

1: Therapeutic Communication in High-Stress Situations

Unit 1: Advanced Communication And Care Coordination - Standard: **HOSA Alignment:** Health Professions Category — Communication and Person Qualities (4% of HOSA test)

Lesson Objective: You will apply de-escalation techniques when residents become angry, combative, or emotionally overwhelmed. You will adapt your communication to meet residents where they are emotionally, whether grieving, scared, or refusing help. You will recognize when to speak, stay silent, and maintain calm presence even when situations feel chaotic.

Top 3 Core Clinical Concepts Therapeutic Communication in High-Stress Situations

1. Reading Emotional State Before You Speak

Assess a resident's emotional temperature when you walk into their room. When someone is crying, angry, or shutting down, recognize what's happening and adjust your approach before speaking.

2. Using Voice and Presence to De-Escalate

Control tone, pace, and volume to match what the resident needs. Use open body language and therapeutic silence to show you're safe and present.

3. Managing Your Reactions Under Pressure

When a resident is screaming, sobbing, or saying something hurtful, stay regulated and keep your voice steady. Separate your emotions from the care you're providing.

Why These Concepts Matter Most

Residents in crisis need you to be their anchor, not another source of stress. When you read emotions accurately, respond with calm skill, and control your reactions, you create safety when residents feel most vulnerable. This prevents escalation, protects everyone's safety, and helps families trust you with the people they love.



High-stress communication isn't about perfect words—it's about reading the room and knowing when to speak, listen, or call for help.

The CNA's Superpower: Your Voice in the Storm

You walk into Room 214 for morning care, and Mrs. Patterson is sitting on the edge of her bed, fists clenched, eyes red. Before you can say “good morning,” she snaps: “Get out. I don’t want anyone touching me today.” Your next move—what you say, how you say it, and whether you say anything at all—will determine if this situation calms down or spirals. In high-stress moments like this, therapeutic communication isn’t just a nice skill to have. It’s the difference between a resident who feels heard and one who feels handled.

Critical Communication Moves

- Assess emotional state before speaking—tears, clenched fists, rapid breathing all tell you what’s happening
- Pause or step back when needed—not every situation requires immediate action
- Document refusals with exact words and report to your nurse
- Escalate when residents become aggressive or express hopelessness
- Know your limits—you’re not a therapist, and asking for help is professional strength

Reading the Room and Choosing Your Entry Point

You can’t communicate effectively if you don’t know what you’re walking into. The first thing you do when you enter a resident’s space is assess their emotional state. Are they crying? Staring at the wall? Breathing fast? Clenching their jaw? These physical signs tell you what’s happening inside before any words are exchanged. A resident who won’t make eye contact might be feeling shame or fear. Someone pacing near the window could be agitated or anxious. When you notice these cues, you make a decision: do you proceed with care, do you pause and address what’s happening first, or do you step back entirely and return later?



Most CNA workplace injuries happen during care refusals or combative situations.

This decision matters because not every high-stress moment requires immediate intervention. If a resident is sobbing but not in physical distress, you might sit quietly nearby and wait for them to acknowledge you. If they’re angry but coherent, you might say, “I can see you’re upset. Do you want to talk about it, or would you rather I come back in ten minutes?” But if they’re showing signs of escalation—raised voice, throwing objects, threatening language—you don’t push forward with care. You prioritize safety, give space, and notify your nurse immediately. Knowing which path to take comes from reading the situation accurately and trusting your gut when something feels off.

Think of it this way: you wouldn’t walk into a room during a thunderstorm and pretend the weather is fine. The same logic applies to emotional storms. Ignoring what’s clearly happening doesn’t make it go away—it just makes the resident feel invisible and unheard. When you acknowledge the emotional reality in the room, even if you can’t fix it, you’re showing respect. You’re

Documenting a resident’s exact words during refusal prevents legal issues and improves next-shift care.

