

Interpersonal Effectiveness in Clinical Care Encounters

Learning Session #3: People-and-Provider-Centred Care
Coaching Call -- Reija Jean & Mona Kwong

Relationship Effectiveness: The GIVE Skill*

- Used when “getting/keeping the relationship” is the priority
- Could be useful when caring for clients
- **GIVE** acronym stands for:
 - (Be) Gentle
 - (Act) Interested
 - Validate
 - (Use an) Easy manner

*Source: DBT Skills Training Manual, 2nd edition, by Marsha M. Linehan (2015)

GIVE: In more detail

(Be) <u>G</u> entle	Be courteous and temperate in your approach.
No attacks	No verbal or physical attacks. No hitting, clenching fists. Express anger directly.
No threats	No "manipulating" statements, no hidden threats. No "I'll kill myself in you..." Tolerate a no to requests. Stay in the discussion even if it gets painful. Exit gracefully.
No judging	No moralizing. No "if you were a good person, you would..." No "you should..." "You shouldn't..."
(Act) <u>I</u> nterested	LISTEN and be interested in the other person. Listen to the other person's point of view, opinion, reasons for saying no, or reasons for making a request of you. Don't interrupt, talk over, etc. Be sensitive to the other person's desire to have the discussion at a later time. Be patient.
<u>V</u> alidate	Validate or ACKNOWLEDGE the other person's feelings, wants, difficulties, and opinions about the situation. Be nonjudgmental out loud: "I can understand how you feel, but..." , "I see that you are busy, and..."
(Use an) <u>E</u> asy manner	Use a little humor. SMILE. Ease the person along. Be light-hearted. Wheedle. Use a "soft sell" over a "hard sell." Be political.

Will this help? Why or why not?

Can we "work back"? What is our priority? Helps us decide our approach.

Clinical Encounters: Scenario 1

A patient comes into the ED, jumbled, muddled, speaking loudly, unintelligible at times, and asking for help because he has some shortness of breath and chest pain. He appears anxious and can't sit still and gets up periodically to pace as he waits to be seen.

What are your assumptions about this situation?

If you encountered this person, how could you respond?

Clinical Encounters: Scenario 2

After an overdose, a patient is telling an ED social worker that she is afraid she will be evicted from her recovery house if they find out that she used drugs again.

The social worker explains that it's the recovery house staff's job to keep the other residents safe from residents who have relapsed, and that maybe an abstinence facility isn't the right place for her.

The patient frowns, stands up and says, "Are we done here?" and heads for the door, visibly upset/angry. -- **What happened here?**

Questions or Comments?

Resources

DBT Skills Training Handouts and Worksheets, Second Edition, by Marsha P. Linehan (2015).

DBT Tools website: <https://dbt.tools/index.php>

VCH Online Therapy self-help modules:

<https://www.keltyskey.com/self-help/>