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Recreational Therapy E-Book Series  
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**Tips for Helping:  
How You Can Make a Difference  
By: Anne Stewart, M.A., Therapist**

*These tips were presented during an in-service presentation in April 2007 at a psychiatric hospital in West Virginia.*

1. **Build Rapport** - Get to know patients, gain their trust. Ask them questions about themselves (but not too many) to help understand who they are and where they are coming from. We should find commonalities between our patients and ourselves. We should try to remember a time when we had a similar feeling (even if that feeling came from a different event) and use that common feeling to begin building rapport.
2. **Empathize and Not Sympathize** - We should try to put ourselves in our patients' shoes. We need to keep in mind that their perspective may be different from our own and is based on **their** life experiences. Feeling sorry for them does not encourage or motivate them to change. Instead, we should feel for them. Saying things like "Wow, that must have been tough for you," or "It sounds like that was a difficult experience," lets the patient know that we are trying to put ourselves in their position.

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3. **Unconditional Positive Regard** - We should learn to see patients in a positive manner regardless of their reputation or behaviors in the past. Each day is a new day and a new chance to build rapport. Having unconditional positive regard is one of the best ways to do that.
  
4. **Understand Cultural Differences** - We should be aware that eye contact and personal space are often influenced by racial, ethnic, religious and geographical background. As helpers we do not want to appear threatening or intimidating when attempting to help patients. We need to identify cultural differences and make special efforts to be aware of them when interacting with patients.
  
5. **Active Listen** - We should take the time to clear our minds of personal value judgments and opinions and try to hear what the patient is really saying. To actively listen means that we are not preparing our responses to patients in our minds while they are talking. Instead, we are "in the moment" with them.

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6. **Watch Nonverbal Cues: Both the Patient and Your Own** - We can often tell what is going on with a patient by watching their body language and eye contact. We should make sure when we approach a patient that our eye contacts, facial expression and posture reflect that we are open and willing to help.
  
7. **Identify Underlying Thoughts and Feelings** - Instead of reacting to a specific behavior, we should ask questions about the patients' thoughts and feelings. This may give us insight into the behavior.
  
8. **Ask Before You Accuse** - Asking about a behavior instead of accusing a patient of something creates an opportunity for change and resolution. Accusing often intensifies negative feelings and causes a patient to become defensive and unwilling to listen. Instead of saying "you" use lots of "I" statements.
  
9. **Role Modeling** - Our behavior needs to reflect the behavior that we want to see in our patients. This includes both verbal and non-verbal communications. We have to walk the walk and talk the talk!

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10. **Praise, Praise, Praise** - Many patients feel as though the only time they get attention is when they do something negative. This reinforces these negative behaviors and prompts many patients act out from that attention. Instead, we should praise a patient any chance we get.
  
11. **Create a Safe Environment For Change** - We should make an effort to ensure that when a patient is in our presence they know that they are in a safe place. This feeling of security may encourage them to attempt to show new, positive behaviors. We should not joke or permit others to joke about it.
  
12. **We Don't Have to Solve the Problem** - Many times as helpers we feel as though we have to solve a problem a patient presents to us. This leaves many of us feeling inadequate, prompting us to ask the patient to put their issues on hold. Don't doubt the importance of simply "being there" for the patient. We are not there to solve the problem, but to help the patient learn how to solve their problem on their own. Our support and understanding alone may help motivate patients to change.

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