Doctors 2021 - رَوح - Medicine - Mu

PSYCHOLOGY SHEET

Therapeutic & Nontherapeutic Relationship

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Therapeutic Relationship

Introduction

-The doctor–client relationship is the foundation on which psychiatry is established. -It is a relationship in which both participants must recognize each other as unique and important human beings.

-It is also a relationship in which mutual learning occurs.

-Interpersonal communication techniques (both verbal and nonverbal) are the "tools" of psychosocial intervention.

Interpersonal skills

- Effective interpersonal skills include:

(It contribute to enhancing the therapeutic relationship) :

1. Listening and non-verbal communication
2. Paraphrasing
3. Summarizing
4. Questioning (helpful question)

1. Listening and non-verbal communication

- **Listening** is the **most important skill** and often **the most challenging.**
- The best and the most therapeutic thing to do are to say less and listen more.
- Listening to a client does not mean that you are doing nothing; instead, you are allowing a space for the person to talk. **Be active listener**

Listening helps clients to:

- Feel cared about and accepted
- Feel significant and respected
- Feel heard and understood (Patients tend to connect with others when they encounter active listeners).
- Connect with other people
- Establish a sense of trust with helper(s)
- Feel less isolated and alone
- Make sense of their current situations and/or past experiences
- Ask for help By Encouraging patients to inquire, discuss, seek assistance, Expressing their needs occurs when you are an active listener or Providing feedback regarding their concerns about hospital care and cleanliness.

- **Give feedback about their care**
- **Express emotions and release tensions can occur when there is an active listener.**
- **Participate in their care planning**

Non-verbal behaviors include:

- **Facial expression: Showing it in your face, for example facial expression, looking interested and concerned; maintaining good eye contact**
- **Body movements: Showing it in your body movements, for example nodding of head, leaning forward**

2. Paraphrasing إعادة صياغة الجملة

- **Paraphrasing involves expressing the person's core message in your own words.**
- **When using paraphrasing, essentially the meaning is not changed but the words are different. Paraphrasing is a valuable tool in that it demonstrates to the client that the psychiatrist is listening and has heard what s/he has said, which can feel very supportive and therefore therapeutic.**
- **Paraphrasing can also be used to check clarity and understanding rather than using questions**
- **The purpose of paraphrasing the patient's statements in my own words is to:**

  1- Making the patient feel that I am an active listener

  2- By paraphrasing, I aim to confirm that I have understood the patient's message correctly. This is done to avoid any misinterpretation or misunderstanding. أتأكد من فهمي إذا كان على النحو الذي يقصده المريض ام لا.

  3- When I rephrase words and remind the patient of what we discussed earlier, It's like I'm indirectly asking them if there are any other subjects he want to talk about that we haven't covered yet.

3. Summarizing

- **This skill involves offering the client a summary of the information that s/he has given.**
- **Summarizing can be a very useful intervention, particularly if the person in distress has given you a lot of information.**

- For the client, hearing a summary of what s/he has said can help to clarify and reassure them that the doctor has heard correctly. It also gives the client the opportunity to correct any misunderstandings, elaborate further as well as hear the main points of their story.

- There are 2 types of evaluations:

1-formative evaluation أول بأول
  ○ After covering each topic, we immediately proceed to paraphrasing it.

2-summative evaluation في آخر الجلسة
  ○ at the end of the entire session, I provide a summarization of the key points and topics discussed throughout the entire session .
    (Hiddeing العنواين Not details)

  ○ •• "We discussed topics such as family history, medication, and your chief complaint. If there's anything else you'd like to share that we haven't covered yet, please feel free to talk about it."

أيضا من أهداف summerisation : لإحساسه بأني منصت إليه واذا في شيء آخر ما تحدثنا عنه يرغب بالتحدث عنه

4. Questioning

- The most useful forms of questions are open ended and begin with 'when', 'what', 'how', 'who' or 'where'.
- Asking an open-ended question invites a full descriptive response. For example, if you were exploring a person's experience of hearing voices, you might use some of the following open questions.

There are 2 Types of question :
1. Open-Ended Questions:
   ○ An open-ended question is one that begins with a "Wh" question word, except for "Why." These questions encourage patients to provide detailed descriptions, express their feelings, elaborate on experiences, and offer explanations
- 2-Non-Helpful Questions - Closed-Ended Questions:
   ○ In these questions tend to limit responses to brief answers, often "yes" or "no." They don't encourage patients to share their thoughts, feelings, or experiences in-depth.

Examples of open questions : It aim to collect detailed information about the subject the patient is discussing.

