Being a health professional is a noble and important calling. Health professionals at every level are involved in significant acts of healing, research, and comforting, and the need for health professionals continues to grow as America continues to age and as technology and science demand more specialized knowledge. Yet, beyond scientific knowledge, health science students need to learn the therapeutic use of counseling and communication skills and a basic understanding of human behavior and become well-informed on professional issues, which include those raised by advancing technology. Without these skills, their knowledge cannot be applied.

Further, the demographics of this country are rapidly changing and these changes necessitate a shift in cultural paradigms, health care approaches, and models as well as the emphasis of care. Understanding human behavior is complicated by evolving social pressures and diseases; and governmental roles with health care are also redefining the application of the art. Greater patient-care oversight and advances in technology create another dimension of knowledge that the health professional must glean to survive and practice his or her craft.

What Sets This Book Apart?

Therapeutic Communication for Health Professionals fills a vital need as it introduces students to the basic skills of counseling and communication that are the foundation for all interactions. Further, students will understand basic psychologic defense mechanisms that show up throughout therapeutic interaction, they will know how to deal with patients who are facing incredible losses, they will comprehend the significance of human development throughout the lifespan, and they will recognize the need to serve special populations and to apply their skills to disease prevention. Additionally, they will work and communicate well within an interdisciplinary team, apply the highest ethical standards of their chosen professions, and have the ability to recognize and respond appropriately to all forms of abuse and discrimination and to address and prevent legal issues. All of the above are placed within a multicultural context allowing the health professional to better reach all patients.

In *Therapeutic Communication for Health Professionals,* we review skills that are needed to better develop a basic understanding of the patient and an improved ability to communicate both with patients and within the health care universe. This therapeutic counseling/communications background is then overlaid with an understanding of the human issues that face most of our patients, who must deal with loss due to illness or social condition and who are in an environment that often feels hostile and frightening. Our goal is for the readers to place themselves in the patient's place to better understand how patients think and feel across multicultural lines. Additionally, the health professional is in a dynamic environment

where change is constant. Comprehension of basic interdisciplinary roles, ethical standards, and legal concerns provides a framework from which change may be assessed and absorbed into the therapeutic milieu.

Therapeutic Communication for Health Professionals is composed of three main sections. **Part 1, Foundations of Counseling and Communication,** covers two chapters that provide skills referred to throughout the remainder of the text. These chapters provide the stepping stones needed to hone the skills of therapeutic communication and to relate to patients and the interdisciplinary team. No health professional should enter a clinical setting without being exposed to the baseline information this section establishes.

In **Chapter 1, Body Language and Nonverbal Communication,** the student is introduced to the value of body language, also referred to as kinesics. It describes the component parts of this nonverbal communication, which is often more honest than is verbal communication. The reader learns how to interpret the clients' body language, to send the appropriate professional message themselves, and to set a standard for ideal communication. This chapter was revised to discuss professional boundaries and the appropriate behaviors between a professional and a client, especially when there are gender differences. This version also reviews basic differences in body language between cultural groups. It contains current references and additional case studies.

Chapter 2, Basic Skills in Verbal Communication, builds on nonverbal skills and emphasizes listening skills, synthesizing the use of nonverbal skills, paraphrasing, empathizing, and using questions appropriately while remaining client focused. Paraphrasing is used to help the health provider verify what has been heard and to build rapport. The chapter then introduces empathy and assists the reader to develop and practice this skill. The use of open-ended questions is reviewed as are possible communication hazards. This chapter is expanded from the previous edition as it distinguishes empathy from sympathy, looks more closely at the concerns of overinvolvement, cautions of the danger of judging our clients, and explores how health professionals need to avoid taking patient comments personally. Finally, it offers a number of helpful research articles dealing with verbal communication.

Part 2, Foundations for Understanding Human Behavior, provides students with a comprehensive review of the psychosocial and behavioral dilemmas most common in health care today. The seven chapters in this section examine knowledge necessary to round out a professional's ability to comprehend and treat the human condition when added to the skills gained in Part 1.

