

THERAPEUTIC COMMUNICATION AND NURSE – PATIENT RELATIONSHIP

By;

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COMMUNICATION .



- Communication refers to the giving and receiving of information.
- Communication is the means by which people influence the behavior of another leading to successful outcome of Nursing intervention.
- It is a vehicle used to establish therapeutic relationship involving the elements like the sender, the message, the receiver, and the feedback .

THERAPEUTIC COMMUNICATION

- Therapeutic Nurse – Patient interaction is a mutual learning experience and corrective emotional experience for the client .
- In this relationship , the Nurse uses personal attributes and clinical techniques while working with the client to bring about insight and behavioral change.
- The general goal of nurse- client interaction is to help the client to grow.
- All Nurses need skills in therapeutic communication to effectively apply the nursing process and to meet standards of care for their clients .

GOALS OF THERAPEUTIC COMMUNICATION.

- To establish a therapeutic nurse – patient relationship.
- To identify client's most important needs .
- For assessing client's perception and the problem.
- To facilitate client's expression of emotions or feelings.
- It helps in realization, self acceptance and an increased genuine self respect.
- Helps in problem solving.
- Clarifies the area of conflict and anxiety.
- To identify client's strengths and weaknesses.

YOU MUST KNOW.....

To have an effective therapeutic communication, the Nurse must consider privacy and respect of boundaries , use of touch and active listening and observation .



THERAPEUTIC COMMUNICATION TYPES .

I) Verbal Communication.



THERAPEUTIC COMMUNICATION TYPES .

II) Non – verbal communication.

1. Vocal Cues . = Are also known as

Paralinguistic cues . They include all the noises and extra speech sounds . EXAMPLE = Tone of voice, pitch, Nervous coughing.

II) Non – verbal communication.

2. Action Cues = Are mainly body movements.
Like, expression , mannerisms, actions etc.
Facial movements and postures particularly
significant in interpreting the speaker's mood.



II) Non – verbal communication.

3. **Object Cues** = Are dress, furnishings and possessions. They communicate something to the observer about the speaker's feelings.
4. **Space** = Provides another cue to the nature of the relationship between two people .

