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, Believeablility, 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!