

Kingdom of Saudi Arabia
Ministry of Education
King Abdulaziz University
Faculty of Nursing
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Therapeutic Relationship and Communication

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Student Learning Objectives

At the end of this lecture, the student is will be able to:

- Define the nurse–patient relationship
- Explain how the nurse can establish a therapeutic relationship.
- Determine the importance & the goals of the nurse-patient relationship.
- Discuss differences between social and professional relationship.
- List the phases & the basic elements of the therapeutic relationship.
- Describe what characterizes a nontherapeutic nurse–patient relationship.
- Identify the importance of self-awareness in nursing practice.
- Develop a collection of therapeutic verbal and nonverbal communication skills.
- Develop a process for selecting effective communication techniques.

Therapeutic nurse – relationship



Definition

Therapeutic nurse - patient relationship means a relation that involves two persons, a professional one (*the nurse*) who has the ability to help and relieve patient's discomfort and the other person (*the patient*) who is seeking relief of some existing condition.

Aim of a therapeutic relationship

- The aim of the relationship is to support, to give encouragement, to provide understanding and acceptance which patients have been unable to find in the world outside

Importance of the Nurse-Patient Relationship

1. The nurse-patient relationship helps the nurse to assess the client's needs and meeting these needs.
2. It could be used to re-educate the client with mental disorder about how to interact properly with people.
3. It can be used to influence the client towards participation in different forms of treatment.
4. It influences the client's ability to return to the community.

Differences between social and professional relationship



Characteristics of a therapeutic relationship

- ✓ It must be realistic
- ✓ It must start gradually
- ✓ It should protect the patient from demanding more than he can possibly do.
- ✓ It has to offer a series of purposeful activities that are useful to a particular patient
 - The aim of these activities are
 - *To observe the patient*
 - *To identify the patient's needs*
 - *To try to meet those needs.*

Basic ingredients of a therapeutic relationship

1. Acceptance
2. Successful communication
3. Trust
4. Empathy

N.B.

Ingredient (*one of the qualities that makes some thing successful*)

1. *Acceptance*

The feelings of being accepted by the nurse encourage the patient to establish a therapeutic relationship with her.

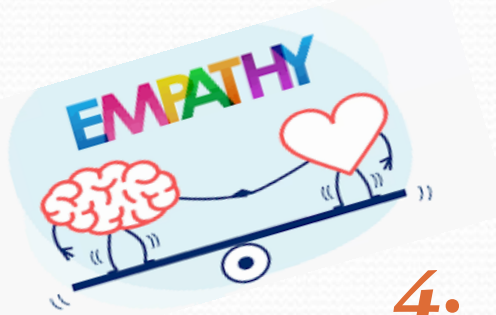
2. *Successful communication*

It helps the patient to express his feelings and needs for the nurse and to meet these needs during their relationship

3. Trust

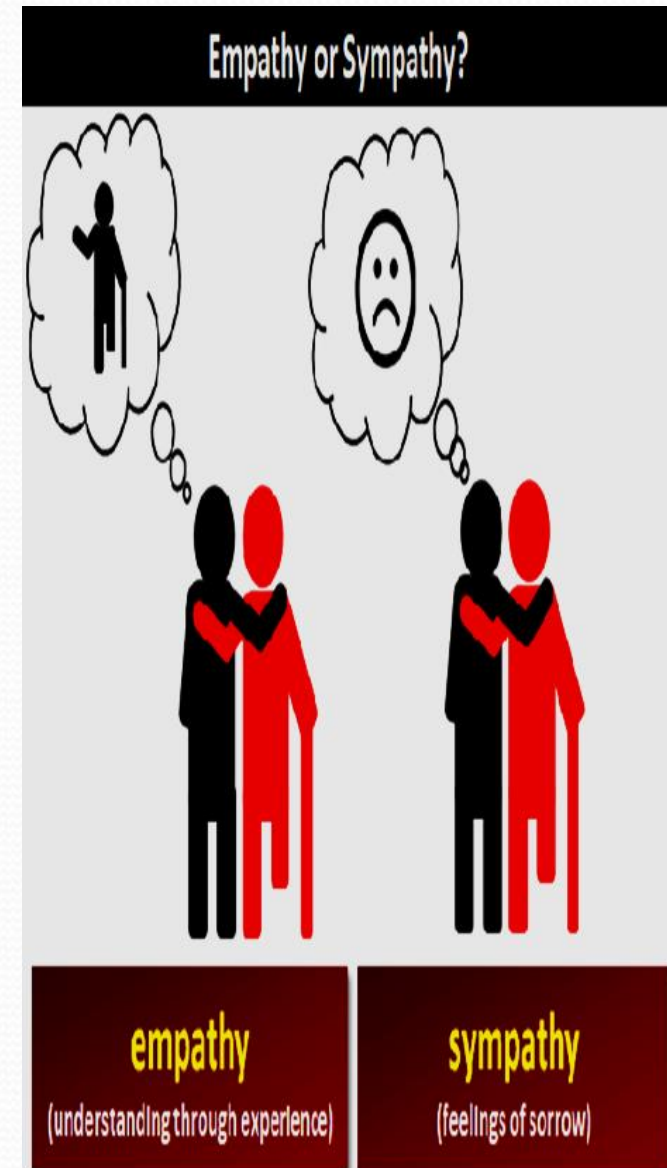
Trust refers to a feeling of confidence in building a relation with others.

