather have assist you? The clinical setting is no different than the retail setting (well, the clinical setting may not have incredible five dollar movie bins, but other than that…); each customer, or patient, should be treated with respect. It makes it all the more important to practice therapeutic communication. The differences in therapeutic communication and non-therapeutic communication are numerous, mostly because they are polar opposite styles of information presentation. The main goal of
therapeutic techniques is to encourage patients to express their feelings, emotions, and overall ideas regarding their healthcare journey. The shortfall of non-therapeutic techniques is that they hinder the patients from expressing those feelings, emotions and ideas; they quite literally “block” the patient from doing those things. We’ll go into more detail on blocking later. These basics are important to understand because they create the basis upon which all interactions occur. The ideas discussed aren’t just prevalent in patient interactions; they can also apply to effective communication among fellow staff members. An environment in which effective communication is the norm will make everyone’s job easier. Adjustments in verbal and non-verbal cues can make all the difference in day to day interactions that keep the clinical setting operating at its utmost potential. When entering work, remember the example of the retail setting. Which way would you prefer to be greeted?

KEY PRINCIPLES

Now that we understand the broad definition of therapeutic communication, let’s discuss some of the key components to therapeutic communication. The most important aspect of therapeutic communication is establishing a therapeutic relationship with the patient. This is achieved through gaining the patient’s trust, maintaining genuine interest in the patient, and expressing empathy for the patient (not to be confused with sympathy). Let’s go into each of these components one by one in order to further understand the importance of each.

TRUST

Miriam Webster dictionary defines trust as belief that someone or something is reliable, good, honest, effective, etc. Trust is crucial to an effective therapeutic relationship for obvious
reasons. If patients cannot trust the people delivering their care they may not make the most informed decisions in the care they receive, including refusing certain procedures, or treatment altogether. S. Terry Canale of AAOS says that trust is important because of:

“…one simple concept—“adherence.” I am not going to let anyone put me to sleep—much less operate on me—if I don’t trust the situation or the person performing the surgery. I’m not going to take my medication if I don’t trust the person prescribing it. Even if you don’t believe in trust, believe that adherence is vitally important for the well-being of our patients.”

**GENUINE INTEREST**

The next component of a therapeutic relationship is genuine interest. Genuine interest, a sincere approach to getting to know someone is a critical concept in the development of the care-giver-patient relationship. It takes shape when a clinical professional makes a patient feel important. The life saving moments and grand gestures are usually appreciated by the patients, but sometimes it’s the little things that can make a significant impact. It is important for the care-giver to have conversations about how the patient’s day is going, to get to know the person rather than seeing the patient as a puzzle that needs to be solved; these moments are what the patients will remember.

**EMPATHY**

Another aspect of a therapeutic relationship is empathy. Empathy and sympathy are regularly misunderstood, not just in the clinical setting but by the general population; so let’s make sure we can recognize the difference. Empathy is the ability to perceive the feelings and
concerns of an individual, and then being able to communicate them back to the individual; in other words, the ability to put yourself in their shoes. This type of interaction is correlated with a positive patient outcome and experience. Sympathy, on the other hand, is being concerned or feeling pity for the person in their situation. This type of interaction takes away objectivity and projects personal opinions and feelings onto the person; it can foster poor decision making on a patient’s behalf with the results leading to less effective treatment. Empathy is the ultimate goal in a therapeutic relationship because it is in the best interest of the patient.

Let’s look at a situation outside of the clinical setting to get a better understanding of these principles. Car shopping is a necessity of life that many people would prefer to avoid. Cars are 3,600 pound mysteries that practically run on magic if you ask the average driver. They are also incredibly expensive, and people typically require lots of reassurance before jumping into the purchase of a new one; it’s why people will drive a 1993 junk car with a door missing and 250,000 miles until it no longer starts. This is a classic example of when a relationship built on trust, genuine interest, and empathy is highly desirable, specifically in the case of the salesman with whom you interact. When we buy a car we want to feel like the salesman is hearing us, like they care about what we, as a customer, need. We don’t want to be coerced into buying a two door convertible if what our family needs is a mini-van. We want to trust who we are buying from, and we want to feel like the salesman takes a genuine interest in us as opposed to seeing us as a gigantic talking dollar sign; we want them to empathize with what it’s like to invest in something so important and so expensive. This is why the best salesmen aren’t the ones who can talk the fastest, or crunch the quickest numbers; it’s the salesmen who can make themselves seem like family members in an hour long conversation. Healthcare should be no
different; in fact it should be even *more* important because we aren’t selling a heap of metal, we’re sustaining well-being.

The components mentioned above are what create a therapeutic environment in the clinical setting. The key to consistent therapeutic communication is this therapeutic relationship - without it no other set of therapeutic communication strategies will help patients feel confidence in their caregivers.

