NURSING 2130

THERAPEUTIC RELATIONSHIPS

COMPONENTS OF THERAPEUTIC RELATIONSHIP

A. **Trust:** Behavior that fosters friendless, caring, interested, understanding and consistent, keeping promises and being honest. There may be times when judgement involves timing of being honest.

B. **Congruence:** Words and actions match. Paranoia, low self-esteem and anxiety make it difficult to establish trust.

C. **Genuine Interest:** Disclosure of a personal experience related to the client's concerns. Nurse must be aware of not shifting emphasis to the nurse, but rather the patient.

D. **Empathy:** Both client and nurse give the "gift of self". Ability of the nurse to perceive the meanings and feelings of the client and to communicate that understanding to the client.

E. **Acceptance:** Avoiding judgement, does not mean accepting inappropriate behavior. Set limits without reprisal.

F. **Positive Regard:** Considering client's preferences. Avoid communicating negative opinions and value judgements.

G. **Therapeutic Use of Self Awareness:** Understanding one's own values, beliefs, thoughts, feelings, attitudes, motivations, prejudices, strengths and limitations and how these qualities affect others.

H. **Beliefs:** Ideas that one holds.

I. **Attitudes:** General feelings or a frame of reference around which a person organizes knowledge about the world. Examples are positive, hopeful, negative and pessimistic.

J. **Ethnocentric Attitudes:** Characterized by or based on the attitude that one's own ethnic and cultural group is superior. The ethnocentric individual will judge other groups relative to his or her own particular group; especially with concern to language, behavior, custom and religion.

K. **Establishing a Therapeutic Relationship:** Forces on the needs, experiences and feelings of the client. It is important to give consideration that parameters of the relationship are clear and does not slip into a social relationship.

PHASES OF THE THERAPEUTIC RELATIONSHIP

A. **Orientation:** Begins when the nurse and client meet at ends when the client begins to identify problems and clarifies expectations. That is the time to set parameters, roles.

B. **Working Phase:** Problem identification has begun. Exploring of developing coping skills and more positive self-image.

C. **Termination Phase:** Resolution phase, ends when client is discharged. Clients may avoid this by acting angry, and stalling maneuvers.

ISSUES OF CONFIDENTIALLITY

A. Keep private health information private. This information should be shared between members of the interdisciplinary team. Report all disclosures to state laws.

B. Adult clients must give permission for family to review chart with exception to state appointed guardians. Throughout the entire therapeutic relationship, DO NOT AGREE TO KEEP SECRETS.

C. 1976 Decision Tarasoff's vs. Regents of the University of California – released professionals from privileged communication should a client make a homicidal threat.

This decision requires the nurse to notify intended victims and the police of such a threat. In this circumstance the nurse must report the homicidal threat to nursing supervisor and attending physician, so both the police and intended victim can be notified. This is called ***Duty to Warn.***

TRANSFERENCE AND COUNTERTRANSFERENCE

These concepts were developed by Freud.

A. **Transference:** Occurs when the client displaces onto the therapist attitudes and feelings that the client originally experienced in other relationships. These reactions are based on previous experiences and not the nurse.

B. Countertransference: Occurs when the therapeutic clinician displaces onto the client attitudes and feelings from his or her past. Nurses can deal with these reactions by examining their own feelings and responses, using self-awareness, talking with colleagues, and utilizing clinical supervision.