

Making the Connection: Communication and Therapeutic Alliance

A black and white photograph of a metal chain link, symbolizing connection. The link is in sharp focus, showing its metallic texture and the way it connects to other links above and below it. The background is blurred, showing more of the chain and some indistinct shapes, creating a sense of depth and continuity.

Dr. Dave Walton

Jasdeep Dhir

Jim Millard



Session Objectives

- ◆ Introduce the CARE model as a clinical framework to scaffold interactions
- ◆ Have identified potential road blocks in verbal communications, and strategies to provide more effective communication
- ◆ Have developed verbal and non-verbal communication strategies to enhance therapeutic alliance
- ◆ Have developed communication strategies to address potential conflict in clinical settings

What makes a 'good' clinician?







- ◈ When I ask you to think of a clinician that you consider particularly 'good', what is it about that person that makes them come to mind? What traits, qualities, values, or ways of practice make you think of them as 'good'?

<https://www.menti.com/alwdtyn63frm>










An integrative review of the qualities of a 'good' physiotherapist

Michelle J. Kleiner BScPT, MCIScPT PhD(c) ^a, Elizabeth Anne Kinsella BScOT, MAdEd, PhD ^{a,b,c}, Maxi Miciak BPE, BScPT, PhD ^d, Gail Teachman PhD, OT Reg. (Ont) ^{a,e}, Erin McCabe MscPT, PhD ^d, and David M. Walton BScPT, MSc, PhD ^{a,f}








"Passion to do the right thing": searching for the 'good' in physiotherapist practice

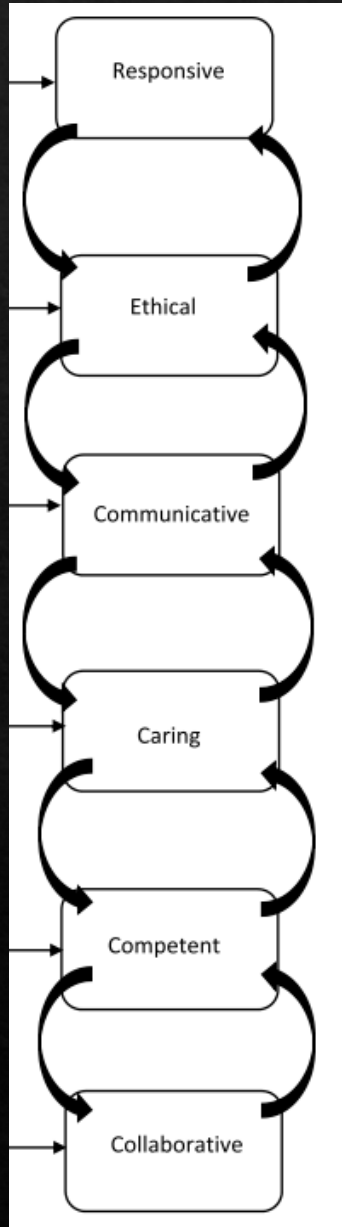
Michelle J. Kleiner, BScPT, MCIScPT, PhD ^{a,b}, Elizabeth Anne Kinsella, BScOT, MAdEd, PhD ^{b,c,d}, Maxi Miciak, B.P. E., BScPT, PhD ^e, Gail Teachman, PhD, OT Reg. Ont. ^{b,f}, and David M. Walton, BScPT, MSc, PhD ^{b,g}