Most of the psychiatric patients feel **tensed, defensive, demanding and have difficulty in relating** with others due to their lack of trust.



4. Empathy

- That degree of **understanding** and **objective feelings** allows one person to experience how another feels in a particular situation.
- Empathy helps the nurse to **understand**, **not** how she might **feel** in the situation, **but how the patient feels in the situation**



VI- Phases of a therapeutic nurse –patient relationship

1 – Initiating or (orientation) phase

Characteristics of that phase

- Lack of knowledge.
- Lack of trust.
- High level of anxiety.
- High level of dependence.

Lack of knowledge, lack of trust and a high level of anxiety are present in both sides, the client and the nurse.

common behaviors that characterize this phase:-

Mutual expectation	Testing behavior	Orientation	Contract
At the start, the <u>nurse</u> and the <u>patient</u> are strangers. Therefore, this phase is centered upon mutual attempts to know each other. Both observe each other	The patient will usually test the nurse in various ways as he seeks trust in the relationship	The nurse should help the patient become oriented by introducing self , hospital personal, mentioning hospital facilities and routine.	The nurse should help the patient become oriented by introducing self , hospital personal, mentioning hospital facilities and routine



Goal of the initiating phase

- 1- To establish contract.
- 2- To collect information.
- 3- To maintain rapport.
- 4- To gain patient's acceptance.

2 - working phase

- There is lowering of anxiety.
- feeling of trust perceived by the patient.
- The nurse and the patient get to know each other.
- Both become an active participant, both are working with the patient's problems and needs.
- The nurse becomes clearer about the nursing goals, activities and plan.
- It is the period when the patient between being dependent upon the nurse, and trying to become independent.

3- Termination phase

- It is bringing the therapeutic nurse –patient relationship to a close.
- Actually, the patient should have been prepared for final stage during the beginning of the relation
- During this period the nurse gradually reduces her visits and encourages the patient to relate and socialize with other individuals and groups

Problems arise in this stage

- Feeling of separation
- Fear of inability to keep in normal life again, or inability to adjust to occupation
- The patient's own feeling and problems in leaving the nurse and the treatment center.
- *If the nurse tries to keep the patient helpless and dependent upon her, this problems arise*



Review questions

1. When establishing a therapeutic relationship, nurse demonstrate that they can be trusted by
 - a. including the client's family in recovery process
 - b. Being consistent , honest , and sensitive
 - c. Being competent and knowledgeable
 - d. Honoring cultural traditions

Therapeutic communication



Introduction

Communication is the process by which we exchange meanings, facts, ideas, opinions or emotions with other people.

The word **communication** has been derived from a Latin word '**Communis**' which means '**commonness**' or '**to share**' or '**to participate**'.

- **Effective communication** may have an impact on patients' engaging in treatment in the first place, following treatment suggestions, satisfaction, and referral to other services.
- **But** there is no **definitive model** of 'good communication'.

Communication VS. Therapeutic Communication

Communication is a two-way process where by exchange of information, ideas, attitudes and feelings occur between two or more individuals.

A planned process of interaction in which the nurse demonstrates empathy, uses effective communication skills, and responds to the client's thoughts and needs.

Goals of therapeutic communication

1. Establish a therapeutic nurse - client relationship.
2. Identifying client's concerns and problems.
3. Assess client's perception.
4. Recognize client's needs.



principles of therapeutic communication

1. The pt. should be focus of the interaction
2. Always maintain a professional attitude .
3. The use of self disclosure is limited .
4. Assess pt.'s level of understanding .
5. Maintain a non judgmental attitude and avoid giving advice.
6. Maintain pt. confidentiality .

