

Friends and family have told me I characterize my communication style by being passive/ assertive. I am direct when I am talking to someone as while being mindful and empathetic and show therapeutic communication during conversation. I listen to whoever I am talking to ensure my communication shows that I am interested and respect what they are saying depending on whatever the conversation may be. Listening plays a big role in a conversation to me because a therapeutic conversation is most effective when each party completely understands what the other is saying. I tend to try and focus on listening to their perspectives and feelings to ensure I am understanding them fully and catching everything they are saying and even how they are saying it. I like to think I have a good sense of when my friends or family need comfort or advice and that helps me to navigate the conversation based on what they need. When looking for nonverbal expressions I tend to look for things like if they are still listening to me, how they are feeling about what I am saying or if they are even receiving what I are saying during a conversation. With looking at people's facial expressions or seeing if they start to become a little fidgety, squimish or even looking away from me and at other things, that tells me if they are disinterested in the conversation, uncomfortable, annoyed or even mad. Nonverbal communication techniques I make are eye contact, head nods, smiles, and with family and friends hand placement on their back or even hug them if they need to be comforted while talking. Verbal communication I use are telling them feedback to let them know I am listening, asking questions to show them I am interested and active in the conversation and even giving my opinion when it is warranted and positive. I can use my self-awareness to promote the development of therapeutic relationships in a clinical setting whether it be on 1 south or a Med-Surg floor because a lot of patients most of the time just want to feel heard as well as need just need someone to talk too. Recognizing when someone wants to talk to me or if they want to be left alone is a way I know when to start to develop a therapeutic conversation. Therapeutic communication to me is very important with friends, family, and even patients because it will help them feel comfortable with me and help them open more about what they need and how they are feeling physically, mentally and emotionally. Asking them open-ended questions about how they are feeling, why they are feeling the way they are feeling and just asking them if they need to talk creates a great start to a therapeutic conversation. Nontherapeutic communication could lead to a patient, friends or family not trusting you, not wanting to open up to you, agitation towards you and could potentially make them feel worse. A tone in my voice, certain words that I use, blaming or invalidating their feelings negatively impact the person you are talking to and could even potentially create bigger problems or issues for them. I will use my self-awareness to create good therapeutic communication for the overall well-being and benefit for the patient I am communicating with. Comfort as well as giving the patient the feeling of being heard and letting their feelings out helps the patient achieve positive health outcomes which is what I want for them. The feeling of being heard and letting their feelings out could release strong and negative feelings the patient was feeling as well as any struggles they are

facing that are stuck on their mind and will benefit the patient, and what is potentially best for their safety, as well.