

# 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.”*