The CNA's Superpower: Your Voice in the Storm

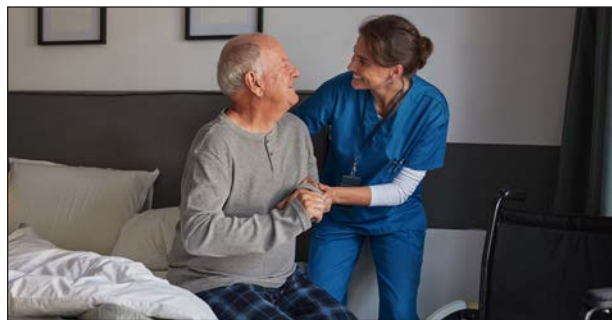
telling the resident that their feelings matter and that you're paying attention to more than just the tasks on your checklist. That simple act of recognition can change the entire tone of the interaction and open the door to cooperation when the resident is ready.

Navigating Refusal of Care Without Forcing or Abandoning

One of the hardest communication challenges you'll face is when a resident refuses care outright. Maybe they don't want to be bathed. Maybe they're rejecting medication. Maybe they're telling you to leave and never come back. Your job isn't to convince, guilt, or manipulate them into compliance. Your job is to acknowledge their choice, explore what's behind it, and document what happened. You might say, "I hear you. You don't want help right now. Can you tell me what's going on?" Sometimes the refusal isn't about the care—it's about feeling powerless, scared, or misunderstood.

If they open up, you listen without judgment and adjust your approach. Maybe they'll accept care from a different CNA, or later in the day, or with modifications to the routine. Perhaps they need to feel more control over when and how care happens. You might offer choices: "Would you rather get dressed before breakfast or after?" or "Do you want help with your shower today, or would a bed bath work better?" These small adjustments can shift a hard refusal into cooperative care because you're partnering with the resident rather than imposing a schedule on them.

But if they remain firm in their refusal, you don't force it. You respect their autonomy, ensure they're not in immediate danger, and report the refusal to your nurse with specifics: what was refused, what you said, what the resident said, and any safety concerns. You also document the interaction in detail because this isn't just



Residents who feel heard by their CNAs are less likely to become combative or refuse care.

about covering yourself—it's about ensuring continuity of care. The next shift needs to know what happened so they can approach the resident with fresh context and a better plan.

When refusals are documented

properly, patterns emerge that help the care team identify underlying issues like depression, pain, or medication side effects.

Knowing When to Step Back and Escalate

Staying calm under pressure doesn't mean staying in unsafe situations. There's a line between therapeutic presence and putting yourself at risk, and you need to recognize when that line has been crossed. If a resident becomes physically aggressive—swinging, spitting, grabbing—you don't try to de-escalate alone. You step back, remove yourself from harm, and get help immediately. If their distress is beyond what you can manage—severe panic attack, uncontrollable sobbing, suicidal

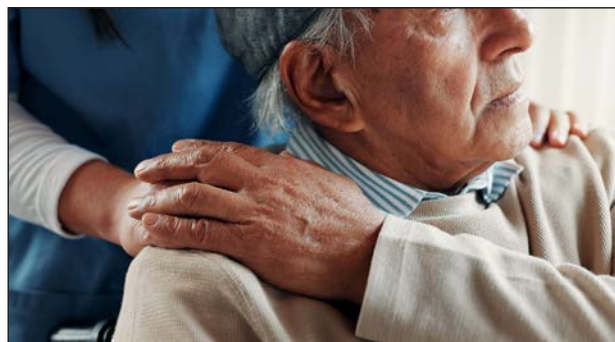
How you respond to a resident's worst moment defines how they view their care for weeks afterward.

The CNA's Superpower: Your Voice in the Storm

statements—you stay with them if it's safe, but you call for your nurse right away. Escalation isn't failure. It's recognizing the limits of your role and getting the resident the level of support they actually need.