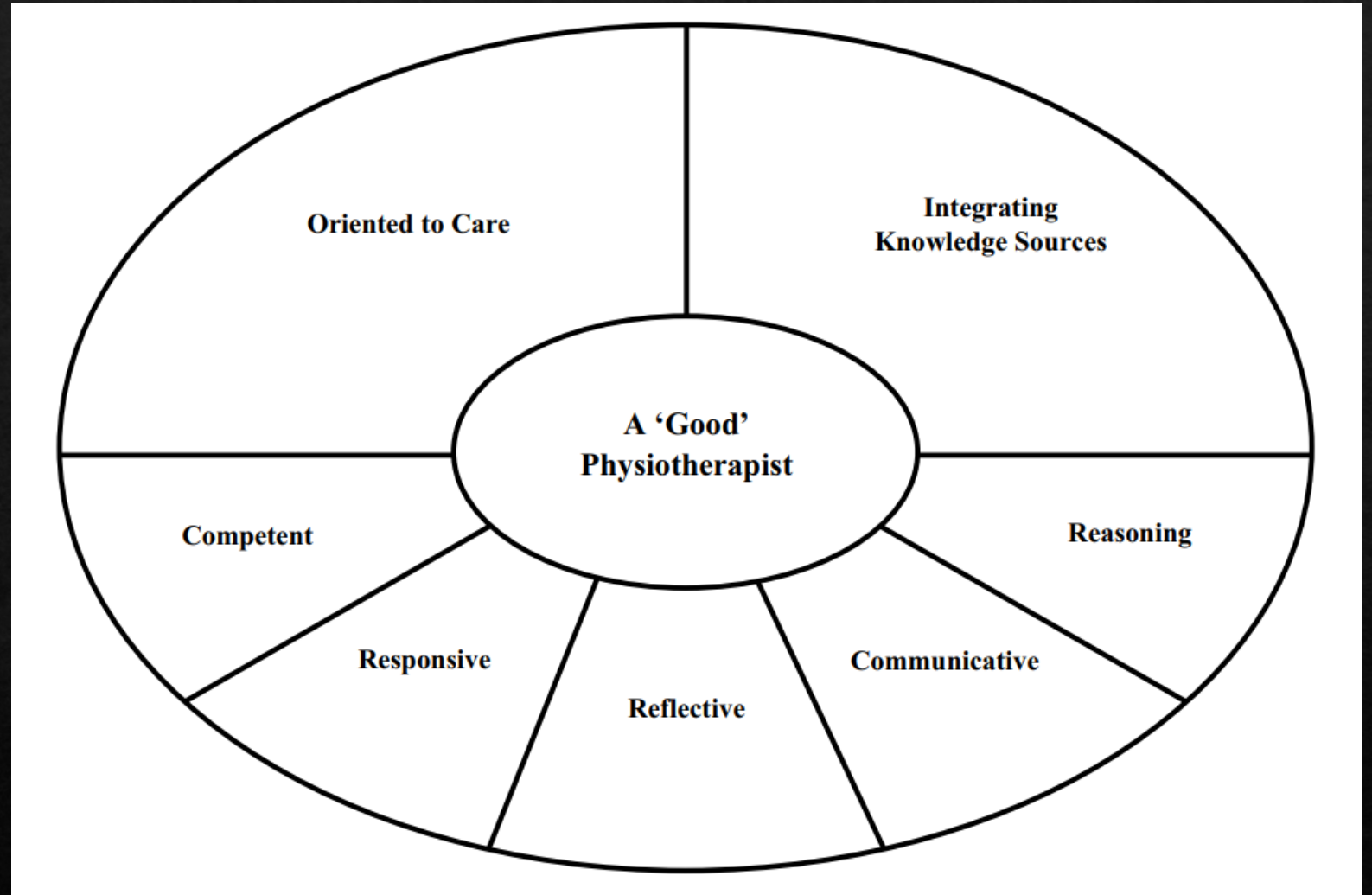
The 'responsive' practitioner: physiotherapists' reflections on the 'good' in physiotherapy practice

Michelle J. Kleiner BScPT, MCISc, PhD ^{a,b}, Elizabeth Anne Kinsella BScOT, MAdEd, PhD ^{b,c,d}, Maxi Miciak BPE, BScPT, PhD ^e, Gail Teachman PhD, OT Reg. (Ont.) ^{b,f}, and David M Walton BScPT, MSc, PhD ^{b,g}

What others have found (review):



What Michelle found:





OPEN

PAIN
REPORTS®

The contribution of patients' presurgery perceptions of surgeon attributes to the experience of trust and pain during third molar surgery

Claire E. Ashton-James^{a,*}, Tymour Forouzanfar^b, Daniel Costa^a

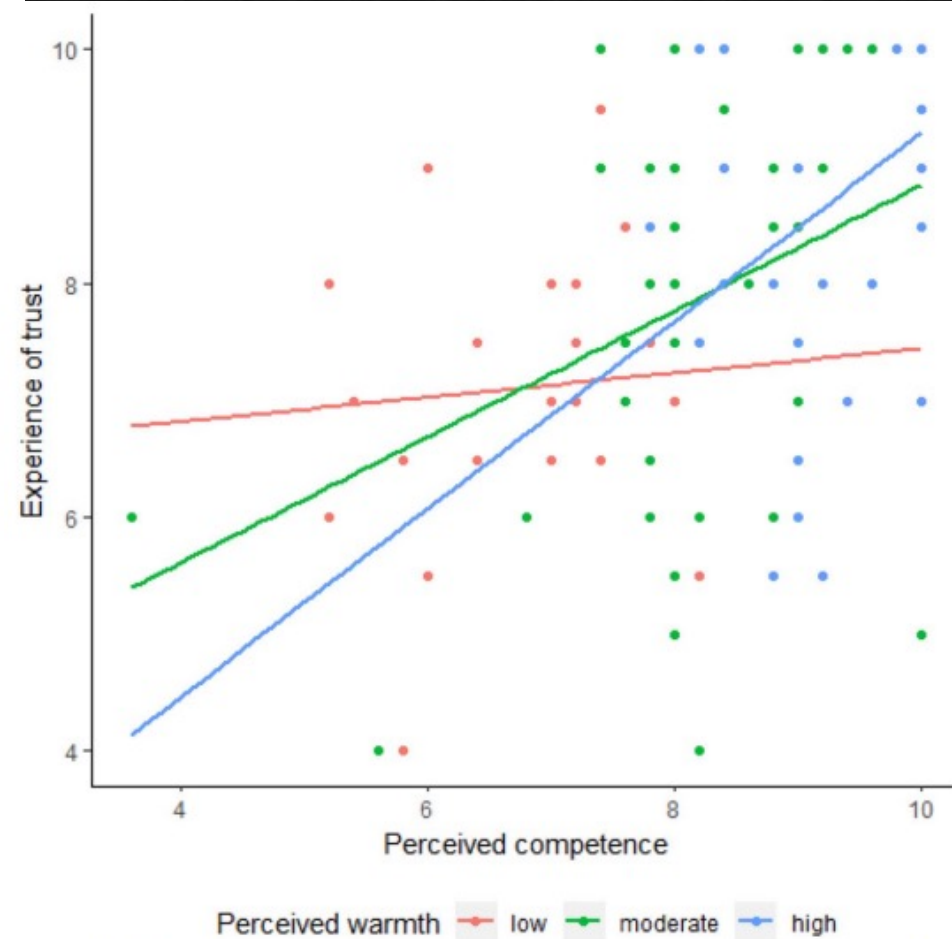

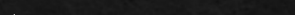




Figure 2. Graphical representation of the interaction between perceived surgeon competence and perceived surgeon warmth on patients' experience of trust during third molar surgery (all observations included).

