

INTERPERSONAL TECHNIQUES

A. THERAPEUTIC TECHNIQUES

1. **USING SILENCE** - utilizing the absence of verbal communication. Gives the client time to put actions, thoughts, or feelings into words. Slows pace of interaction. Gives client time to develop insights. Helpful when client seems to be considering whether or not to share additional information. Client may need this unspoken "permission" to take the time to share this information. Conversely, client anxiety may be increased by silence and blurt out secret to fill the silence.
2. **ACCEPTING** - giving indication of reception. "Yes." Nodding. "I follow what you said."
3. **GIVING RECOGNITION** - acknowledging, indication awareness.
"Hello, Mr. Jones." "I notice that you've combed your hair."
"You walked the length of the hall."
4. **OFFERING SELF** - making one's self available. "Hello, my name is Mark Taylor. I'm a student nurse from OCC."
"I'll sit with you awhile." "I'll stay here with you."
"I have a half hour to spend with you."
5. **GIVING BROAD OPENINGS** - allowing patient to take initiative and introduce topic. "What's new?"
"What are you thinking about?"
"What's been happening in your life.?"
"How has life been treating you?"
6. **OFFERING GENERAL LEADS** - giving encouragement to continue.
"Go on." "Tell me about it"
7. **PLACING EVENT IN TIME OR SEQUENCE** - clarifying relationship in time.
"What seemed to lead up to.....?"
"When did this happen?" "Then what happened?" "When did John say this?"
"What did you say?"
"What did he say or do?"
8. **MAKING OBSERVATIONS** - verbalizing what is perceived.
"You seem upset." "I sense you feel alone right now." "I notice that you're biting your lip."
9. **ENCOURAGING DESCRIPTION OF PERCEPTIONS** - Asking patient to verbalize what he perceives.
"Describe this fear of driving over bridges." "Tell me when you feel anxious." "Tell me what happened."
"You threatened to hit John. What's that about?" "You're smiling, but I sense you're very angry at me."
10. **ENCOURAGING COMPARISON** - Asking that similarities and difference be noted.
"Tell me about another time you had a similar experience?"
"What's one way I look like your daughter?" "What's another way I look like your daughter?"
11. **RESTATING** - repeating the main idea expressed.
(Patient) "I'm scared..my mother died when she was 36, in the operating room..I'm only 35, I don't want it to happen to me."
(Nurse) "You fear you might die in the operating room?" -or-
"You're afraid this might happen to you."
12. **REFLECTING** - directing back to the patient questions, feelings and ideas.
-(Patient) "Do you think I should tell the doctor about.....?"
(Nurse) "What do you think you should do?" or "What would you like to do?"
-(Patient) "My sister spends all my money and then has the nerve to ask for more."
(Nurse) "Ask for more?"
13. **FOCUSING** - concentrating on a single point.
(Patient) "This world is rotten."
(Nurse) "What's one thing that is rotten about this world?"