You also escalate when a resident's behavior changes suddenly or significantly. If someone who's usually cooperative becomes combative, that's not just a bad mood—it could be a medical issue, medication reaction, or undiagnosed pain. You report it. If a resident mentions wanting to hurt themselves or expresses hopelessness repeatedly, you don't brush it off as venting—you document it and notify your supervisor. Part of advanced communication is knowing what's yours to handle and what requires a higher level of intervention. You're not a therapist, a nurse, or a crisis counselor. You're a CNA who recognizes when a situation is escalating beyond your scope, and you act accordingly without hesitation or ego.

Here's what's important to understand: calling for help doesn't mean you failed at communication. It means you succeeded at assessment. You recognized that the resident's needs exceeded what one CNA can safely provide in that moment. It means you're protecting both yourself and the resident by bringing in the right level of support. Some situations require a nurse's clinical judgment. Others need a doctor's immediate intervention. Your job is to know the difference and to act on it quickly. The CNAs who get hurt on the job are often the ones who tried to handle everything alone. The CNAs who build long careers are the ones who know when to call for backup.



Therapeutic silence is one of the most powerful communication tools a CNA can use.

Your Decisions Shape Their Safety

Therapeutic communication in high-stress situations isn't just about staying calm—it's about making fast, smart decisions that prioritize the resident's dignity and safety. When you assess accurately, respect refusals, and escalate appropriately, you become the CNA who doesn't just react to crisis—you manage it with skill and confidence.

Key Takeaways

- Assess emotional state and decide your next move—proceed with care, pause to address emotions, or step back and return later
- When residents refuse care, acknowledge their choice and explore what's driving the refusal without forcing compliance
- Document refusals in detail with exact words, actions, and safety concerns to support the next shift
- Escalate immediately when residents become physically aggressive, express suicidal thoughts, or show sudden behavior changes
- Know your scope—you're not a therapist or nurse, and recognizing when to get help is a core professional skill

CNAs who manage high-stress communication well experience less burnout and higher job satisfaction.

1: Therapeutic Communication in High-Stress Situations - Guided Notes

Three Most Important Concepts

Identify and explain the three most important topics you learned from the article.

Concept 1: _____

Concept 2: _____

Concept 3: _____

Main Concept Overview

Complete the sentences below using the word bank.

Word Bank: document | aggressive | escalate | emotional | autonomy

1. The first thing you do when entering a resident's space is assess their _____ state.
2. When a resident refuses care, you must _____ the refusal with exact words and safety concerns.
3. If a resident becomes physically _____, you step back and get help immediately.
4. Knowing when to _____ isn't failure—it's recognizing the limits of your role.
5. Part of advanced communication is respecting a resident's _____ even when they refuse care.

Matching Section

Match each term with its correct description.

- | | |
|------------------------------|--|
| _____ 1. Therapeutic silence | A. Stepping back from unsafe situations and calling for nurse support |
| _____ 2. Refusal of care | B. Physical signs like clenched fists, rapid breathing, or pacing that indicate distress |
| _____ 3. Escalation | C. Being present without talking to give residents space to process emotions |
| _____ 4. Emotional cues | D. When a resident declines assistance and you must respect their choice |
| _____ 5. Scope of practice | E. Understanding your role limits as a CNA and when to involve higher-level support |

1: Therapeutic Communication in High-Stress Situations - Guided Notes

True/False Questions

- _____ 1. When a resident refuses care, your job is to convince them to accept help.
- _____ 2. If a resident becomes physically aggressive, you should step back and get help immediately.
- _____ 3. Assessing a resident's emotional state means you should always proceed with care no matter what.
- _____ 4. Documentation of care refusal should include the resident's exact words and any safety concerns.
- _____ 5. Escalating to a nurse when a resident expresses suicidal thoughts is recognizing the limits of your role.

Fill in the Table

Describe what a CNA should do at each decision point during a high-stress interaction.

