

Communication Skills Necessary in a Therapeutic Relationship

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Communication is one of the most important skills required in psychiatric nursing. High turnover rates in overflowing and understaffed hospitals are causing concern for nursing standards and patient level of care. These issues increase the need for solid communication skills in a therapeutic relationship between the nurse and patient, to assess and treat the patient, establish trust, demonstrate empathy and understanding, and map out a care plan that the patient will understand. (Lewis et al., 2013) The development of specialized communication skills is necessary for progressing through the four phases of a therapeutic relationship. Phase one, the pre-interaction phase where the nurse gathers information about the patient but does not meet them. Phase two, the orientation phase where the nurse and patient have their first meeting and develop trust and respect. Phase three the working phase, where the nurse and patient come up with a treatment plan and phase four, the termination phase where the patient no longer needs the nurse and they go their separate ways. (Resource paper, 2007) The specialized skills needed by the nurse to succeed in a healthy therapeutic relationship with their patient are; active listening, paraphrasing and summarizing, questioning, and non-verbal messages. (Morrissey & Callaghan, 2011, p. 2) This paper will discuss the communication skills needed for a nurse to progress through the four phases of a therapeutic relationship.

The first phase of a therapeutic relationship according to the resource paper (2007) is the 'Pre-interaction phase.' In this phase the nurse is assigned to the client and gathers information from the patient's chart, other nurses on the ward and any other resource personnel working with the patient such as a physiotherapist or social worker. This way the nurse can have a better understanding of the patient before they meet, and will have researched the best way to communicate with the patient. (Resource paper, 2007) The basis of this phase strictly revolves

around planning the first patient nurse interaction. (Varcarolis, n.d., p. 164) The communication skills needed in this phase are not related to the nurse-patient therapeutic relationship yet, as the nurse has not yet met the patient, the skills needed here are for the nurse to get an understanding of what is required to communicate effectively with the patient in the first meeting. Some communication problems that can occur if the nurse does not do a proper assessment of the patient in the pre-interaction phase are; language barriers, accents, physical disabilities, hearing loss, speech difficulties, and cultural differences. All of these situations can be handled properly and professionally for the first meeting if the nurse understands how to communicate with the patient beforehand.

The second phase of a therapeutic relationship is called the orientation phase. (Resource paper, 2007) In this phase the nurse and patient establish contact for the first time. Barriers to communication in the orientation can be overcome in a few meetings or can take longer, depending on the status of the patient and the communication skills of the nurse. (Varcarolis, n.d., p. 164) At this point the nurse has gained a bit of history about the patient from their pre-interaction research. Communication skills become essential to moving through the phase smoothly. In this phase the nurse and patient provide introductions, the purpose of the meeting, define goals, and discuss expectations. (Resource paper, 2007) They must also establish trust, discuss confidentiality, the patient's needs, and the contract and termination of the therapeutic relationship. (Varcarolis, n.d., p. 164) The first important communication skill the nurse must use in this phase is active listening. Proper active listening skills give the patient time to talk about their story, express emotions, feel respected and understood, establish a connection and develop trust. (Morrissey & Callaghan, 2011, p. 3) In order to listen effectively the nurse must give the patient their full attention and tune out internal and external distractions. (Morrissey &

Callaghan, 2011, p. 3) The next important communication skills used by the nurse are paraphrasing and summarizing. Paraphrasing expresses the patient's concerns in the nurse's own words, in turn showing the patient that the nurse was listening. When the patient feels as though they have been heard, it helps develop trust and support. (Morrissey & Callaghan, 2011, p. 9) Summarizing is a longer paraphrase used when the patient gives you a lot of information at once. It also helps clear up misunderstandings and find the main point of the story. (Morrissey & Callaghan, 2011, p. 9) Another important communication skill on the second phase of a therapeutic relationship is questioning. (Research paper, 2007) Using open ended questions helps the patient elaborate and focus on their problem. Proper questioning skills can narrow down the goals and expectations of the patient helping them to move onto the next phase of a therapeutic relationship. An important communication skill to use while active listening, paraphrasing, summarizing and questioning is being aware of non-verbal cues. (Research paper, 2007) A patient's body language can communicate to the nurse more about what they are feeling than what they are actually saying. Non-verbal cues a nurse should watch for are; gesture, posture, eye contact, facial expressions, body language, tone of voice and appearance. (Morrissey & Callaghan, 2011, p. 4) These additional nonverbal cues all provide the nurse with a more thorough understanding of the patient's concerns and feelings. This can lead to better communication techniques being used during their continued meetings.