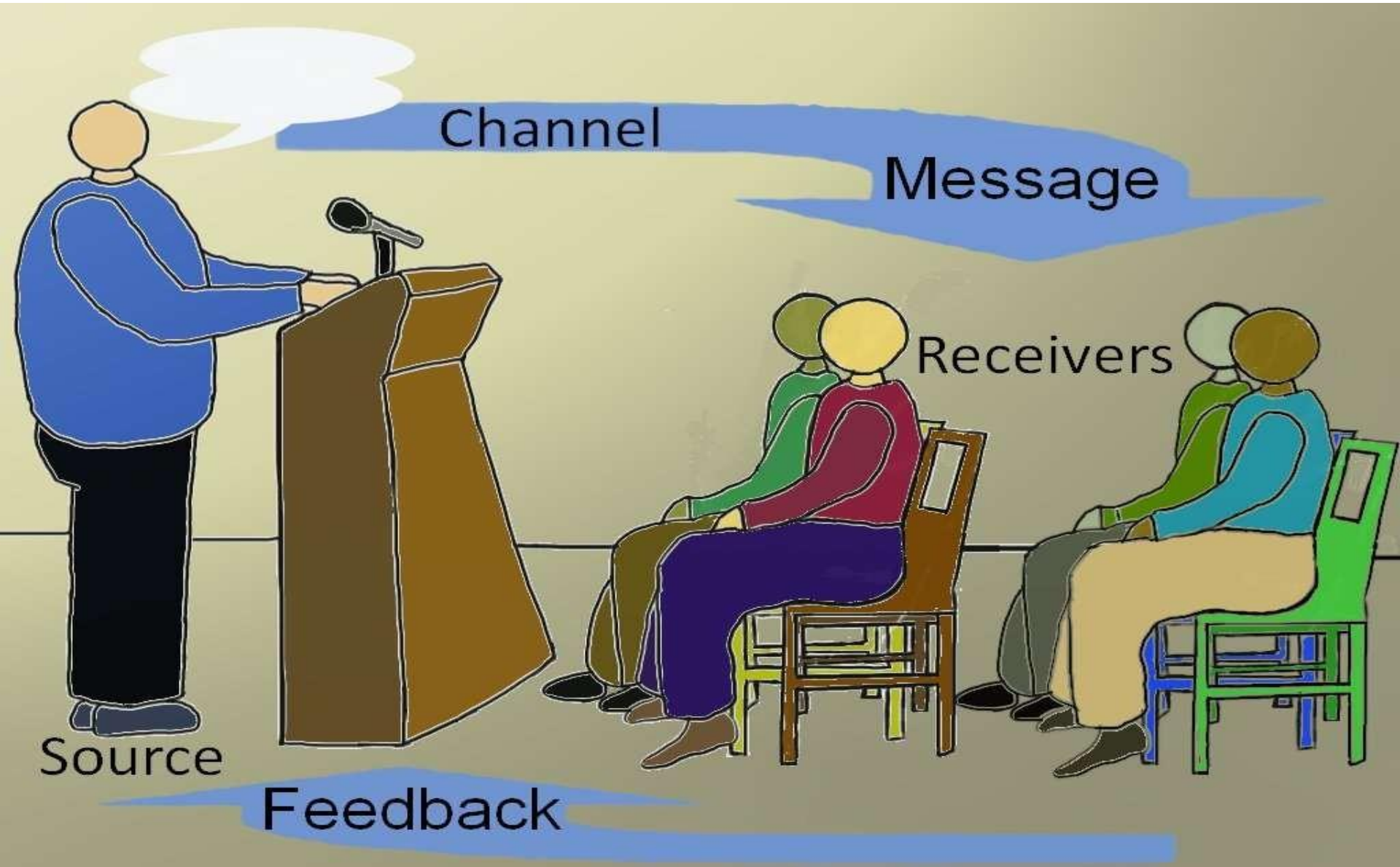


II) Non – verbal communication.

5. **Touch** = Is the most personal of the non-verbal messages . It involves both personal space and action . Most often in nursing, we use touch with therapeutic goal . We lay hands on the body of an ill person for the purpose of comforting him/her .



ELEMENTS OF COMMUNICATION



CHARACTERISTICS OF THERAPEUTIC COMMUNICATION .

I) RESPONSIVE DIMENSIONS.

1 . Genuineness = It implies that the nurse is open, honest, sincere, person who is actively involved in the relationship.



CHARACTERISTICS OF THERAPEUTIC COMMUNICATION .

I) RESPONSIVE DIMENSIONS.

2. Respect = 'Non possessive warmth' or 'Unconditional positive regard' is known as respect.



CHARACTERISTICS OF THERAPEUTIC COMMUNICATION .

I) RESPONSIVE DIMENSIONS.

3. Empathy understanding = Empathy is an essential element of IPR . Empathy is an ability to enter in the life of an another person, to accurately perceive his/her current feelings and their meanings.



CHARACTERISTICS OF THERAPEUTIC COMMUNICATION .

I) RESPONSIVE DIMENSIONS.

4. Concreteness = Concreteness involves using specific terminology rather than abstractions when discussing the client's feelings , experience and behavior. It avoids vagueness and ambiguity.



CHARACTERISTICS OF THERAPEUTIC COMMUNICATION .

II) ACTION DIMENSIONS .

Action dimensions must have a context of warmth and understanding. With action dimensions , the nurse moves the therapeutic relationship upward and outward by identifying obstacles to the client's progress and the need for both internal understanding and external action.

CHARACTERISTICS OF THERAPEUTIC COMMUNICATION .

II) ACTION DIMENSIONS .



1. **Confrontation** – Usually implies venting anger and aggressive behavior. This has the effect of belittling, blaming and embarrassing the receiver – all of which are harmful and destructive in both social and therapeutic relationships. But confrontation in action dimension is an assertive rather than aggressive action . Confrontation is an expression by nurse of perceived discrepancies in the client's behavior .

CHARACTERISTICS OF THERAPEUTIC COMMUNICATION .

II) ACTION DIMENSIONS .

2. Immediacy – It involves focusing on the current interaction of the nurse and the client in the relationship. Immediacy may be viewed as empathy, genuineness. Client is actively involved in describing what he/she feels in the therapeutic relationship.