The 'CARE' model as a way of being in clinical encounters



Exploring the CARE model

- ◇ Connection : Objective Detachment  Ignore the sensual nature of personhood and touch, see the body only as a machine of pulleys, axes, and physics
- ◇ Acceptance : Judgment  Judge the 'normalcy' of the patient's beliefs, values, concerns, and experiences
- ◇ Respond : Recite  Rote recitation or a 'recipe' approach to explaining physiotherapy care
- ◇ Empower : Direct  Adopt a position of 'powerful expert' and tell the patient what they must do to improve

Therapeutic Alliance

- ❖ The TA is a dynamic construct within the clinical encounter and is influenced reciprocally between the person seeking care and the physiotherapist by biological, social and psychological contributing factors. 'Communication' may act as a catalyst in operationalising the TA in a physiotherapy context



> [Musculosket Sci Pract](#). 2020 Apr;46:102131. doi: 10.1016/j.msksp.2020.102131.
Epub 2020 Feb 14.

Conceptualisation of the therapeutic alliance in physiotherapy: is it adequate?

Petter Søndenå ¹, Georgi Dalusio-King ¹, Clair Hebron ²

Affiliations + expand

PMID: 32217276 DOI: [10.1016/j.msksp.2020.102131](#)

Laying the Foundation

- ◆ “Four conditions were identified as necessary for establishing a therapeutic relationship:

present,

*receptive, genuine,
and committed”*

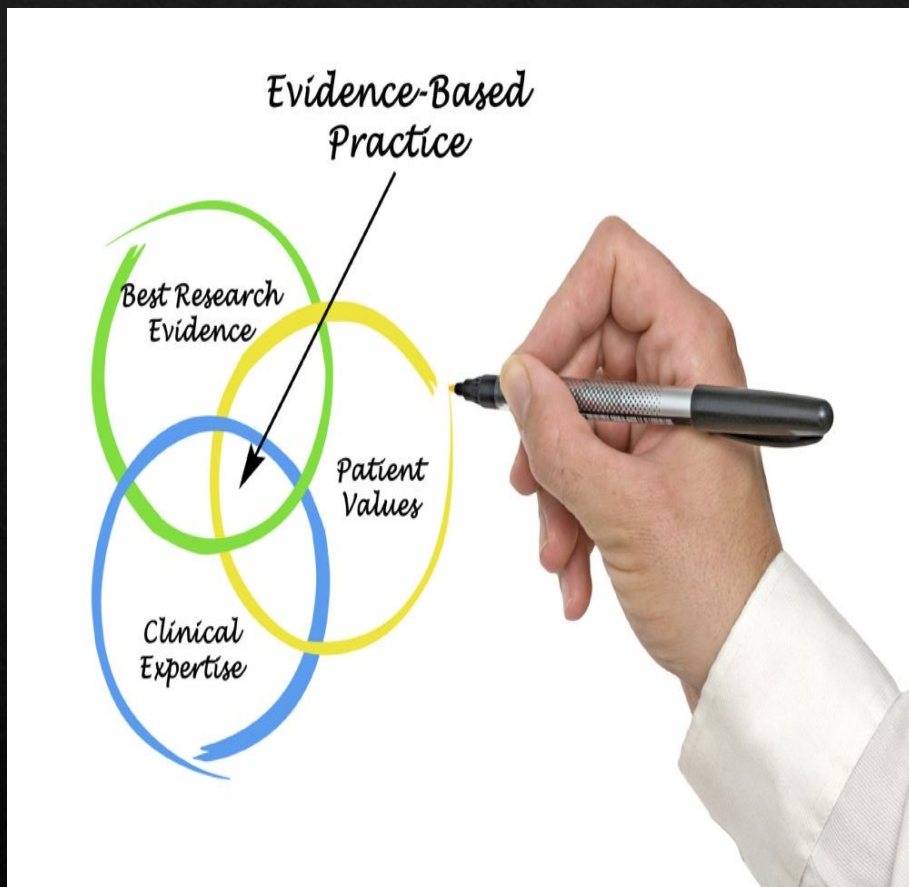
> [Arch Physiother.](#) 2018 Feb 17;8:3. doi: 10.1186/s40945-018-0044-1. eCollection 2018.

