**10 Essential Techniques of Therapeutic Communication**

1. Establishing Rapport (Communication RX, p. 28).

Showing respect to the patient and upholding the patient's dignity. Treat the client like a person, not an account number.

"Hello Mr. Johnson, my name is Paul Dohse, may I refer to you by using your first name?" "I apologize for how long you had to wait."

2. Elicit the List of All Concerns (Communication RX, pp. 28-30).

Use open-ended questions to receive as much data as possible for better assessments and overall outcomes.

"Thank you for being patient Ron, let's talk about what brought you here today, what can you tell me about it?" "That sounds bad, tell me more."

3. Negotiate a Shared Agenda / Partnership (Communication RX, pp. 32, 33).

Find out what the patient wants to focus on, and if there are other topics that concern the patient. Priorities (agenda) can then be negotiated with the patient. If the patient knows what to expect, it decreases anxiety.

"You also mentioned this other concern, I would like to know more about that. What can you tell me?"

4. Ask Opened-Ended Questions and Listen Actively ((Communication RX, pp. 38-40).

Acknowledge everything the patient is saying with a nod, or a verbal, "I see," "Go on." If you have to document on a laptop or PC, periodically pause and make eye contact.

5. Respond With Empathy (Communication RX, p. 41).

Lack of empathy, or the ability to "put yourself in someone else's shoes," creates communication barriers. Empathy can be shown through facial expressions or gestures, or verbalizing things like, "This must be very hard," "I am so sorry this is happening," etc. This builds trust between the patient and clinician resulting in better outcomes.

6. Legitimization (Communication RX, p. 43)

The clinician must never minimize the patients concerns or experiences. Legitimation can be verbalized with statements like, "Most people in your position would feel this same way" (Ibid).

7. Silence

In some very difficult situations when words are unlikely to help, merely being present, and silent, conveys support (NRS 104).

8. Silence with Intermittent Open Questions

Silence with intermittent open questions is recommended in some difficult mental health conditions such as catatonic individuals (NRS 104).

9. Accepting

Acceptance is not the same thing as agreement. It informs the patient that the nurse is listening. An example would be, "Yes. I understand what you are saying" (American Nurse, *Therapeutic Communication Techniques,* 11/29/21).

10. Summarizing / Clarification

Summarizing clarifies what the patient has said and conveys to the patient that the nurse is listening. "I want to make sure I understand you—you are saying...." (American Nurse, *Therapeutic Communication Techniques*, 11/29/21).

11. Teach-Back (Communication RX, p. 54).

Teach-back confirms that the nurse's teaching has been properly understood. "This is a lot of information, and I want to make sure you understand it. Tell me what you will do when you arrive at your home from the hospital."

**8 Nontherapeutic Communication Techniques**

1. OLDCART, and Other Nursing Mnemonics

Nursing mnemonics are lines of closed-ended questions, such as, "Where does it hurt?," "What kind of pain is it?," etc. The nurse should ask open-ended questions and use data collected to complete data formats. Data collecting should not start and end with data prisms (logical conclusion from Communication RX, p. 29).

2. Doorknob Concerns / Questions (Communication RX, p. 30).

A clinician asking a patient, "Is there anything else," while one hand is on the room doorknob is nontherapeutic communication. The clinician should remain seated and ask, "Have we covered everything?" If the patient feels as if the clinician does not have time or is indifferent, it will lead to poor outcomes.

3. Asking "Why" Questions (NRS 104).

Asking "why" questions puts the patient on the defensive. Instead, the clinician should ask, "How can we help you to be compliant?"

4. Value Judgements

We should identify our own value judgements and avoid burdening the patient with them. Instead, the clinician should use *reflecting* to make patients accountable to themselves (Naveen Sharma; Vikas Gupta, NIH, *Therapeutic Communication* 2/10/22).

5. Unsolicited Advice

"Unsolicited advice can be experienced as intrusive and unempathetic unless the patient has specifically asked for advice" (Naveen Sharma; Vikas Gupta, NIH, *Therapeutic Communication* 2/10/22).

6. Providing False Reassurance

"Everything will be fine," and statements like it, are dismissive and seek to skirt involvement and effort in problem solving. Instead, the clinician should show empathy and support, while developing the best possible care plan.

7. Responding Defensively

"...avoiding defensive responses can allow more room for the patient to express their frustration and allow them to identify a solution collaboratively with their provider, rather than against their provider" (Naveen Sharma; Vikas Gupta, NIH, *Therapeutic Communication* 2/10/22).

8. Changing the Subject Abruptly

Changing the subject abruptly is dismissive of the patient's concerns. Open-ended questions draw out the concerns of the patient. Along with active listening, such as, "Tell me more about that," gives the clinician a fuller picture of the patients overall needs and leads to better outcomes.