Characteristics of successful communication

1. Feedback : the return response.

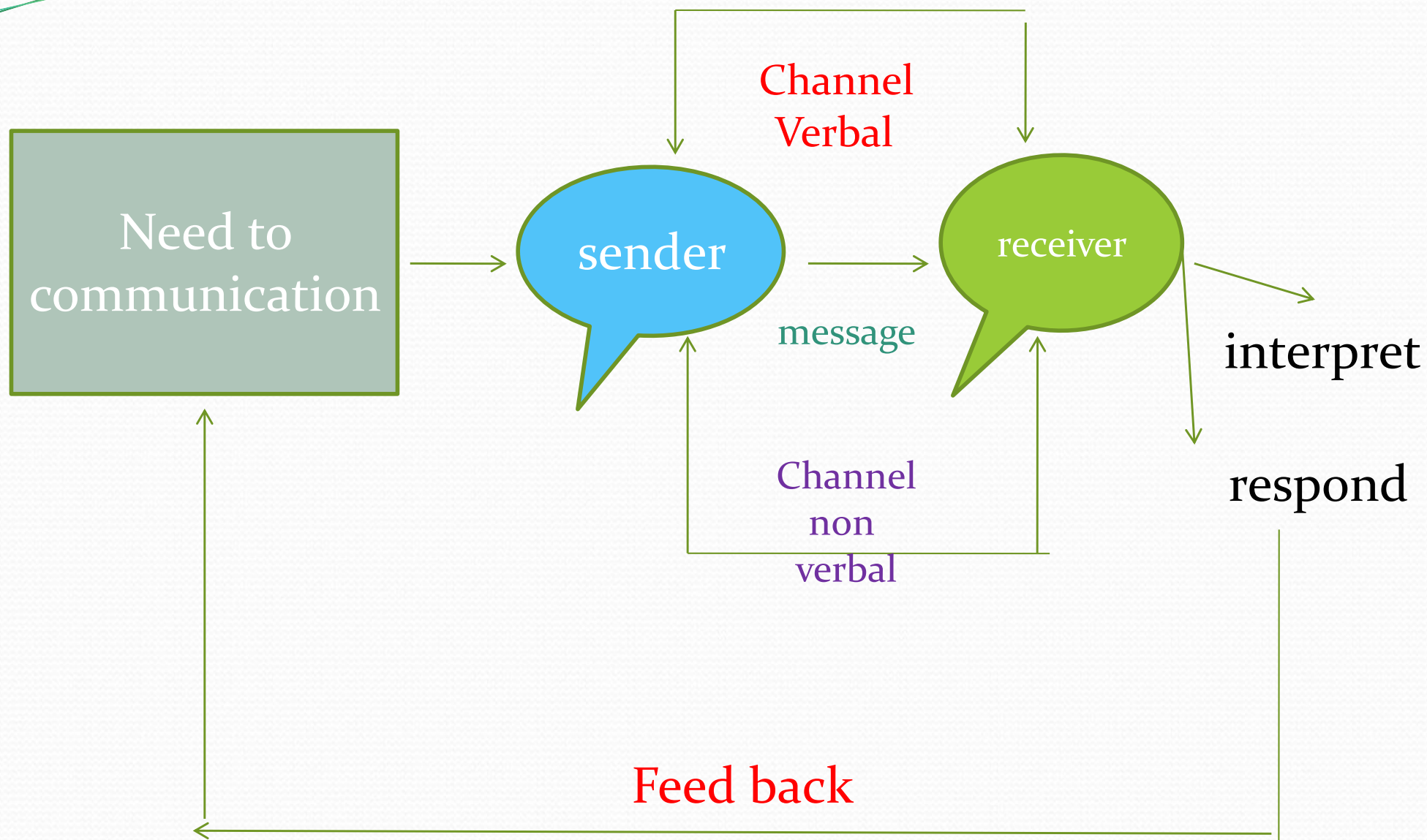
It is the response of the listener which indicates the effect made by communication received.

2. Appropriateness : the reply is fitting and relevant to the communication received.

3. Efficiency : the language used by the communicators is understood.

4. Flexibility : there is an absence of over control or under control





Communication process

```
graph TD; A[Type of communication] --> B[VERBAL COMMUNICATION]; A --> C[Non - VERBAL COMMUNICATION];
```

