

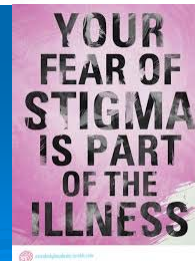
Nurse Patient THERAPEUTIC Relationship A Major Tool for Healing

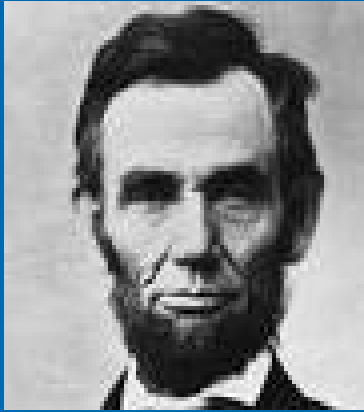
Dr. Verna Benner Carson, PMH-CNS
&
Katherine J. Vanderhorst, RN. BSN



STIGMA OF PSYCHIATRIC DIAGNOSES

- Many Patients Are Embarrassed By Their Psych Diagnosis
- Will Assert "I'm Not Crazy!"
- It Helps To Normalize What The Patient Is Experiencing
- They are not alone in their depression, anxiety or even in psychotic disorders

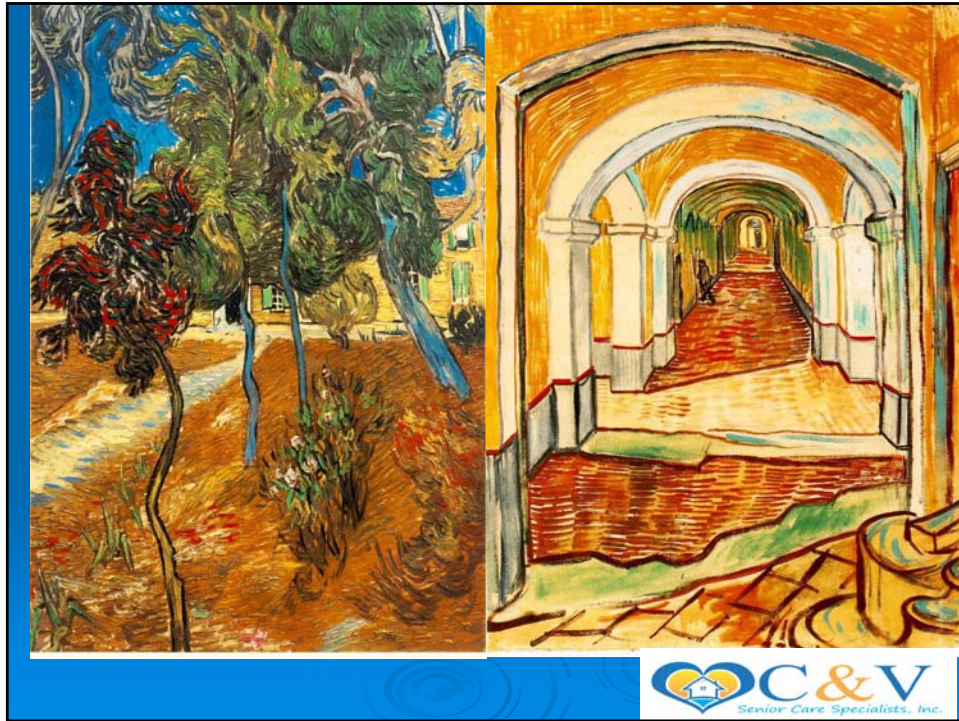




Abraham Lincoln, 16th President of the United States suffered from severe depression with suicidal ideation. He once wrote in a letter to a friend..."let it be observed, is a misfortune, not a fault."



Vincent Van Gogh – Famous Dutch artist & painter – thought to have had Bipolar Disorder. Committed suicide when he was 37.



Dr. Kay Jamison





Role of Psychiatric Nurse

- Develop Nurse/Patient Therapeutic Relationship.
- Use of Therapeutic Self
- Utilization of Therapeutic Communication/Techniques
- Understanding the Role & Responsibilities of the Nurse in Psychiatric Clinical Practice
- Self Exploration & Value Clarification
- Application of the Nursing Process
- Establish a contract with patient – verbal or written
- Time, frequency and length of visits
 - Purpose of visits
 - Expectations of results of therapeutic relationship
 - Establishing time that visits will last
 - Reminding patient 15 minutes before visit is over that there is only 15 more minutes

LEAVE WHEN TIME IS UP!



How might a therapeutic relationship differ from a social relationship?



Therapeutic Relationship

VS

Social Relationship

Therapeutic

- Purpose: Promote positive changes, healing, wellness
- Patient centered
- Focus is on patients needs, experiences, feelings, etc.
- Goals are identified & worked towards
- Outcomes are evaluated
- Clear boundaries identified by nurse & maintained by nurse
- Level of responsibility involved

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Social

- Purpose: Friendship, companionship, socialization
- Sharing of experiences, feelings, etc..
- Both parties concerned about getting needs met
- Advice may be given
- Shifting of roles
- Outcomes are rarely assessed.



Therapeutic Nurse Patient Relationship

An interaction between a care giver (**nurse**) and care receiver (**patient**) in which input from both participants contributes to a climate of healing, growth promotion and or illness prevention.



Therapeutic Use of Self

Nurses use themselves as the therapeutic tool to establish therapeutic relationships with patients to assist patients in growing, changing and healing.



Self Exploration & Clarification of Values

Need to know our selves
and to be aware of our
own feelings, and
reactions to people, places
and things.

