THERAPEUTIC INTERACTIONS.

KENYA REGISTERED NURSE – MENTAL HEALTH AND PSYCHIATRY

ANONYMOUS

- When I ask you to listen to me and you start giving advice, you have not done what I asked.
- When I ask you to listen to me and you begin to tell me that I shouldn't feel that way,you are trampling on my **feelings.**
- When I ask you to listen to me and you feel that you have to do something to solve my problem,you have failed me, strange as that may seem.
- Advice is cheap:10 cents will get you both Dear Abby and Billy Graham in the same newspaper.
- When you do something for me *that I need to do for myself,*you contribute to my fear and weakness.

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- But,when you accept as a simple fact that I do feel what I feel,no matter how irrational,then I can quit trying to convince you and get about the business of understanding what's behind this irrational feeling.And when that is clear,the answers are obvious and I don't need advice.
- Irrational feeling make sense when we understand what's behind them.
- Perhaps that's why prayer works,sometimes,for some people because God is mute,and he doesn't give advice or try to fix things.**They** just listen and let you work it out for yourself.
- So,please listen and just hear me.And,if you want to talk, wait a minute for your turn;and I'll listen to you.

LEARNING OBJECTIVES.

- Describe a therapeutic interaction.
- Define the process of communication.
- State the factors that influence communication.
- Explain how one may develop good communication skills.
- Discuss how communication blocks can occur.
- Compare social and therapeutic interactions.
- List essential conditions for a therapeutic relationship to occur as described by Carl Rogers.
- Describe the elements of nonverbal communication.
- Explain the phases of a therapeutic relationship.
- Cite examples of interpersonal therapeutic techniques.
- Discuss the interaction or process recording.

COMMUNICATION.

The process of communication includes three elements:the sender,the message,and the receiver.Communication is the giving and receiving of information.The sender prepares or creates a message when a need occurs and sends the message to a receiver or listener ,who then decodes it.The receiver may then return a message or feedback to the initiator of the message.Communication is a learned process influenced by a person's attitudes,sociocultural or ethnic background,past experiences,knowledge of subject matter , and ability to relate to others.Interpersonal perceptions also affect our ability to communicate because they influence the initiation and response of communication.Such perception occurs through the senses of sight,sound,touch,and smell.Environmental factors that influence communication include time,place,and the presence of one or more persons.

FACTORS INFLUENCING COMMUNICATION.

1. *Attitude.*Attitudes are developed in various ways and may be the result of interaction with the environment,assimilation of others' attitudes, life experiences,intellectual processes,or a traumatic experience.Descriptive terms include accepting,caring,prejudiced, judgmental,and open or closed minded.
2. *Sociocultural or ethnic background.*People of French or Italian heritage often are reffered to as gregarious and talkative ,willing to share thoughts and feelings.People from Southeast Asian countries such as Thailand or Laos,who often reffered to as quiet and reserved , may appear stoic and reluctant to discuss personal feelings with persons outside their families.
3. *Past experiences.*Previous positive or negative experiences influence one's ability to communicate.For example,children who have been told continually to be quiet,or to speak only when spoken to,may become withdrawn and noncommunicative.Teenagers who have been **put down** by parents or teachers whenever attempting to express any feelings may develop a poor self-image and feel their opinions are not worthwile.As a result,they avoid interacting with others.

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4. *Knowledge of subject matter.*A person who is well educated about certain topics may feel more secure when discussing these topics with others.A word of caution :knowledgeable people need to communicate with others at the level of understanding of others.The receiver of the message may neglect to ask questions,not wanting to appear ignorant ,and as a result,may not receive the correct information.
5. *Ability to relate to others.*Some people are natural-born talkers who claim to have never met a stranger.Others may possess an intuitive trait that enables them to say the right thing at the right time and relate well to people.”I feel so comfortable talking with her,” ”She’s so easy to relate to,” and “I could talk to him for hours” are just a few comments made about people who have the ability to relate to others .Such an ability can also be a learned process,the result of practicing communicative skills over a period of time.

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6. *Interpersonal perceptions.*Satir (1976)warns the reader to beware of looking without seeing,listening without hearing, touching without feeling,moving without awareness,and speaking without meaning.The following passage reinforces the importance of perception:"I know that you believe you understand what you think I said,but I'm not sure you realize that what you heard is not what I said."
7. *Environmental factors such as time,place,and the presence of people.*Timing is quite important during a conversation.Consider the child who has misbehaved and is told by his mother,"Just wait till your father gets home."By regarding the incident that occurred earlier .Some people prefer to "buy time to think things over or "a cooling-off period."The place in which communication occurs,as well as the number of people present,has a definite influence on interactions.A subway,crowded restaurant,or grocery store would not be a desirable place to conduct a disclosing,serious,or philosophic conversation.

NONVERBAL COMMUNICATION.