Type
of
communication

**VERBAL
COMMUNICATION**

**Non - VERBAL
COMMUNICATION**

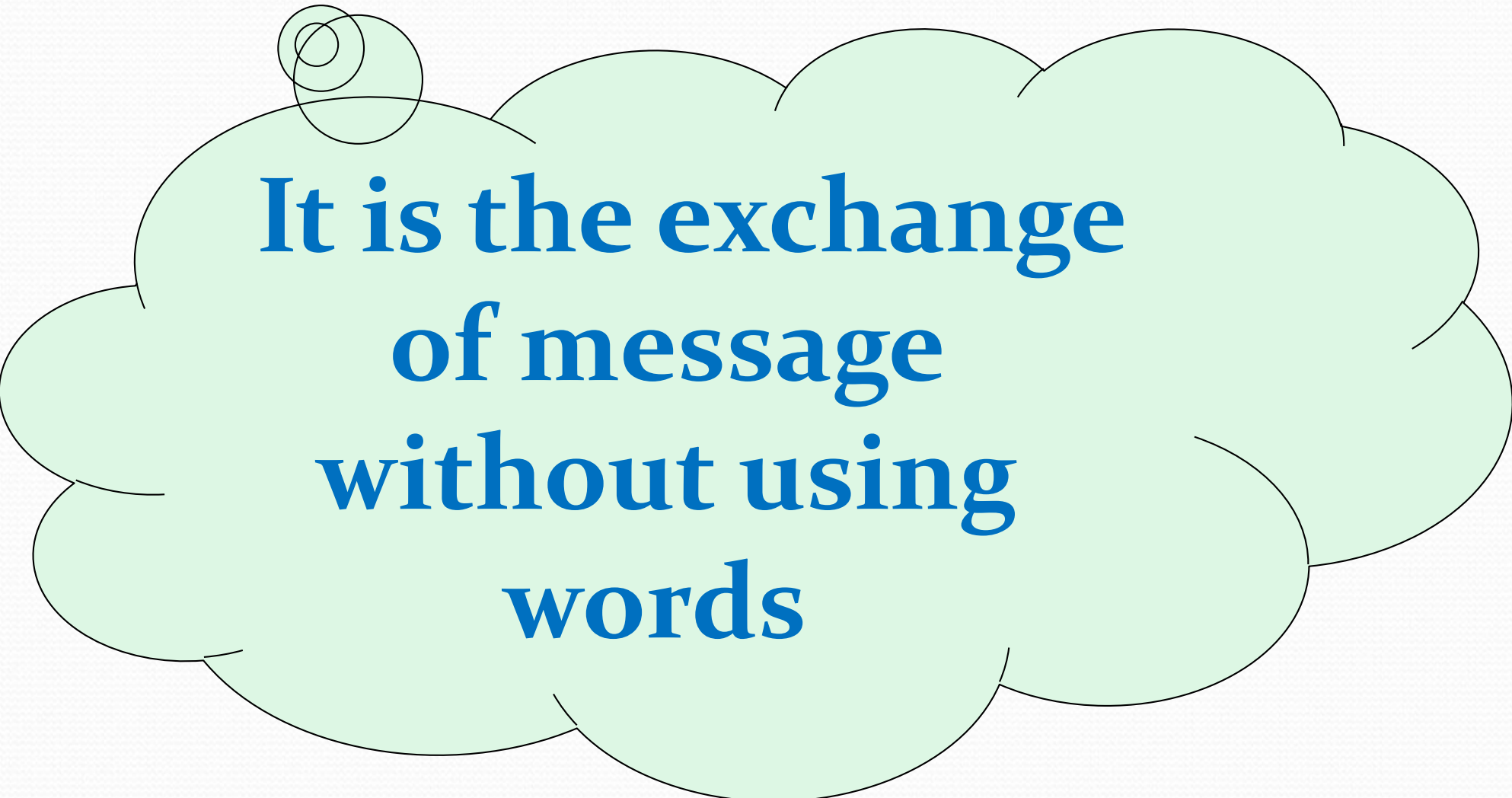
Verbal Communication

It refers to words that are used in interaction between two or more people.



Give example

2- *Non-verbal communication:*



**It is the exchange
of message
without using
words**

Non-verbal Communication

- **Non-verbal messages:** mirroring or enhancing verbal messages, and it varies from culture to culture.
- **Includes:**
 - **Paralanguage:**
 - **Tone of voice** (calm, agitated, loud, soft, fast, slow).
 - **Stream of talk** (pressure, blocking, flight).
 - **Volume of speech** (high, low).

2- Kinetics:

Includes all body languages..

