# Communication Skills

Dr. Faris Al-saraireh

Communication in mental health is an essential component of all therapeutic interventions. The knowledge and interpersonal skills that a doctor uses to communicate are essential aspects of helping the person who is experiencing mental health problems or distress. As well as facilitating the development of a positive doctor-client relationship.

## **Definition of Communication**

- The act of transmitting information communicated, a verbal, nonverbal or written message.
- A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.
- A system for communicating by using.
- a) Technology of the transmission of information
- b) Technique for expressing ideas effectively

# **Communication Process**

- ► A two way process involving the sending and receiving of message
- ► The exchange of ideas or thoughts
- ► Transmission of feelings, personal and social interaction between people
- ▶ It is basic components of human relationship
- Exchanging information's or feelings between two or more people

# Purpose of Communication Process

- ► To establish and maintain relationships.
- ► To help in problem solving, communication is an important aspect of diagnosing and treating clients.
- To persuade and change attitudes or behaviors.
- Develop an understanding of other people

# Purpose of Communication Process...

► To initiate change that promotes health.

► Prevent legal problems associated with psychiatry practice.

► Effective communication is essential for the establishment of a doctor - client relationship.

- ► The sender: creator of message
- ► Message: verbal or nonverbal message.
- ► Channel: route by which messages flow between sender and receiver
- ► Receiver: individual who analyzes and interprets the message
- ► Feedback: verbal or nonverbal response the receiver sends to the sender

# **Sender (source)**

► A person or group who wishes to convey a message to another (Source - encoder), this mean that the person or group sending the message must have an idea or feeling into a form that can be transmitted.

# **Encoding**

► Selection of specific signs or symbols (codes) to transmit the message, such as:

- ► Language and words to use
- ► How to arrange the words
- **▶** What tone of voice and gesture to use.

# Message

- **▶** What is actually said or written
- ► The body language that accompanies the words, and how the message transmitted
- ► Talking face to face with a person may be *more effective* than telephoning or writing a message
- Written communication is often appropriate for longer explanations or for communication that needs to be preserved
- ► Recording a message on a tape or communicating by radio or television may be more appropriate for larger audience.

#### Channel

▶ It is the medium used to convey the message and it target any of the receiver's sense.

► Channel should be appropriate for the message and it should help make the message more clear.

#### Receiver

- The listener who must listen, observe, and attend (<u>Decoder</u>), who must perceive what the sender intended (<u>Interpretation</u>).
- ► Perception uses all the senses to receive verbal and nonverbal message.
- ▶ If the meaning of the decoding message matches the intent of the sender, then the communication has been effective

#### Receiver

- ► Ineffective communication occurs when the message sent is misinterpreted by the receiver.
- According to the sender intent, depends largely on their similarities in knowledge and experience and sociocultural background
- Decode means: to relate the message perceived to receiver, storehouse of knowledge and experience and to sort out the meaning of the message

#### **Feedback**

The information or the reaction given by the receptor.

# Levels of communication

► Intrapersonal level: Is the communication that you have with yourself (Self - talk).

► Interpersonal level: All the verbal and nonverbal activities people use when communicating with each other.

► Public communication: Is the communication that you have with public require greater degree of formality

# Communications Barriers (obstacles)

- ► At the sender level:
- Does not know the subject.
- Cannot communicate the message.
- Does not formulate clearly the objectives.
- Does not formulate well the message.
- Does not choose the language of the receptor.
- Does not adapt the tone

- ► At the message level:
- Difficult words.
- Is not of interest to the receiver.
- Is not related to the stated objectives.
- Unclear, confusing.

- ► At the channel level:
- Noise
- Not adapted to the message transmission.
- Not accessible to the receptor.

- ► At the receptor level:
- Indifferent (does not care) to the message.
- Could not decode the message.
- Cannot receive the message.
- Poor listening conditions.

- ► At the feedback level:
- Feedback not well prepared.
- Limited time.
- Selection of those who respond.
- Questions poorly formulated.

# Active listening and non-verbal communication

- **Listening** is the most important skill and often the most challenging.
- One of the common mistakes made by novice psychiatrist as well as experienced psychiatrist is to talk too much (When we are talking, we are not listening!).

- The best and the most therapeutic thing to do are to say less and listen more.

- Listening to a client does not mean that you are doing nothing; instead, you are allowing a space for the person to talk.

# Non-verbal behaviors include:

- Facial expression: Showing it in your face, for example facial expression, looking interested and concerned; maintaining good eye contact
- Body movements: Showing it in your body movements, for example nodding of head, leaning forward

- Much of the communication that takes place between people is non-verbal. Our faces and bodies are extremely communicative. Being able to read nonverbal messages or body language is an important factor in establishing and maintaining relationships.

# The SOLER position

Egan (2010) identifies certain non-verbal skills summarized in the acronym (abbreviation) **SOLER** that can help the psychiatrist to create the therapeutic space and tune in to what the client is saying. These are:

- S: sitting facing the client squarely (directly), at an angle
- O: adopting an open posture, arms and legs uncrossed
- L: leaning (at times) towards the person
- E: maintaining good eye contact, without staring
- **R**: relaxed posture