



College of
**HEALTH AND CARE
PROFESSIONALS OF BC**

Making a Connection

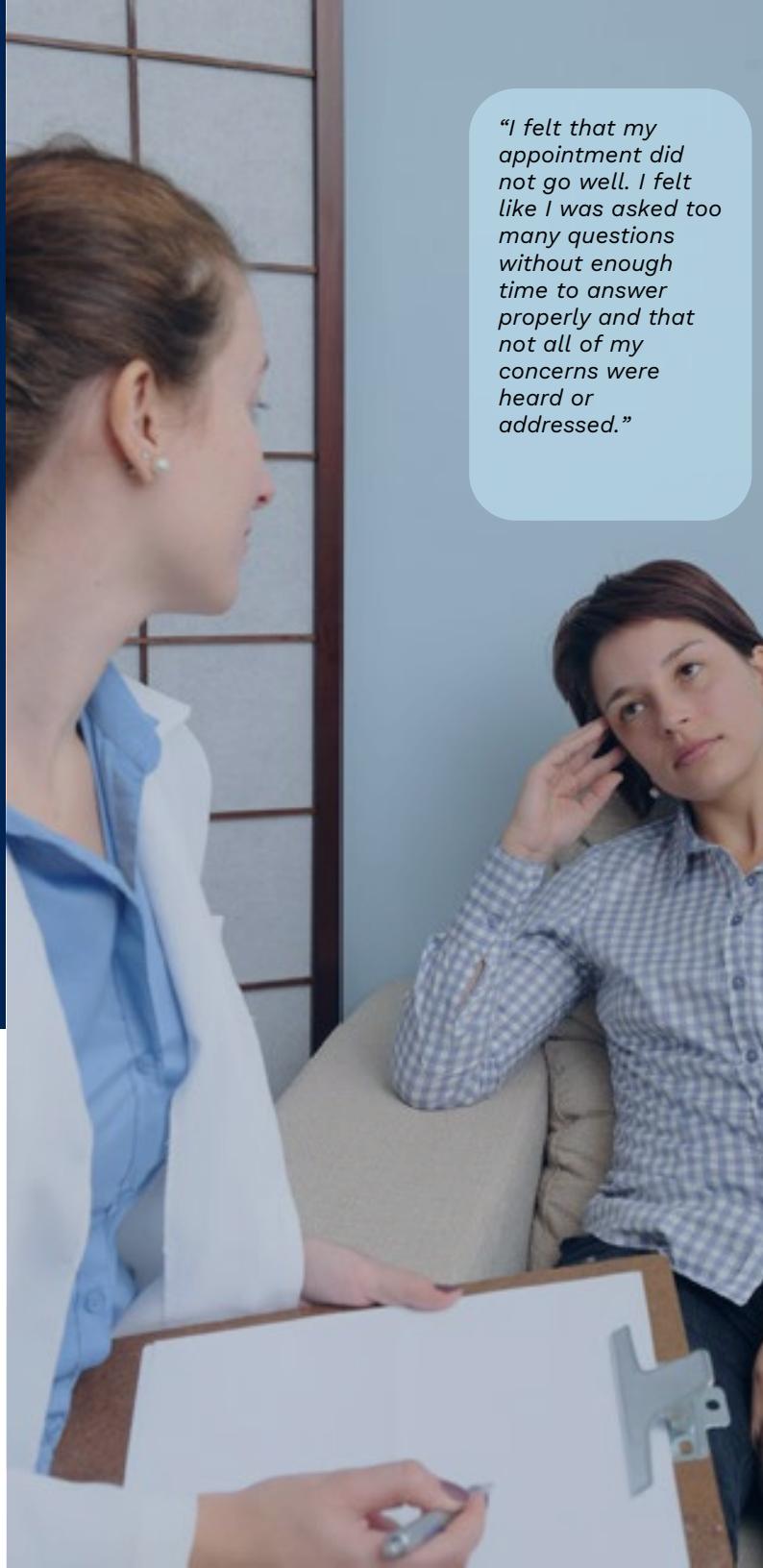
***Communication in the
Therapeutic Relationship***

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Did you know that...

Good therapeutic communication is associated with:

- Enhanced ability to obtain valid informed consent.
- Positive clinical outcomes.¹
- Higher levels of client satisfaction.¹
- Higher levels of client compliance with treatment programs.¹
- Lower levels of client frustration/anger.²



"I felt that my appointment did not go well. I felt like I was asked too many questions without enough time to answer properly and that not all of my concerns were heard or addressed."

Poor communication is a topic often cited by clients in complaints about health care professionals.

Most health and care professionals agree that good communication is an essential part of the therapeutic relationship. Despite this recognition, experience has indicated that there can be a disconnect between what health and care professionals intend to communicate to the client, and what the client actually understands. Effective communication skills will help maximize the therapeutic relationship.

Communication can include both verbal and non-verbal forms and includes the ability to connect with and understand a person's state of mind and emotions.