Situation	CNA Action
Resident is crying but not in physical distress	
Resident refuses morning care	
Resident becomes physically aggressive	
Resident mentions wanting to hurt themselves	
Resident's behavior changes suddenly	

Application Question

You enter a resident's room for afternoon care. The resident is sitting in a chair, staring at the wall, breathing rapidly, and won't make eye contact. When you greet them, they don't respond. Based on the article, what should you do first, and why is this approach important?

1: Therapeutic Communication in High-Stress Situations - Clinical Case Study

CNA Clinical Case Study: Navigating End-of-Life Communication

Managing communication with residents facing terminal illness requires CNAs to navigate complex emotional landscapes while maintaining professionalism and providing dignified care. When family expectations conflict with resident emotions and the CNA's own discomfort surfaces, therapeutic communication becomes the foundation for effective care delivery.

Resident Situation

Mrs. Anita Chambers, 79, was recently diagnosed with terminal cancer. Since receiving her diagnosis two weeks ago, her emotional state has swung dramatically between explosive anger and complete withdrawal. Her family visits daily but insists that staff maintain a "positive atmosphere" and avoid using words like "dying" or "terminal." They've made it clear they want Mrs. Chambers to "stay hopeful."

This morning, you're assigned to provide her morning care. When you enter her room, Mrs. Chambers is sitting in her chair staring out the window, tears streaming down her face. She doesn't acknowledge your greeting. Her breakfast tray sits untouched. The room feels heavy with grief. You know you need to help her with hygiene and morning medications, but she's in acute emotional distress. You're aware of the family's directive to stay positive, but pretending everything is fine feels wrong. You have three other residents waiting.

CNA Response

You pause and assess Mrs. Chambers' emotional state. Her tears, silence, and distant gaze tell you that forcing care would be inappropriate. You prioritize her emotional need over your task list. You enter quietly, pull up a chair, and sit at her eye level. You don't launch into your care routine. Instead, you acknowledge what you see: "Mrs. Chambers, I can see you're having a really hard morning. I'm here, and I'm not in a rush."

You use therapeutic silence, sitting without filling the space. After a minute, she turns and says quietly, "I'm so scared. I don't want to die." You know the family wants staff to avoid this topic, but the resident has directly expressed her fear. You choose to honor her need: "That makes sense. Anyone would be scared. Do you want to talk about it, or would you rather I just sit here?"

Mrs. Chambers speaks about her fear, anger, and frustration with her family's refusal to acknowledge what's happening. You listen without judgment or platitudes. When she finishes, you ask if she's ready for care or prefers you return later. She agrees to hygiene but declines breakfast.

You document the interaction in detail: her emotional state, exact words about dying, breakfast refusal, and care accepted. You report to your nurse, including the conflict between the resident's needs and family directive. You explain she's experiencing significant distress and may benefit from chaplain or social worker support.

1: Therapeutic Communication in High-Stress Situations - Clinical Case Study

Outcome

By reading Mrs. Chambers' emotional state accurately and choosing to sit with her grief rather than ignore it, you created genuine connection during a vulnerable moment. She accepted care after feeling heard, and your documentation ensured the team could address the family communication issue and arrange support. Your nurse later met with the family about allowing Mrs. Chambers to express her feelings honestly. Mrs. Chambers specifically asked for you during her next shift, saying, "She didn't try to make me feel better. She just let me be scared, and that helped."

Clinical Case Study Questions

1. Clinical Recognition (Application)

What key signs or behaviors did the CNA need to recognize in this situation?

2. Decision-Making (Analysis)

Which CNA action had the greatest impact on the outcome, and why?

3. Professional Judgment (Evaluation)

What could have gone wrong if the CNA responded differently?

1: Therapeutic Communication in High-Stress Situations - Reflective Questions

1

How do you think you would feel if a resident yelled at you or pushed you away during care?