1. **Position or posture**.The position one assumes can designate authority,cowardice,boredom,or indifference.For example,a nurse standing at the foot of a patient's bed with arms folded across chest gives the impression that the nurse is in charge of any interaction that may occur.Astudent nurse slumped in a chair, doodling on a pad,gives the appearance of boredom.
2. **Gestures.**Pointing,finger trapping,winking,hand clapping, eyebrow raising,palm rubbing,hand wringing,and beard strocking are examples of nonverbal gestures that communicate various thoughts and feelings.Reflect on these gestures and your reactions to them.What gestures are common in your nonverbal communication? Do they betray feelings of insecurity,anxiety,or apprehension,or do they express feelings of power,enthusiasm,eagerness,or genuine interest?

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3. **Touch.**Hand shaking,hugging,holding hands,and kissing all denote positive feelings for another person.Reactions to touch as a gesture of concern ,whereas the sexually promiscuous person may consider touching an invitation to sexual advances.An abused child may recoil from the nurse's attempt to comfort,whereas the dying patient may be comforted by the presence of a nurse sitting by the bedside silently holding the patient's hand.
4. **Physical appearance.**People who are depressed may pay little attention to their appearance.They may appear unkempt and unconciously don dark-colored clothing,reflecting their depressed feelings.Confused or disoriented persons may forget to put on items of clothing,put them on inside out,or dress inappropriately.Weight gain or weight loss may also be a a form of nonverbal communication.People who exhibit either may be experiencing a low self-concept or feelings of anxiety,depression,or loneliness.The manic patient may dress in brightly colored clothes with several items of jewelry and excessive make-up.People with a positive self-concept may communicate such feelings by appearing neat ,clean, and well dressed.

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5. **Facial expressions.**A blank stare,startled expression,sneer, grimace,and broad smile are examples of facial expressions denoting one's innermost feelings.Clowns use facial expressions to convey feelings of sadness,hapiness,surprise,and disgust,as well as other emotional reactions.Commercialson television and billboard advertisements make use of facial expressions to sell various products.
6. **Vocal cues.**Pausing or hesitating while conversing,talking in a tense or flat tone,or speaking tremulously are vocal cues that can agree with or contradict one's verbalization.Speaking softly may indicating a concern for another,whereas speaking loudly may be the result of feelings of anger or hostility.For example,a person who is admitted to the hospital for emergency surgery may speak softly but tremulously,stating,"I'm okay.I just want to get better and go home as soon as possible."The nonverbal cues should indicate to the nurse that the patient is not okay and the patient's feelings should be explored.

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7. **Distance or spatial territory.**Hall(1966) describes four zones of distance awareness used by adult,middle-class Americans.They include the intimate,personal,social,and public zones.Actions that involve touching another body, such as love-making and wrestling,occur in the intimate distance zone.The personal zone refers to an arm's length distance of approximately one and one-half feet to four feet.Physical contact,such as hand holding,still can occur.This is the zone in which therapeutic communication occurs.The social zone,in which formal business and social discourse occurs,occupies a space of 4 feet to 12 feet.The public zone,in which no physical contact and little eye contact occurs,ranges from 12 feet to 25 feet .People who maintain communication in this zone remain strangers.

COMMUNICATION SKILLS.

1. **Know yourself:**What motivates your interest in helping others? Identify your emotional needs so that they don't interfere with the ability to relate to others.Be aware of any mood swings that you may exhibit.Patients are very sensitive to the emotions and reactions of helping persons.One student stated at the beginning of a therapeutic interaction," Mr.Williams asked me what was wrong today.I tried not to show that I had a headache.He said I wasn't my usual cheery self.I'm surprised he realized I wasn't feeling up to par."
2. **Be honest with your feelings:**Don't wear a mask to protect yourself or avoid contact with others .Your body language, gestures,and tone of voice can reveal your true feelings or reactions to patient behaviour.Your nonverbal communication may contradict your spoken word if you are not honest with the patient.Nurses who work with cancer patients often find it hard to relate to terminally ill persons.

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3. **Be secure in your ability to relate to people:**Don’t allow the behaviour of others to threaten or intimidate you.Remember that all behaviour has meaning.Ask yourself,”What is the patient trying to communicate?”
4. **Be sensitive to the needs of others:**Listen attentively by using eye -to-eye contact,focusing your attention on the speaker,and assuming a personal distance of one and one-half to four feet.
5. **Be consistent:**Consistensy in what you say and do encourages the development of trust.
6. **Recognize symptoms of anxiety:**Knowing anxiety when it appears in yourself and those you relate to is important.Anxiety impairs communication if the person is unable to concentrate or express feelings.
7. **Watch your nonverbal reactions:**Be aware of your bodu language because it punctuates and modifies verbal messages.Use gestures cautiously to emphasize meanings,reactions,or emotions.

