Difficult Conversations: Advice from a PMHNP to APPs in Transplant

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Disclaimer

- I have no relevant or material financial interests that relate to the content of this presentation

Learning Objectives

- **Identify** common communication challenges encountered when caring for organ transplant patients.
- **Apply** therapeutic communication strategies to establish rapport, validate emotions, and maintain a therapeutic relationship during challenging patient interactions.
- **Utilize** foundational motivational interviewing techniques, including open-ended questions, affirmations, reflective listening, and eliciting patient perspectives, to address ambivalence and promote behavior change.
- **Apply** principles of psychological first aid to support transplant patients experiencing acute emotional distress, uncertainty, or crisis.

What are these difficult conversations?

Nonadherence
Substance use
Weight/dietary concerns
Inadequate social support
Unrealistic expectations
Depression/anxiety/trauma
Missed appointments
Fear of graft failure or rejection
Medical complications or poor prognosis
Being denied or delisted
Anger towards healthcare team

Phil, a 52-year-old man with end-stage liver disease related to alcohol-associated liver disease, is being evaluated for liver transplantation.

He has been followed by the transplant team for approximately 6 months. He has completed most of the required medical testing and has been actively participating in the evaluation process.

During previous visits, Phil reported that he had stopped drinking alcohol. His spouse initially supported this report. However, during a recent visit, his spouse privately disclosed to a member of the transplant team that Phil has continued to drink several beers most evenings.

A recent toxicology screen was also positive for alcohol biomarkers.

Phil is scheduled to meet with the transplant NP to discuss the results.

“

“Man's inability to communicate is a result of his failure to listen effectively”

Carl Rogers, 1961

Therapeutic Presence

- What does therapeutic presence mean to you?
  - Tangible and obscure
  - Caring
  - Empathy
  - Connection
  - Art of nursing
- “Doing for” and “being with”
- Person-centered care

Ellison & Meyer, 2020; Kostovich &Van Denack, 2025; American Association of Colleges of Nursing, 2021

Active Listening

- Acknowledge
- Show interest
- Provide cues
- Engage
- Encourage

Ellison & Meyer, 2020

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Therapeutic Communication: The Foundation

What is therapeutic communication?

"A collection of techniques that prioritize the physical, mental, and emotional well-being of patients. Nurses provide patients with support and information while maintaining a level of professional distance and objectivity. With therapeutic communication, nurses often use open-ended statements and questions, repeat information, or use silence to prompt patients to work through problems on their own."