The necessary conditions of engagement for the therapeutic relationship in physiotherapy: an interpretive description study

[Maxi Miciak](#)¹, [Maria Mayan](#)², [Cary Brown](#)³, [Anthony S Joyce](#)⁴, [Douglas P Gross](#)⁵

Affiliations + expand

PMID: 29468089 PMCID: [PMC5816533](#) DOI: [10.1186/s40945-018-0044-1](#)



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- ◇ Babatunde F, MacDermid J, MacIntyre N. Characteristics of therapeutic alliance in musculoskeletal physiotherapy and occupational therapy practice: a scoping review of the literature [published correction appears in BMC Health Serv Res. 2017 Dec 12;17 (1):820]. *BMC Health Serv Res.* 2017;17(1):375. Published 2017 May 30. doi:10.1186/s12913-017-2311-3
- ◇ Ferreira PH, Ferreira ML, Maher CG, Refshauge KM, Latimer J, Adams RD. The therapeutic alliance between clinicians and patients predicts outcome in chronic low back pain. *Phys Ther.* 2013;93(4):470-478. doi:10.2522/ptj.2012013
- ◇ Fuentes J, Armijo-Olivo S, Funabashi M, et al. Enhanced therapeutic alliance modulates pain intensity and muscle pain sensitivity in patients with chronic low back pain: an experimental controlled study [published correction appears in Phys Ther. 2014 May;94(5):740]. *Phys Ther.* 2014;94(4):477-489. doi:10.2522/ptj.20130118
- ◇ Moore AJ, Holden MA, Foster NE, Jinks C. Therapeutic alliance facilitates adherence to physiotherapy-led exercise and physical activity for older adults with knee pain: a longitudinal qualitative study. *J Physiother.* 2020;66(1):45-53. doi:10.1016/j.jphys.2019.11.004
- ◇ Pinto RZ, Ferreira ML, Oliveira VC, et al. Patient-centred communication is associated with positive therapeutic alliance: a systematic review. *J Physiother.* 2012;58(2):77-87. doi:10.1016/S1836-9553(12)70087-5
- ◇ Miciak, M., Mayan, M., Brown, C., Joyce, A.S., Gross, D.P., 2019. A framework for establishing connections in physiotherapy practice. *Physiother. Theory Pract.* 35, 40–56. <https://doi.org/10.1080/09593985.2018.1434707>
- ◇ Miciak, M., Mayan, M., Brown, C., Joyce, A.S., Gross, D.P., 2018. The necessary conditions of engagement for the therapeutic relationship in physiotherapy: an interpretive description study. *Arch. Physiother.* 8, 3. <https://doi.org/10.1186/s40945-018-0044-1>.
- ◇ Hutting, N., Caneiro, J.P., Ong'wen, O.M., Miciak, M., Roberts, L., 2022. Patientcentered care in musculoskeletal practice: key elements to support clinicians to focus on the person. *Musculoskelet. Sci. Pract.* 57, 102434 <https://doi.org/10.1016/j.msksp.2021.102434>.
- ◇ Stagg K, Douglas J, Iacono T. A scoping review of the working alliance in acquired brain injury rehabilitation. *Disability and rehabilitation.* 2019 Feb 13;41(4):489-97.

Therapeutic Alliance



NPAG- 2017 Competency Profile for Physiotherapist in Canada

Essential Competencies and Entry-to-Practice Milestones

Physiotherapy Expertise

Communication

Collaboration

Management

Leadership

Scholarship

Professionalism

Milestones

1.1.5 Build and maintain rapport and trust with the **client**.

2.1.2 Listen actively, to build trust and foster exchange of information.

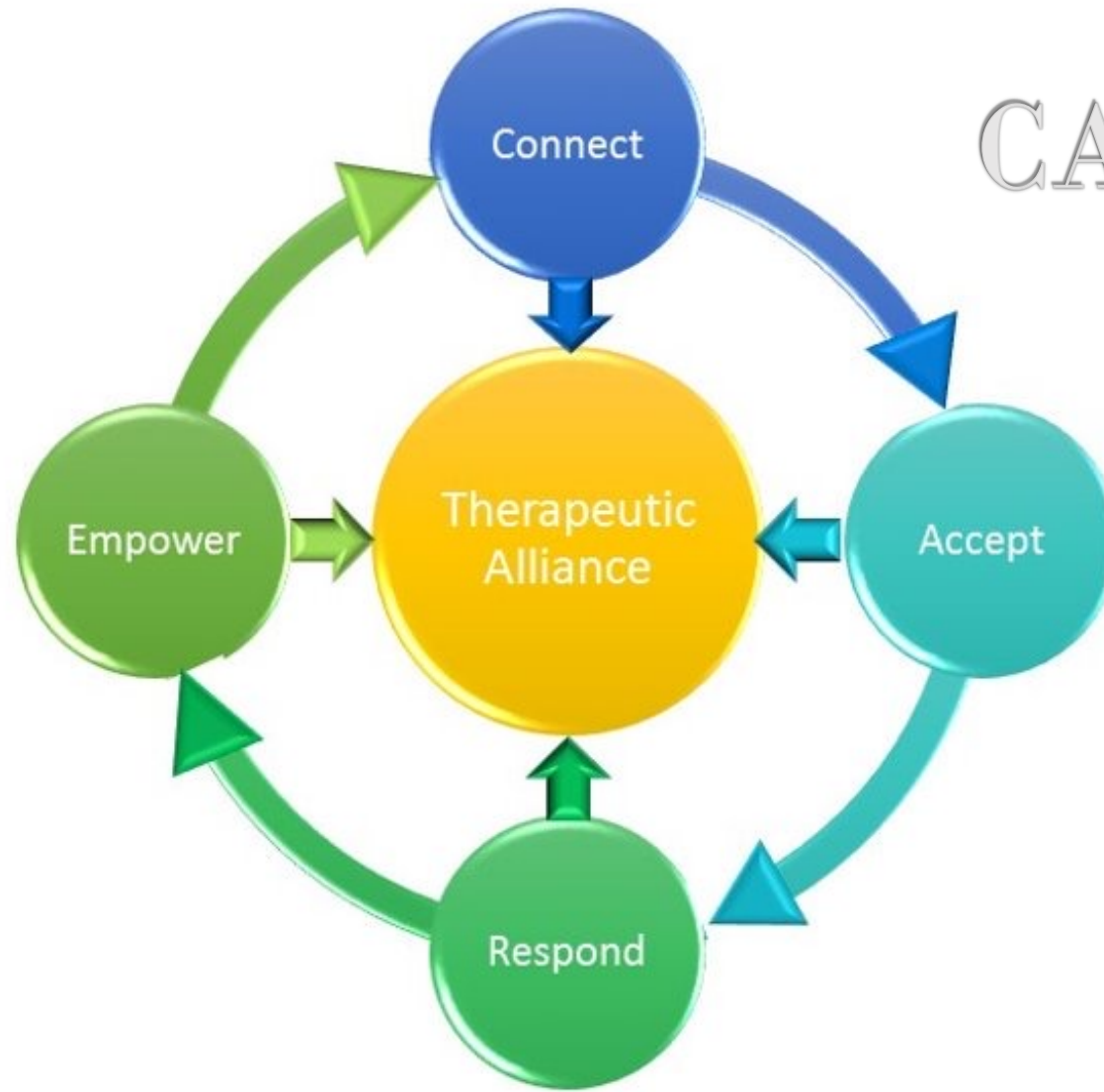
5.1.3 Promote a culture of **client**-centredness.