A. Body movement: General posture, head nodding, hand gestures.

B. Facial movement: Eye contact , eye behavior (wink, pupil dilatation), mouth movement.

C. Facial expression: Sad, happy, mask, confuse.



Depressed

Facial expression

Facial expressions is a rich source of communication ,as most expressive part of body.



disinterested expression



Stressed mature man



Satisfied boy



smiling



shocked expression



disgusted look on his face



laughing

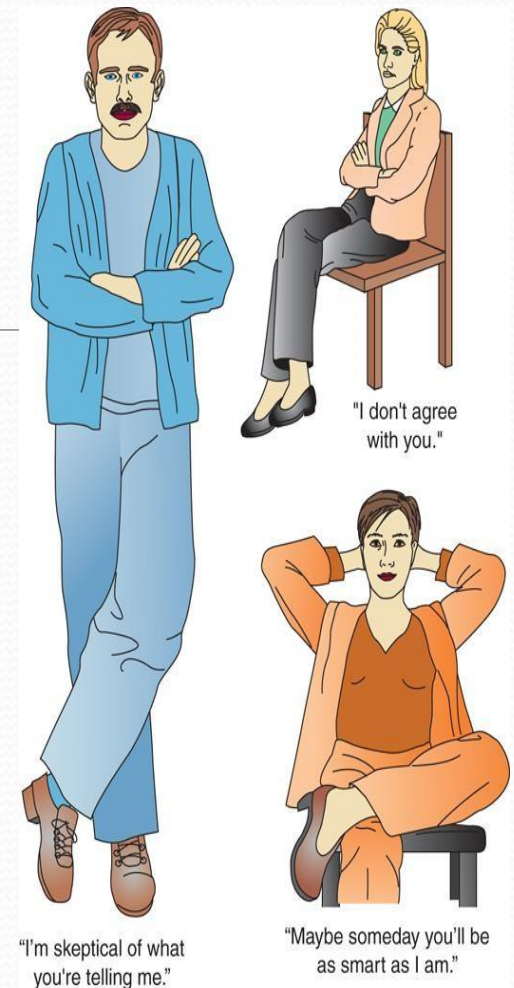
II-Nonverbal Communication

Touch

- Touch is an important mean of nonverbal communication , it conveys interest , warmth, rapport, reassurance, protection and concern.
- Touch must be used **carefully** and not **forced on** any body and should be based on the culture and beliefs.



- **Non-verbal** communication is considered a more accurate description of true feeling **because** one has **less control** over nonverbal reaction.
- Often people have more conscious awareness of their verbal message and less awareness **of their nonverbal behaviors**.



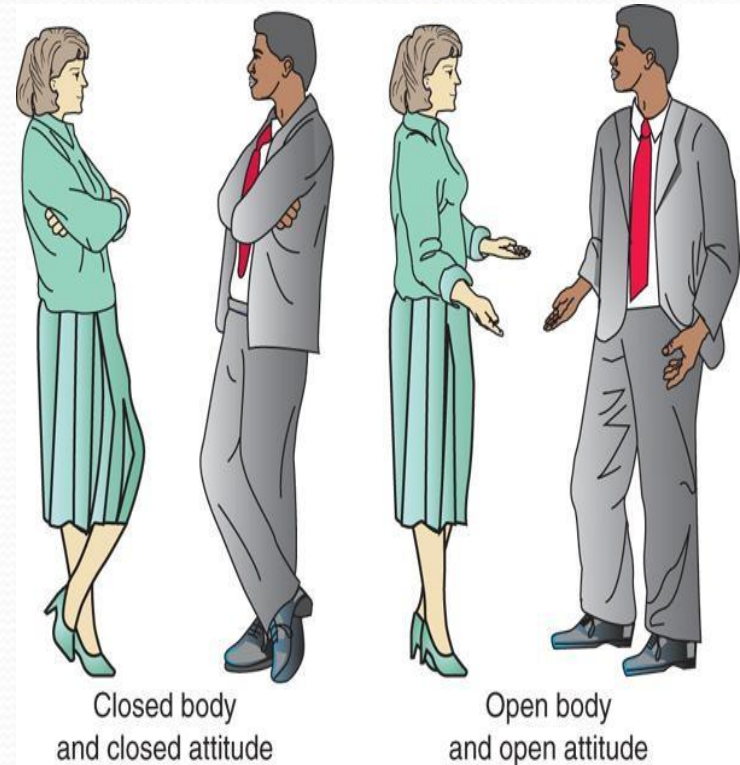


Selection of Communication Techniques

- Assessment and interpretation of the meaning of the patient's communication, both verbal and nonverbal.
- Identification of the desired client's outcomes.
- Focusing on client's feelings.

Considerations for Effective Communication

- Rapport
- Empathy
- Boundaries and body space zones
 - Personal boundaries (body zones)
 - Professional boundaries and ethics



Communication techniques

Active listening :

- ❖ The nurse who is actively listening observe patient's non verbal communication , thinks along with the patient and responds appropriately.

- **SOLER**: Non-verbal listening stance to convey attentiveness.

Promotes patient comfort and engagement.

S

Sitting at a comfortable angle and distance.

O

Open posture.
Arms and legs uncrossed.

L

Leaning forward from time to time.
Looking genuinely interested.
Listening attentively.

E

Effective eye contact without staring.