- American Nurses Association, 2021

Therapeutic Communication Basics

1. Two-way conversation
2. Verbal and nonverbal
3. Patient centered
4. Overcome emotional or psychological distress

van Servellen,1997

Therapeutic Communication

Examples of therapeutic and non-therapeutic communication techniques

Therapeutic Techniques

Technique	Explanation	Example
Focusing	Taking notice of a single idea or even a single word; works especially well with a client who is moving rapidly from one thought to another. This technique is not therapeutic with the client who is very anxious. Focusing should not be pursued until the anxiety level has subsided	You feel angry when she doesn't help This point seems worth looking at more closely. Perhaps you and I can discuss it together
Exploring	Delving further into a subject, idea, experience, or relationship; especially helpful with clients who tend to remain on a superficial level of communication. However, if the client chooses not to disclose further information, the nurse should refrain from pushing or probing in an area that obviously creates discomfort	Please explain that situation in more detail Tell me more about that situation
Seeking clarification and validation	Striving to explain that which is vague or incomprehensible and searching for mutual understanding; clarifying the meaning of what has been said facilitates and increases understanding for both client and nurse	I'm not sure that I understand. Could you explain? Tell me if my understanding agrees with yours Do I understand correctly that you said…
Presenting reality	When the client has a misperception of the environment, the nurse defines reality or indicates his or her perception of the situation for the client	I understand that the voices seem real to you, but I do not hear any voices There is no one else in the room but you and me
Voicing doubt	Expressing uncertainty as to the reality of the client's perceptions; often used with clients experiencing delusional thinking	I find that hard to believe That seems rather doubtful to me
Verbalizing the implied	Putting into words what the client has only implied or said indirectly; can also be used with the client who is mute or otherwise experiencing impaired verbal communication. This clarifies that which is implicit rather than explicit	Are you feeling… It must have been very difficult…
Attempting to translate words into feelings	When feelings are expressed indirectly, the nurse tries to "desymbolize" what has been said and to find clues to the underlying true feelings	Client: I'm way out in the ocean Nurse: You must be feeling very lonely now
Formulating a plan of action	When a client has a plan in mind for dealing with what is considered to be a stressful situation, it may serve to prevent anger or anxiety from escalating to an unmanageable level	What could you do to let your anger out harmlessly? Next time this comes up, what might you do to handle it more appropriately?
Using silence	Gives the client the opportunity to collect and organize thoughts, to think through a point, or to consider introducing a topic of greater concern than the one being discussed	
Accepting	Conveys an attitude of receptivity and regard	Yes, I understand what you said
Giving recognition	Acknowledging; indicating awareness; better than complimenting, which reflects the nurse's judgment	I notice that you…
Offering self	Making oneself available on an unconditional basis, increasing client's feelings of self-worth	I'll stay with you a while I'm interested in you
Giving broad opening	Allows the client to take the initiative in introducing the topic; emphasizes the importance of the client's role in the interaction	What would you like to talk about today? Tell me what you are thinking
Offering general lead	Offers the client encouragement to continue	Yes, I see Go on..
Placing the event in time or sequence	Clarifies the relationship of events in time so that the nurse and client can view them in perspective	And after that? What seemed to lead up to… Was this before or after.. When did this happen?
Making observations	Verbalizing what is observed or perceived. This encourages the client to recognize specific behaviors and compare perceptions with the nurse	You seem tense I notice you are pacing a lot You seem uncomfortable when you
Encouraging description of perceptions	Asking the client to verbalize what is being perceived; often used with clients experiencing hallucinations	Tell me what is happening now Are you hearing the voices again What do the voices seem to be saying
Encouraging comparison	Asking the client to compare similarities and differences in ideas, experiences, or interpersonal relationships. This helps the client recognize life experiences that tend to recur as well as those aspects of life that are changeable	Was this something like… How does this compare with the time when… What was your response the last time this occurred?
Restating	The main idea of what the client has said is repeated; lets the client know whether or not an expressed statement has been understood and gives him or her the chance to continue, or to clarify if necessary	Client: I can't study. My mind keeps wandering. Nurse: You have difficulty concentrating. Client: I can't take that new job. What if I can't do it? Nurse: You're afraid you will fail in this new position
Reflecting	Questions and feelings are referred back to the client so that they may be recognized and accepted, and so that the client may recognize that his or her point of view has value- a good technique to use when the client asks the nurse for advice	Client: What do you think I should do about my wife's drinking problem? Nurse: What do *you* think you should do? Client: My sister won't help a bit toward my mother's care. I have to do it all! Nurse: You feel angry when she doesn't help.

