

12 Basic communication strategies for psychotherapy

To be a good therapist, it helps to be compassionate, empathetic, understanding, intelligent, and reliable. Although some say it is very difficult to teach counselling and psychotherapy skills to a person who is not a good communicator, there are some basic skills that can be acquired. These strategies can be useful to help patients recover from emotional problems or change their behavior to be more positive. The following are 12 basic tips that can help you become a better communicator:

1 Make the patient feel welcome

Establishing rapport, engaging, or making a positive connection is an important first step to beginning psychotherapy. There is an advantage to helping the patient feel at ease, accepted, and cared for. It is crucial to have a setting where people feel welcome. Patients do not wish to be just a "disease," "kook," or "mental case," but wish to be treated like a unique person.

2 Begin the session talking person-to-person

Begin the session on a personal informal note. Demonstrate that you are interested in them as a person first and a patient second. Most practitioners do this intuitively.

Issues in practice

- What strategies are useful for communicating better with a patient?
- What techniques are useful during a session to engage the patient in psychotherapy?
- Reaching a consensus on goals is important in psychotherapy.

Begin by talking about the weather, some current event, or personal event like a recent vacation, birth, or death. This helps to establish a relationship on a person-to-person level first, before getting to the doctor-to-patient level.

3 No interruptions for 2-3 minutes

People want to be heard, seen, and understood. In order to give the person the experience of being heard, let the person talk for the first 1-3 minutes without interrupting. The average physician interrupts the patient's opening statement within 18 seconds. Most patients never get to complete their opening sentence before the physician

butts in. When patients are allowed to talk without interruptions, they feel more in control and feel like they are being heard. The first few minutes can be used to intensely observe the patient.

4 Eliminate physical barriers

In order to give the patient the feeling of being seen, there need to be as few physical barriers as possible. Eliminate the desk between the two of you. Place two chairs facing each other, maybe three feet apart. If a desk is needed, then chairs could be situated "kitty corner" to each other at the edge of the desk. Sometimes, you may consciously wish to create some distance between you and a patient. If a patient has a negative affect on you or is threatening either emotionally or physically, then you may wish to place a desk purposely between you as a symbol of distancing.

Stop holding charts up between the patient and yourself. At least during the first few minutes, the chart should not block any eye-to-eye contact. The patient should be at the same eye level, rather than a superior-inferior position. Spend the first few minutes *seeing* the patient. Look at the patient's face, skin color, carotid pulse, respiratory rate, body posture, uncrossed or crossed arms and

legs, size of pupils, wrinkles, uneven face, and body tilt. You can gain invaluable information by observation. For example, if the person is sitting cross-armed and cross-legged, then they may be oppositional or on guard. If they are tilted away from you, they may be giving you a signal they are not comfortable being close. If they are continually shaking their leg, they may be nervous or fearful.

5 Establish the agenda

Psychotherapy is not meant to be chit-chat. The patient and the doctor each have their own goals for each session. Clearly establishing what the person wants to work on and what they hope to accomplish at the session helps to focus the talk. The physician must have a clear understanding of what the treatment plan is all about. You could read your last note before entering the room and establish in your own mind

what you hope to accomplish according to your agenda. Then, you must clearly establish the patient's agenda. Some time may be needed at the beginning to collaborate and work out what the focus will be keeping in mind both agendas. Ask "What did you hope to accomplish today?" Then ask if there is anything else. This helps to avoid the "walking out the door syndrome," where a patient tells you what they really came in for—but just before the session ends. For example, after spending 50 minutes talking to a patient, just as they are about to walk out they say, "By the way, I was thinking of killing myself."

6 Ask open-ended questions

Ask open-ended questions that invite their story. Appropriate head nodding or one-word phrases (e.g., "yes," "ahem," "yeah,") lets the person know you are with them. Ask them,

"What brings you here today? How can I help? Tell me more..." If a question can be answered by a single word, then it is not open-ended.