R

Remaining relatively relaxed.

Questioning

- This technique should be used carefully.
- Ask questions beginning with “what” , “who” and “when” to gain factual information.
- “Why” and “how” question should be limited, as they require analytical ability and information which the patient does not have
- To stimulate and increase communication avoid asking questions which may be answered with one word.

E.g.

- Did you have week end?

Instead we can ask

“Tell me about your week end

Silence

- **Definition:** Silence is a deliberate pause to allow the patient time to think and express themselves without interruption.
- **Purpose:** Gives the patient space to reflect and continue the conversation without pressure, which can lead to deeper self-exploration.
- **Example:** Sitting quietly after a patient expresses an emotional thought, allowing them to decide if they want to elaborate.
- **Application:** Especially helpful for patients with PTSD or those who may be hesitant to speak about traumatic experiences, as it respects their pace and encourages them to share in their own time.

Open-Ended Questions

These are broad opening which will encourage the client to express more about their thoughts, feelings, and experiences. •

E.g

- ✓ What would you like to discuss?
- ✓ What are you thinking about ?
- ✓ Tell me about your self ?
- ✓ Can you tell me more about what has been worrying you?"
- ✓ "How have things been for you since our last conversation?"

General leads

- Encourages client to continue elaborating

E.g.

- ✓ “Go on”
- ✓ “And then”
- ✓ “tell me about it”
- ✓ “uh -huh”
- ✓ “I see “

E - Empathy

- Empathy is the ability to see things from the other person's perception and to communicate this understanding to other person .

Empathy include

- 1- Accurate perception of the patient by the nurse.
- 2- Communication of this understanding to patient.
- 3- the patient's perception of the nurse's understanding

E.g I can hear how painful it is for you to talk about this .

• **NURSE** Empathy skills.

Technique	Example phrases
Naming	"It sounds like you are worried about..." "I wonder if you are feeling angry."
Understanding	"If I understand what you are saying, you are worried how your treatments will affect your work." "This has been extremely difficult for you."
Respecting	"This must be a tremendous amount to deal with." "I am impressed with how well you have handled the treatments."
Supporting	"I will be with you during the treatments." "Please let me know what I can do to help you."
Exploring	"Tell me more about your concern about the treatment side effects." "You mentioned you are afraid about how your children will take the news. Can you tell me more about this?"

Restatement

- **Definition:** Restatement involves repeating the main idea of what the patient has said in a slightly different way.
- **Purpose:** This technique shows the patient that you are listening and provides clarity, allowing the patient to elaborate on their thoughts or correct any misunderstandings.
- **Example:**
 - **Patient:** “I feel like no one understands me.”
 - **Nurse:** “It sounds like you’re feeling misunderstood.”
- **Application:** Especially useful with patients dealing with anxiety or depression, as it encourages them to expand on their thoughts and feelings, which can lead to greater insight.

Paraphrasing: this is repeating the idea that the patient expressed in different words .

Purpose: Restate the patient's message to confirm understanding.

- e.g. Patient: "I can't sleep. I stay awake all night"
- Nurse: "You have difficulty sleeping"

Reflection

- **Definition:** Reflection is mirroring the patient's emotions back to them. It helps to validate their feelings and encourages further emotional expression.
- **Purpose:** Helps patients feel understood and supported, especially in expressing complex emotions.
- **Example:**
 - **Patient:** "I'm so tired of fighting my thoughts every day."
 - **Nurse:** "You sound exhausted and overwhelmed by these constant thoughts."
- **Application:** Beneficial for patients with mood disorders like depression and bipolar disorder, as it helps them acknowledge their emotions, making it easier to address these feelings in therapy.

Exploration

- **Definition:** Exploration involves asking open-ended questions to encourage the patient to dive deeper into their experiences, thoughts, and feelings.
- **Purpose:** Encourages self-discovery and helps patients gain insight into their own behaviors and motivations.
- **Example:**
 - **Nurse:** “Can you tell me more about what you mean when you say you feel ‘trapped’?”
- **Application:** Useful for individuals with schizophrenia or PTSD, as it promotes discussion of underlying issues that may not be immediately apparent.

Clarification

- **Definition:** Clarification is used to clear up confusion or to ensure mutual understanding.
- **Purpose:** Helps the nurse or therapist understand the patient's message more accurately and gives the patient an opportunity to elaborate.
- **Example:**
 - **Patient:** "I just feel so lost and helpless."
 - **Nurse:** "When you say you feel 'lost,' could you help me understand what that feels like for you?"
- **Application:** Effective with patients who have generalized anxiety disorder or depression, as it encourages them to define their feelings and experiences more clearly.