CHARACTERISTICS OF THERAPEUTIC COMMUNICATION . II) ACTION DIMENSIONS .

3. Nurse – self disclosure . – Here the nurse reveals information about himself/herself such as ideas, values, feelings and attitudes. This kind of self disclosure is an index of the closeness of the relationship and involves a particular kind of respect for the client. It is an expression of genuineness and honesty by the nurse and is an aspect of empathy .



CHARACTERISTICS OF THERAPEUTIC COMMUNICATION .

II) ACTION DIMENSIONS .

4. Emotional Catharsis . – It occurs when the client is encouraged to talk about things that bother him / her most . Catharsis brings fears, feelings and experiences out into the open so that they can be examined and discussed with the nurse .



CHARACTERISTICS OF THERAPEUTIC COMMUNICATION .

II) ACTION DIMENSIONS .

5. Role Playing . – Role playing involves acting of a particular situation. It increases the client's insight into human relations and can deepen his / her ability to see the situation from another person's point of view. Steps;.....

- a) Defining the problem
- b) Creating a readiness for role playing
- c) Establishing the situation
- d) Casting the characters
- e) Briefing and warming up
- f) Considering the training design
- g) Acting
- h) Stopping
- i) Involving the audience
- j) Analyzing and discussing
- k) evaluation

THERAPEUTIC COMMUNICATION TECHNIQUES .

1. LISTENING



2. BROAD OPENINGS – Encouraging the client to select topics for discussion. Eg : What are you thinking about ?

OBSERVING AND LISTENING SKILLS.

LADDER

L = Look at others, keep good eye contact.

A = Ask appropriate questions only.

D = Do not interrupt.

D= Do not change the subject.

E = Express emotions with control.

R= Responsively listen.

THERAPEUTIC COMMUNICATION TECHNIQUES .

3. **RESTATING** – Repeating the main thought expressed by the client . Eg : You say that your Mother left you when you were 5 years old.
4. **CLARIFICATION** – Attempting to put unclear thoughts of the client into words to enhance nurse's understanding or asking the client to explain what he/she means. Eg: "I am not sure about what you mean; could you tell me again" ?

THERAPEUTIC COMMUNICATION TECHNIQUES .

5. **REFLECTION.** – Directing back the client's ideas, feelings, questions and content. Eg : You are feeling anxious and tense and it is related to a conversation you had with your husband last night?
6. **HUMOR** – The discharge of energy through the comic enjoyment of the imperfect. That gives a whole new meaning to the word 'nervous' , said with shared kidding between nurse and the patient.
7. **INFORMING** – The skill of information sharing. Eg: "I think you need to know more about your medications . "

THERAPEUTIC COMMUNICATION TECHNIQUES .

8. FOCUSING – Questions or statements that help the patient expand on a topic of importance .

Eg : “I think we should talk more about your relationship with your Father . “

9. SHARING PERCEPTIONS – Asking the client to verify nurse’s understanding of what the client is thinking or feeling. Eg: “You are smiling, but I sense that you are really very angry with me.”

10. THEME IDENTIFICATION – This involves identification of underlying issue or problems experienced by the client that emerge repeatedly during the course of the nurse-client relationship . Eg : “I noticed that you said, you have been hurt or rejected by the man. D you think this is an underlying issue?”

THERAPEUTIC COMMUNICATION TECHNIQUES .

11.SILENCE – Lack of communication for a therapeutic reason. Eg : Sitting with a client and non-verbally communicating interest and involvement .

12.SUGGESTING - Presentation of alternative ideas for the client's consideration relating to Problem solving .

Eg : “ Have you thought about responding to your boss in a different way when he raises that issue with you? “



TYPES OF RELATIONSHIPS .

- **SOCIAL RELATIONSHIP**



A social relationship can be defined as a relationship that is primarily initiated with the purpose of friendship , socialization, enjoyment or accomplishing a task .

Mutual needs are met during social interaction.

There is no predetermined goals or focus in the relationship, and the continuation of the relationship is not determined at the onset .

TYPES OF RELATIONSHIPS .

- **INTIMATE RELATIONSHIP**

An intimate relationship is a relationship between two individuals committed to one another , caring for and respecting each other .