7 Reflective statements of thoughts and feelings

Many patients need someone to listen to them in a nonjudgmental, supportive, empathetic way. You can be a good creative listener—"a big ear." Carl Rogers in his book, *Client-Centred Psychotherapy*, described a technique, which is simply playing back to the patient, the essence of what was said, reflecting content and affect. The patient gets the experience of being listened to and hears feedback by an independent person replaying his words and feelings. The skill required is to listen to the words used and the affect behind them, then paraphrase what the patient says, including feedback on affect. Using reciprocal language or using the patient's own words helps to let the person know they are being heard. Reflecting back that "it sounds like you are..." allows the patient to affirm what you are hearing or lets them correct your misinterpretation. First listen, then feed back to the patient what you heard. Ask for verification or correction, then restate your understanding, until you receive confirmation that your understanding was correct.

8 Normalize experience

Patients want reassurance that what they are feeling and



ILLUSTRATION: STEVE TULK, MD

thinking are not unusual. Normalizing experiences without judgment is helpful for the patient to feel accepted. For example, it is not unusual for patients to feel sad at a miscarriage or breakup of a relationship or for the loss of functioning of the body. Most people who have been sexually abused feel rageful and have difficulty trusting others. Tell the patient they are not alone in the way they feel, and you and others would have felt and behaved the same way in the same situation. Patients want to know they are not "crazy" or bad for having feelings or thoughts.

9 Accepting the person not the behavior

Accepting the person and not the behavior is a very difficult task. Since your job as physician is to do no harm and help people recover from their emotional problems, judging them as bad will not help the therapeutic process and establish trust. If people feel they are being judged, then it is less likely they will trust and listen to your advice in the future. Helping criminals, addicts, wife-beaters, and other people who do bad things presents a challenge to accept the person and not the crime.

10 Provide transitional support

Often when someone experiences a loss of a significant other, there is a gap, and the support they once received from that other person is missing. Obviously, eventually

they must provide that inner support for themselves. This is especially true in a co-dependency relationship where the boundaries between one person and the other are blurred. If there is a separation or death, then the person must reclaim that supportive part inside themselves. The therapist can provide transitional support until the patient adapts to the loss, especially with acute trauma or suicide. Often the patient may have had a neglectful, rejecting, abusive parent, and the therapist may take the role of the supportive person until the patient can develop their inner caregiver.

11 Increasing awareness

Assisting patients to become aware of how they are feeling at the moment is a first step to enable them to express their feeling into words. They become more in-tune with themselves and better able to express how they feel to others. Helping patients to connect how their ways of behaving and feeling are related to old experiences can be enlightening. Understanding the connection between life events and present behavior requires the patient to have insight and understanding how their childhood traumas, the way they were parented and how they were taught to see the world, influence their present maladaptive behavior. Often, a psychodynamic Freudian model is used to connect the past to the present. Bringing the patient to their own understanding is

more beneficial and provides a better learning experience than making the connections for them. Getting them to think introspectively enables them to be self-reliant.

12 Ego-strengthening

Many patients have low self-esteem. They lack self-confidence, berate themselves, don't acknowledge their strengths, and have difficulty accepting positive feedback from others. Helping them to understand how they got that way and encouraging them to see themselves in more positive ways improves self-appreciation. By showing positive regard and stopping self-destructive self-talk, patients can learn to feel okay about themselves.

Conclusion

Cognitive therapy, hypnosis, gestalt therapy, behavior modification, teaching relaxation, reframing, working with dreams, and other psychotherapeutic techniques require further specialized training and are helpful to go beyond just active listening.

These 12 strategies will be helpful in making you a better communicator.



Note: Author acknowledgement to Maysel Kemp-White, Vaughn Keller, and the Bayer Institute for Health Care Communication for their teaching in the area of communication skills.

CONTRIBUTED BY MEL BORINS, MD, FCFP, Assistant Professor, Faculty of Medicine, University of Toronto.