Chapter 3, Basic Psychology, reviews different psychologic theories explaining human behavior: Maslow's Hierarchy of Human Needs, Pavlov,

Freud, Adler, Jung, and Gestalt therapy. More modern approaches are also reviewed, such as transactional analysis and Carl Rogers' focus on paraphrasing, empathizing, and positive regard. Understanding Freud's defense mechanisms is an important aspect of this chapter as it applies to so much human behavior.

Chapter 4, Mental Health and Adaptive Disorders, reviews clinical syndromes and underlying personality disorders. It looks at how different people respond to their symptoms or those of a family member, called "illness behavior." Illness requires adapting to different roles for optimal recovery. Illness behavior related to work is important in terms of motivation and effect. Illness may present in many different ways depending upon the personality of the patient, his or her intellect, and how his or her illness may impose limitations. Some patients use illness as a game (Eric Berne), using appointment negotiating and manipulation. Finally, we keep in mind the patient's primary and secondary relationships.

Chapter 5, Death and Dying, examines the Kübler-Ross stages of dying: denial, anger, bargaining, depression, and acceptance. In *denial,* a patient needs a psychologic buffer between what his or her mind can accept and harsh reality. The patient experiences a devastating sense of unfairness in the loss and is *angry*. *Bargaining* follows and may have some religious overtones as the patient struggles to find a way to change the diagnosis. During *depression* the patient more fully feels the pain of all forms of loss. *Acceptance* is generally a calmer stage in which the patient is facing what must be accepted. These stages are also true for losses that alter body image. *Negative euthanasia* and p*ositive euthanasia* are also defined. Finally, this chapter describes five ways in which to help the dying: listen, focus through paraphrasing, respond from your own gut, leave hope intact, and assist the family to be with the patient. Working with families and the hospice team is important to this content.

Chapter 6, Developmental Issues: Early Childhood and Adolescence, reviews early childhood and adolescent issues. Parents often expect a perfect child and have to be helped to accept a child that does not meet their expectations. Bonding is a close mutual attachment between infant and parent. Bonding and dependency lead to appropriate body schema and the development of a separate self. The young infant going through the "terrible twos" becomes negative as an expression of the child's sense of autonomy. Here the health practitioner is encouraged to use positive reinforcement and to encourage parents to do the same. Modeling and competence are further ways that young children will develop. This section closes with a discussion of developmental milestones.

Puberty causes rapid physiologic and emotional changes. Coping with these changes involves family and social support. The more different the

teenager feels, the more support is required. Differentiating from parents nearly always means a struggle. No matter how good things are at home, adolescents fight for independence by rejecting what their parents offer. The more problems a child has had in the past, the more likely is difficulty during this breakaway phase. Eating disorders and other risky behaviors are reviewed. Families survive best when providing long-term stability and offering adolescents emotional support; rewards should be on the basis of responsible behavior.

Chapter 7, Developmental issues: Senescence, details elder issues. Older people have a wealth of experience that historically has been respected. Seventy-six million baby boomers will soon retire. Although age brings increasing loss of biologic adaptability, the great majority of the elderly still cope well with life's problems, leading fulfilling lives. However, disengagement theory states the elderly sever friendships as part of a general disengagement from society. Stigma is associated with retirement, economic loss, social isolation, touching, and sex in the elderly. Illness is increasingly common among the elderly. Because dementia is the most common reason for institutionalization, it is given special attention. The elderly have to deal with loss, and as they face their own demise, they may choose to have advance directives, including a living will. End-of-life decisions are frequently disregarded by health care agents when the situation demands "comfort measures only."

Chapter 8, Addiction, discusses the problem of addiction—substance abuse, or chemical dependency, and smoking—with emphasis on alcoholism. It defines addiction, dependence, habituation, and tolerance and cites the addict's need to continue the substance abuse as stronger than the consequences of use. The causes of addiction are reviewed, including a biologic predisposition. Also reviewed are the psychologic responses common to most abusers, the response to peer pressure for substance misuse, and cultural links to abuse that may also be hereditary. The chapter also focuses on the classifications of addictive drugs and points out the current problem of extensive misuse of prescription drugs exceeding all street drug use except marijuana, as was exemplified by Michael Jackson's tragic death. This section has added a discussion on the medical use of marijuana and discusses the issues related to legalization of marijuana.