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8. **Use words carefully:**When relating to others,these words should be used cautiously:I,you,they,it,but,yes,no,always, never,should and ought.Satir (1976) refers to these words as “powerful words” that may be used thoughtlessly,appear to be accusations,be easily misunderstood,cause confusion or ambivalence,or imply stupidity.
9. **Recognize differences:**The fact that people may have cultural,personality,or age differences,or may have conflicting loyalties,can impair communication.

INEFFECTIVE COMMUNICATION.

Reasons for ineffective communication includes;

- Ineffective communication skills used by the helping person.The nurse may not send the message intended.
- Failure to listen on the part of he helping person.Some individuals are doers rather than listeners.
- Conflicting verbal and nonverbal messages.
- A judgemental attitude.Someone who displays prejudice or a judgemental attitude when relating to others may never really get to know the person.
- Misunderstanding because of multiple meanings of English words.Consider the word *cup.*It may mean a drinking receptacle,a hole on a golf green,or a winner's cup(trophy).The sender should slect words that are not confusing in meaning.

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- False reassurance.Cliches such as”Everything will be okay” or “Don’t worry,the doctor will make you well” are considered examples of false reassurance.
- Disagreeing with a person who is seeking support.Belittling s person may may result in the development of a low self-concept and inability to cope with stressors.
- Changing the subject if one becomes uncomfortable with the topic being discussed.

Interactions.

- Two types of interactions-social and therapeutic may occur when the nurse is working with patients or families who seek help for physical or emotional needs.
- Conditions essential for a therapeutic relationship to occur include;

i. **Empathy.**The helper is able to zero in on the feelings of another person.To “walk in another’s shoes” describes empathetic understanding because such action enables one to experience the feelings of another and respond to them.

ii. **Respect.**the helper considers the person to be deserving of high regard and cares deeply for the person as a human being.Consistency on the part of the helper conveys respect.

iii. **Genuineness.**The helper is sincere,honest,and authentic in responses.The helper becomes a role model as she or he meets the patient’s needs rather than wants.

SOCIAL VERSUS THERAPEUTIC INTERACTIONS.

Social interactions.

- Social interaction may be reffered to as doing a favor for another person, such as lending someone money,taking food to a housebound elderly couple,or giving advice to a young girl who has just broke her engagement.
- A personal or intimate relationship occurs.
- The identification of needs may not occur.

Therapeutic interactions.

- Therapeutic interaction promotes the functional use of one's latent inner resources.Encouragung verbalization of feelings after the death of one's child or exploring ways to cope with increased stress.
- A personal,but not intimate, relationship occurs.
- Needs are identified by the person with the help of the nurse if necessary.

- Personal goals may or may not be discussed.
- Constructive or destructive dependency may occur.
- A variety resourses may be used during socialization.

- Personal goals are set by the patient.
- Costructive dependency, interdependency,and independency are promoted.
- Specialized professional skills are used while employing nursing interventions.

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4. **Self-disclosure.**Exposing a view of one's attitudes,feelings,and beliefs is self-disclosure.It can occur on the part of the helper as well as the patient.Appropriate self-disclosure by the helper provides a role for the other person to model,allowing the person to become more open,reveal more about self,and feel more secure.
5. **Concreteness and specificity.**The ability to identify feelings by skillful listening requires the helper to be realistic,not theoritical, while assisting the person in expressing specific feelings.The helper should not expect a patient to be a textbook picture of an illness and stereotype or label symptoms.
6. **Confrontation.**Discussing discrepancies in the person's behaviour must be done in an accepting manner after the helper has established a good rapport with the person.Those with the emotional problems may perceive themselves differently than they think others regard them.

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7. **Immediacy of relationship.**Recognizing one's own feelings and sharing them with the patient is essential to a therapeutic relationship.The helper needs to be able to share spontaneous feelings,but not necessarily all of them.The sharing of too many negative expressions can be detrimental during the beginning of a relationship.Once a relationship exists,the helper shares spontaneous feelings when the helper feels the patient will profit from such a discussion.
8. **Self-exploration.**If the patient is to make progress,he or she needs to engage in self-exploration.Feelings of discomfort or fear may initially emerge;however,the more the patient investigates feelings,the more he or she learns to cope and adapt.

CONFIDENTIALITY.

- Confidentiality is important during a nurse-patient interaction .The patient has a right to privacy.All information concerning the patient is considered personal property and is not to be discussed with other patients or outside the hospital setting.When discussing a patient,as in preclinical or postclinical conference,the patient's name and descriptive information that might identify the patient should not be mentioned.It may be necessary for a student nurse to reassure a patient that confidentiality will be maintained expect when;

(1) the information may be harmful to the patient or others.

(2) the patient does not intend to comply with the treatment plan.

(3) the patient threatens self-harm.

