

# Skills

## Therapeutic Communication Using Trauma-Informed Care - CE

### Quick Sheet

#### ALERT

**Avoid using language that is harsh, abrupt, or demeaning; this type of communication escalates dysfunctional patient behaviors, reduces cooperation, triggers treatment withdrawal, and retraumatizes a patient with a history of trauma and abuse.**

1. Perform hand hygiene before patient contact. Don appropriate personal protective equipment (PPE) based on the patient's need for isolation precautions or the risk of exposure to bodily fluids.
2. Introduce yourself to the patient.
3. Verify the correct patient using two identifiers.
4. Assess the patient for suicidal or homicidal ideation or thoughts of self-harm. Use an organization-approved standardized tool for suicide assessment.
5. Assess the patient's cognitive function, including the ability to provide information, answer questions, and orient to reality.
6. Assess the degree of exacerbation of psychiatric symptoms based on the patient's history (if available).
7. Assess the patient's mood and affect, noting any agitation or anxiety.
8. Assess the patient's ability to cooperate with requests from health care team members, including the ability to remain in control of behaviors.
9. Assess for any difficulty in expressing pain, discomfort, or anxiety.
10. Observe the patient's use of nonverbal communication when expressing needs.
11. Assess the patient's willingness to participate in treatment.
12. Question the patient about symptoms related to mental illness, especially hallucinations, thoughts of self-harm, and any history of trauma or abuse.
13. Ask the patient about physical comfort, including hunger, pain, and warmth.
14. Assess the patient's ability to interact appropriately with others.
15. Assess the patient's understanding of current medical and psychiatric diagnoses, including associated symptoms.
16. Observe the patient's reactions to interventions from health care team members.
17. Assess the need for a psychiatric practitioner consult and seek a consult as appropriate.
18. Evaluate communication with the patient to ensure that verbal and nonverbal communication is consistently therapeutic.
  - a. Make eye contact; avoid turning away from the patient.
  - b. Use a respectful tone of voice.
  - c. Avoid dismissive nonverbal communications (e.g., eye-rolling). **Pay close attention to nonverbal communication; simply using the right words is not enough. Patients react more to nonverbal communication than to verbal communication.**
19. If safety is a concern, ask the patient's thoughts concerning what would help maintain safety. If the patient is currently a victim of domestic abuse, be mindful of a return to a potentially dangerous environment. **Although patient input is important, use sound clinical judgment concerning safety and follow the organization's practice.**
20. Assess the patient's level of cognitive organization and modify language appropriately.
21. Interact with the patient on a regular basis and check back frequently.
22. Monitor the patient's response to interactions with health care team members, noting any team member behaviors that trigger patient anxiety.
23. Use supportive, nonjudgmental language.
24. Encourage the patient to approach health care team members with concerns in a straightforward, timely manner. **To maintain credibility, take the patient's concerns seriously.**
25. Avoid statements that minimize the patient's feelings (e.g., "I know how you feel," "That's no worse than my problems").
26. Pay close attention to the patient's reactions.
27. Do not engage in power struggles; avoid the need to be right.
28. Do not react to patient attempts to antagonize or provoke a reaction. **Seek professional supervision when maintaining objectivity becomes difficult.**
29. Avoid making statements or using coercive behavior that is likely to increase defensiveness.
  - a. Avoid words such as *never*, *always*, and *constantly*.
  - b. Avoid statements that exaggerate the truth (e.g., "You have rung the call bell a thousand times today").
  - c. Avoid issues that are irrelevant (e.g., "You didn't cooperate the last time you were admitted").
30. Monitor the patient for changes in anxiety level. Keep the signs of escalation in mind: anxiety, agitation, and aggression.
31. Use appropriate humor. **Avoid sarcastic humor that is directed at issues about which the patient may be sensitive.**
32. Provide options when possible by using verbal and nonverbal techniques, especially if the patient appears resistant, overwhelmed, or anxious. **Do not use ultimatums or threats as options, such as, "You can cooperate now, or you can be discharged."**
33. Involve the patient in problem-solving.
  - a. Use questions, such as "What has worked for you in the past?" or "What would be most helpful for you right now?"
  - b. If the patient suggests solutions that are not allowed or acceptable (e.g., smoking), provide redirection; be prepared to offer alternatives (e.g., a nicotine patch).
34. Give the patient an opportunity to express difficult or uncomfortable feelings or reveal any recent or previous abuse.

35. Refrain from suggesting that the patient's feelings are inappropriate or unacceptable (e.g., statements such as, "I don't know why you are so angry" or "I think you are overreacting").
36. Note positive changes in the patient's behavior and well-being.
37. Note negative changes in the patient's behavior in a nonconfrontational, nonjudgmental way (e.g., by saying, "This seems to be really difficult for you. What can I do to help you?").
38. Reassure the patient that the health care team is available to provide support and assistance. Explain to the patient that, although the team members are available, some circumstances may prevent them from being immediately available.
39. Demonstrate active listening as often as possible to communicate respect and gain the patient's trust.
  - a. Reflect what the patient said.
  - b. Identify the patient's real concern.
  - c. Avoid directive statements.
40. Avoid negative, dismissive, defensive, or coercive communication (e.g., disrespectful tone of voice, dismissive or rejecting body language, sarcasm).
  - a. Do not try to make the patient feel guilty.
  - b. Do not ignore the patient. **If the patient is using negative, dismissive, or defensive communication, do not respond in the same way, even if feeling provoked.**
41. Apologize for miscommunication. Avoid blaming the patient directly or indirectly for miscommunication.
42. Review unit rules with the patient on admission and periodically thereafter. Set limits when necessary, using nonjudgmental language.
43. Use language that is less likely to trigger anger. **When using "I feel" statements, avoid giving an opinion or blaming the patient (e.g., by saying, "I feel that you are not trying very hard").**
44. Provide the patient with linkages to safe housing, police, legal representation, if necessary, and outpatient therapy.
45. Assess, treat, and reassess pain.
46. Remove PPE and perform hand hygiene.
47. Document the strategies in the patient's record.

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