Hays & Larson, 1963, as cited in Townsend, 2002

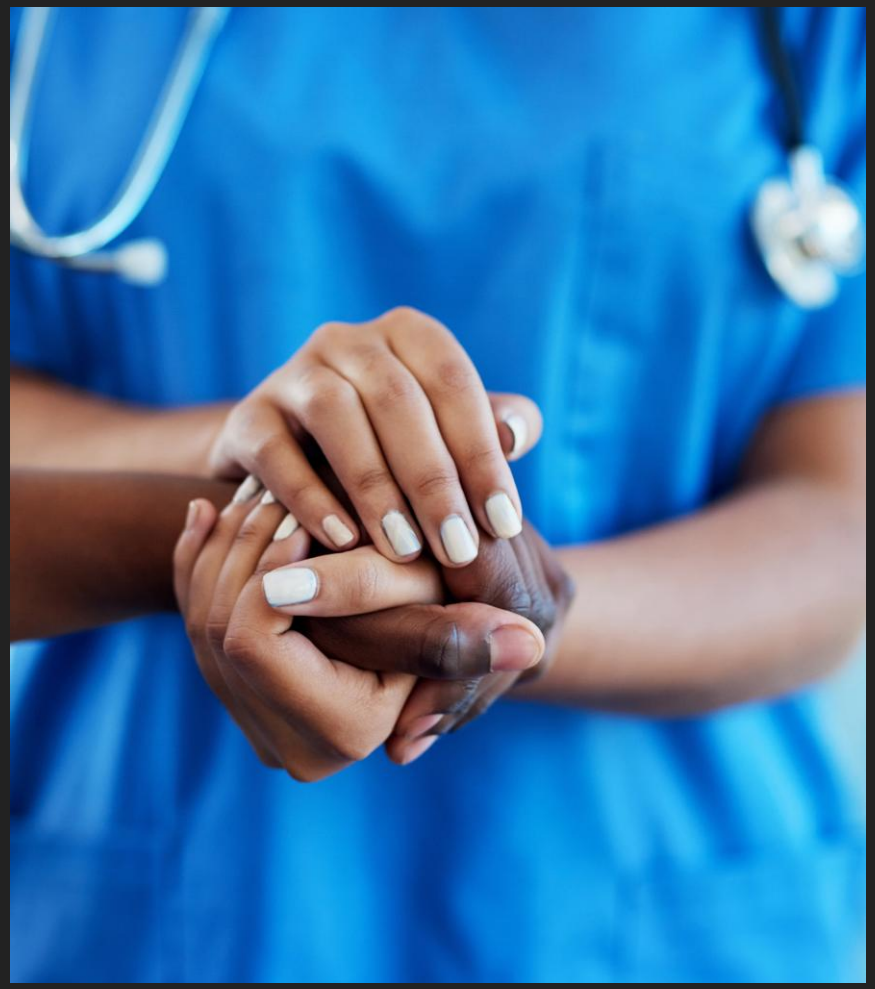
Non-therapeutic Communication

Agreeing or disagreeing	Indicating accord with or opposition to the client's ideas or opinions; implies that the nurse has the right to pass judgment on whether the client's ideas or opinions are "right" or "wrong". Agreement prevents the client from later modifying his or her point of view without admitting error. Disagreement implies inaccuracy, provoking the need for defensiveness on the part of the client	That's right. I agree That's wrong. I disagree I don't believe that. Better to say: Let's discuss what you feel is unfair about the new community rules
Giving advice	Telling the client what to do or how to behave implies that the nurse knows what is best, and that the client is incapable of self-direction. It nurtures the client in the dependent role by discouraging independent thinking	I think you should... Why don't you.. Better to say: What do you think you should do
Probing	Persistent questioning of the client; pushing for answers to issues the client does not wish to discuss. This causes the client to feel used and valued only for what is shared with the nurse, and places the client on the defensive	Tell me how your mother abused you when you were a child Tell me how you feel toward your mother now that she is dead. Better technique: recognize the client's response and discontinue the interaction at the first sign of discomfort
Defending	Attempting to protect someone or something from verbal attack. To defend what the client has criticized is to imply that he or she has no right to express ideas, opinions, or feelings. Defending does not change the client's feelings and may cause the client to think the nurse is taking sides with those being criticized and against the client.	No one here would lie to you. You have a very capable physician. I'm sure he only has your best interest in mind
Requesting an explanation	Asking the client to provide the reasons for thoughts, feelings, behavior, and events. Asking "why" a client did something or feels a certain way can be very intimidating, and implies that the client must defend his or her behavior or feelings	Why do you think that? Why do you feel this way? Why did you do that? Better to say: Describe what you were feeling just before that happened
Indicating the existence of an external source of power	Attributing the source of thoughts, feelings, and behavior to others or to outside influences. This encourages the client to project blame for his or her thoughts or behaviors upon others rather than accepting the responsibility personally	What makes you say that? What made you do that? What made you so angry last night? Better to say: You became angry when your brother insulted your wife
Belittling feelings expressed	When the nurse misjudges the degree of the client's discomfort, a lack of empathy and understanding may be conveyed. The nurse may tell the client to "perk up" or "snap out of it". This causes the client to feel insignificant and unimportant. When one is experiencing discomfort, it is no relief to hear that others are or have been in similar situations.	Client: I have nothing to live for . I wish I were dead. Nurse: Everybody gets down in the dumps at times. I feel that way myself sometimes. Better to say: You must be very upset. Tell me what you are feeling right now.
Making stereotyped comments	Clichés and trite expressions are meaningless in a nurse-client relationship. For the nurse to make empty conversation is to encourage a like response from the client	I'm fine, and how are you? Hang in there. It's for your own good. Keep your chin up. Better to say: The therapy must be difficult for you at times. How do you feel about your progress at this point?

