

Therapeutic Communication

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DISCLOSURES

- AIRFARE AND HOTEL FOR THIS CONFERENCE.



- Difficult situations often arise from the various emotional and psychological aspects of burn recovery. These difficult situations can take an emotional toll on staff.
- Clear communication is essential to recovery, but it is often difficult to know what to say.
- Strive to identify tools and resources for patients and for ourselves.

CONTEXT

Navigating Difficult Situations in the Outpatient Burn Clinic- Anonymous Survey of Providers

1. Describe the most challenging patient care experience you've had in your time with the Burn Clinic.
2. Have you ever been in a situation where you just didn't know what to say to a patient?
3. Have you ever felt like you just lost control of the situation in the exam room when caring for a patient?

Difficult Situations

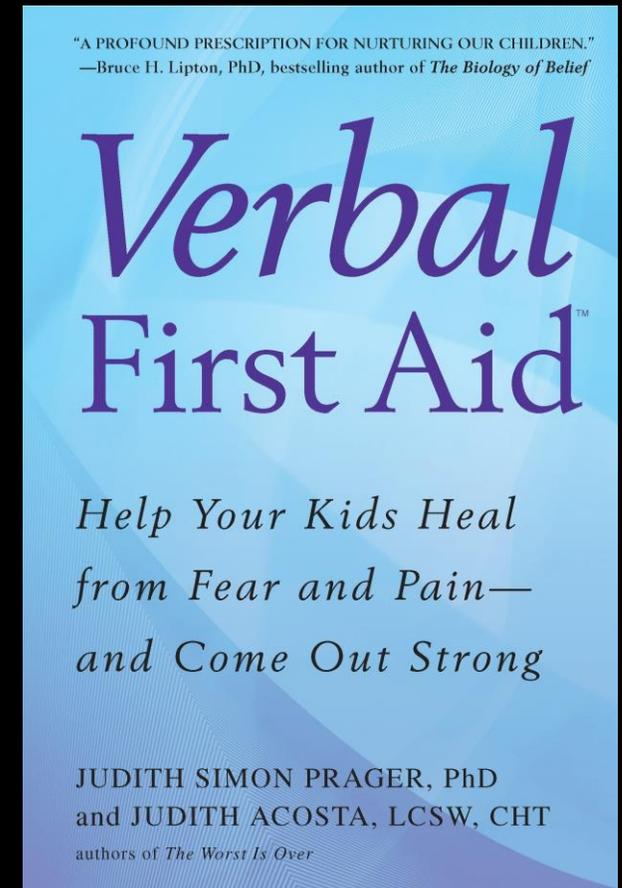
Strong Emotions – Both us and the patient

Feelings of inadequacy to solve or fix the problem

- Preparing for painful procedures
- Dissatisfaction with appearance and no surgical intervention
- Need to wean off of opioids before the patient feels they are ready.

Verbal First Aid: What we say matters

- Step 1: Center yourself
- Step 2: Use Rapport (ABC's of rapport)
- Step 3: Set the ground rules
 - Prager and Acosta



Verbal First Aid

Step 1: Center Yourself

- Deep breath, slow down your breathing
- Be present—stay in the moment

Verbal First Aid

Step 2: Use rapport
(Authority, Believeability, Calm)

- Establish authority and a meaningful connection— Let them know you understand how they feel and that you can help them.
- “You can’t always cure but you can always care”
- Heartfelt and empathic; not simply charming or nice
- Must be sincere and genuine

ABC's of Rapport

- A:** Authority – Own the room—you have this handled.
- Does there need to be fewer people or more support in the room?
 - If chaos, one person talks at a time
 - Assign people roles—who will talk, who will get supplies, who will dress the wound, who will support the patient
 - Who needs to hear the complaint/concern?
 - Reflective listening

ABC's of Rapport

B: Believeability – Avoid either promising that it will not hurt or promising that it will hurt.

- Describe sensations and give possibilities about how it might feel.
- “I don’t know how you might feel it but you might feel pressure or you might experience a sensation like warm or cool or experience a color like pink or blue.”
- You are redirecting attention and thought

ABC's of Rapport

C: Calm

- Take deep breaths
- Talk slower
- Talk quieter

Verbal First Aid

Step 3: Lay the ground rules

- Keep it positive—Say what you want to see happen because what we say tends to become real.
- Expect Compliance—avoid the word “try”.
- Instead of “try to walk”, say “let’s get up and walk now”.

Verbal First Aid:

What you say can set the patient up for success

Example:

Preparing for painful procedures

Verbal First Aid: Painful Procedures

- Avoid labeling the response before it happens.
- Recognize approach vs avoidant coping styles so we can choose the right intervention
- Research on procedural pain has shown that distraction with casual conversation is the most effective.
- Never promise that it won't hurt
- "I don't know what sensations that you might experience"
- Avoid descriptors like "bad arm" and "good arm"
- Reassure that we will help them through this.
- Call your supports—psychology, child life, more nurses

Verbal First Aid: Upset about appearance

Verbal First Aid: Upset about Appearance

- The strongest predictor of dissatisfaction with appearance is the value they placed on appearance before the injury.
- We can't assume to know the value that someone places on their appearance.
- Don't underestimate the value of sitting with a person.
- Reflective listening – “I hear that this is upsetting to you”
- Observation – I see this is upsetting to you.
- “I sense you are disappointed in the options/lack of options. I wish we could do more”
- Empathy
- Solicit their input—“What can we do to help?”

Verbal First Aid: More Opioids

Verbal First Aid: More opioids

- Go through a wean plan
- Offer nonpharmacological options
- Patient education
- Avoid challenges or arguments—go back to facts
- Avoid saying that opioids don't work or that opioids don't work for this type of pain.
- Emphasize that the longer a person is on opioids the more sensitive their pain receptors become and they experience pain more intensely (hyperalgesia).

Service Recovery – L.A.S.T

Listen

Acknowledge

Solve

Thank

Thank you!