An intimate relationship occurs between two individuals who have an emotional commitment to each other .

Those in an intimate relationship usually react naturally with each other . Often the relationship is a partnership between each member cares about the other's need for growth and satisfaction .

According to Erikson , the intimate relationship focus the basis for marriage and other partner-type relationships .

TYPES OF RELATIONSHIPS .

- **THERAPEUTIC RELATIONSHIP**

The therapeutic relationship between nurse and the client differs from both a social and an intimate relationship in that the nurse maximizes inner communication skills , understanding of human behavior and personal strengths in order to enhance the client's growth.

The focus of this interaction is on the client's ideas, experiences and feelings .

In this the interaction is purposefully established , maintained and carried out with the anticipated outcome of helping the client to gain new coping and adaptation skills.

TYPES OF RELATIONSHIPS .

- **HELPING RELATIONSHIP .**

Nurses as helpers must be therapeutic since the goal is to enable the client to adopt as a unique individual to the stress being experienced.

A helping relationship exist among people who provide and receive assistance in meeting human needs . Therefore need gratification occurs as a result of successful helping relationship between the nurse and the clients .

Helping relationship contains many qualities of social relationship, they have common components of care , concern , trust and growth .

COMPONENTS / ELEMENTS OF NURSE-CLIENT RELATIONSHIP

- **RAPPORT.**
- **EMPATHY.**
- **WARMTH.**
- **GENUINENESS.**
- **CONFIDENTIALITY.**



THERAPEUTIC INTERPERSONAL RELATIONSHIP – PHASES .



THERAPEUTIC INTERPERSONAL RELATIONSHIP – PHASES .

The therapeutic IPR is the means by which the Nursing Process is implemented. Task of the relationship has been categorized into FOUR Phases.

MAJOR NURSING GOALS IN DIFFERENT PHASES

1. **Pre-interaction phase** = Explore self perception of both Nurse and client.
2. **Orientation Phase** = Establishment of trust and rapport and formulate contract for intervention .
3. **Working phase** = Promote client change .
4. **Termination phase** = Evaluate goal attainment and ensure therapeutic closure .

THERAPEUTIC INTERPERSONAL RELATIONSHIP – PHASES .

1. Pre-interaction phase = Involves preparation for the first encounter with the client.

Nurse's Tasks

Explore own feelings , fantasies and fears.

Analyze own professional strength and limitations.

Gather data about patient whenever possible.

Plan for first meeting with the patient.

THERAPEUTIC INTERPERSONAL RELATIONSHIP – PHASES .

2. Orientation Phase/ Introductory Phase . =

It is during that the nurse and the client meet for the first time.

Nurse's Tasks

- Creating an environment for the establishment of trust and rapport.
- Gathering assessment information to build a strong client data base.
- Identifying client's strength and weakness.
- Formulating nursing diagnoses
- Setting goals that are mutually agreeable to the nurse and client.
- Exploring feelings of both nurse and client.

THERAPEUTIC INTERPERSONAL RELATIONSHIP – PHASES .

3. Working phase = The therapeutic work of relationship is accomplished during this phase.

Maintaining the trust and rapport that was established during the orientation phase. Promote the client's insight and perception of reality. Here nurses must continuously evaluate the process towards goal attainment.

THERAPEUTIC INTERPERSONAL RELATIONSHIP – PHASES .

4. Termination phase = This is the most difficult , but most important phase of the therapeutic nurse-patient relationship. The goal of this phase is to bring a therapeutic end to the relationship. The client may be discharged from the hospital . Termination can be difficult phase for both the client and nurse.

THERAPEUTIC INTERPERSONAL RELATIONSHIP – PHASES .

CRITERIA FOR DETERMINING CLIENT'S READINESS FOR TERMINATION.

Patient experiences relief from presenting problem.

Patient's social functions has improved and isolation has decreased.

Patient's ego functions are strengthen and has attained a sense of identity .

Patient employs more effective and productive defense mechanisms.

Patient has achieved the planned treatment goals .

REVIEW TECHNIQUES OF IPR /DYNAMICS OF THERAPEUTIC NURSE-PATIENT RELATIONSHIP.