6.1.2 Incorporate **client context** into clinical decision making.

1.1.1 Act in a manner that respects client uniqueness, diversity and autonomy, and is in the **client's** best interest.

1.2.4 Monitor and respond to **client's** physical and emotional state throughout care.

CARE Model



CONNECT

- ◆ *Strategies*

- ◆ Establishing/Finding common ground
- ◆ Acknowledgement and appreciation body language
- ◆ Engaging with Cultural humility/sensitivity
- ◆ Introduction of therapeutic touch
- ◆ Establish patient's goals and expectations

- ◆ *Benefits*

- ◆ Creates Rapport and Establishes 'Likeability' / warmth



First Impressions

Can I trust this person? (warmth)

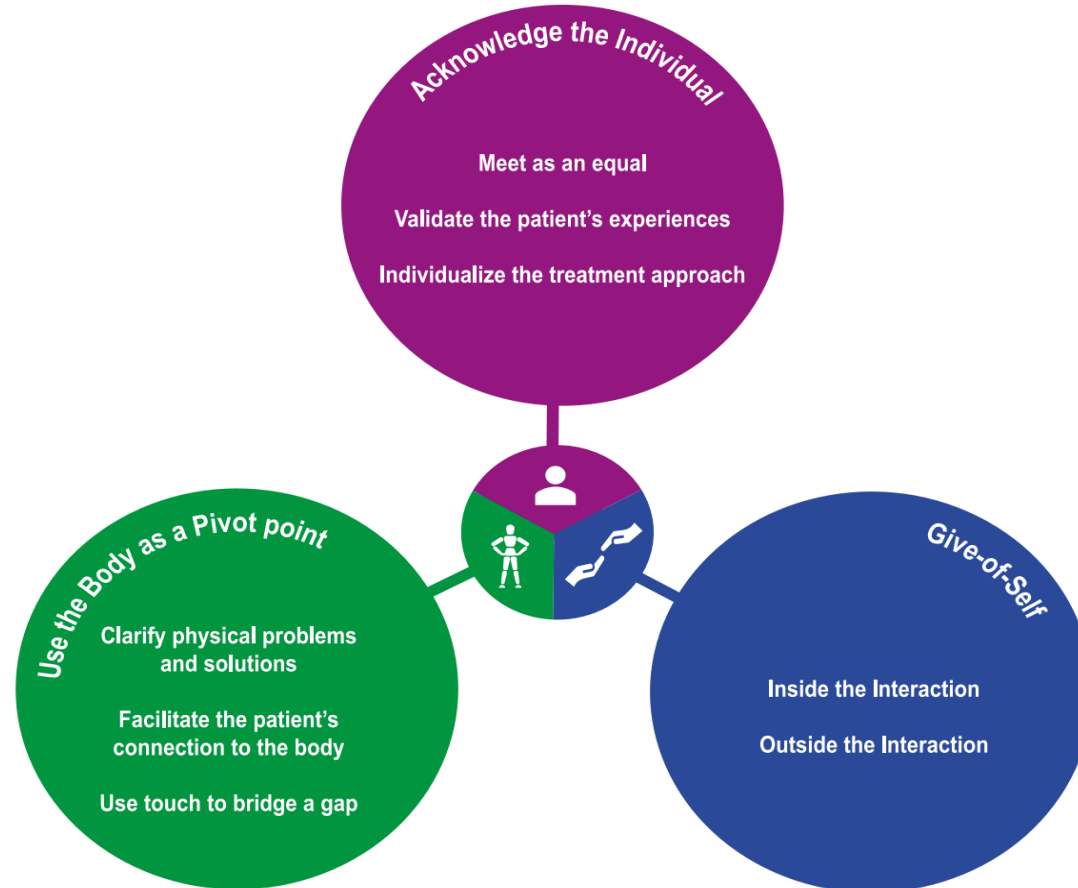
Can I respect this person? (competence)

warmth, or trustworthiness, is the most important factor in how people evaluate you

