BAPTIST HEALTH SCHOOL OF NURSING
NSG 3037: PSYCHIATRIC MENTAL HEALTH

Therapeutic Communication: The Professional Role in Relationship Development

Lecture Objectives:

1. Discuss the role of the Psychiatric Mental Health Nurse.
2. Contrast social, intimate, and therapeutic relationships.
3. Discuss variables that influence Therapeutic Communication.
4. Discuss components of the Therapeutic Relationship.
5. Discuss the phases and issues of therapeutic nurse patient Relationship.
6. Describe the environment in which therapeutic communication takes place.
7. Discuss the following aspects of Therapeutic Communication:
   Goal
   Objectives
   Characteristics
8. Discuss therapeutic communication techniques.
9. Discuss non-therapeutic communication techniques.
10. Demonstrate understanding of Therapeutic Communication by completing Interpersonal Process Recordings in the clinical psychiatric setting.

Reading Assignment: Townsend, Chapters 7 = Relationship Development and 8= Therapeutic Communication

Lecture Outline:

Introduction: The nurse must have an understanding of the nurse - patient relationship and know how to establish an effective relationship with patients to help them to meet their needs. This relationship is one of Helper - Helpee. The purpose of this lecture is to promote student knowledge and skill development in Therapeutic Communication/Dialogue.

I. Role of the Psychiatric Mental Health Nurse
   A. Peplau identified 6 sub-roles (page 108, Townsend)
      1. Stranger
      2. Resource Person
      3. Teacher
      4. Leader
5. Surrogate
6. Counselor

B. Therapeutic Nurse Patient/Client Relationship
1. Goal oriented
   a. Directed at promoting growth and development
   b. Directed toward bringing about positive behavioral change
2. Problem solving model

II. Types of relationships
A. Social- no predetermined goals or focus
B. Intimate- commitment to one another. Erickson’s stage?
C. Therapeutic- assisting patients to regain resources inside themselves and to meet life’s problems/challenges and to facilitate growth. To help the patient gain new adaptive coping skills.

III. Variables that influence communication
A. Perception - both nurse and patient bring to conversation
B. Values - nurse must be equipped to deal with various value systems
C. Culture - provides basis for our way of thinking and Influences the expression of feelings

IV. The Therapeutic Relationship-we communicate on two levels:
A. Verbal and Non-verbal Behavior
   1. Verbal - content of thoughts, feeling
   2. Non-verbal - majority of communication = expresses emotion, attitude
B. Therapeutic Use of Self
   1. Definition - “the ability to use one’s personality consciously and in full awareness in an attempt to establish relatedness and structure nursing interventions” (page 109).
   2. The nurse must possess self-awareness, self-understanding
C. Conditions essential to the relationship development (page 111, Townsend)
   1. Rapport - getting acquainted and established rapport is the primary task in relationship development. “The ability to truly care for and about others is the core of rapport”.
   2. Trust - Honesty. Be yourself. Trust must be earned and maintained. What are some actions the nurse does to establish a trusting relationship?
   3. Respect - believe in the dignity and worth of an individual regardless of unacceptable behavior. Unconditional positive regard. What are some actions the nurse does to show respect. Respect is the underlying theme in all nursing actions
   4. Genuineness - ability to be open, honest, “real” with interactions. Implies congruence between what is felt and what is being said
   5. Empathy - responding to and understanding the experience of another human being helps to validate people.
V. Four Phases of the Therapeutic Nurse Client Relationship
   A. Pre-interaction Phase - Nurse is only active participant. Self exploration
      1. Obtain patient information
      2. Examine own feelings, fears, and anxieties
   B. Orientation (Introductory) Phase - Nurse and client establish a formal or
      informal contract to determine parameters of therapeutic relationship. Time?
      Place? Establish Goals? Keeping appointments?
      1. Establish trust and rapport
      2. Establish contract for intervention
      3. Assess, formulate nursing diagnoses, establish goals
   C. Working Phase - actively involved in meeting goals established in orientation
      1. Maintain trust and rapport
      2. Use problem-solving model
      3. Overcome resistance
      4. Continually evaluate progress

   Issues during working phase
   Transference - patient unconsciously displaces onto the nurse feelings
   concerning another person
   Counter-transference - the nurse unconsciously displaces onto the
   patient feelings concerning another person.

   D. Termination Phase
      1. Goals have been achieved
      2. A plan is established for continuing assistance
      3. Feelings regarding termination are explored

VI. Environment in which therapeutic communication takes place
   A. Territoriality - innate tendency to own space
   B. Density - number of people within a given space
   C. Distance - space
      1. Intimate - closest distance individual will allow
      2. Personal - 18 to 40 inches
      3. Social - 4-12 feet
      4. Public - exceed 12 feet
   D. Boundaries - established in childhood, denote personal space (physical and
      emotional) that the person identifies as own. Sometimes referred to as limits.
      Boundaries delineate where I am and my physical and psychological space end
      and where yours begin. Boundaries help to define the self and are part of the
      individuation process.
      1. Boundary Pliancy
         a. Rigid - difficult to bond with. Narrow personal view, views things
            one way, tunnel visioned
         b. Flexible - healthy - aware of who is considered safe and when to let
            others in
         c. Enmeshed - 2 people blended together (honeymoon). Unable to
            differentiate own feelings, wants, and needs from others
2. Signs of unhealthy boundaries?
   a. Not noticing when someone invades your boundaries
   b. Talking at an intimate level on first meeting
   c. Falling in love with any one who reaches out
   d. Touching a person without asking
   e. Going against personal values or rights to please another
   f. Letting others direct your life
   g. Letting others define you
   h. Self abuse
   i. Food abuse
   j. Flirting; sending mixed messages