1. THE THERAPEUTIC USE OF SELF.
2. GAINING SELF AWARENESS.
3. JOHARI WINDOW.

	Known to Self	Unknown to Self
<u>Known to Others</u>	Open (Public knowledge; what I show to you)	Blind (Feedback - your gift to me)
<u>Unknown to Others</u>	Hidden (Private; mine to share if I trust you)	Unconscious (Unknown; new awareness can emerge)

REVIEW TECHNIQUES OF IPR / DYNAMICS OF THERAPEUTIC NURSE- PATIENT RELATIONSHIP.

1. THE THERAPEUTIC USE OF SELF.



REVIEW TECHNIQUES OF IPR / DYNAMICS OF THERAPEUTIC NURSE-PATIENT RELATIONSHIP.

1. THE THERAPEUTIC USE OF SELF = Is defined as the “ability to use one’s personality, consciously and in full awareness in an attempt to establish relatedness and to structure nursing interventions . “

Peplau (1952) described that Nurses must clearly understand themselves to promote client’s growth, change and heal .

Therapeutic Use of Self

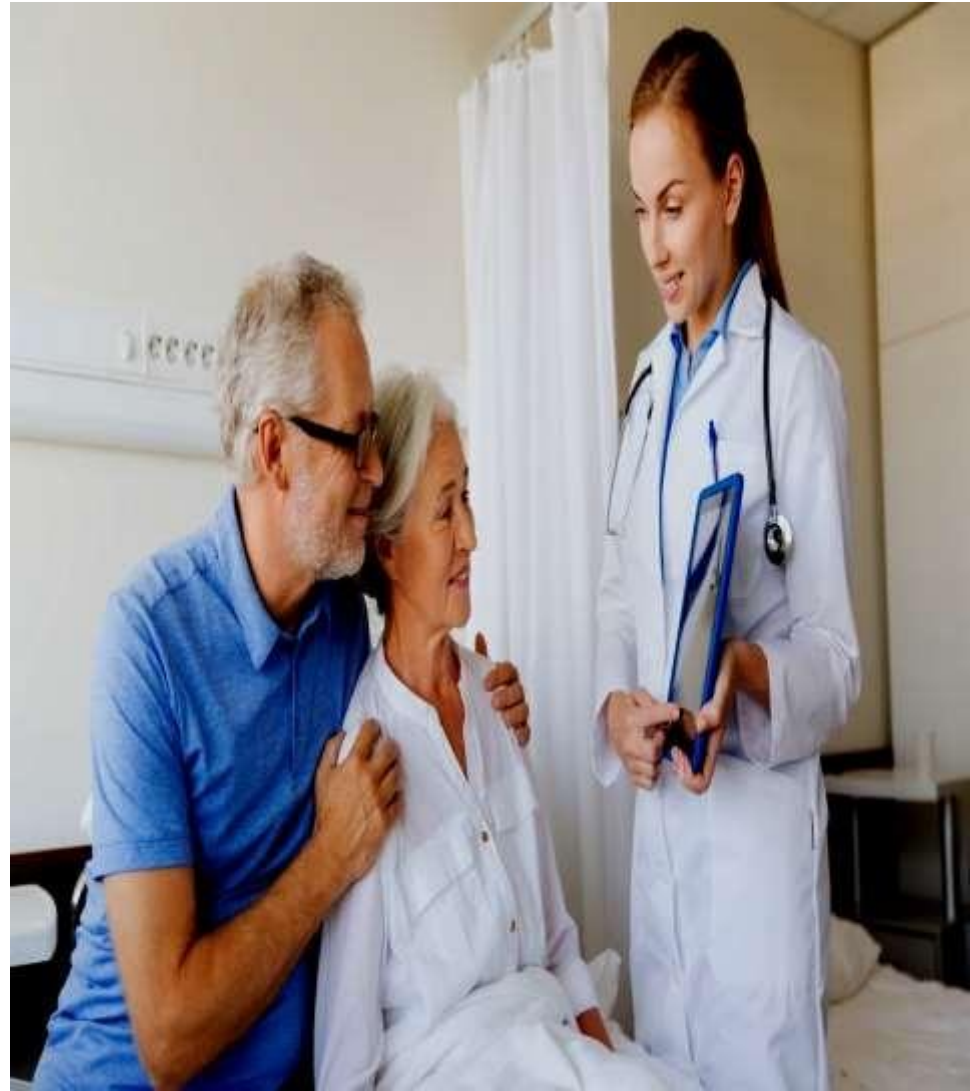


REVIEW TECHNIQUES OF IPR / DYNAMICS OF THERAPEUTIC NURSE-PATIENT RELATIONSHIP.