**THERAPEUTIC STRATEGIES**

The foundation of therapeutic communication has been established, but what exactly are some specifics that we can use in day to day patient interactions? Understanding the concepts as a whole is a necessity, but let’s discuss some very specific strategies that will boost the effectiveness of these therapeutic relationships. There are numerous techniques for practicing therapeutic communication such as active listening, sharing observations, displaying empathy, expressing hope, using humor, sharing feelings, using touch, maintaining silence, providing information, clarifying, focusing, paraphrasing, asking relevant questions, summarizing, self-disclosure and even confrontation. This list is lengthy, and while all of these are effective methods the ones we’ll be dissecting include; active listening, the concept of sharing, using touch, summarizing, and, when feeling a bit bold, self-disclosure.

**ACTIVE LISTENING**

Active listening is one of the easiest ways to provide a sense of security and comfort for the patient. It requires minimal effort and yields positive results. Dr. Bodie published a study in the *Western Journal of Communication* in which he said “Active listening starts with the real
desire to help another person think through their feelings…Don’t try to fix the problem right out of the gate, and don’t rush things.” Active listening requires a certain set of verbal and non-verbal cues. Be sure to make eye contact and use facial expressions that indicate understanding and interest; in appropriate situations ask questions about the content in order to show attentiveness and promote more conversation. Smaller verbal cues such as “yes” and “mmhmm” also encourage the patient to continue, while occasionally paraphrasing what was heard can be helpful for clarity’s sake as well. These minor adjustments in conversation are simple enough to employ, and can make a substantial difference in patient care.

**SHARING**

The concept of sharing was mentioned multiple times in the list above; rather than go into detail on each subject individually, we can tackle the entire concept. Sharing conjures up a certain degree of togetherness; it implies that the healthcare journey that the patient and provider are experiencing is one that is not mutually exclusive. By sharing hopes, feelings, empathies and observations we are telling patients that they are not alone. The healthcare setting can seem frightening and unsettling to the uninitiated - sometimes the best feeling for a patient can simply be the idea that someone is available to share the journey. As a clinical professional it is important to be that person, the one that has the communication techniques that contribute to a patient not feeling isolated.

**TOUCH**

Touch is another important tool in fostering a therapeutic setting for the patient. To illustrate this, let us again take a step outside of the clinical setting. The University of Illinois, led
by psychologist Michael Kraus, did a study on touch and how it affected NBA players. This study revealed that the more touching that occurred (high fives, chest bumps, and backslaps) the better the team and individuals performed across the length of the season. The study is a testament to the bonding nature of touch; it is a powerful element of human interaction that often goes unnoticed in the forefront of our brain. Touching is one of the most basic interactions we can have with another human and, just like active listening, touch can be incredibly simple to employ.

**SUMMARIZING**

Summarizing is another aspect of therapeutic communication that should not be neglected. It is the act of repeating information back to the patient with a focus on understanding and accuracy. It allows us to check for mistakes and ensure that patients are being understood at every point during their healthcare journey. The pitfalls of acquiring misinformation can be devastating in a field such as healthcare, therefore reducing errors to a minimum is a critical goal; there is a reason malpractice law is a specialty. Summarizing helps avoid simple mistakes that can be costly in the long run. Beyond the monetary benefits of accuracy, summarizing helps the patient feel heard. It generates a therapeutic rapport between provider and patient.

**SELF-DISCLOSURE**

In addition to the above mentioned techniques, a slightly bolder therapeutic strategy to be considered is self-disclosure. The reason this technique is described as bold is due to its personal nature. It is certainly not a requirement of the clinical staff to reveal information about themselves; their jobs can be performed with utmost professionalism without revealing personal
That being said, this technique can help the clinical professional and patient relate to one another on a more intimate level. The provider becomes an individual rather than a cog in a machine, and this atmosphere can benefit the provider in establishing a therapeutic setting for the patient. The personal divulgences don’t need to be grand sweeping anecdotes of loss and tragedy, but a minor recollection of personal experience might go a long way in helping a patient feel connected to who is providing care.

There are a vast number of therapeutic strategies for healthcare, all of which are helpful in the creation of a positive patient experience; and the strategies discussed above are certainly no exception.

COMMUNICATION BARRIERS/BLOCKS

NON-THERAPEUTIC COMMUNICATION

Our attention has focused on creating a therapeutic environment, and we have gained knowledge regarding key concepts and strategies in therapeutic communication. We know the good and what it looks like; but what does the bad look like? What are some communication tendencies that we should avoid? Similar to therapeutic strategies there are numerous non-therapeutic actions; yet non-therapeutic actions are often less obvious because they may seem helpful, when in reality they aren’t. Non-therapeutic strategies include giving reassurance, rejecting, agreeing or disagreeing, approving or disapproving, giving advice, probing, defending, requesting an explanation, belittling feelings, making stereotyped comments, using denial, and introducing an unrelated topic. Some of these behaviors seem obvious to avoid but let’s dig into
the strategies that seem helpful but in reality they actually hinder care and block the development of a quality care giver – patient relationship.