Think about how your emotional reaction might show up in your body language, tone, or decision-making. Consider how you could manage those feelings while still providing respectful care. Reflect on whether your personal reaction might make the situation better or worse for the resident.

2

Why is it important to document the exact words a resident uses when refusing care, rather than just writing "refused"?

Consider how specific details help the next shift understand what happened and approach the resident differently. Think about how vague documentation could lead to assumptions or repeated failures in care.

3

How can you show respect for a resident's autonomy while still ensuring they receive necessary care?

Think about the balance between honoring someone's choices and protecting their health. Consider how offering options, explaining consequences, or adjusting timing can meet both needs. Reflect on why forcing care can damage trust even if your intentions are good.

1: Therapeutic Communication in High-Stress Situations - Action Plan

Professional Practice Extension: Building Your Identity as a Communicator

Therapeutic communication isn't something you turn on during a crisis and turn off when things are calm. It's a professional identity that shapes every interaction you have with residents, families, and team members. When you walk into a facility as a CNA, people are reading you constantly—not just your words, but your presence, your patience, and your ability to stay grounded when everything feels chaotic. The CNAs who build strong careers aren't necessarily the ones who never feel overwhelmed. They're the ones who've learned to manage their reactions, trust their judgment, and show up consistently even on the hardest days.

Think about what it means to be the CNA someone asks for by name. It's because residents and families trust that you'll handle difficult moments with skill and respect. That trust is built through dozens of small decisions where you chose to pause instead of rush, to listen instead of dismiss, and to ask for help instead of pretending you had all the answers. Every time you read a room accurately and adjust your approach, you're reinforcing that you're someone who can be counted on when things get hard.

Professional growth in therapeutic communication means getting comfortable with discomfort. You'll have shifts where

residents cry, scream, or refuse your help, and you won't always know what to say. You'll feel frustrated, sad, or emotionally drained. That's normal. What separates advanced practitioners from beginners is what you do with those feelings. You learn to recognize when you're getting triggered, take a breath, and choose your response instead of reacting impulsively. You debrief with your team after tough situations instead of carrying the weight alone.

As you continue building your skills, remember that every high-stress situation you handle well becomes part of your professional foundation. The resident who refused care and finally accepted help because you gave them space and choice? That taught you about timing and autonomy. The family member who was angry until you listened without defending yourself? That showed you the power of validation. The moment you escalated to a nurse instead of trying to manage a crisis alone? That reinforced your understanding of scope and teamwork.

Your ability to communicate effectively under pressure will define your reputation, your job satisfaction, and your impact on the people you care for. It's one of the most valuable skills you'll develop as a CNA, and it's one that will serve you throughout your entire healthcare career—no matter where it takes you next.

What kind of CNA do you want to be remembered as by the residents and families you serve, and what communication skills will you need to develop to become that person?

1: Therapeutic Communication in High-Stress Situations - Hypotheticals

Scenario 1: The Frustrated Resident

You're helping Mr. Davis get dressed when he suddenly pushes your hands away and shouts, "I'm not a child! Stop treating me like I can't do anything!" His face is red, his fists are clenched, and he's breathing heavily. You have three other residents waiting for morning care.

- a) Application: What should you do immediately to de-escalate this situation?
- b) Analysis: What might be driving Mr. Davis's reaction beyond just the task of getting dressed?
- c) Evaluation: How would continuing with care despite his reaction impact his trust in you?

Scenario 2: Signs of Hopelessness

Mrs. Lin refuses to eat breakfast for the third day in a row. When you ask why, she says quietly, "What's the point? I just want this to be over." She won't make eye contact and keeps staring at the wall. Her family has been visiting less frequently.

- a) Application: What is your immediate responsibility as a CNA in this situation?
- b) Analysis: Why is this refusal different from a resident simply not being hungry?
- c) Evaluation: What could happen if you document this as "resident refused breakfast" without additional details?