Focusing

- **Definition:** Focusing helps guide the patient to discuss specific issues in more detail, especially when their thoughts are scattered.
- **Purpose:** Helps the patient concentrate on a specific issue or emotion, making it easier to address.
- **Example:**
 - **Patient:** “Everything just seems to be falling apart.”
 - **Nurse:** “Can we focus on one specific thing that feels overwhelming right now?”
- **Application:** Useful with patients experiencing psychosis or manic episodes, as it helps bring structure to conversations that might otherwise be fragmented.

Offering Self

- **Definition:** Offering self means expressing availability and a willingness to listen and provide support.
- **Purpose:** Provides comfort and shows empathy, helping to establish rapport and trust.
- **Example:**
 - **Nurse:** “I’m here for you, and we can take as much time as you need to talk.”
- **Application:** Often used when working with patients who feel isolated, such as those with depression or personality disorders, to foster a therapeutic alliance.

Encouraging Comparison

Definition: Encourages the patient to identify similarities and differences in experiences, which can help with recognizing patterns.

Purpose: Facilitates insight into recurring behaviors or feelings and helps patients make connections.

Example:

- **Nurse:** “How does this feeling compare to the last time you felt anxious?”

Application: Useful for patients with bipolar disorder, addiction or PTSD, as it encourages them to recognize triggers and patterns in mood or behavior.

Giving Information

- **Definition:** Providing information relevant to the patient's condition or treatment.
- **Purpose:** Empowers patients by enhancing their understanding of their condition, treatment, or medication.
- **Example:**
 - **Nurse:** "This medication is intended to help manage your mood swings. You may start to feel a difference in a few weeks."
- **Application:** Particularly important when working with patients experiencing anxiety or paranoia, as it provides clarity and reduces uncertainty.

Making Observations

- **Definition:** Pointing out specific behaviors or nonverbal cues that the patient may not be aware of.
- **Purpose:** Helps patients gain self-awareness and encourages reflection on behaviors or expressions.
- **Example:**
 - **Nurse:** “I noticed that you seemed tense when we started talking about your family.”
- **Application:** Useful for patients with personality disorders or those with limited insight, as it gently brings awareness to their behavior.

Confrontation (Used Cautiously)

- **Definition:** Addressing inconsistencies in the patient's words or behaviors.
- **Purpose:** Encourages patients to reflect on their thoughts or behaviors when discrepancies arise.
- **Example:**
 - **Nurse:** "You mentioned you want to feel better, but I also noticed you've been missing therapy sessions. Let's explore that together."

Application:

- Only to be used after trust has been established, and should be done gently, with sensitivity.
- Used cautiously, particularly with patients who may be defensive.
- It can be helpful with patients dealing with denial or substance use issues.

Providing Positive Reinforcement

- **Definition:** Offering encouragement or praise to recognize progress or positive behavior.
- **Purpose:** Reinforces healthy behaviors and boosts the patient's motivation and self-esteem.
- **Example:**
 - **Nurse:** "I noticed you made it to all your appointments this week. That's a big accomplishment!"
- **Application:** Especially beneficial for patients with depression or low self-esteem, as it helps them feel valued and builds confidence in their ability to make positive changes.

Offering Alternatives

- **Definition:** Suggesting different options or coping strategies to help the patient consider various ways to approach a situation.
- **Purpose:** Encourages problem-solving and fosters the patient's ability to think flexibly.
- **Example:**
 - **Nurse:** "If going for a walk doesn't help when you feel anxious, what's another activity that might give you relief?"

Application: Useful for patients with anxiety disorders or rigid thinking, helping them broaden their coping toolk it.

Using “I” Statements

- **Definition:** A way of expressing thoughts or observations without placing blame, using “I ”instead of “you.”
- **Purpose:** Helps convey concerns while avoiding defensiveness and encourages open dialogue.
- **Example:**
 - **Nurse:** “I feel that you’re struggling to trust the process right now. Let’s talk about what might help build that trust.”
- **Application:** Effective in establishing a non-judgmental tone, which is especially helpful with patients who are defensive or mistrustful.

Reality Orientation

- **Definition:** Gently bringing a patient back to present-day reality, often used with those experiencing delusions or hallucinations.
- **Purpose:** Helps patients re-establish a sense of time and place when they are disoriented or experiencing altered perceptions.
- **Example:**
 - **Patient:** “I feel like someone is watching me all the time.”
 - **Nurse:** “I understand that it feels very real, but we’re here together, and no one else is in the room.”
- **Application:** Particularly useful for patients with schizophrenia or dementia, as it helps them regain orientation without confrontation.