Verbal Communication

Although health and care professionals often demonstrate competent technical skills, when it comes to effectively communicating with their clients they may not display a suitable “bedside manner”.

Verbal skills that promote communication in the therapeutic relationship:

- Greet clients appropriately, use their preferred name, and introduce yourself, including your protected title.

“I was annoyed when the Occupational Therapist kept calling me by my first name after I had already asked her to call me Mrs. Thompson.”

- Inform clients what to expect during their visit by using statements of orientation such as “first I’ll conduct the assessment, then we can discuss together any questions you may have”.²

- Explain the assessment procedure to reduce misunderstandings and put clients at ease. Keep in mind that what may be routine to certain professions that commonly include physical touch during an assessment may be uncomfortable for some clients.

“I felt uncomfortable and nervous in my session. I wish my Physical Therapist had explained before the assessment how she would be touching and moving my shoulder during the assessment.”

- Use professional and respectful language at all times. In many cases, informal language is perceived as a lack of professionalism or respect. It is always best to err on the side of formality.
- Be cautious with the use of humour.
- Use plain language and avoid complex medical terms or abbreviations.

- Be prepared to spend extra time when assessing and treating clients who may have sensory impairments; e.g., hearing, sight, comprehension and/or complex co-morbidities.
- Language barriers may exist between individuals who speak different, or even the same, languages (e.g., figures of speech, medical jargon, technical language, etc.). To successfully bridge some of these barriers, it is best to avoid using language such as idioms (e.g., “no pain, no gain”) which can be misunderstood.³
- Use an interpreter when necessary.

“My client’s son is always around to interpret, but I’m not confident that he is translating accurately...she was shaking her head indicating ‘no’, and the son said ‘yes, she thinks that’s a good idea’. Now what?”

If you are concerned that the interpreter is not accurately translating the client’s message, you will need to clarify your concerns and expectations: “I’m concerned that your mom doesn’t seem to be in agreement, based on her body language. I need you to translate her words exactly, even if you don’t agree with what she is saying.” Ultimately, if you are not satisfied that the translation is accurate, you will need to request a different translator.

- Listen actively and paraphrase clients’ words to ensure you have understood correctly.
- Use a positive tone of voice to put clients at ease.



“My optometrist was asking me what medications I was taking and I thought why does this matter, I just need new glasses?”

Non-verbal Communication

Not all communication with clients is verbal. So much is conveyed within the therapeutic relationship without saying a word.

Take note: It is believed that non-verbal communication is more influential than verbal communication. Research estimates that the non-verbal component comprises 55% to 97% of communication.⁵ When the non-verbal message conflicts with the verbal message, people probably will not believe what has been said.⁶



Non-verbal skills that promote communication in the therapeutic relationship:

- Be aware of how much non-verbal communication occurs with clients every day. From the expression on your face to the frequent looks at the clock, you are constantly giving your clients non-verbal information.

"The optician who assisted me was quite pushy in trying to sell me a pair of glasses, and the entire process felt rushed—there was very little communication. I saw him glance at the clock. I did not feel I was given enough time to consider my options or ask questions. As a result, I'm not entirely sure what treatments or coatings have been applied to my lenses."

- Be aware of how our own biases can come across non-verbally (e.g., reaction to poor personal hygiene, to a bigger bodied person or to someone's personal style) and that our body language and facial expression can speak loudly to clients.

- Act on the non-verbal cues you get from clients. They often give non-verbal information about their pain level by the way they hold themselves, grimace or wince with movement. In many ways, we rely on these cues during assessment and treatment, especially for clients with language and verbal communication barriers. Does the client appear cold, confused, nervous or uncomfortable? Don't assume that clients will feel comfortable or safe enough to speak up. Be responsive to clients' non-verbal cues and be sure to check in regularly with them.

"You look cold; would you like a gown?" or "You don't look entirely comfortable with what I'm suggesting; do you have questions?"



Confirming Client Understanding

Confirming client understanding isn't asking "What did I say?", but rather inquiring "What did you hear?". It has been suggested that clients recall or comprehend as little as 50% of what health care providers convey during an encounter.⁴

- Encourage clients to voice any concerns or need for clarification. Prompts such as "Does this sound ok?" or "Do you have any questions so far?" may be effective.
- Use probing questions as clients often answer "yes" when asked "Do you understand?" even if they are not clear about what was said.

Consider this: Ask questions that allow the client to "teach back", "I want to be sure I explained everything clearly, so can you please explain it back to me." These questions can be more effective than simply asking a client "Did you understand?".⁴



Communication Skills for Managing Conflict



In moments of conflict, remember:

- Use active listening skills.
- Use clear, calm communication.
- Take time to think—to avoid an emotional response.

The time to develop skills to effectively manage conflict is BEFORE they are needed.

This will enable you to calmly process challenging situations 'in the moment' and move towards a resolution that maintains both the therapeutic relationship and your professional reputation.

The most important thing a health and care professional can do when a client is unhappy is to LISTEN.