VII. Therapeutic Communication
A. Goal of Mental Health Nursing - To assist patient to live more effectively, learn to solve problems, and recognize when personal coping is ineffective and other resources are needed.
   \textbf{COMMUNICATION IS THE KEY TO THIS GOAL}

B. Objectives of therapeutic communication
   1. Understand the patient’s verbal and nonverbal message
   2. Facilitate verbalization of feelings
   3. Communicate understanding and acceptance
   4. Identify problems, goals, and objectives

C. Characteristics of therapeutic communication
   1. Patient centeredness/meaningful
   2. Goal - directedness
   3. Authenticity - acting in accord with one’s attitudes, beliefs, and Values.
      a. Lead patient to feeling free and safe to express pain and pleasure
   4. Self disclosure
      a. Patient - major goal of therapeutic communication = to use planned, systematic approach to foster patient’s self disclosure and enable adaptation
      b. Nurse - goal directed. Should only occur when it helps patient focus on feelings and concerns
   5. Confidentiality
   6. Acceptance - accept the patient at present level of functioning. Never convey judgement values. What are nursing actions that promote acceptance?
   7. Open - allows patient to reveal humanness freely and openly
   8. Negotiated - patient actively involved in agreed upon therapeutic relationship

9. Commitment
   a. Patient and nurse hold equally important positions in the
relationship

b. Patient involved in identifying problems, establishing goals, formulating plans of action, working toward goals and evaluating progress

c. Patient must ultimately take responsibility for own mental health and willingness to become active participant in the nurse-patient relationship

10. Responsibility

VIII. Therapeutic Communication Techniques (Table 8.2, page 123)

A. Active LISTENING
   1. S - sit squarely facing patient
   2. O - open posture
   3. L - lean forward toward patient
   4. E - establish eye contact
   5. R - relax

B. Offering self - send the message “I’m interested in you and I care about you”

C. Making observations - verbalize what is observed/perceived

D. Accepting - convey attitude of positive regard

E. Broad openings - allows patient to take initiative to select topic

F. Offering general leads - encourages patient to continue

G. Restating - the main idea of what the patient has said is repeated by the nurse

H. Reflecting - questions or feeling are referred back to the patient so they may be recognized and accepted. A good technique to use when client asks nurse for advice. “What do you think you should do?”

I. Silence - allows patient to take control of discussion

J. Focusing - taking notice of a single word or idea

K. Exploring - delving further into subject, idea, or relationship

L. Seeking Clarification and Validation - striving to explain that which is vague and searching for mutual understanding

M. Confrontation - a deliberate invitation to another for the purpose of examining some aspect of behavior in which there is discrepancy

N. Humor

O. Paraphrasing - gives synopsis of what was said. Take original message and transform into own words without losing meaning.

P. Summarizing - highlights main ideas

IX. Non-therapeutic Communication Techniques - Table 8.3, page 125

A. Giving Reassurance

B. Agreeing/disagreeing

C. Giving Advise

D. Probing

E. Defending

F. Belittling feelings expressed

H. Giving personal opinion or value judgements
I. Conveying feelings of anxiety, anger, judgement, ambivalence, denial, isolation, lack of control, lack of physical or emotional health
J. Appearance of being too busy
K. Using nonprofessional vocabulary

X. Demonstrate understanding of the nurse’s role in Therapeutic Communication by completing two satisfactory Interpersonal Process Recordings during clinical laboratory experience. See sample of process recording on page 127 of Townsend.

The role and responsibility of the nurse is that of facilitator of communication. The nurse examines where the patient is using Erickson’s eight stages of growth and development to better understand the patient’s behavior.
1. Establish rapport, create a warm accepting environment so that the person feels free to talk about that which is important to them.
2. Arrange comfortable positions so that both parties can give their full attention to the interview.
3. Control the external environment as much as possible to prevent disruption during the interview.
4. Consider wearing comfortable casual clothes without excess adornment. This tends to put the patient at ease.
5. Use vocabulary at the patient’s level of awareness. Avoid occupational jargon. Use the same vocabulary as the patient.
6. Avoid preconceived ideas, prejudices or biases.
7. Begin by fully exploring the purpose(s) of the interview and maintain the proposed structure of the interview.
8. Be precise in what you say so that the meaning is clearly understood. Speak slowly enough so that each word is understood. Ask questions that are well timed, open ended and pertinent to the situation.
9. Use concise rather than rambling statements.
10. Avoid asking questions that always get socially acceptable answers. Many times the patient will tell you what he thinks you really want to hear.
11. Be diplomatic. Matters you consider to be common knowledge may be very private to others. Matters that seem to be tactless to inquire about directly may be reached either directly or peripherally. If a subject you suggest meets with resistance, change the subject until the anxiety level decreases and then return to it.
12. Send “I” statements to “own” your feelings and to allow the patient to accept, reject or modify your messages.
13. Talk directly to the patient, not about him.
14. Be an attentive listener, show interest by nodding, and making statements like “I see” and, “Uh huh”. Remain silent and control your responses when comments provoke personal meaning. Explore each as you let the person tell their story.
HOW DO I TALK TO MY PATIENT?