Summarization

- **Definition:** Summarizing involves briefly reviewing the main points of a discussion to ensure both the patient and the nurse are on the same page.
- **Purpose:** Reinforces understanding, clarifies, and provides closure to the conversation.
- **Example:**
 - **Nurse:** “So, today we’ve talked about your recent challenges at work and how they’ve been affecting your mood. Next time, maybe we can explore some coping strategies together.”
- **Application:** Often used at the end of a session with any patient, it is particularly helpful for patients with attention issues or cognitive impairments to reinforce understanding and direction.

Voicing doubt

gently questioning the client's ideas and perceptions .

e.g.

really?

Are you sure ----?

Is the only way to interpret it ?

That's hard to believe."

Communication technique

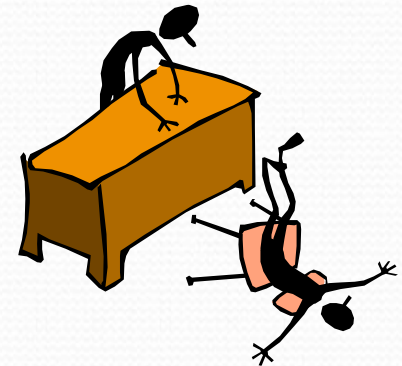
- <https://www.youtube.com/watch?v=r6amCqy3V2E>

Table 9.2 **VERBAL COMMUNICATION TECHNIQUES**

Technique	Definition	Example	Use
Acceptance	Encouraging and receiving information in a nonjudgmental and interested manner	<i>Patient:</i> I have done something terrible. <i>Nurse:</i> I would like to hear about it. It's OK to discuss it with me.	Used in establishing trust and developing empathy
Confrontation	Presenting the patient with a different reality of the situation	<i>Patient:</i> My best friend never calls me. She hates me. <i>Nurse:</i> I was in the room yesterday when she called.	Used cautiously to immediately redefine the patient's reality. However, it can alienate the patient if used inappropriately. A nonjudgmental attitude is critical for confrontation to be effective.
Doubt	Expressing or voicing doubt when a patient relates a situation.	<i>Patient:</i> My best friend hates me. She never calls me. <i>Nurse:</i> From what you have told me, that does not sound like her. When did she call you last?	Used carefully and only when the nurse feels confident about the details. It is used when the nurse wants to guide the patient toward other explanations.
Interpretation	Putting into words what the patient is implying or feeling	<i>Patient:</i> I could not sleep because someone would come in my room and rape me. <i>Nurse:</i> It sounds like you were scared last night.	Used in helping the patient identify underlying thoughts or feelings
Observation	Stating to the patient what the nurse is observing	<i>Nurse:</i> You are trembling and perspiring. When did this start?	Used when a patient's behaviors (verbal or nonverbal) are obvious and unusual for that patient
Open-ended statements	Introducing an idea and letting the patient respond	<i>Nurse:</i> Trust means... <i>Patient:</i> That someone will keep you safe.	Used when helping patient explore feelings or gain insight
Reflection	Redirecting the idea back to the patient for classification of important emotional overtones, feelings, and experiences; it gives patients permission to have feelings they may not realize they have	<i>Patient:</i> Should I go home for the weekend? <i>Nurse:</i> Should you go home for the weekend?	Used when patient is asking for the nurse's approval or judgment; use of reflection helps nurse maintain a non-judgmental approach
Restatement	Repeating the main idea expressed; lets patient know what was heard	<i>Patient:</i> I hate this place. I don't belong here. <i>Nurse:</i> You don't want to be here.	Used when trying to clarify what the patient has said
Silence	Remaining quiet but nonverbally expressing interest during an interaction	<i>Patient:</i> I am angry! <i>Nurse:</i> (Silence) <i>Patient:</i> My wife had an affair.	Used when patient needs to express ideas but may not know quite how to do it; with silence, the patient can focus on putting thoughts together
Validation	Clarifying the nurse's understanding of the situation	<i>Nurse:</i> Let me see if I understand.	Used when nurse is trying to understand a situation the patient is trying to describe

Block of communication

1. Changing the subject of communication.
2. Stating one's personal opinions and ideas about the pt. and his situation.
3. Giving false or inappropriate reassurance .
4. Jumping to conclusions , offering solutions to problems , or giving advice.
5. Distraction in the environment , such as loud voice .



Question

- *Which technique would be least effective in promoting therapeutic communication?*
- A. Reflection
- B. Reassurance
- C. Questioning
- D. Restatement



References:

- Boyd, M. A. (2022). *Psychiatric nursing: Contemporary practice* (8th ed.). Lippincott Williams & Wilkins.
- Videbeck, S. L. (2020). *Psychiatric-mental health nursing* (8th ed.). Wolters Kluwer.