- Giving reassurance seems helpful, but using phrases like “Everything is going to be ok” is cliché and it undermines the patient’s intelligence. It is a cheap way of offering solace, and it makes the patient feel like the caregiver is uninterested or at the very least offering a sentiment that can’t be promised.

- Rejecting should be avoided; denying patients’ ideas or concerns makes them feel removed from their own healthcare journey.

- Agreeing or disagreeing with a patient can be harmful, because it implies that the caregiver can pass judgment on a patient’s thoughts. The same principle can be applied to approval or disapproval - it is not the caregiver’s responsibility to tell a patient whether actions are right or wrong.

- Giving advice is another example of communication that may seem helpful, yet often is not. It is the responsibility of the clinical professional to present the patient with accurate information, not make decisions for them based on their own opinions.

- Probing, like rejecting, should be avoided; it is inappropriate to request more information than the patient is willing to give, and it can make the patient feel uncomfortable and even unaccepted as a person.

- Defending takes place when a healthcare professional ignores the concerns that patients may have with their treatment. This can make patients feel as though it is useless to speak up, and that their opinions are unimportant.
• Requesting an explanation should be avoided because patients do not need to explain why they feel the way they do.

• Belittling a patient’s feelings is another block to avoid; it causes the patient to feel unimportant, out of the loop, and unintelligent for having concerns.

• Stereotyped comments and trite expressions should be avoided, as mentioned above (“everything is going to be ok”).

• Using denial is refusing to acknowledge that a problem exists; regardless of what any caregiver assumes, the patient’s concerns should be taken into account and never denied.

• The mention of other topics is a form of distraction that should be avoided. The healthcare of the patient is the main goal, and distracting from the patient’s needs by mentioning other things can make a patient feel that his or her health is no longer of the utmost priority.

The list of blocks is lengthy, but being constantly aware that your patients are fellow humans that deserve to be treated as such is the easiest way to keep non-therapeutic strategies from entering the workplace. A common sense approach to treat or speak to others as you want to be treated and spoken to is a key concept to remember during every patient encounter.

**SUMMARY**

Therapeutic communication has a very distinct role in the clinical setting that contributes to a more positive outcome for our patients. As professionals we should strive to have therapeutic interactions with all of our patients, and beyond that effective communication with
our fellow employees. We know a therapeutic environment is better for the patients, but in what ways does it help us personally? How can it contribute to the clinical professional completing their jobs more effectively? Using therapeutic communication with co-workers and patients promotes openness, accountability and positive interactions. Openness between a patient and caregiver makes it easier to care for the patient because they will be more open about symptoms, honest about symptoms or health complaints, difficulties and concerns will be voiced early to prevent a greater problem arising later, and it keeps a patient willing to help the provider as much as the provider wants to help them. Everyone wants the patient to feel better, working as a team can only make that easier. By keeping a therapeutic environment consistent, patients will be better informed and able to arrive at their own decisions regarding their care. This promotes a sense of accountability and will make working with the patient easier; a patient who is involved with his or her care will be more receptive to the care itself. The most obvious benefits to keeping therapeutic communication consistent are the positive interactions. Positivity will breed positivity; keeping patients satisfied and informed will create a better working relationship throughout all facets of treatment. An angry and belligerent patient is sometimes unavoidable, but reducing the likelihood of interacting with one can make the work day more pleasant. In short, therapeutic communication can reduce the likelihood of having a bedpan hurled at the skull. I think it is safe to say none of us wants a bedpan to the skull. Therapeutic communication not only makes the patients feel better about the healthcare process, but it also makes things significantly easier on the caregivers by reducing negative interactions overall.

Therapeutic communication is a vital aspect of the modern clinical setting. It should creep into everything we say and do as clinical professionals to guarantee that patients are receiving the best form of care possible. It is the touch of a shoulder, a reassuring head nod and
an overall air of interest in how the patient is feeling. For a small review, here again are the main topics covered throughout the learning above; we discussed the differences in therapeutic and non-therapeutic communication, we delved into some components of therapeutic communication, we identified some distinct strategies to use on a day to day basis, we discussed avoiding blocks and non-therapeutic strategies, and finally we went over how all of this can help the healthcare professional’s job become easier. Once you are more aware of the goals of therapeutic communication and techniques to apply, therapeutic communication is easy. Being mindful of the communication principles that promote positive interaction, as well as the barriers that hinder it, we can more effectively evaluate the way we communicate with patients and others on a daily basis.
REFERENCES