Amy Cuddy ,Social Psychologist- Harvard Business School

Miciak, M., Mayan, M., Brown, C., Joyce, A.S., Gross, D.P., 2019. A framework for establishing connections in physiotherapy practice. *Physiother. Theory Pract.* 35, 40–56.

<https://doi.org/10.1080/09593985.2018.1434707> •



Hutting N, Caneiro JP, Ong'wen OM, Miciak M, Roberts L. Patient-centered care in musculoskeletal practice: Key elements to support clinicians to focus on the person. Musculoskeletal Science and Practice. 2022 Feb 1;57:102434.

Table 1. Clinical examples of establishing meaningful connections.

Ways of establishing connections	Clinical examples of establishing connections
Acknowledge the Individual	<ul style="list-style-type: none">- sit at the patient's level- affirm expressions of emotion or personal disclosures- adapt home programs by considering patients' unique circumstances
Use the body as a pivot point	<ul style="list-style-type: none">- provide clear explanations of assessment findings- cue patients to their bodies to develop awareness- carefully handle the patient's affected body region
Giving-of-self	<ul style="list-style-type: none">- share a part of your life or experience, as appropriate- speak with patients' other care providers

ACCEPT

- ◆ *Strategies*

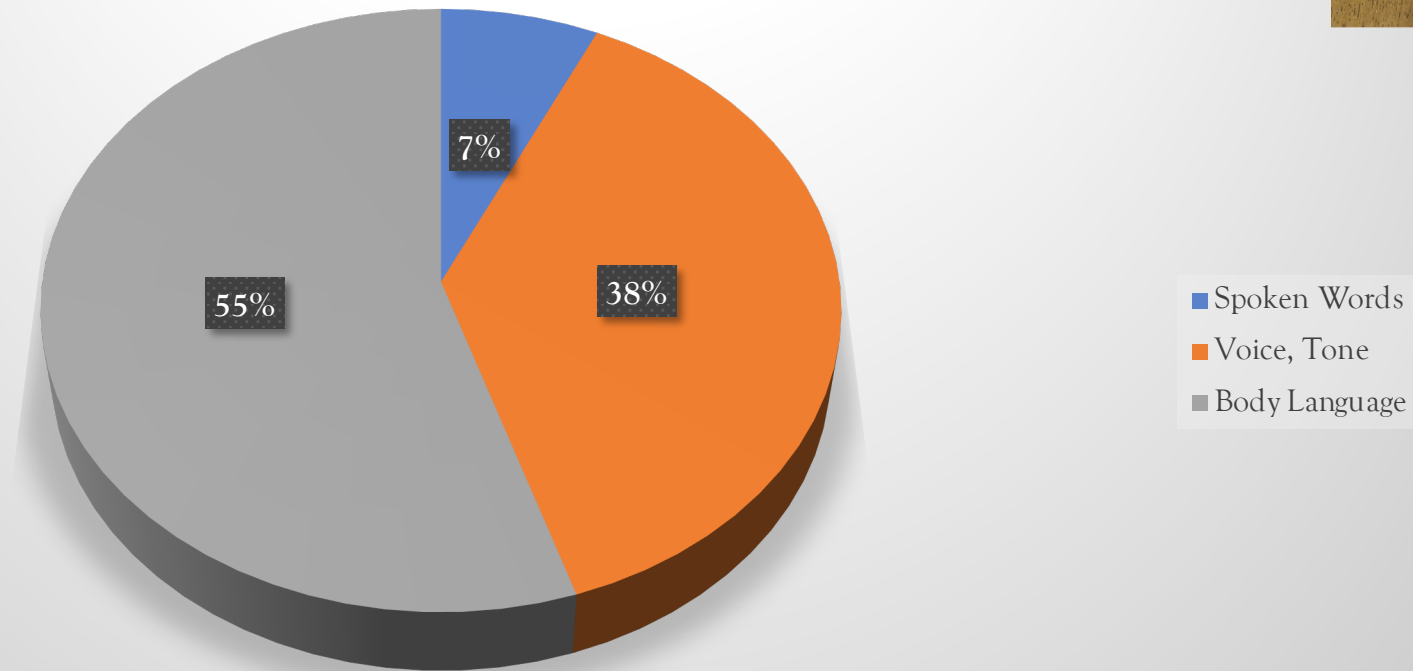
- ◆ Active listening
- ◆ Appreciating patient body language, tone and facial expression
- ◆ Non-judgmental acceptance and validation of the patient's experiences and descriptions there of, without scrutiny or patronizing

- ◆ *Benefits*

- ◆ Allows the patient to share their story and to feel they have been heard
- ◆ Establishes a patient centred approach