THERAPEUTIC RELATIONSHIPS:Establishing Roles.

Peplau(1952) describes six sub-roles of the psychatric nurse during a therapeutic relationship.During the therapeutic relationship,patients may distort their perceptions of others.Therefore,they may relate to the nurse not on the basis of the nurse's realistic attributes,but wholly or chiefly on he basis of interpersonal relationships existing in their environment.this behaviour is reffered to as transference or paratoxic distortion(Yalom,1985).Countertransference occurs when the nurse responds unrealistically to the patient's behaviour or interaction.Negative tranceference can interfere with the development of a therapeutic relationship.

THE ONE-TO-ONE NURSE-PATIENT RELATIONSHIP.

Initiating or orienting phase.

The first step of therapeutic interaction is called the initiating phase.During this phase the nurse sets the stage for a one-to-one relationships by becoming acquainted with the patient.Both the nurse and the patient may experience anxiety when they first meet.A comment such as"Sometimes it's hard to talk to a stranger" is a good way to begin a discussion on initiating a relationship.Communication styles of the nurse and patient are explored to facilitate rapport and open communication as the patient begins to share innermost feelings and conflicts.The following tasks are to be accomplished during the initiating phase;

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1) Building trust and rapport by demonstrating acceptance.
2) Establishing a therapeutic environment.
3) Establishing a mode of communication acceptable to both the patient and nurse.
4) Initiating a therapeutic contract by establishing a time, place,and duration for each meeting,as well as the length of time the relationship will be in effect.
5) Assessing the patient’s strengths and weaknesses.

WORKING PHASE.

The second phase of therapeutic relationship is known as the working or middle phase.The patient begins to relax, trusts the nurse,and is able to discuss mutually agreed-upon goals with the nurse as the assessment process continues and a plan of care develops.Perceptions of reality,coping mechanisms,and support systems are identified at this time.During the working phase,the patient is able to focus on unpleasant,painful aspects of life with the nurse's supportive help.Therapeutic tasks accomplished during the working phase include;

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a) Exploring perception of reality.
b) Developing positive coping behaviors.
c) Identifying available support systems.
d) Promoting a positive self-concept.
e) Encouraging verbalization of feelings.
f) Developing a plan of action with realistic goals.
g) Implementing the plan of action.
h) Evaluating the results of the plan of action.
i) Promoting independence.

TERMINATING PHASE.

The finsl step of therapeutic relationship is the terminating phase.The nurse terminates the relationship when the mutually agrred-upon goals are reached,the patient is transferred or discharged,or the nurse has finished the clinical rotation.The patient may attempt to prolong the relationship as clinical symptoms of separation anxiety are experienced.Some mutually accepted goals resulting in the termination of a therapeutic relationship include the ability to;

i. Provide self-care and maintain one's environment.
ii. Demonstrate independence and work interindependently with others.
iii. Recognize signs of increased stress or anxiety.
iv. Cope positively when experiencing feelings of anxiety,anger, or hostility
v. Demonstrate emotional stability.

Examples of Therapeutic Communication Techniques.

Techniques	Examples.
i. Using silence	i. .
ii. Accepting	ii. Yes.That must have been difficult for you.
iii. Giving recognition	iii. I noticed that you've made your bed.
iv. Offering self	iv. I'll walk with you.
v. Giving broad openings or asking open-ended questions.	v. Is there something you'd like to do?

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vi. Offering general leads or door-openers.

vii. Placing the event in time or in sequence.

viii. Making observations.

ix. Encouraging description of perceptions.

x. Encouraging comparison.

xi. Restating

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vi. Go on.You were saying…

vii. When did your nervousness begin?

viii. I notice that you're trembling. You appear to be angry.

ix. What does the voice seem to be saying?

x. Has this ever happened before?

xi. *Patient:*I can't sleep.I stay awake all night.

*Nurse:*You can't sleep at night.

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xii. Reflecting

xiii. Focusing on specifics.

xiv. Exploring.

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xii. *Patient:* I think I should take my medication.

Nurse: You think you should take your medication?

xiii. This topic seems worth discussing in more depth.Give me an example of what you mean.

xiv. Tell me more about your job.What would you describe your responsibilities?

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xv. Informing.

xvi. Seeking clarification.

xvii. Confronting.

xviii. Voicing doubt.

xix. Evaluating.

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xv. His name is…

xvi. I'm not sure that I understand what you are trying to say.

xvii. I see no elephant in the room.

xviii. I find that hard to believe.

xix. Describe how you feel about taking your medication.

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xx. Attempting to translate into feelings or verbalizing the implied.

xxi. Suggesting collaboration.

xxii. Asking direct questions.

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xx. *Patient*:I'm empty.

Nurse:Are you suggesting that you feel useless?

xxi. Perhaps you and your doctor can discuss your home visits and discover what produces your anxiety.