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Therapeutic Communication and Nurse-Patient Relationship

Mental Health Nursing

Principles of therapeutic communication, techniques, barriers, phases of nurse-patient relationship, therapeutic use of self and management of challenging interactions.

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CHAPTER 05 / MENTAL HEALTH NURSING 05. Therapeutic Communication and Nurse-Patient Relationship

1. Definition and principles

Therapeutic communication is purposeful professional interaction that supports understanding, expression of needs, safety and recovery. Use respect, empathy, genuineness, active listening, clear language, privacy, appropriate boundaries and collaboration. Therapeutic use of self means using self-awareness, communication and professional conduct intentionally to support patient goals.

Technique	Example
Open question	"What has been most difficult today?"
Reflection	"You sound worried about returning home."
Clarification	"When you say unsafe, what do you mean?"
Restating	"You said the voices become louder at night."
Offering self	"I can sit with you for a few minutes."
Focusing/summarizing	Review one important concern and agreed next step.
Presenting reality	"I do not hear the voice, but I understand it is distressing."
Silence	Allow time for thought without pressure.

Avoid false reassurance, interrogation, judgment, arguing about delusions, reinforcing their content, excessive self-disclosure, promises of secrecy and intrusive personal advice. Communication with psychosis should acknowledge distress while maintaining reality-based statements.

2. Phases of nurse-patient relationship

Pre-interaction: review information, own attitudes and safety needs. Orientation: introduce role, establish trust, negotiate goals and explain boundaries. Working: support coping, problem-solving, treatment, education and evaluation. Termination: review goals, prepare transitions, discuss feelings and follow-up. Transference is shifting feelings about a past relationship onto clinician; countertransference is clinician's emotional response influenced by own experiences. Seek supervision when boundaries or strong feelings arise.

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3. Challenging interactions and barriers

Anxiety, language differences, hearing impairment, stigma, distraction, cognitive changes and power imbalance can interfere. Use interpreter, simple statements, appropriate distance, calm tone, time and teach-back. With escalating agitation use one calm speaker, nonthreatening stance, adequate personal space and exit access; identify triggers and offer choices. Do not threaten, crowd or touch unexpectedly. Assess immediate risk and involve trained team as needed. For silence or withdrawal offer time and low-pressure contact; do not force disclosure.

4. Important Examination Questions

Long Answer Questions

1. 1. Describe therapeutic communication techniques and phases of nurse-patient relationship.

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B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Short Answer Questions

1. 1. Compare empathy and sympathy
2. 2. explain therapeutic use of self
3. 3. list barriers and de-escalation principles.

Very Short Answer Questions (with answers)

1. 1. What is transference? - Feelings from previous relationships redirected towards another person.
2. 2. Should a nurse validate a delusion as factual? - No.

5. Quick Revision

- Acknowledge emotion without reinforcing false beliefs.
- Boundaries protect both parties.
- De-escalation begins with safety and respect.

6. Conclusion

Acknowledge emotion without reinforcing false beliefs. Boundaries protect both parties. De-escalation begins with safety and respect.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. A nurse asks, "When you say unsafe, what do you mean?" Which communication technique is used?

A. Reflection
B. Clarification
C. Restating
D. Offering self

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2. During which relationship phase should the nurse review goals and prepare for follow-up and transition?

A. Pre-interaction

B. Orientation

C. Termination

D. Working

3. Which statement is an example of presenting reality while acknowledging distress?

A. "The voice is definitely real and knows you."

B. "There is no reason to feel upset about a voice."

C. "If you ignore the voice, it will certainly disappear."

D. "I do not hear the voice, but I understand it is distressing."

4. A patient says, "Nobody understands what I am going through." Which response is most therapeutic?

A. "It sounds very difficult. Tell me more about what has been happening."

B. "Everyone has problems, so stop worrying."

C. "I know exactly how you feel."

D. "You should not feel that way."

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Answer key and explanations

1. B - Clarification

Clarification asks the patient to make the meaning of a statement clearer.

2. C - Termination

Termination includes goal review, transition planning, feelings and follow-up.

3. D - "I do not hear the voice, but I understand it is distressing."

The nurse acknowledges the distress without reinforcing the voice as external reality.

4. A - "It sounds very difficult. Tell me more about what has been happening."

Acknowledging distress and inviting the patient's account supports therapeutic communication. Dismissal, assumptions and judgment can close communication.

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