1: Therapeutic Communication in High-Stress Situations - Hypotheticals

Scenario 3: When the Monitor Alarms

You're monitoring a resident's vital signs using the automated blood pressure cuff when the alarm sounds—her heart rate is 135 bpm and rising. She's gripping the bed rails, her eyes are wide, and she's saying, "I can't breathe, I can't breathe." The pulse oximeter shows 96% oxygen saturation.

- a) Application: What is your first action based on what you're observing and what the equipment is telling you?
- b) Analysis: Why might the resident feel like she can't breathe even though oxygen levels appear normal?
- c) Evaluation: If you dismissed her concern because the oximeter reading looked fine, what risks would that create?

Scenario 4: Sudden Behavior Change

During afternoon care, Mr. Thompson becomes combative, swinging his arms and yelling incoherently. This is completely unlike his usual cooperative behavior. You notice his speech seems slurred, and he's not making sense. You're alone in the room.

- a) Application: What should you do immediately to ensure safety for both yourself and the resident?
- b) Analysis: Why is his sudden behavior change a red flag that requires more than de-escalation techniques?
- c) Evaluation: What could this behavior indicate beyond just a "bad mood," and why does that matter for his care?

1: Therapeutic Communication in High-Stress Situations - Certification Preparation

Therapeutic Communication in High-Stress Situations Key Concepts for Certification Success

Assessment Skills

- Read emotional state through body language, tone, facial expressions, and breathing patterns before speaking
- Recognize signs of distress: crying, clenched fists, rapid breathing, avoidance of eye contact, pacing
- Decide whether to proceed with care, pause to address emotions, or step back and return later

Communication Techniques

- Use therapeutic silence to give residents space to process emotions without pressure
- Lower your voice and slow your speech when residents are upset or agitated
- Acknowledge feelings without dismissing them: “I can see you’re upset” rather than “Don’t worry”
- Position yourself at eye level and avoid sudden movements during tense interactions

Professional Responsibilities

- Document care refusals with exact words, context, and safety concerns for continuity of care
- Report refusals and emotional distress to your nurse immediately
- Escalate when residents become physically aggressive, express suicidal thoughts, or show sudden behavior changes
- Recognize your scope of practice—you are not a therapist or crisis counselor

Safety and Boundaries

- Step back from physically aggressive situations and call for help immediately
- Never force care when a resident refuses—respect autonomy while ensuring safety
- Understand that sudden behavior changes may indicate medical emergencies like stroke or infection

Reflection Question

Why is therapeutic communication considered essential to both patient safety and CNA professional competence, and how will mastering these skills prepare you for success on the NNAAP certification exam?

1: Therapeutic Communication in High-Stress Situations - Vocabulary

TERM	DEFINITION
Autonomy	
Combative	
De-escalation	
Documentation	
Emotional Cues	
Escalation	
Refusal of Care	
Scope of Practice	
Therapeutic Communication	
Therapeutic Silence	

Therapeutic Communication in High-Stress Situations

T Y G B L U O X B L N G S Y V I E V U J I Z I I
C H M X U W D O C U M E N T A T I O N N R P K M
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Y D L Y C W H B P A N A A V F K H K K S M W E N

- Therapeutic Silence
- Therapeutic Communication
- Scope of Practice
- Refusal of Care
- Escalation
- Emotional Cues
- Documentation
- De-escalation
- Combative
- Autonomy

