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Unit 8



Communication: Considerations for the Mental Health Population

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Objectives:

- Identify and discuss components of therapeutic communication along the psychiatric-mental health continuum
- Identify and discuss culturally competent communication strategies
- Identify levels of prevention and communication/educational considerations within each



General Considerations

- Psychiatric interview is the primary data collection method
- Therapeutic Communication is necessary throughout the initial interview, throughout treatment and upon terminating the patient-provider alliance.



Core Skills for Interviewing

- Openness
- Respect for the patient, family
- Appropriate use of therapeutic communication skills
- Ability to establish rapport
- Subjective and objective data collection using all senses
- Critical thinking to identify needs and develop a plan of treatment
- Thoroughly though concisely explaining plan of care in appropriate manner based on the client's level of understanding



Establishing Rapport

- Learn the patient's interest and motivation for treatment
- Have an open and respectful engagement using nonjudgemental approach
- Explore current presenting problem
- Validating any assumptions
- Displaying genuine empathy and concern
- Instilling hope that the chief complaint will be addressed
- Develop a patient-centered partnership with the patient and family



Active Listening

- Paying attention to nonverbal communication
- Maintain open and engaging posture
- Maintain eye contact based on patient's comfort level and cultural background



Facilitative communication techniques

- Allow the patient to pace conversation
- Avoid interrupting
- Avoid bombarding with questions, use open ended unless trying to specify or clarify a certain symptom
- Avoid excessive self disclosure or commandeering the interview
- Encouraging vocalizations as needed “go on,” “tell me more about...”
- Clarify as needed
- Summarize key points
- Follow up with confirmatory/closed questions to solidify data as needed



Paraphrasing

- Repeating the patients thoughts or feelings with similar words
 - Patient “I cant even drive to school like my friends. I just hate how my parents treat me like a kid all the time.”
 - PMHNP “It must be difficult to feel like you aren’t given the chance to show that you are responsible with driving the car.”



Confrontation

- Pointing out to a patient something that he or she is missing, denying or not paying attention to
 - Patient: “He always thinks I am trying to run around on him and I am completely devoted to him!”
 - PMHNP: “You are saying you are completely devoted to him and would not run around, however, you stated earlier that you had met up with your ex, and given the chance you in would remarry him.”



Silence

- Sometimes the most therapeutic form of communication
- Allows for reflection and contemplation for both the NP and patient
- Supports acceptance and openness



Broad Opening

- How are things for you?
- What brings you in today?
- How have things been since we last visited?



Accepting

- I can imagine this has been very difficult for you.



Summarizing

- So what you are most concerned about is...
- So let me see if I understand... (also clarifying)



Reflection

- Patient: "I just worry about what will happen next"
- PMHNP: "It seems you worry about the future quite often."



Focusing

- “could we talk more about the suicidal thoughts you have been having?”
- “tell me more about when the symptoms first started.”



Validating

- “You have reason to feel hurt because of your abuse.”



Exploring

- How does your depression affect your ability to function at work?



Clarifying

- Can you explain to me why his behavior is so upsetting to you?



Sequencing

- What came first?
- Did this happen before or after?
- What happened next? Before that? etc



Recognizing

- “You are very tearful today.”
- “I see you are more tremulous today.”



Theming

- We have talked for a while, and you have mainly been talking about how you feel unappreciated by your family.



Cultural Considerations

- Family member roles
- Health literacy
- Barriers to communication/language barriers
- Religious beliefs/customs
- Meaning of nonverbal gestures
- Physical space



Communicating with the child

- Modify language and concepts according to age of the child
- Exhibit nurturing behavior
- Provide room for the young client to explore safely and engage when ready
- Use play and fantasy as appropriate
- Allow more time for assessment
- Use direct and clear questioning for adolescents



Communicating with the older adult

- Allow more time for assessment
- Allow the patient to pace the conversation
- Allow time for rapport building before asking sensitive questions
- Allow patient to reminisce and share past history/life review



Trauma informed care



Levels of Prevention

- Primary
- Secondary
- Tertiary