We examine our own value
position so we do not project
our prejudices, opinions and
biases onto others.—
Ultimately – accepting
differences
of others.



Therapeutic Communication Techniques

- Basis for therapeutic relationship
- Specific Interviewing/Responding techniques
designed to elicit information &
provide direction
- Focuses on patients' needs
- Assists in the understanding and
empathizing with patients needs
(listening & focusing)
- Neutral & matter of fact
- Promotes health & wellness (
informing, suggesting)



Therapeutic Communication Techniques

Goal Oriented

- ❑ Listening – promotes understanding of patient's situation.
- ❑ Broad Openings – “What would you like to talk about today?”
- ❑ Restating – Main idea of what patient said is repeated back.
- ❑ Clarification – helps to understand - “Tell me if my understanding agrees with yours.” OR “I am not sure that I understand. Would you explain?”



Therapeutic Communication Techniques

- Reflection - Feelings are referred back to pt.
- Focusing- Narrowing in on a single idea or word to gain more information. Enhances insight. Assists patients with identifying problems.
- Sharing Perceptions – The nurse “checks in” with patient to see if what the nurse is seeing (nonverbal) or hearing(verbal) is accurate.



Therapeutic Communication Techniques

- **Theme Identification:** Pointing out repeated patterns of behavior. Underlying issues
- **Silence:** Allows for patient to collect thoughts, or think through a point, or to consider switching to a more concerning topic.
- **Humor:** Can have a positive effect on emotional health.
- **Informing:** Not giving advice!! Providing the patient with important info to enhance wellness. IE – Med or Illness teaching.
- **Suggesting:** Not advice giving! Offering patient alternative or healthy ways of solving problems.




NO-NO's!!! Non-Therapeutic Communication!

- **Giving False Reassurance** – “I would not worry about that – everything is going to be fine.”
Devalues the pts feelings.
- ❑ **Giving Advice** – “I don’t think you should” or “Why don’t you.” Suggest that the nurse knows best or that patient is dependent and can’t think for himself.
- ❑ **Belittling feelings** – Telling a patient to “perk up” or “snap out of it”. Conveys a message of unimportance. Devalues the patients feelings.







DO'S



DON'TS

- Introduce yourself to patient & explain your purpose, intention, etc.
- Keep conversation patient focused
- Listen attentively
- Aim to understand the patient's story
- Utilize therapeutic communication techniques
- Maintain professional boundaries
- Assess patient for safety risk & report
- Be aware of safety issues

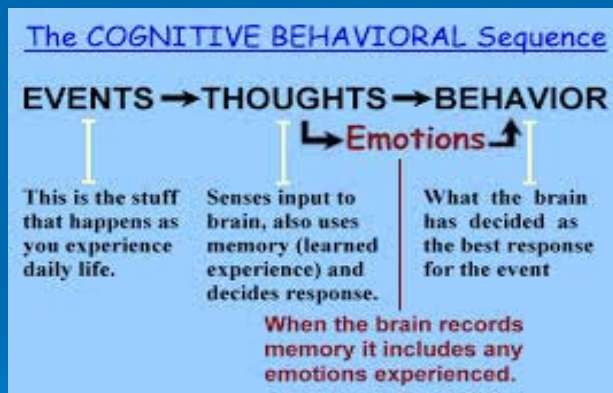
- Insist that your patient meet with you when he/she clearly states otherwise
- Don't disclose personal information
- Don't look around the room or stare of into space during interaction
- Don't ignore important verbal and/nonverbal cues that warrant attention
- If you see something that alarms you – say something!





OTHER THERAPIES USED IN PSYCH HOME CARE

CBT:



If I can change the way I think about something – I can change my emotional response to the event

CBT

Cognitive behavioral therapy (CBT) is a blend of two therapies: cognitive therapy (CT) and behavioral therapy. CT was developed by psychotherapist Aaron Beck, M.D., in the 1960's. CT focuses on a person's thoughts and beliefs, and how they influence a person's mood and actions, and aims to change a person's thinking to be more adaptive and healthy. Behavioral therapy focuses on a person's actions and aims to change unhealthy behavior patterns.

CBT helps a person focus on his or her current problems and how to solve them. Both patient and therapist need to be actively involved in this process. The therapist helps the patient learn how to identify distorted or unhelpful thinking patterns, recognize and change inaccurate beliefs, relate to others in more positive ways, and change behaviors accordingly.

CBT can be applied and adapted to treat many specific mental disorders.



CBT

CBT for depression

Many studies have shown that CBT is a particularly effective treatment for depression, especially minor or moderate depression. Some people with depression may be successfully treated with CBT only. Others may need both CBT and medication. CBT helps people with depression restructure negative thought patterns. Doing so helps people interpret their environment and interactions with others in a positive and realistic way. It may also help a person recognize things that may be contributing to the depression and help him or her change behaviors that may be making the depression worse. This has been tested in home health care.

CBT for anxiety disorders – not tested in home health care

CBT for anxiety disorders aims to help a person develop a more adaptive response to a fear. A CBT therapist may use "exposure" therapy to treat certain anxiety disorders, such as a specific phobia, post traumatic stress disorder, or obsessive compulsive disorder. Exposure therapy has been found to be effective in treating anxiety-related disorders.¹ It works by helping a person confront a specific fear or memory while in a safe and supportive environment. The main goals of exposure therapy are to help the patient learn that anxiety can lessen over time and give him or her the tools to cope with fear or traumatic memories.



ANY QUESTIONS?

