



# Improving Safety through Key Components of Therapeutic Communication with Behaviorally-Challenged Individuals

Martin Reinsel, MA, LMHC, Navos Clinical  
Educator & Therapist



[navos.org](http://navos.org)

[NAVOS.ORG](http://NAVOS.ORG)



# Best Practices for Communication in Health Care – now and in the future

Efforts to improve the delivery of health care in an efficient, cost-effective, and measurable manner is driving the future of health care.

- What are the national standards? Who is leading the way of the future?
- How does “therapeutic communication” align with the progression of the delivery of integrated health care?

# Creating National Standards

-**SAMHSA** (Substance Abuse & Mental Health Services Administration) – emphasizing evidence-based approaches for delivering quality care, empowering individuals towards recovery and resilience, and emphasizing prevention and early intervention as pathways to positive outcomes.

-**National Council on Behavioral Health** – “the unifying voice of America’s community mental health & addictions treatment organizations.” Along with its 2000 member organizations, the National Council is committed to advance their members’ ability to deliver integrated healthcare. They have pioneered and trained more than 100,000 people in the Mental Health First Aid educational program.

# What is Trauma-Informed Care?

**“TRAUMA-INFORMED CARE**  
is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives .... (The National Center for Trauma Informed Care) seeks to change the paradigm from one that asks, ‘What is wrong with you?’ to one that asks, ‘What happened to you?’ (SAMHSA – [www.samhsa.gov/nctic](http://www.samhsa.gov/nctic))”



# **Danger is Defined by Behavior. Safety is Defined by Behavior.**

- **What types of communication behaviors you witness in others do you most appreciate?**
- **What are the communication behaviors that you most wish to employ?**
- **What do you wish to avoid?**
- **How do others perceive your communication behaviors?**

# What is Therapeutic Communication?

1. It is the process in which a health care worker consciously influences a client and/or helps the client to a better understanding through verbal and non-verbal communication.
2. It requires trust, rapport, respect, genuineness, and empathy.
3. Contextual elements play a significant part in this. Examples include values, attitudes, culture/religion, social status, gender, the physical environment, personal space, & an array of non-verbal communication elements such as facial expressions, body posture, eye movements, vocal cues, touch, and physical appearance.

# Where to begin my practice of Therapeutic Communication skills?

1. Learn about what I can do to prepare myself mentally and emotionally to work with & support challenging individuals. Empathy is a great place to start.
2. Honestly ask yourself: Am I ready to “not take things personally” if a client becomes agitated or seemingly makes personal attacks against me? What do I consider to be a threat? Have I thought of how best to maintain my composure and “therapeutic-self?”
3. Do I understand my own tendencies and reactions when facing a threat? What will I do or say when facing anger, hostility, threats or aggression?

# Empathy as a Cornerstone

1. What is empathy in a culture of care?
2. How do I display empathy? What does empathy look like and sound like?
3. How does empathy affect patient care? How do we invite patients to feel safe in care, especially if they are behaviorally or emotionally feeling unsafe?
4. What are the risks of not fostering empathy ... whether this is consciously or subconsciously apparent?



# Empathy as a Cornerstone

1. Do I know what to say to an individual that is likely to be heard as supportive and non-judgmental (initiating productive communication)?
2. Do I know what to avoid saying to trigger or to further a client's agitation (avoiding unproductive communication)?
3. Do I know how I say what I say? Do I hear myself? What does my tone of voice, cadence, and volume all say about me and my composure? How do I wish to sound at any given time when a situation is escalating into a crisis?

# Working towards the “Productive elements of verbal communication”

Identifying “productive” versus “unproductive” elements of speech. Here are examples:

- Productive: Asking open-ended questions, like “What is happening?” or “What is concerning you (right now)?”  
Unproductive: Asking “Why?” questions that may put the individual on the defensive and/or implies criticism.
- Productive: Acknowledge/give recognition. “Good afternoon, ma’am.” “I see that you’ve completed the form.”  
Unproductive: Offering advice or value judgments. If you are saying something is “good” or “bad,” you are putting yourself in the position of authority. “It’s good that you made it to the appointment today.” “I feel bad for you.”

## More “Productive” vs. “unproductive” examples:

### Productive:

- Using restatement or asking clarifying questions: “Let me see if I understand you correctly...”
- Offering general leads, such as: “Go on...,” “Tell me more...,” “And then?” or “Is there more to it than that?”
- Make observations. “You seem uncomfortable when....” “You appear tense.” “I notice you biting your lip.”
- Encouraging description of perception. “What do the voices say?” “Tell me when you feel anxious.”

### Unproductive:

- Interpreting. “What you really mean is....” Telling the patient what they are thinking or feeling.
- Falsely reassuring. “Don’t worry about that.”
- Making stereotyped remarks. “I’m fine. You?”
- Seeking an apology? You’re taking it personally!
- Discussing negative consequences: “If you don’t ...”

# Working towards the “Productive elements of verbal communication”

- Display positive regard and consistently acknowledge the client, even if content is bizarre
- Display active listening and use silence when possible to encourage the client to talk
- Go slow, make oneself available for discussion
- Encourage the client to express what he/she is perceiving & focus on the client’s feelings
- Search for clarification and mutual understandings
- Give descriptive feedback focused on the observed behavior, not feedback evaluating the client

# Non-Verbal Communication

- What does my body posture say about me? How do I want to be seen by the other person looking at me?
- What amount of “personal space” is considered adequate during an interaction? What happens when personal space is compromised? What about touch?
- What environmental factors can affect an interaction? Are there areas that I would like to allow for more personal space?
- Are there other environmental factors to consider?

# Paraverbal Communication – where Verbal & Non-Verbal elements meet

- How do I say what I say? “The vocal part of speech excluding the words is paraverbal communication.”
- There are 3 elements of paraverbal communication:
  - Tone of voice
  - Volume
  - Rate & rhythm of speech
- Ask yourself: What does my tone of voice project? What does my cadence/rhythm of speech indicate about my thought processes and my intentions?

# Focusing on non-verbal and paraverbal communication style

- Keep your body positioning directed towards the patient with an “open” posture, do not “close” off. Relax. Lean in slightly to indicate attentiveness. Do not go “toe to toe.”
- Initiate eye contact. Follow client’s cues but do not turn completely away from the individual.
- If you have something difficult to say, practice it before saying it. This can be a mental practice or an actual role play. Practice pausing and staying silent too. Breathe!

# How to improve non-verbal and paraverbal communication?

- Ask for and accept feedback from trusted voices.
  - What do others see/hear/perceive?
- Record yourself. Yes, I'm serious! Video with audio is best, but even basic audio recording works well to help us hear ourselves. Practice/role play in a variety of real situations.
- Learn more about communication habits and develop reasonable and achievable goals for improved communication style.



# Questions?

There has been a lot of information shared about safety, communication and the delivery of quality care.

What questions still remain for you?



# References

- “Safety Training Curriculum.” State of Washington, Department of Social & Health Services. 8 CD set. 2008.  
<http://www.dshs.wa.gov/pdf/dbhr/MartySmithSafetyTraining.pdf>
- SAMHSA – [www.samhsa.gov](http://www.samhsa.gov)
- National Council on Behavioral Health: Trauma Informed Care - <http://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/>
- Crisis Prevention Institute.  
<http://www.crisisprevention.com>

If additional questions, email me at [martin.reinsel@navos.org](mailto:martin.reinsel@navos.org)