Non-Therapeutic Responses

Probing

- Serves to control the nature of the client's responses
- Questioning resembles interrogation rather than an interaction—client may feel overwhelmed and withdraw
- Tends to put patient on the defensive
 - "Why do you do this?"
 - "Why do you feel this way?"

Challenging

- Forces a patient to "prove" his or her point of view
- The feelings of the patient go unrecognized
- Challenging a patient's unrealistic ideas or perceptions will not weaken them
 - "How can you say your wife doesn't care when she is here for every visiting session?"
 - "If your leg is missing, then how can you walk up and down the hall?"

Advising

- Undermines clients' ability to solve their own problems
- Renders clients dependent and helpless
- Giving advice is different from giving information
 - "If I were you, I would have the ECT."
 - "I think you should do what the doctor says."

False Reassurance

- An attempt to dispel a person's anxiety by implying that there is no cause for worry or alarm or fear
- This belittles, devalues, or rejects the patient's feelings
- Communicates lack of understanding and empathy
 - "Everything will be all right."
 - "Don't worry about it, you'll soon be ok."

Giving Approval

- Can lead a patient to strive for praise rather than progress
- Client must ultimately approve of his or her actions
 - "That's good."
 - "I'm glad that you feel that way."

Disagreeing

- The doctor criticizes the client who is seeking support
 - "I definitely don't agree with your view."
 - "I really don't believe that."

Defending

- The doctor attempts to protect the person, place, or thing that the pt is criticizing
- The doctor implies that the pt has no right to express his or her negative feelings
 - "Dr. Lee is a very busy man."
 - "This is the finest hospital in the city."
 - "I'm sure your therapist had your best interest at heart."

Belittling Feelings Expressed

- No comfort to tell a pt that other people have the same or bigger problems
- This shows lack of understanding and empathy
 - "How can you say that? You have a good family."
 - "I don't know why you're complaining, you should hear the problems your roommate has."

Making Stereotyped Responses

- Meaningless cliches and trite expressions have little place in the interaction
- Communicate a doctor's disinterest
 - "Keep your chin up."
 - "Just do what the doctors tell you and you'll be home in no time."

Changing the Subject

- Takes the direction of the conversation away from the pt
- Demonstrates the doctor's anxiety
 - Patient:
 - "My mother always puts me down."
 - Doctor:
 - "That's interesting, but let's talk about..."

Not Listening

- doctor is preoccupied with other thoughts
 - "I'm sorry; what did you say?"
 - "Could you start again? I was listening to the other doctor."

Judging

- The doctor's responses are filled with his or her own values and judgments
- Demonstrates lack of acceptance
 - "You are not married. Do you think having this baby will solve your problems?"
 - "That is certainly not the Christian thing to do."

Self-Focusing

- The doctor focuses attention away from the client by thinking about or sharing his or her own problems
 - "That may have happened to you last year, but it happened to me twice this month which hurt me a great deal."