Therapeutic Communication in High-Stress Situations

Across

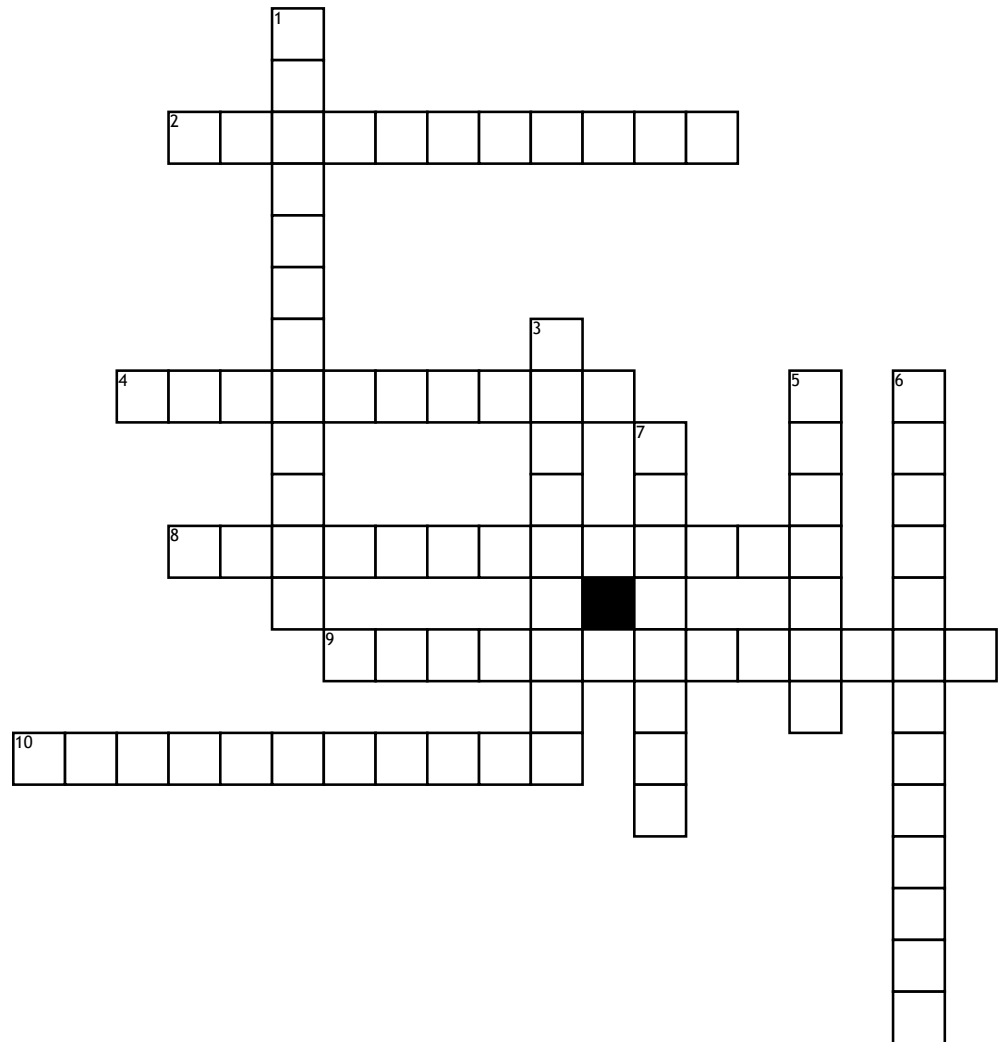
2. Using purposeful language, tone, and body language to support a resident's emotional and physical well-being. _____ Communication

4. The process of involving a nurse or supervisor when a situation exceeds a CNA's scope of practice or becomes unsafe.

8. The specific duties and responsibilities a CNA is trained and legally allowed to perform in their role. ____ of ____

9. Physical signs like facial expressions, body language, and tone that reveal how someone is feeling. (Two words)

10. When a resident declines assistance with daily activities, hygiene, medication, or treatment. ____ of ____



Down

1. Techniques used to calm a tense situation and reduce the likelihood of violence or emotional crisis.

3. Physically aggressive behavior such as hitting, kicking, or pushing during care interactions.

5. Intentionally staying quiet to give a resident space to process emotions without interruption or pressure. Therapeutic _____

6. Recording detailed, accurate information about resident interactions, refusals, and incidents for continuity of care.

7. A resident's right to make their own choices about their care, even when refusing assistance.