University of Minnesota School of Nursing

NURS 4303

## Mental Health Nursing: Resources for Clinical Work

# **Therapeutic and Non-Therapeutic**

# **Communication Techniques**

| **Therapeutic Techniques** | **Examples** |
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| 1. **Therapeutic Listening**  Non-verbal attentive behaviors such as direct eye contact, open gestures, erect posture, and nodding. |  |
| 2. **Using Silence**  A pause to give nurse and client time to think about what has been said/what has happened. |  |
| 3. **Establishing Guidelines** | My name is ...  We had decided to use this hour to discuss... |
| 4. **Giving Broad Openings / Open-Ended**  Allows client to respond in a variety of ways. | What would you like to talk about?  What are you thinking about?  Where would you like to begin?  How is the medication affecting you? |
| 5. **Acknowledgment / Accepting**  Conveys a readiness to interact.  Maintaining attentiveness. | Yes.  Uh hmmm.  I follow what you said.  Nodding. |
| 6. **Giving Recognition**  Recognizing the individuality or behavior of the client while not passing judgment. | Good morning, Mr. S.  You’ve tooled a leather wallet.  I’ve noticed that you’ve combed your hair. |
| 7. **Restating**  Repeating to the client the main content of the communication. | Patient. I can’t sleep. I stay awake all night.  Nurse. You have difficulty sleeping.  Patient. The man I loved died at war and I am not married.  Nurse. You were going to marry him, but he died during the war. |
| 8. **Reflecting**  Identifying the main themes continued in a communication and directing these back to the client. | Patient. What should I do about my husband’s affair?  Nurse. What do you think you should do?  Patient. My brother spends all of my money and then has the nerve to ask for more.  Nurse. This causes you to feel angry? |
| 9. **Seeking Clarification**  Helping the client put into words unclear thoughts of ideas. | I’m not sure I follow you. What would you say is the main point of what you just said? |
| 10. **Seek Consensual Validation**  Checking to see if your understanding of what has been said is accurate. | Tell me whether my understanding agrees with yours.  Are you using this word to convey ... |
| 11. **Focusing**  Asking goal-directed questions to help the client focus on a specific content area. | This point seems worth looking at more closely. |
| 12. **Offering Self**  Being available to listen to the client. | I’ll sit with you awhile.  I’ll stay here with you.  I’m interested in your comfort. |
| 13. **Offering General Leads** | Go on.  And then?  Tell me about it? |
| 14. **Placing the Event in Time or in Sequence** | What seemed to lead up to ...?  Was this before or after ...?  When did this happen? |
| 15. **Making Observations** | You appear tense.  Are you uncomfortable when you ...?  I notice that you’re biting your lips.  It makes me uncomfortable when you ... |
| 16. **Encouraging Description of Perceptions** | Tell me when you feel anxious.  What is happening?  What does the voice seem to be saying? |
| 17. **Encouraging Comparison** | Was this something like ...?  Have you had similar experiences? |
| 18. **Exploring**  A focused question or statement that encourages the client to express additional information. | Tell me more about that.  Would you describe it more fully? |
| 19. **Giving Information**  Sharing relevant information for client’s health care and well-being. | My purpose for being here is ...  This medication is for ...  Visiting hours are ... |
| 20. **Presenting Reality** | I don’t see anyone else in the room.  Your mother is not here.  I’m a nurse. |
| 21. **Voicing Doubt** | Isn’t that unusual?  Really?  That’s hard to believe. |
| 22. **Verbalizing the Implied** | Patient. I can’t talk to you or anyone. It’s a waste of time.  Nurse. Is it your feeling that no one understands?  Patient. My wife pushes me around just like my mother and sister did.  Nurse. Is it your impression that women are domineering? |
| 23. **Encouraging Evaluation** | What are your feelings in regard to ...?  Does this contribute to your discomfort? |
| 24. **Attempting to Translate into Feelings** | Patient. I’m dead.  Nurse. Are you suggesting that you feel lifeless?  **OR**  Is it that life seems without meaning?  Patient. I’m way out in the ocean.  Nurse. It must be lonely.  **OR**  You seem to feel deserted. |
| 25. **Suggesting Collaboration** | Perhaps you and I can discuss and discover what produces your anxiety. |
| 26. **Summarizing**  Highlighting the important points of a communication by condensing what has been said or observed. | Have I got this straight?  You’ve said that ...  During the past hour you and I have discussed ... |
| 27. **Encouraging Formulation of a Plan of Action** | What would you like to discuss next week ...?  What could you do to let your anger out harmlessly?  Next time this comes up, what might you do to handle it? |

| **Non-Therapeutic Techniques** | **Examples** |
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| 1. **Failure to Listen** |  |
| 2. **Failure to Explore**  Eliciting vague descriptions.  Failure to explore the client’s interpretations.  Following standard forms too closely. |  |
| 3. **Parroting**  Echoing the client’s words. | Patient. I have a headache today.  Nurse. You have a headache.  Patient. My head is throbbing.  Nurse. Your head is throbbing. |
| 4. **Being Judgmental** |  |
| Giving approval | That’s good.  I’m glad that you ... |
| Disapproving | That’s bad.  I’d rather you wouldn’t ... |
| Reassuring | I wouldn’t worry about ...  Everything will be all right.  You’re coming along fine. |
| Rejecting | Let’s not discuss ...  I don’t want to hear about ... |
| Defending | This hospital has a fine reputation.  No one here would lie to you.  But Dr. B. is a very able psychiatrist.  I’m sure that he has your welfare in mind when he ... |
| Giving advice | I think you should ...  Why don’t you ...? |
| 5. **Making Stereotypical Comments** | It’s for your own good.  Keep your chin up.  I’m fine. How are you? |
| 6. **Changing Topics** | Patient. I’d like to die.  Nurse. Did you have any visitors this weekend? |
| 7. **Patronizing**  “Talking down” to the client. | Have “we” done “our” breathing today? |
| 8. **Agreeing** | That’s right.  I agree. |
| 9. **Disagreeing** | That’s wrong.  I definitely disagree with ...  I don’t believe that. |
| 10. **Probing**  Intrusive exploration without a goal or purpose. | Now tell me about ...  Tell me your life history. |
| 11. **Challenging** | But how can you be President of the United States?  If you are dead, why is your heart beating? |
| 12. **Testing** | Do you still have the idea that ...? |
| 13. **Requesting an Explanation** | Why do you think that?  Why do you feel this way?  Why did you do that? |
| 14. **Indicating the Existence of an External Source** | What makes you say that?  Who told you that you were Jesus?  What made you do that? |
| 15. **Belittling Feelings Expressed** | Patient. I wish I was dead.  Client. Everyone gets down in the dumps.  **OR**  I get that way sometimes. |
| 16. **Giving Literal Responses** | Patient. I’m an Easter Egg.  Nurse. What a shame. You don’t look like an Easter Egg. |
| 17. **Using Denial** | Patient. I am nothing.  Nurse. Of course you are something. Everybody is something. |
| 18. **Interpreting** | What you really mean is ...  Unconsciously you’re saying ... |

References

Hayes, J. S., & Larson, K. (1968). *Interacting with patients*. New York: MacMillan.

Sundeen, S. J., Stuart, G. W., Rankin, E., & Cohen, S. A. (1994). *Nurse-client interaction*. St. Louis: Mosby.

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* Establish abbreviation in first in-text citation: (University of Minnesota School of Nursing [UMSN], 2019).
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