

## **Therapeutic Communication Techniques**

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Therapeutic communication is a vital technique in building and maintain relationships with clients. The use of calculated, appropriate responses adjacently with nonverbal techniques grow the trust between the nurse and client, promotes participation from the client, all equating to improving the ability to care for the client. In order to fully utilize therapeutic communication, the environment of the conversation should be held in a quiet and private space. The chance of client wanting to open up and give full details in a very public setting is quite low. A loud environment might not only make it hard to hear but be quite distracting as to what is being said leading to a lack of retention and miscommunication. To avoid these types of forks in the road when communicating with a client and others in my future career I plan on in cooperating the use of verbal and nonverbal techniques. The techniques I will continue to elaborate on are the use of open-ended questions, restating, appropriate eye contact, and being aware of distance from the client.

### **Analysis of Therapeutic Techniques**

Verbal communication is considered spoken or written words to convey a message and is a conscious process, and it is important to remember you can never take the words you say back. Two techniques are open-ended questions and restating. Open-ended questions help engage the client and further the trust between nurse and client. Asking questions that need an answer beyond yes or no allows the client to truly elaborate and provide more information or context to the question at hand. I would incorporate these types of questions into my daily care because it helps create the platform for opening up and being comfortable sharing details that will help enhance their individualized needs. For example, simply asking someone “Do you drink alcohol?” versus “Can you tell me about your drinking habits?” is more likely to open the floor

up for the client to really describe their honest drinking habits, whereas a close ended question does not show the scope or severity of their habits.

The other technique I will put effort towards incorporating is restating. Restating helps clear up any miscommunication and ensure the nurse and client are on the same page. I would choose to also utilize this technique because it is a simple extra step to sum up a conversation that lets the client know not only were you actively listening but even help build a concise statement that ensures both the client and me are seeing eye to eye. Restating also offers the opportunity to clear up any misuse or lack of medical jargon that could be thrown around. A client could be confidently using medical terminology during a conversation and nodding their head but still have no clue what they're talking about. Another example might be when trying to recognize a chief complaint and the main goals of care, it is easy to be presented with some irrelevant information to the priority problem so being able to summarize and restate the client conversation can help direct the plan for the day.

Verbal communication is not the only way to communicate, nonverbal plays a major impact. The use of eye contact and distance are the two I will aim to practice during my career. Eye contact lets the client know you are engaged and taking the conversation seriously. The physical distance between client and self not only demonstrates respect to client but can represent gentleness as well. Being too close to client at the wrong time or standing too far away might make them feel insecure or further isolated. Eye contact and distance both enhance verbal communication through congruency. It is one thing to say empathetic responses but ignorance of eye contact might lead the client to assume I really don't care. Distance can help emphasize verbal communication because a conversation with dense context should not be had from all the

way across the room, it should be closer, using eye contact, aligning the importance of the words to one's body language.

Although these techniques seem quite easy to implement an intended barrier might be due to language and culture. Not everyone speaks English and plenty of cultures have certain practices that impact decisions to a client's care. Fortunately, now a day there is typically a translator or other applications that can be used to make sure the client has a clear understanding of what was said during the conversation.

### **Reflection**

In addition to barriers that can happen along the way I have to consider an honest reflection of my strengths and weaknesses in effective communication. Some strengths I feel I possess that are conducive to therapeutic communication are being able to not only explain a statement but simplify it into words that are direct and concise and able to redirect a topic. After working with kids for some time now they tend to want to tell you about their weekend plans in the middle of team huddle at half time, so I have had plenty of exposure to redirecting conversation. Same with using concise statements, I could give kids a dense descriptive way on how to complete a drill but at the end of the day just telling them the 3 simple goals and expectations tends to have a better outcome.

On the other hand, I tend to struggle with the pacing of my speech and being quite a fidgeter. I am aware I can talk extremely fast and quiet, making it hard for others to actually clients making them feel more closed off to me. I also am not a touchy person at all and only offer hugs or holding out a hand if someone asks. Some ways to improve on my interpersonal communication is being aware of the volume and speed I'm talking at and trying to be aware of

the fact words can't always be used to comfort clients and a hug or holding hands can help just as much.

Some challenges I anticipate while trying to implement effective communication are the hearing and visual impaired community. Again, fortunately there are many electronic tools and translators available nowadays but without those devices going back to writing with pen and paper is always an option, and I would have to lean on nonverbals ensuring eye contact and gestures are in check. If the client were to be impaired visually keep them oriented and providing adequate information of their surroundings.

### **Conclusion**

In sum effective therapeutic communication requires a congruency of verbal and nonverbal cues and being prepared to adapt to any barriers. Therapeutic communication is intentional and essential in not only creating but maintaining a trustworthy relationship between client and nurse. In my future role of the nurse, I plan to be mindful that you can never take back what you say and how nonverbal communication truly plays a huge role in conveying the tone of a message and revealing true emotions within a conversation.