Using denial	When the nurse denies that a problem exists, he or she blocks discussion with the client and avoids helping the client identify and explore areas of difficulty	Client: I'm nothing. Nurse: Of course you're something. Everybody is somebody. Better to say: You're feeling like no one cares about you right now
Interpreting	With this technique the therapist seeks to make conscious that which is unconscious, to tell the client the meaning of his or her experience	What you really mean is.. Unconsciously you're saying... Better technique: the nurse must leave interpretation of the client's behavior to the psychiatrist. The nurse has not been prepared to perform this technique, and in attempting to do so may endanger other nursing roles with the client
Introducing an unrelated topic	Changing the subject causes the nurse to take over the direction of the discussion. This may occur in order to get something that the nurse wants to discuss with the client or to get away from a topic that he or she would prefer not to discuss	Client: I don't have anything to live for. Nurse: Did you have visitors this weekend? Better technique: the nurse must remain open and free to hear the client and to take in all that is being conveyed, both verbally and nonverbally

Hays & Larson, 1963, as cited in Townsend, 2002

Therapeutic Communication Techniques



- Presence
- Open-ended questions
- Validation
- Reflection
- Avoiding the “why”
- Silence

Open-ended Questions

“Are you drinking alcohol?”

“Tell me about your relationship with alcohol”

Ask Before Advising

“You really need to take your medications every day”

“Can you tell me what makes taking your medications every day difficult”

Validation is Not Agreeing

“I can understand why you are frustrated”

“I agree with your decision”

Avoid the “why”

“Why aren’t you going to physical therapy?

“Help me understand your challenges with attending physical therapy”

Silence

“Your biopsy results are concerning.”

Simple vs. Complex Reflection

“Your frustrated”

“Part of you understands why we're concerned, but another part feels like everyone is blaming you.”