The third phase of a therapeutic relationship is the working phase. (Resource paper, 2007) This phase utilizes all the specialized communication skills of the nurse to identify the patient's goals and work with the patient to identify the patient's goals and pin point the patient's problems. The nurse and patient develop solutions and implement a plan for recovery and treatment. (Resource paper, 2007) "The nurse's awareness of personal feelings and reactions to

the client is vital for effective interaction with the client.” (Varcarolis, n.d., p. 166) The nurse must utilize active listening skills in this phase because it allows the patient to express emotions, initiate reflection of past and present experiences, and help the nurse understand what type of treatment plan would be acceptable for the patient’s situation. (Morrissey & Callaghan, 2011, p. 3). “Effective use of reflective skills can facilitate exploration, build trust, and communicate acceptance and understanding to the client.” (Morrissey & Callaghan, 2011, p. 9) This statement explains the importance of communication skills when summarizing and paraphrasing the patient’s core messages. In order for the nurse to identify the key points of the patient’s problems the nurse must first understand what the patient is trying to express. Summarizing and paraphrasing the clients concerns is a way to build empathy, reflect on the patient’s thoughts, and make sure the patient knows you understand what they are saying and that they are being ‘heard.’ (Burnard, 2005, p. 156) Open ended questions can help encourage the patient to talk, explore their feelings, identify the problem, and start goal setting. (Burnard, 2005, p. 152) The use of questioning skills when communicating in this phase can help with developing solutions and looking for alternative treatment plans. Communication skills are essential in this phase as its basis is long term goal planning where the nurse gives constructive feedback, best and worst outcomes, and any necessary referrals. (Reference paper, 2007) Important nonverbal cues to watch for when communication with the patient in this phase are the following; Body movement, is the patient open and accepting of what you are saying or closed off and detached? Tone of voice, is the patient sounding anxious, scared, angry or uninterested? Lastly, eye contact and facial expressions, is the patient looking at the nurse, smiling, frowning, looking down, raising eyebrows or avoiding eye contact? (Morrissey & Callaghan, 2011, p. 4) These nonverbal cues can assist the nurse in registering the patient’s acceptance of the plan. Once the treatment plan

has been implemented and the patient has progressed to their set goals, it's time to move onto the last phase of a therapeutic relationship.

Phase four is the termination phase. (Resource paper, 2007) This phase is actually implemented at the orientation phase, and may be communicated to the patient again in the working phase as a reminder that at some point the therapeutic relationship must come to an end, thereby not catching the patient off guard and terminating the relationship without warning. (Varcarolis, n.d., p. 165) Communication skills are essential at this point in the therapeutic relationship as the patient's emotions can intensify and past judgments such as abandonment and rejection can be reawakened. Patients may withdraw, become angry, or regress back to their earlier behaviors. (Varcarolis, n.d., p. 165) Active listening skills can help the nurse become aware of the patients feelings or anxieties about the termination, and find the unresolved issue to focus on. (Varcarolis, n.d., p. 167) Summarizing and paraphrasing become important aspects to the termination phase by recalling the goals and coping strategies that were implemented in the working phase. Reviewing the relationship and situations that the patient has overcome within the past meetings can help the patient look forward to incorporating new coping skills into their daily life. Communicating positive reinforcement to the patient reminds them of the success they have achieved thus far. Using an open ended question such as "People may experience anger when saying goodbye. Sometimes they are angry with the person who is leaving. Tell me how you feel about my leaving" (Varcarolis, n.d., p. 167) gives the patient a chance to express and validate their feelings while opening up about the therapeutic relationship termination. Nonverbal communication can help the nurse read the patients emotions by looking at the patients face; do they look sad and upset when they are talking about being sad and upset, are they stating they are 'ok' yet crossing their arms and avoiding eye contact? (Burnard, 2005, p.

136) Paying attention to these cues can help the nurse actively listen, read the patient and come up with open ended questions to summarize how they are feeling and where to go from here. Part of the termination process is to discuss other options for the patient in the future if they need resources or help. The patient's case manager should have a list of resources and agencies available for the patient to contact, thereby cutting all ties with the nurse. (Varcarolis, n.d., p. 167)

Specialized communication skills are essential for a nurse to work through the four phases of a therapeutic relationship with a patient. The pre-interaction phase, orientation phase, working phase and termination phase all must have solid communication skills integrated daily in the nursing practice to have a positive effect on patients. (Morrissey & Callaghan, 2011, p. 14) There is an increased need for nurses everywhere to have solid communication skills to assess, treat and establish a trusting, respectful relationship with the patients. (Lewis et al., 2013) By having an understanding and solid foundation of the following communication skills; active listening, summarizing, paraphrasing, questioning and awareness of nonverbal cues, nurses can excel in their field and have a strong therapeutic relationship with their patient. Utilizing communication skills in the field can help nurses implement positive patient care, treatment planning and recovery, while moving smoothly through the four phases of a therapeutic relationship.

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