Elements of Communication

Prof. Albert Mehrabian- Elements of Personal Communication



Always consider context- this is not a blanket formula

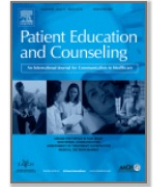
Non- Verbal Communication

- ◇ Results
- ◇ 26 observational studies met inclusion criteria. Meta-analysis was performed for patient satisfaction, which was assessed in 65% of studies. Mental and physical health status were evaluated in 23% and 19% of included studies, respectively. Both clinician warmth and clinician listening were associated with greater patient satisfaction ($p < 0.001$ both). Physician negativity was not related to patient satisfaction ($p = 0.505$), but greater nurse negativity was associated with less patient satisfaction ($p < 0.001$). Substantial differences in study design and nonverbal measures existed across studies.



Patient Education and Counseling

Volume 86, Issue 3, March 2012, Pages 297-315



Review

Association between nonverbal communication during clinical interactions and outcomes: A systematic review and meta-analysis

Stephen G. Henry ^{a, b} ✉, Andrea Fuhrel-Forbis ^{b, c}, Mary A.M. Rogers ^b, Susan Eggly ^d

RESPOND

- ◆ *Strategies*

- ◆ Using open ended questions
- ◆ Empathic language
- ◆ Reassurance
- ◆ Establish appropriate positive expectations to optimize the non-specific/contextual effects of treatment
- ◆ Self awareness of personal biases and fears
- ◆ Negotiating any power dynamic

- ◆ *Benefits*

- ◆ Further establishes trust
- ◆ Improved patient satisfaction and expectation with respect to physiotherapy treatment

Verbal Communication

6

**Words that help,
Words that harm**

JENNIFER KLABER MOFFETT, ANGELA GREEN
AND DAVID JACKSON

Should We Provide a Clinical Diagnosis for People with Shoulder Pain? Absolutely, Maybe, Never! The Ongoing Clinical Debate Between Leavers and Retainers

Lewis J, Powell J. Should we provide a clinical diagnosis for people with shoulder pain? Absolutely, maybe, never! The ongoing clinical debate between leavers and retainers.



Non-verbal
communication



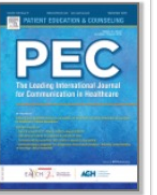
Reflective Listening

- ◇ Summarize what the patient said by using his own words rather than paraphrasing and without digressing to other subjects. This reinforces patients' own expressions of problems, recognition of concerns, complaints and, values and reveals potential misunderstanding of patient's concerns.



Patient Education and Counseling

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Correspondence

Practicing “Reflective listening” is a mandatory prerequisite for empathy

Alain Brailon  , Françoise Taiebi



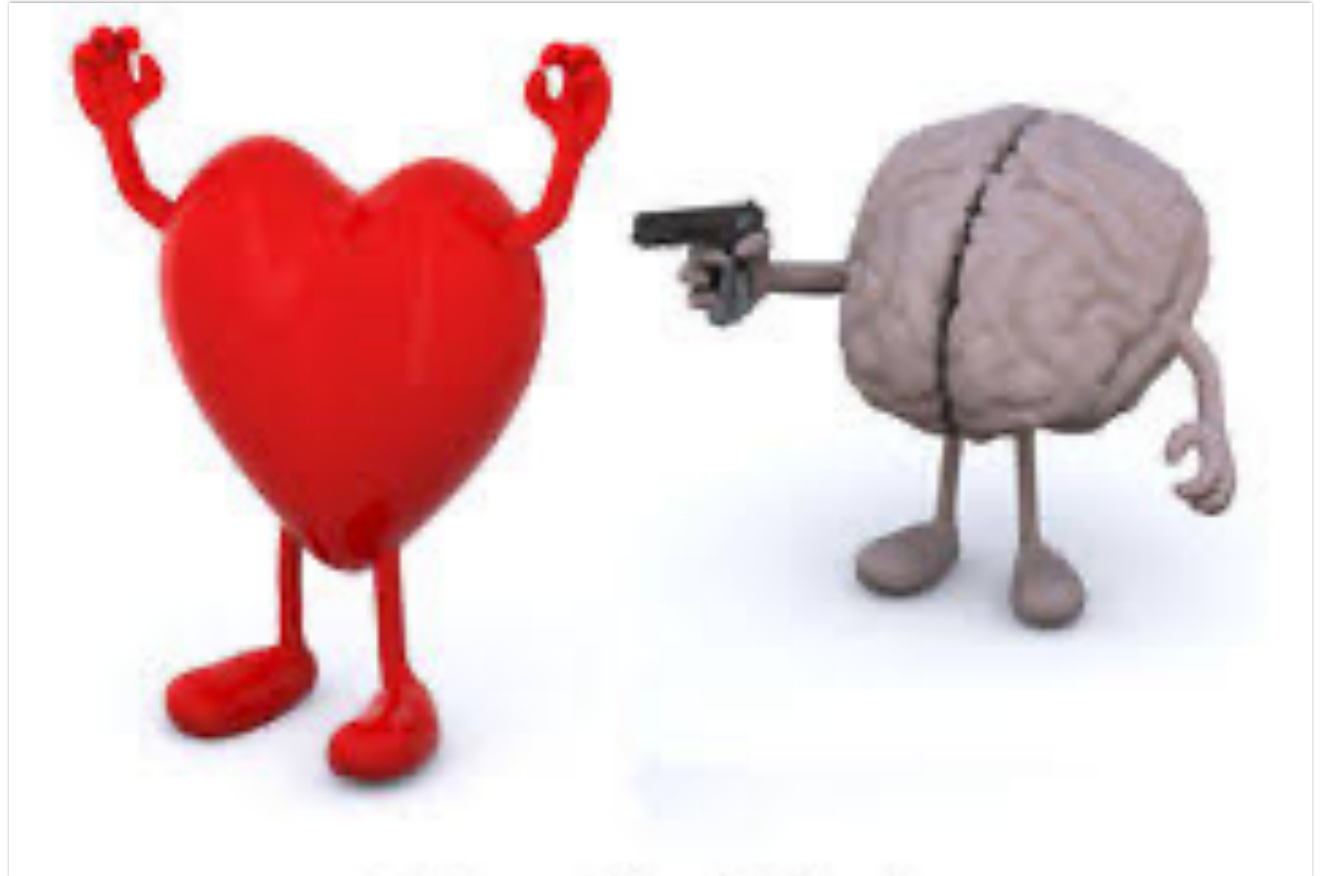
What Do Our Patients Want?