Ellison & Meyer, 2020

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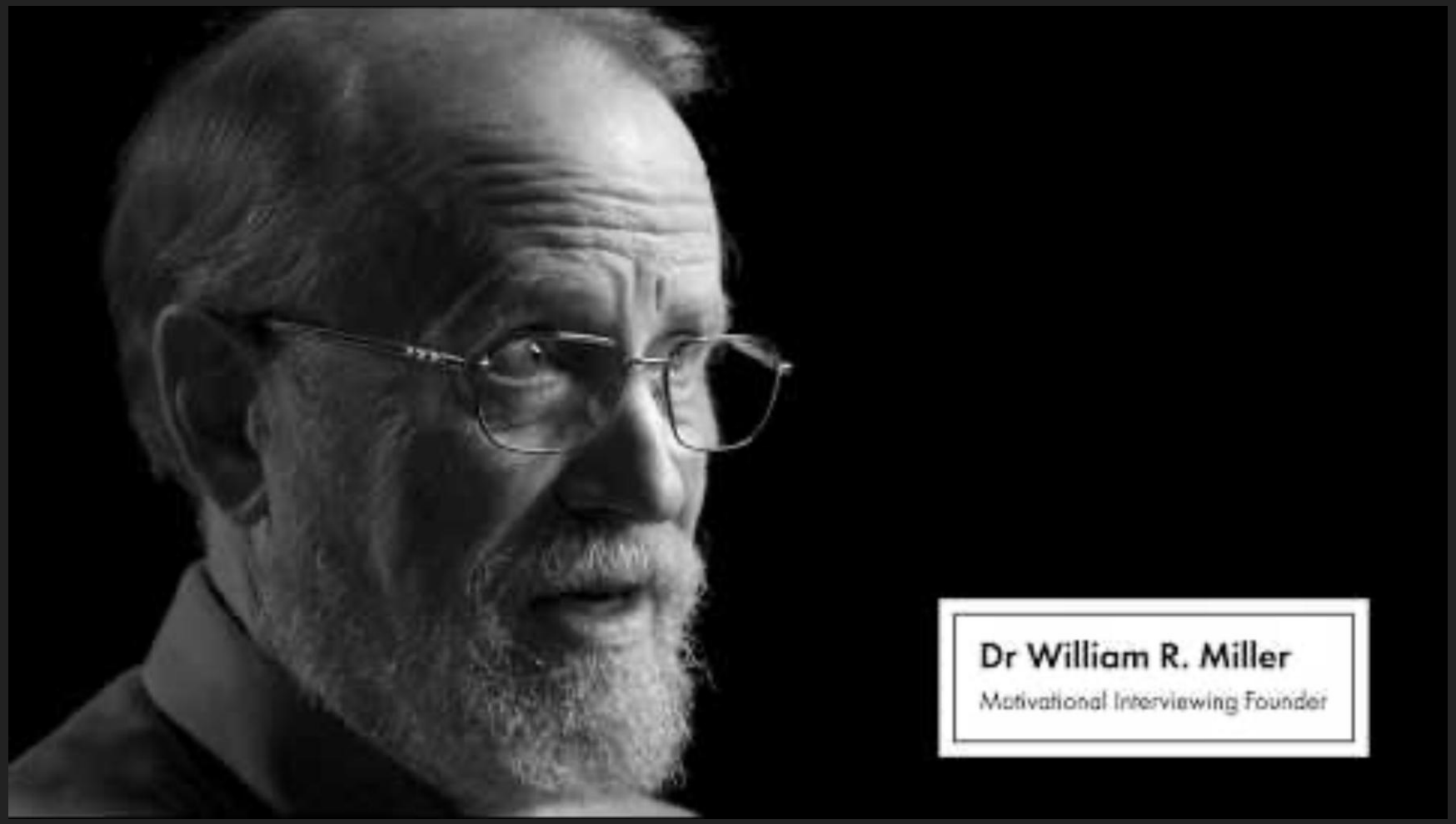
Motivational Interviewing: When Patients Aren't Doing What We Want

What is Motivational Interviewing?



Motivational Interviewing Defined

"Motivational interviewing (MI) is an effective, evidence-based technique for helping clients resolve ambivalence about behaviors that prevent change. The core goals of MI are to express empathy and elicit clients' reasons for and commitment to changing substance use and other unhealthy behaviors."

- Miller and Rollnick, 2013

Healthcare Application

- Substance use disorder
- Smoking
- Weight loss
- Medication adherence
- Cancer care
- Diabetes care
- Health behaviors among children

Miller and Rollnick, 2013; Psychology Today, n.d.

Readiness to Change

Pre-contemplation

Contemplation

Preparation

Action

Maintenance

Connors et al., 2013 as cited in Substance Abuse and Mental Health Services Administration (SAMHSA), 2021

Motivational Interviewing Basics

- Open ended Questions
- Affirmations
- Reflections
- Summaries

SAMSHA, 2021

Change Talk vs. Sustain Talk

- “I know smoking is bad for me. I really should stop”
- “Some people smoke all their lives and never have any problems with it.”

Bischof et al., 2021

Motivational Interviewing Basics

Bischof et al., 2021

Phil

Phil admitted to drinking alcohol and was informed that he would be delisted until he could demonstrate abstinence. He was encouraged to attend an Intensive Outpatient Program and attend Alcoholics Anonymous meeting 2x weekly.