1. Approaching a patient
   Basically, meeting a patient is like meeting any new person - you have to “feel around” first before you are able to establish rapport.
   A. Introduce yourself
   B. Set a time frame
   C. Prepare for termination

2. One of the physicians at State Hospital says this about the basics of communication:
   Remember the words:
   “What”
   “Really”
   “I’m kind of dumb; can you explain that to me?”
   A. Listening with understanding:
      Basically means to stay out of your own head. Try to understand what the patient is saying, what they are doing, and what is their situation. What means one thing to you may mean something else to the patient.
   B. Using open ended questions:
      Since the ideal is to allow the patient to take the lead in the conversation, learning to use open ended questions will be helpful. For example: “Tell me about your mother”, instead of, “Do you like your mother?” The less structure your one on ones with the patient, the more that person will share with you. Interesting to note, people will talk about least threatening topics first, then if you have given them enough space (by allowing them to take the lead) and you have shown them that you are interested and that you CARE, they will get more involved and share more about their life.
   C. Using facilitative remarks:
      You use these when you want to encourage the patient to go on talking and to show interest, but you do not want to interrupt what they are saying. For example: “I see”, “Go on,” “Tell me more”, “Um hm”
   D. Using clarification
      When you do not fully understand something ask so you can really understand what the patient is telling you. For example: “What does that mean to you?” “I’m not sure I understand…….” This also helps the patient to clarify for himself. Be aware, as the patient clarifies, they can become more aware of their options!
      Formula: Insight = Options = Action (change)
   E. Using silence
      Some silence in conversations with patients is appropriate. It gives the patient and you time to regroup and think about what is being said.

F. Reassurance
   Be careful. Do not reassure unless you are POSITIVE about what you are saying - reassure with things you can see. For example, the patient says “Am I getting any
better?”. Poor response by nurse = “Of course you are”. Better response by nurse = “Well, last week you could not decide what to wear, and this week you are dressing without any problems.” This is called “measuring small gains”. Patient says “I never do anything right.” Poor response = “Of course you do”. Better response = “You never do anything right?” The most important reassurance is non-verbal listening, actively and with empathy.

G. Confrontation
Sometimes we must disagree with patients, and this is called confrontation. It must not be blunt, harsh, or attack a person. For example: the patient says one thing this morning and the exact opposite this evening, i.e., “I want to go home” “I do not want to go home”. The nurse might say, “I am confused, this morning you said..........., yet this evening you say......Can you tell me what you are feeling and thinking right now?”

Another example: patient says “I’ve never been angry in my life” Observe teeth and fists are clenched. The nurse says “You say you’ve never been angry, but I notice your teeth and fists are clenched, and you seem tense and have a angry tone to your voice”. Note: Confrontation can be uncomfortable. Do not persist if the patient denies. You are mainly trying to “spark” his thoughts.

H. Reflecting
This is when we direct back to the patient his feelings, questions, and ideas expressed. Repeat a phrase he may have stated to get him to elaborate. For example, “Afraid to go home........?”

3. The Control Issue
It is important not to assume full responsibility for the patient’s interaction. If you feel a need to control a lot, you are not seeing the patient as a responsible and capable adult, and you will be likely to get into a power struggle with them. Allow the patient to talk about what he wants to talk about, not what you think they SHOULD talk about.

4. Emotional responses of your patients
You can invite/trigger an emotional response, but the patient is responsible for his own feelings, just as you are responsible for yours. For example: If the patient has tears, he probably needs to cry. Comfort and use it as a valuable communication tool. Do Not Ask Why........! Just LISTEN. You have given the patient an opportunity to feel and express appropriately and have touched him/her in the most meaningful way possible.

FOUR MYTHS:
1. I CAN MAKE YOU FEEL GOOD BY WHAT I SAY.
2. I CAN MAKE YOU FEEL BAD BY WHAT I SAY.
3. YOU CAN MAKE ME FEEL GOOD BY WHAT YOU SAY.
4. YOU CAN MAKE ME FEEL BAD BY WHAT YOU SAY.

5. Touching
Each person has what is called his own personal space. Some people need more space than others, and the amount of space needed will be different in different situations. For
example: Angry people, as a general rule, need more space than others, and the amount of space needed will vary in different situations. So, be observant, and “follow your nose” concerning physical contact with patients. It is also important that you are aware of your own comfort with touching.

6. Look for Themes/Patters
Theme = repetitive topics of conversation
Patterns - repetitive behaviors. These are clues to underlying problems, pain, needs.