2. GAINING SELF AWARENESS

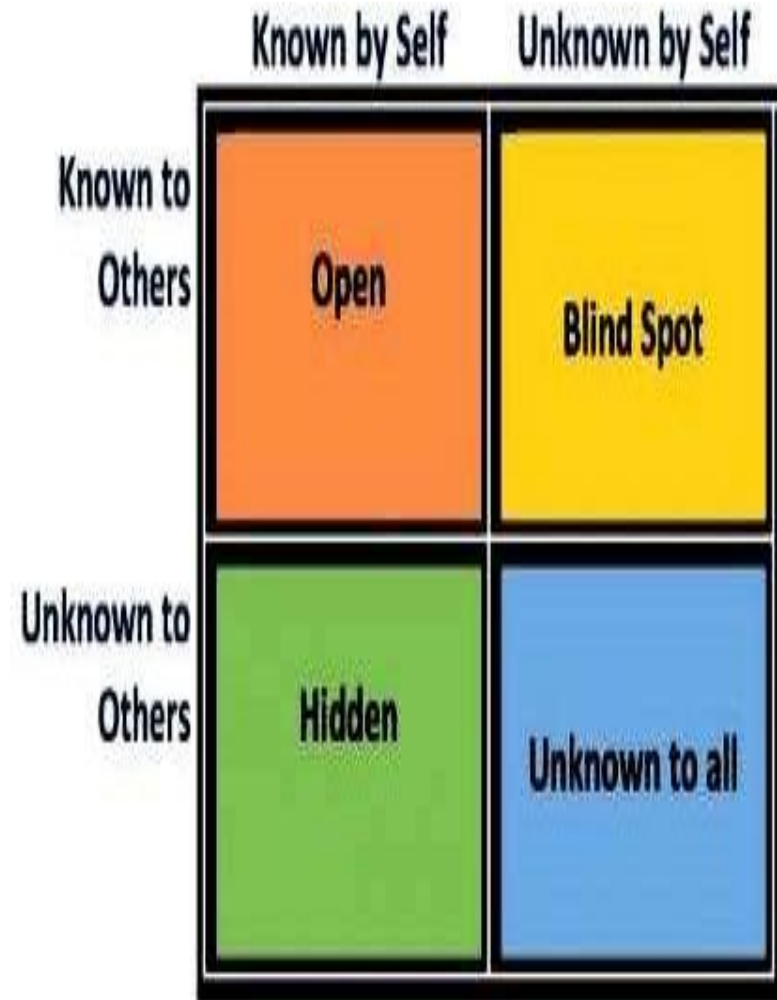
= Is the process of understanding one's own beliefs thoughts, motivations and limitations and recognizing how they affect others . Without self awareness , nurse will find it is impossible to establish and maintain therapeutic relationship with clients.

Johari Window is a representation of the self and a tool that can be used to increase self awareness.



REVIEW TECHNIQUES OF IPR / DYNAMICS OF THERAPEUTIC NURSE- PATIENT RELATIONSHIP.

3. Johari Window = Johari Window is based on the concept of “no one ever completely knows his/her inner self”. Self awareness is a key component of the psychiatric nursing experience. The goal of increasing self awareness by using Johari Window is to increase the size of the quadrant that represents the open or public self .



Johari Window ...Cont....

The individual who is open to self and others has the ability to be spontaneous and share emotions and experiences with others. Increased self awareness allows an individual to interact with others comfortably, to accept the differences in others and to observe each person's right to respect and dignity .

Johari Window ...Cont....

Known to Self

Unknown to Self

OPEN SELF

Information about you that both you & others know.

BLIND SELF

Information about you that you don't know but others do know.

HIDDEN SELF

Information about you that you know but others don't know.

UNKNOWN SELF

Information about you that neither you nor others know.

Known to Others

Unknown to Others

Johari Window ...Cont....