He presents for his next scheduled follow-up in the hepatology clinic. He says, “you people are never going to let me get a transplant anyway, so why should I bother?”

Phil

- What is your first instinct?
- How would you respond?
- The “fix it” response:
  - “If you want a transplant then you have to stop drinking.”
- The Motivational Interviewing response:
  - ”It sounds like you are feeling discouraged and wondering if any of this is worth it.”
  - ”What are your goals for your life? What would you want if transplant was still possible?”

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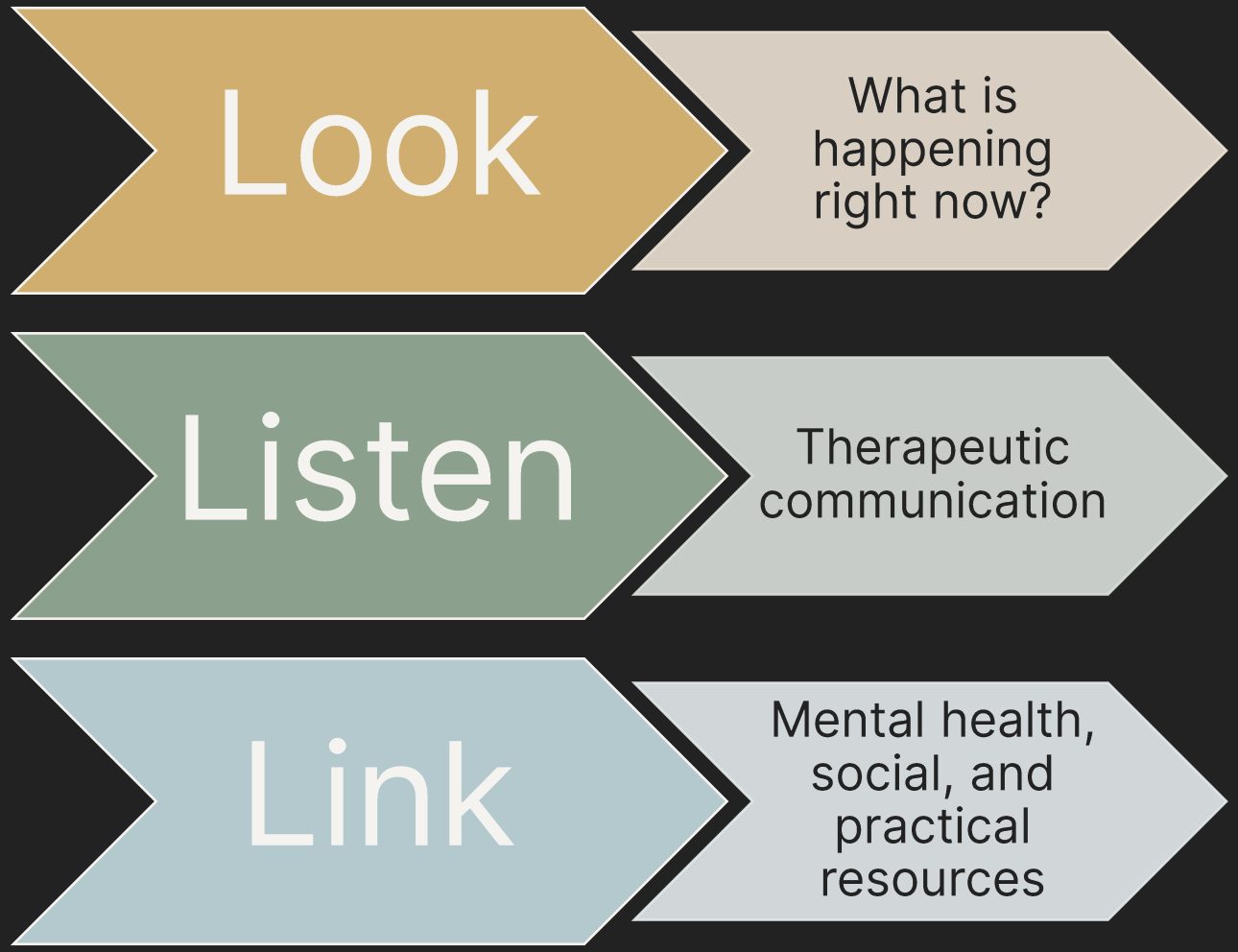
Psychological First Aid: When Patients Are in Crisis

