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For this assignment I had to ask other people how they view my communications skills because honestly, I have never really paid attention to my style of communication. When asking friends and family about my style of communication, many states different things. Some said I had therapeutic communication in making observations which is verbalizing observations about a patient's behavior or appearance encourages the patient to develop awareness of how they are perceived by others and promotes exploration of issues that may be problematic. I also use focusing which would be taking a notice of a single idea or even word encourages specific discussion about a relevant issue and is especially helpful with patients who are moving rapidly from one thought to another. Another therapeutic communication technique is formulating a plan of action. Which is encouraging patients to identify a plan for behavior change and promotes developing better coping skills. I've had friends come to me and tell me what they been through and what they should do and I always use the formulating technique towards the end because they tell you the problem but I always say what could you do different in the future or what could you do different instead of just using alcohol instead of coping with the situation. The Nontherapeutic communication techniques I use is giving advice to my friends and family. Which is telling them what to do or how to behave and I try to nurture my friends in the dependent role by discouraging independent thinking. I also use requesting an explanation technique. I always tell my friends or family why do feel sad or why do you feel depressed, and why you are drinking. Instead, I could word it differently instead of sounding so mean and nosey. I have noticed I also use interpreting nontherapeutic communication. Which is interpreting attempts to tell the person the meaning of his or her experience. Sometimes I feel my friends think I don't understand or see their point of view. Looking at the different therapeutic and nontherapeutic communication techniques makes you think and see that maybe that technique is not the best technique or that I should reword it different and not make it sound so mean and not caring. In the chapter I read about nonverbal expressions. Which nonverbal expression includes physical appearance, body movement, dress, posture, touch, facial expressions, eye behavior, and vocal cues. I know when I have always been told people think I am mean due to my facial expressions. They say I never smile and look mad due to my brows raised, or how I stare a certain way, lack of eye contact, and not smiling and looking serious. In the book it says that active listening definition is to listen actively is to be attentive and to really desire to hear and understand what the patient is saying, both verbally and nonverbally. It creates a climate in which the patient can communicate and the nurse communicates acceptance and respect for the patient, and trust is enhanced. You can use the acronym SOLE for active listening. S is for sit squarely facing the patient, O observe an open posture, L lean forward toward the patient, and E establish eye contact. All this techniques can help me find a better approach and develop more therapeutic relationships and develop them more in clinical or in general setting. Sometimes find ways to talk to certain people helps a lot then trying to prove your point or having them see your point. Everyone is different and all these different techniques will definitely help me find the right ones to use with patients and be able to find the therapeutic relationship with them.