Listening to unsatisfied clients' concerns, empathizing with their experience, and keeping the lines of communication open are often effective ways to resolve difficult situations. Taking the time to listen and ask what can be done to address their concerns lets clients know that you are taking their concerns seriously. In some cases, it is helpful for health professionals to tell their clients that they will

consider the situation and get back to them with solutions.

We can't control what clients say, but we can control how we respond. If emotions are running high in an encounter, step away and regain a professional demeanor before continuing the conversation. As this challenging exchange is occurring within the context of a therapeutic relationship, the expectation is that we, as health professionals, will communicate calmly, clearly and professionally—even when it may be tempting to give an emotional response.

Avoid making rash comments or sending an immediate written response that you might regret later.

Be particularly careful of electronic communication which tends to be less formal, and contributes to language not typically used in other forms of professional communication.

"I don't know what to do; one of my clients is furious. She implied that I didn't conduct a thorough assessment and that I cut her treatment short so that I could get on to the next client. I was insulted by her comments and it was all I could do not to lose my patience."

Potential Sources of Conflict	<ul style="list-style-type: none">• Client goals and expectations that differ from those of the health and care professional• Blurring between professional and personal relationships/boundaries.• Differing personalities, styles and value systems.
Prevention of Conflict	<ul style="list-style-type: none">• Communicate goals and expectations clearly—both in verbal and in written forms, if appropriate.• Be respectful at all times—by listening attentively and speaking respectfully.• Identify potential areas of conflict/disagreement and address them early on.
Management of Conflict	<ul style="list-style-type: none">• Find an appropriate time and place to address the challenging situation that will allow emotions of anger, fear or defensiveness to subside before beginning a conversation with the client.• Put aside preconceptions about the client or situation in order to engage in a respectful discussion of how to resolve the problem.• Renegotiate the terms of the therapeutic relationship—document solutions and/or plans agreed upon where appropriate.• When a resolution cannot be reached, plan a smooth transition out of the situation which ensures that the client's need for ongoing safe and effective treatment is not compromised.
Documentation	<ul style="list-style-type: none">• Where client care is impacted in any way, clear and complete documentation is essential: the facts of the situation, the actions taken to resolve the problem, and the solutions or agreements reached.

Communicating in a Sensitive Way

It is important to recognize the degree to which a client's culture and culturally held beliefs and behaviours, historic occurrences, trauma and injustices impact whether they have received sensitive communication and consequently, sensitive care.

With the goal of achieving and maintaining sensitive communication, it may be helpful to reflect on the following questions.



1. Am I committed to approaching the area of culturally safe communication and care with respect and humility?
2. Am I aware of indigenous specific racism and the impact on access to healthcare for indigenous clients?
3. What learning and unlearning have I undertaken to become informed on the biases I hold?
4. What implicit or explicit biases might I hold about a culture?
5. Have I undertaken learning and unlearning to understand how historic and current events, societal injustices, trauma and systemic racism could change the way in which our clients perceive, access and receive health care? For example, CHCPBC resources on Indigenous Cultural Safety and Humility
6. Do I understand and use inclusive language that contributes to safe communication? For example, giving the opportunity to learn about pronouns, or taking time to introduce myself in a good way, using terms like bigger bodied versus high B.M.I. or ob*se
7. Do I know what microaggressions are and understand why they may make the client feel unsafe or uncomfortable. For example, using incorrect pronouns.
8. Am I able to engage in reflective listening that is respectful of both the client's culture and individual needs and goals? For example, allowing time when a client uses an augmented communication system, or speaks at a slower pace.
9. Do I communicate in a way that focuses on the strengths and resilience the client brings to the healthcare encounter, by incorporating their personal strengths into the conversation about achieving their health and wellness goals? For example, "it sounds like you are well connected to an adaptive sport organization that you enjoy, let's talk about how we could build on that connection to achieve your goals"



Final Thoughts

In order to develop a successful therapeutic relationship, we need to be effective communicators, and respond appropriately to what our clients are telling us—both verbally and non-verbally. We also need to be prepared to deal effectively with situations of conflict, and appreciate the importance of sensitive communication.

When clients reflect on their healthcare visits, it is often the rapport and communication style that they remember or comment on, not necessarily the technical skill of the health and care professional. Perhaps that is why communication is so frequently cited in formal complaints from clients. It is important to not underestimate the value of having a good “bedside manner” and its impact on client outcomes.



Key points to remember

Watch for **verbal** and **non-verbal** cues from clients that could indicate discomfort or misunderstanding.

1

Invest the time to ensure that good communication becomes common practice. Make a habit of **explaining your assessment** to clients as a way of improving communication.

2

When in doubt, **use more formal communication styles** with clients.

3

Check in with clients regularly to **ensure their complete understanding**.

4

In situations of conflict, **step back and take a moment** to let emotions settle, and then be prepared to respond in a professional manner.

5

Be aware that communication practices vary and it is best to communicate in a sensitive manner.

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Additional Resources

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