The prevention and treatment of substance abuse is described, including approaches to youth who have never tried drugs and efforts to target at-risk students to help prevent drug use. Narcotics Anonymous helps these addicts as AA assists the alcoholic. Motivational interviewing, cognitive behavioral therapy, and most of the therapies used for alcoholics will help all addicts. Methadone and Suboxone are two pharmacologic treatments which assist the opioid addict (heroin) from relapsing.

Smoking is the most common preventable cause of death in the United States today. Smokers give up on average 14 years of life for their

habit, suffer many ailments, and risk the health of infants exposed to smoke. Smoking costs the American consumer $76 billion dollars a year in health costs and $92 billion in lost productivity and earnings. Clients should be encouraged to attend smoking cessation programs, perhaps hypnotherapy or acupuncture clinics, review literature, use a nicotine patch or gum to help with the addiction, or try other medications and counseling.

Chapter 9, The Role of Counseling in Prevention, begins with a definition of counseling and demonstrates the evolution of communication skills into good counseling techniques by introducing the *influencing response*. This section has also added a review of health-related occupations based on counseling skills. Both mental health and physical health are discussed in terms of risk factors that counseling may mediate, with emphasis on a preventive model. Risk factors are viewed in three major categories: genetic programming, environmental conditions, and lifestyle factors. The national epidemic of obesity and metabolic syndrome are used to synthesize the application of this preventive model. The final section of this chapter reviews motivational strategies: (1) AIM, which stands for awareness, information, and motivation, (2) the transtheoretical model of change (TTM), and (3) the application of the TTM model, which is known as motivational interviewing.

Part 3, Issues for Heath Professionals, offers five chapters that focus on the professional's knowledge base and the skills needed by a competent health practitioner to act as a professional. This covers good inter- and intradisciplinary communications and the ethical and legal savvy a practitioner must have in these times. Knowledge of technology and its responsibilities, the professionals' role in abuse and discrimination, and a compelling case for the necessity of a multicultural perspective are presented.

Chapter 10, Interdisciplinary Communication, states the role of health care providers is always evolving. Health professionals are more involved in management, communication, and computers. Communication is vital for both intra and interdisciplinary communication. Health professional roles are defined by the patient, the job description, professional specialty training, provider perception, and liability concerns. As patients see different health professionals, the terms consultant, collaborator and referral source need to be defined. The aspiring health professional needs to be skilled not only at communicating with patients but also with other health professionals, and, increasingly, in handling information technology. Important acronyms for computerized systems are defined. The American Recovery and Reinvestment Act of 2009 is influencing implementation of computerization in both health professionals' offices and in hospitals.

Chapter 11, Professional Ethics, defines ethics as a set of guidelines for professionals that are designed to ensure public rights. Consequences for a

breach of ethics can be imposed by professional organizations. These consequences are different from the punishments typically handed down for legally defined misconduct. The relationship between the health professional and the patient is discussed in terms of beneficence, nonmalfeasance, autonomy, and justice. All health professional organizations charge their members with basic responsibilities to the public in 10 areas: professional responsibility, competence, moral and legal standards, public statements, confidentiality, welfare of the consumer, professional relationships, assessment techniques, use of animals, and. research with human subjects. Understanding these principles can increase the health professional's skill in making ethical judgments. Themes such as prior informed consent and the risks/benefits ratio are key concepts for future health professionals to understand. HIPAA guidelines and standards inform health professionals of how to manage information while simultaneously protecting patients' rights. A practice that is HIPAA compliant is one that practices a highly ethical standard. Many ethical dilemmas are reviewed.

Chapter 12, Abuse, Impairment, and Discrimination, presents several examples of abuse: elder, spouse, and sexual. All forms of abuse are subjects of various federal and state laws with similar content. Mental impairment may involve incompetence, lack of insight, or developmental delay. The many forms of sexual abuse are presented, including protocols for dealing with the rape victim. Abusers need professional help, as well as the abused. Most abused people are in dependent roles. When the abuse is of sufficient severity to threaten the immediate or future mental or physical health of a person, then the abused patient must be protected. Mental impairment is divided into emotional, social, and cultural issues, including the concepts of discredited and discreditable stigma. Prejudice is contrasted with discrimination. Disability involving four major areas—medical, social, educational, and vocational—is a major area for specialization of a number of allied health professionals. The provisions of the Americans with Disabilities Act are presented.