In creating Johari Window , first step is for the nurse to appraise / evaluate their own qualities by creating a list of them ; Values, attitudes, feelings, strengths , behavior, accomplishments, need, desires and thoughts.

Second step is to find out the perceptions of others by interviewing them and asking them to identify the qualities, both positive and negative they see in the nurse .

The third step is to compare list and assign qualities to appropriate quadrants.

Johari Window ...Cont....

1	2
3	4

Person with little self understanding

1	2
3	4

Person with great self awareness

THERAPEUTIC IMPASSES

Therapeutic impasses are the block in the progress of the nurse-client relationship. Impasses provokes intense feelings in both the nurse and the client, which may range from anxiety and apprehension (feeling of worry) to frustration, love or intense anger. They arise for a variety of reasons and may take many different forms, but they all create blocks in the therapeutic relationship .

THERAPEUTIC IMPASSES

1. **Resistance** = Is a natural or learned reluctance to avoidance of verbalizing or even experiencing troubled aspects of self. It is the attempt to remain unaware of anxiety - producing aspects within the self.

Examples of Resistance includes;

- Suppression and repression of relevant information.
- Intensification of symptoms.
- A helpless outlook to the future.
- Breaking appointments, come late to his/her sessions, being forgetful, silent and sleepy during interventions.
- Acting out or irrational behavior.
- Expressing an excessive liking for the nurse and blaming that nobody can replace her

THERAPEUTIC IMPASSES

2. **Transference** = Is an unconscious response of the client in which he / she experiences feelings and attitudes towards the nurse that were originally associated with significant figures, in his / her early life. Eg : A client perceives the nurse as acting the way that his/her Mother did, regardless of how the nurse is truly acting .



THERAPEUTIC IMPASSES

Transference can be positive if clients view the nurse as helpful and caring. Negative transference is more difficult because of unpleasant emotions that interfere with treatment such as anger and fear .

THERAPEUTIC

IMPASSES

- 3. Countertransference** = Refers to a specific emotional response by the nurse towards the patient that is in appropriate to the content and context of the therapeutic relationship or inappropriate in its emotional intensity. It is mainly 3 types;
- a) Reactions of intense love or caring.
 - b) Reactions of intense hostility (anger) or hatred.
 - c) Reactions of intense anxiety often in response to resistance by the patient.



THERAPEUTIC IMPASSES

Forms of therapeutic impasses displayed by the nurses.

- Difficulty in empathizing with client in certain problem areas.
- Recurrent anxiety, discomfort or guilt related to client.
- Personal or social relationship with client.
- Encouraging patient's dependency, praise or affection .
- Sexual or aggressive fantasies towards patient.
- Arguing with client or tendency to “push” client before he/she is ready .
- Feeling angry or impatient because of client's unwillingness to change .

THERAPEUTIC IMPASSES

4. Boundary violation . = It occurs when a nurse goes outside the boundaries of the therapeutic relationship and establishes a social , economic relationship with a client .

Possible boundary violations

- Nurse accepts free gifts from patients.
- Having personal or social relationship with client .
- Nurse attends a social function of a client.
- Nurse regularly reveals personal information to the client .
- Nurse routinely hugs or has physical contact with client.
- Nurse does business or purchases services from client .



INTERVENTIONS TO OVERCOME THERAPEUTIC IMPASSES .

- Nurse must have knowledge of impasses and recognize behaviors .
- Nurse must reflect on feelings , explore reasons behind each behavior.
- Co-workers are more likely than others to recognize the phenomenon initially and give feedback to the nurse about it.
- Nurses must examine their strengths , weaknesses, prejudices,, and values before they can interact more appropriately with clients .
- The transference reactions of the clients must also be examined, gently but directly .



INTERVENTIONS TO OVERCOME THERAPEUTIC IMPASSES .

- Nurses must be open and clear about their genuine reactions when clients misperceive behavior .
- Nurses should also state actions that they can and cannot take to meet client's needs .
- Limit setting is useful when clients act inappropriately towards the nurse .
- Maintain open communication with his / her supervisor , who can then guide him / her in making adequate progress in handling such resistance reactions .



PROCESS RECORDING

THANK YOU VERY MUCH