- (Patient) "I hate all doctors."
 (Nurse) "Who is one doctor you hate?"
 -(Patient) "Everyone hates me."
 (Nurse) "Who is one person who has told you he/she hates you."
- 14. **SEEKING CLARIFICATION** - seeking to make clear that which is not understood. Always use nouns or proper nouns instead of pronouns and clarify pronouns used by the client.
 (Clear) "Soon Jack will arrive to take Terry and me to Mark and Lisa's house."
 (Confusing) "He'll get here soon to take us to their house."
 -"I'm not sure that I understand how you think you are God." "I'm unclear about how you think the Governor of New Jersey appointed you as the Chief of New Jersey Secret Service." "Who is one person on staff here who yells at you?" "Who are 'they'?"
- 15. **PRESENTING REALITY** - offering for consideration that which is real.
 "That sound was a car back-firing."
 "I see no one else in this room."
- 16. **VOICING DOUBT** - expressing uncertainty as to the reality of patient's perceptions.
 "How can it be that you think you get pregnant and deliver babies in 5 days when it takes 280 days for this to happen for everyone else?" "That's unusual."
 "Where did you get the idea you were Allah?"
- 17. **SEEKING CONSENSUAL VALIDATION** - searching for accord in the meaning of words.
 "Are you using the word "passed" to identify people who have died?"
 "You had said you were worried about your visit from your wife after the way you had behaved before admission. I did see you holding hands during your visit. How did things go?"
- 18. **VERBALIZING THE IMPLIED** - voicing what has been suggested or hinted.
 (Patient) "I can't talk to you or to anyone. It's a waste of time."
 (Nurse) "I sense you feel that no one understands."
- 19. **ENCOURAGING EVALUATION** - asking the patient to appraise the quality of his experiences (discuss one at a time).
 "What are your thoughts about the way you asked Joe not to wear your coat anymore?"
 "What are your feelings in regard to..."
 "What have you learned from this experience?"
- 20. **ATTEMPTING TO TRANSLATE INTO FEELINGS** - seeking to verbalize feelings expressed only indirectly.
 (Patient) "I'm dead."
 (Nurse) "Are you suggesting that you feel lifeless?"
 (Patient) "I'm all by myself in this world."
 (Nurse) "I sense your feeling is one of loneliness."
- 21. **SUGGESTING COLLABORATION** - offering to work together with the patient.
 "Perhaps you and I can discuss what thoughts, behaviors, or feelings increase your anxiety."
- 22. **SUMMARIZING** - organizing and summing up that which has gone before.
 "You've said that..."
 "During this half hour you and I have discussed..."
- 23. **ENCOURAGING FORMULATION OF A PLAN OF ACTION** - planning kinds of behavior likely to be appropriate.
 "Next time an argument comes up, what might you do to handle your angry feelings toward the other person, in an appropriate manner?" (It is always best to label with nouns instead of pronouns.)
 "What could you do to let your anger out without hurting others?"
- 24. **THEME IDENTIFICATION** - identifying underlying issues or problems experienced by the client repeatedly during the therapeutic relationship.
 "I've noticed that in all of the relationships you have discussed, you've been hurt or rejected when you mention marriage. What do you think of this as an underlying issue?"
- 25. **HUMOR** - Reduces mild to moderate anxiety. Helps client cope more effectively by facilitating leaving, putting life events in perspective, decreasing social distance.

.....

B. NON-THERAPEUTIC TECHNIQUES

1. **REASSURING** - indicating that there is no cause for anxiety.
"I wouldn't worry about....."
"You're coming along fine."
2. **GIVING APPROVAL** - sanctioning the patient's ideas or behavior.
"That's good!"
"I'm glad that you...."
3. **REJECTING** - refusing or consider or showing contempt for ideas or behavior.
4. **DISAPPROVING** - denouncing the patient's ideas or behavior.
"I'd rather you wouldn't....."
"You're bad."
"You hate to hear the truth."
5. **AGREEING** - indicating accord with the patient. "That's right." "I agree."
6. **DISAGREEING** - opposing the patient's ideas. "That's wrong." "I don't believe that."
7. **JUDGING** - Non-acceptance of client's differences based on own values or judgements.
"How can you consider divorce when you have four children?"
"How can having a baby fix your relationship when you're not even married?"
"That's not living by the Golden Rule."
"Get a life." "Shape up."
"You need to start a new relationship."
8. **ADVISING** - telling the patient what to do.
"I think you should..." "If I were you, I'd..."
9. **PROBING** - persistent questioning of the patient or asking about unrelated topics.
(Patient) "And so nurse, my wife and I split up."
(Nurse) "Now tell me about your mother."
10. **CHALLENGING** - demanding proof.
"But how can you have cancer when all your tests are negative?" "Why?"
11. **TESTING** - appraising the patient's degree of insight.
"What are you here in SBH for?"
"What day is this?"
12. **DEFENDING** - attempting to protect someone or something from verbal attack.
"No one here would lie to you."
"But Miss ___ is a very capable nurse."
13. **REQUESTING AN EXPLANATION** - asking the patient to provide reasons.
"Why can't you sleep?"
"Why do you feel this way?"
14. **INDICATING THE EXISTENCE OF AN EXTERNAL SOURCE** - Attributing to a source outside the patient.
"What causes you to feel that way?"
"What makes you say that?"
15. **BELITTLING FEELINGS EXPRESSED** - misjudging the degree of the patient's discomfort.
"Everybody gets down into the dumps."
"I've felt that way sometimes."
16. **MAKING STEREOTYPED COMMENTS** - offering meaningless cliches.
"Good morning. How are you?"
"I'm fine and how are you?"
"It's for your own good."
17. **GIVING LITERAL RESPONSES** - responding to a figurative comment as though it were a statement of fact.
(Patient) "My head is going around and around."
(Nurse) "You're lying perfectly still."
(Patient) "I've got butterflies in my stomach."
(Nurse) "Butterflies can't live there."
18. **USING DENIAL** - refusing to admit that a problem exists.
(Patient) "I'm dead."
(Nurse) "You can't mean that."
19. **INTERPRETING** - seeking to make conscious that which is unconscious.
"What you really mean is..."
"Unconsciously you're saying..."
20. **INTRODUCING AN UNRELATED TOPIC** - changing the subject.
(Patient) "I wish I were dead."
(Nurse) "Did you have visitors?"
21. **USING "YES-NO" FORMAT** - gives one word, dead end responses.
"Will you be good in court today?"
"Are you going out?"
"Can you...?" "Do you...?"
22. **ASSIGNING VALUES TO STATEMENTS** - predicts similar response from "good" pt. & opposite response from "bad" patient.
"That was good of you to pour the coffee." "Scary movies upset everyone."
"That must be a horrible feeling to hear"