Chapter 13, Legal Concerns, states only those who have prepared by virtue of educational training, who have not committed a felony, who have good character references, and who have proper clinical training may be licensed. Certification and registration also offer access to professional status and privileges. Accreditation is a process of approving educational training programs for health professionals. The power inherent in this approval process has made accreditation a historically political tool. Legal controls like licensure work best in tandem with the ethical controls of the various health professional associations. Malpractice is defined, and the authors point out that the most common cause of suits is a lack of relationship or breakdown of the relationship between patient and health professional. Communication and documentation are the cornerstones of preventing malpractice suits.

Chapter 14, Multicultural Health Issues, is a new chapter in this textbook. It provides a brief historical perspective on ethnic, cultural, and racial issues within the United States. It defines the term culture to include beliefs, practices, religion, language, music, sports, laws, taboos, and much more beyond ethnic identity. Many relevant terms are defined within a context of inclusion. The considerations raised may be applied to gender differences and to those with disabilities. The reader will see the cultural and familial influences on health and develop an appreciation of the importance of cultural competence among providers. An overview of ethnocentricity is provided as well as an overview of popular alternative medicine practices and mental health concerns. It is believed that all of health care profits by learning from other cultures even though their practices may be non–evidence based. It is also necessary to understand the belief systems of our clients in order to reach them for appropriate treatment. This is imperative to becoming culturally competent.

This chapter synthesizes the impact of demographic trends and how current and future populations' base needs will require specific consideration for both physical and mental health issues. Most importantly this chapter assists the reader to look at his or her own ability to make a difference, individually and through institutions. The chapter borrows from social psychology to examine how individuals make generalizations through impression formation and attribution theory. Strategies are discussed for making a more meaningful impact on the health care needs of Americans irrespective of race, ethnicity, color, religion, language, gender, disability, sexual preference, or gender identity, requiring that providers become involved with the communities they wish to serve.

New to the Third Edition

- An entire chapter on multiculturalism was added to help students gain insight into cultural differences in the health care setting and how to handle them.
- References and examples are updated with current health statistics and information.
- Learning Outcomes are updated using Bloom's Taxonomy.
- Key Terms are included in each chapter opener.
- Case studies illustrate common scenarios that the student might see in health care settings, and each case study has at least one question tied to it in order to encourage the student to think critically about communication and its implications.
- The Chapter Review includes References and Additional Readings so the student can easily find a resource to expand upon a concept that might need further clarification.
- Key Points boxes define and expand upon important terms or concepts.

Supplements

McGraw-Hill Higher Education Online Learning Center

- Access the Online Learning Center at **www.mhhe.com/ adamscommunication3e.**
- Quizzes for each chapter supplement the end-of-chapter reviews in the textbook.
- Flashcards containing key terms and definitions taken from each chapter enable the student to self-test throughout the course.
- A thorough PowerPoint® slide presentation for every chapter makes the teaching and learning experience exciting and is available to students for the visual learner to be able to pace him or herself through the text material.
- An Instructor's Manual contains a chapter overview, key term review, answer keys, and additional activities and class assignments for every chapter.
- McGraw-Hill's EZ-Test Test Generator is an electronic testing program that allows instructors to create tests from book-specific items. It accommodates a wide range of question types, and instructors may add their own questions. Multiple versions of the test can be created, and any test can be exported for use with course management systems such as WebCT, BlackBoard, or PageOut. EZ-Test Online is a new service and gives you an online place to easily administer the exams and quizzes you create with EZ-Test. The program is available for Windows and Macintosh environments.
- At least one video vignette accompanies each chapter to illustrate important concepts in therapeutic communication. A series of questions is presented after each vignette to reinforce the learning outcomes of the respective chapters.