

Therapeutic Communication - Fact Sheet (1)

Active Listening– Being attentive to what the client is saying, verbally and non-verbally. Sit facing the client, open posture, lean toward the client, eye contact, and relax.

Sharing Observations– Making observations by commenting on how the other person looks, sounds, or acts. Example: “you look tired” or “I haven’t seen you eating anything today”.

Sharing Empathy– The ability to understand and accept another person’s reality, to accurately perceive feelings, and to communicate understanding. Example “It must be very frustrating to know what you want and not be able to do it”.

Sharing Hope– Communicating a “sense of possibility” to others. Encouragement when appropriate and positive feedback. Example “I believe you will find a way to face your situation, because I have seen your courage in the past”.

Sharing Humour– Contributes to feelings of togetherness, closeness and friendliness. Promotes positive communication in the following ways; prevention, perception, perspective.

Sharing Feelings– Carers can help client’s express emotions by making observations, acknowledging feelings, and encouraging communication, giving permission to express “negative” feelings and modeling healthy anger.

Using Touch– Most potent form of communication. Comfort touch such as holding a hand, is especially important for vulnerable clients who are experiencing anxiety episodes.

Silence– Time for the Carer and client to observe one another, sort out feelings, think of how to say things, and consider what has been verbally communicated. The Carer should allow the client to break the silence.

Providing Information– Relevant information is important to make decisions, experience less anxiety, and feel safe and secure. Example “You have to attend court next Tuesday for x,y,z charges ALS advises you will receive a fine”

Clarifying– To check whether understanding is accurate, or to better understand, the Carer restates an unclear or ambiguous message to clarify the sender’s meaning. “I’m not sure I understand what you mean by ‘sicker than usual’, what is different now?”

Focusing– Taking notice of a single idea expressed or even a single word. An example is “On a scale of 0 to 10 tell me how you are feeling today.”

Paraphrasing– Restating another’s message more briefly using one’s own words. It consists of repeating in fewer and fresher words the essential ideas of the client. For example, the client says “I can’t focus. My mind keeps wandering.” The Carer says, “You’re having difficulty concentrating?”

Asking Relevant Questions– To seek information needed for decision making. Asking only one question at a time and fully exploring one topic before moving to another area. Open-ended questions allows for taking the conversational lead and introducing pertinent information about a topic. For example “What is your biggest problem at the moment?” or “How has your pain affected your life at home?”

Summarizing– Pulls together information for documentation. Gives a client a sense you understand. It is a concise review of key aspects of an interaction and brings a sense of closure. Example “It is my understanding that your arm pain is a level 1 since you’ve taken a Vicodin one hour ago. Taking your pain medication before physical therapy seems to help you complete the activities the doctor wants you to do for your rehabilitation. Is this correct?” Client responds “Yes It really helps to take the medicine before I do my physical therapy because it helps reduce the pain in my arm.”

Self-Disclosure– Subjectively true personal experiences about the self are intentionally revealed to another person for the purpose of emphasizing both the similarities and the differences of experiences. These exchanges are offered as an expression of genuineness and honesty by the Carer and disclosures should be relevant and appropriate. They are used sparingly so the client is the focus of the interaction: “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 to counseling and it really helped...what are your thoughts about seeing a councilor?”

Confrontation– Helping the client become more aware of inconsistencies in his or her feelings, attitudes, beliefs, and behaviours. Only to be used after trust has been established, & should be done gently, with sensitivity: “You say you’ve already decided what to do, yet you’re still talking a lot about your options.”