Psychological First Aid

- When?
  - Immediately following trauma or crisis
- Why?
  - Reduces initial stress and fosters adaptive coping
- Who?
  - Anyone! Not psychotherapy. Formal training courses available
- Where?
  - Community, schools, hospitals, etc

World Health Organization, 2011

Psychological First Aid Action Steps



World Health Organization, 2011

Look

- What is happening right now?
  - Overwhelmed
  - Agitated
  - Tearful
  - Crying
  - Difficulty processing
  - Acutely distressed
  - Dissociating

World Health Organization, 2011

Listen

- Calm voice
- Simple questions
- Reflection
- Validation
- Silence

World Health Organization, 2011

Link

- Connect the patient with:
  - Family/support system
  - Social work
  - Psychology/psychiatry
  - Addiction services
  - Chaplaincy
  - Practical resources

World Health Organization, 2011

Alex

Alex is a 32-year-old adult with cystic fibrosis s/p bilateral lung transplant 7 years ago. They have recently experienced worsening shortness of breath and declining pulmonary function. After additional testing, the transplant team determines that Alex's graft function is deteriorating. Because of several complex medical factors including cachexia and declining renal function, re-transplantation may not be an option.

Alex is scheduled to meet with you, the transplant APP, to discuss the recent testing results and possibility of re-transplantation.

Alex

The APP explains that the team is concerned about the decline in graft function and that re-transplantation cannot be guaranteed.

Alex becomes quiet.

After several moments, they say:

“I don't understand. I did everything I was supposed to do. I took my medications. I went to my appointments. I thought this transplant was supposed to give me more time.”

Alex begins crying.

“So what happens now? Are you telling me there's nothing else you can do?”

The APP notices that Alex is becoming increasingly overwhelmed. Alex begins breathing rapidly and says:

“I can't do this again. I spent my whole life fighting to breathe. I can't go back to that.”

Discussion

- What does Alex need in this moment?
- What should the APP avoid doing immediately?
- How can the APP use psychological first aid to help Alex feel safe, supported, and able to process the information?

Discussion

Rather than immediately providing more medical information or reassurance, the APP pauses and says:

“This is a lot to hear, and I can see how overwhelming and frightening this feels right now.”

After allowing time for Alex to respond:

“You don't have to figure everything out today. Right now, let's slow down and talk about what you need in this moment.”

The APP can then assess Alex's immediate needs, provide a calm and supportive presence, and help connect Alex with appropriate supports, such as loved ones, members of the transplant team, behavioral health, social work, or other resources.

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Putting It Together: Difficult Conversations Tool Kit

Difficult Conversation Tool Kit

Before the Conversation

- Ask yourself:
  - What am I feeling?
  - What is my goal?
  - What does the patient need from me?
  - Am I trying to educate, motivate, or stabilize?

During the Conversation

- Remember:
  - Ask before advising
  - Reflect before correcting
  - Validate emotion without endorsing behavior
  - Ask permission before giving information
  - Avoid arguing with resistance
  - Use silence
  - Don't rush to fix
  - Preserve autonomy

Difficult Conversation Tool Kit

- **When you are stuck:**
  - “Tell me more about that.”
  - "Help me understand.”
  - “It sounds like…”
  - “Would it be okay if I shared what I'm concerned about?”
  - “What do you think the next step should be?”

"The single most important thing you can do is to shift your internal stance from 'I understand' to 'Help me understand'"

Stone, Patton, & Heen (1999)

Final Thoughts

You don't have to be a PMHNP to have therapeutic conversations. You just need a few reliable tools—and the willingness to slow down, listen, and stay curious.

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Questions?