- ◇ Empathy
- ◇ More Effective Communication
- ◇ To Be Listened To
- ◇ Reassurance
- ◇ Collaboration
- ◇ Validation and Understanding
- ◇ Asked Expectations
- ◇ Involved in Own Care
- ◇ Resources
- ◇ Clear Agenda
- ◇ Flexible Plan

(Hush 2011, Stenner 2018, Holopainen 2018)

Empathy and understanding
must precede advice.

**Don't Answer
Feelings With
Facts**



Answer Feelings With Feelings





Meet People Where They Are!

Empathy is the ability to understand and accept another person's reality, to accurately perceive feelings, and to communicate your understanding with the other party involved.

Psychological Hug

EMPOWER

- ◆ *Strategies*

- ◆ Exploration on how the patient believes goals can be achieved
- ◆ Identification of barriers to recovery
- ◆ Assess illness perception
- ◆ Summarize the visit and review the treatment plan

- ◆ *Benefits*

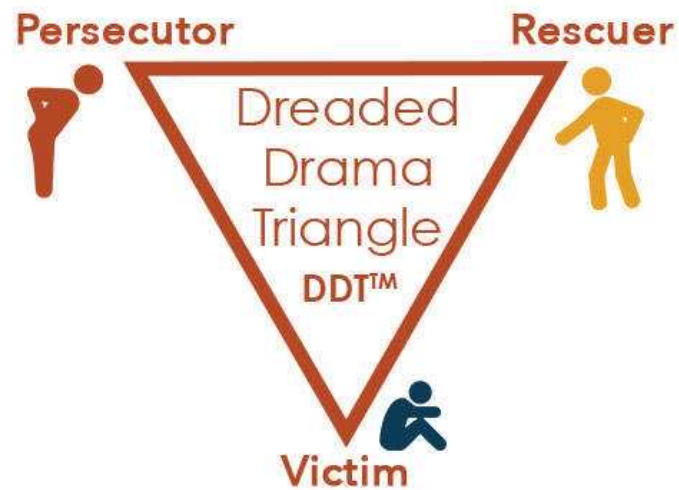
- ◆ Improved extrinsic/ intrinsic motivation
- ◆ Improved adherence, engagement and confidence with treatment

What Do Our Patients Want?

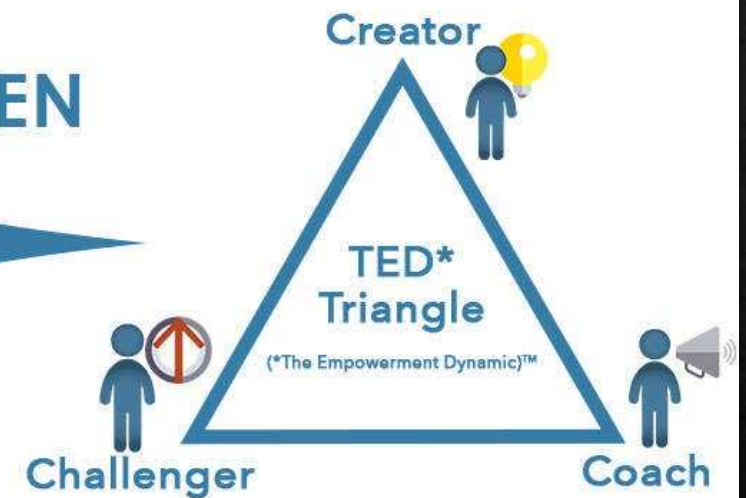
Therapeutic Alliance



Autonomy Support



MAKING SHIFTS HAPPEN



Implications for Physiotherapy Practice-

Putting it all together



Crucial Conversations

- 1) Start with the heart (i.e empathy and positive intent)
- 2) Stay in dialogue
- 3) Make it safe
- 4) Don't get hooked by emotion (or hook them)
- 5) Agree a mutual purpose
- 6) Separate facts from story
- 7) Agree a clear action plan

Connect with us

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