- your mother does not want you back home."
23. **DESTRUCTIVE HUMOR** - any attempt at humor that belittles client, or is met with client displeasure, or continually refocuses client on topic selected by nurse.

Adapted from: Hays, Joyce Samhammer and Kenneth Larson. Interactions with Parents. New York; Macmillan, 1963.)

NONVERBAL COMMUNICATION

Nonverbal communication involves anything not spoken or written. It encompasses all five senses. Approximately 7% of meaning is transmitted by words; 38% by paralinguistic cues (i.e. voice); and 55% by body cues. The functions of nonverbal communication "in relating to others are: supplementing; substituting; reinforcing; contradicting; and emphasizing verbal language; displaying emotion; and regulating the flow of information" (Stuart and Sundeen 1991).

Nonverbal communication is usually unconsciously motivated. It may be a more accurate indicator of the person's meaning than the words that are being said. Generally, people say what they think the receiver wants to hear while simultaneously conveying less acceptable or more honest messages nonverbally.

TYPES: Nonverbal communication has been separated into five categories, as identified by Stuart & Sundeen (1991):

1) **VOCAL CUES**, also known as **PARALINGUISTIC CUES**, are all the extra speech sound and noises. This includes pitch, tone of voice, quality of voice, loudness, intensity, rate and rhythm of speech, and unrelated nonverbal sounds such as laughing, groaning, nervous coughing and hesitation sounds ("um," "uh"). These are powerful cues to convey information.

2) **ACTION CUES** are body movements, also called **KINETICS**. Some examples are automatic reflexes, posture, facial expression, gestures, mannerisms, and any other actions. Particularly significant in interpreting the speaker's mood are posture and facial movements.

3) **OBJECT CUES** are the intentional and

non-intention use of any object by the speaker. Dress, furnishings and possessions are also methods the speaker uses to communicate a sense of self. Frequently these cues are consciously selected by the speaker to convey a look or a message. As such, they can be less accurate than other nonverbal behaviors.

4) **SPACE** also known as **PROXEMICS**, the use of space between communication, provides another cue to the relationship between two people. There are four zones demonstrated interpersonally in North America: a) Intimate Space - up to 18 inches, allows for maximum interpersonal sensory stimulation; b) Personal Space - 18 inches to 4 feet, used for close relationships, touching distance; and visual sensation that is greater than the intimate range; c) Social-Consultative Space - 9 to 12 feet, less personal, less dependent, speech louder; d) Public Space - 12 feet and more, used to give speeches and other public demonstrations.

5) **TOUCH** comprises both personal space and action. It is the most personal of the nonverbal messages. The person's response to touch is biased by the setting, cultural background, type of relationship, sex of communicators, ages, and expectations.

Touch has diverse meanings. It is a way to connect with another person; a means to convey empathy, sympathy, or caring; can be a means to leave an imprint on another. Dolores Krieger RN, PhD from New York University, has developed the techniques of **THERAPEUTIC TOUCH**. This involves the nurses placing hands on or not quite touching the body of the client to assess and intervene in bodily alterations.

INTERPRETING NONVERBAL MESSAGES

When responding to the variety of nonverbal behaviors, it is important to deal with incongruent or contradictory messages. Gently identify the specific behavior observed and attempt to validate its meaning and significance with the patient. Three kinds of nursing responses are especially helpful in this endeavor:

- 1) Questions or statements intended to increase the patient's awareness.
- 2) Reflections on content.
- 3) Statements that reflect the nurse's responsiveness.