- **When did you first hear the voices?**
- **How many voices do you hear?**
- **What do the voices say to you?**
- **When are the voices loudest?**
- **Who knows that you hear voices?**
- **How do you feel, when the voices say . . . ?**
- **What were you doing when the voices became louder?**
- **What helps you to cope with the voices?**

Unhelpful questions:

1. Closed questions

Unhelpful questions include the closed questions, These are questions that limit the other person's options and often only give the option of a 'yes' or 'no' response, for example:

- **Did you take your medication?**
  - should be rephrased as الافضل اعادة صياغته كالتالي: "Do you experience any issues with the medication you're taking?"
  - This approach allows him to inform me لإخباري if he's taking medications first, and then he can answer whether there are any problems or
- **Have you seen the doctor?**
- **Do you hear voices?**
- **Did you go to the hospital?**
- **Do you like your parents?**

2. Leading questions

- As the name suggests, these questions involve imposing your own perspective or being suggestive, for example 'I don't think you are very happy with your husband?' rather than, 'How do you feel towards your husband?'
  - For example: "You're not smoking, right?"
    - Avoid placing the desired answer within the question itself, as in a leading question.
  - rather than: "Are you smoking?"

3. Multiple questions

- These involve asking two or more questions at once, for example 'What did the doctor say when you told him about your panic attacks; did he suggest reviewing your medication and did he refer you to the anxiety management group?'

- It is not surprising that this can be confusing and unhelpful for the client. In addition, when the client answers, the psychiatrist will not know which question the client has answered.

  - Avoid asking multiple questions at once. Instead, focus on asking a single, clear question.

    لضمان أن إجابات المريض ذات معنى ويتم الإجابة على أسئلة ال health provier بدقة

  - A healthcare provider should ensure that the patient's responses are meaningful and that the questions directed to psychiatric patients are answered accurately by them. For example, when a patient is asked multiple questions such as their name, place of residence, and age, they might provide unrelated information like '23, Mazen, Amman.'

  - The patient might interpret '23' as an answer to the question about his place of residence.

  - It's important not to impose عدم فرض your own logical connections or assumptions on the answers.

    لا تربط السؤال واجابته من عندك بناءً على تفكيرك المنطقي..

  - Instead, the goal is to assess تقييم whether there is logical coherence in the patient's responses.

4. The 'why' question

- The 'why' question tends to invite an answer rather than a description or an exploration

- Examples:

1. Why didn't you take your medication?
1. What stopped you from taking your medication?
2. Why did you take an overdose?
2. What made you take an overdose?
3. Why did you discharge yourself from hospital?
3. What happened that led you to discharge yourself?
4. Why do you get anxious?
4. What do you think causes you to feel anxious?

5. Why did you say that?

5. What made you say that?

- Asking "Why didn't you take your medication?" might unintentionally come across as accusatory قد يبدو توبيخيًا غير مقصود.
  - Instead, consider using a different approach استخدم نهج مختلف: a gentler alternative could be: "Can you share your reasons for not taking the medication?"

The Therapeutic doctor Client Relationship

- **Therapeutic Relationship** :An interaction between two people (usually a care giver and a care receiver) in which input from both participants contributes to a climate of healing, growth promotion, and/or illness prevention.
  - Therapeutic relationships <u>are goal oriented</u>. Ideally, the doctor and client decide together what the goal of the relationship will be.
- **Most often the goal is** directed at learning and growth promotion in an effort to bring about some type of change in the client's life.
  - In general, the <u>goal of a therapeutic relationship</u> may be <u>based on a problem-solving model</u>. (steps of care plan: Assessment,Diagnosis ,planning,Intervention,Evaluatio).

Conditions essential to the development of a therapeutic relationship:

- Several characteristics that enhance the achievement of a therapeutic relationship have been identified.
- These concepts are highly significant to the use of self as the therapeutic tool in interpersonal relationship development.

1. **Rapport** الأُلفة
2. **Trust**
3. **Respect**
4. **Genuineness** الصدق
5. **Empathy** التعاطف

Rapport

- Rapport implies special feelings on the part of both the client and the doctor based on acceptance, warmth, friendliness, common interest, a sense of trust, and a nonjudgmental attitude.
- Establishing rapport may be accomplished by discussing non-health-related topics.

Trust

- Trust is the initial developmental task described by Erikson.
- If the task has not been achieved, this component of relationship development becomes more difficult. (That is not to say that trust cannot be established, but only that additional time and patience may be required on the part of the doctor).

-اذا وعدت المريض النفسي بشيء اوفي به اذا اخلفت الوعد سيفقد الثقة بك.
قاعدة بالغرب : انت صادق ما لم يثبت العكس >> اذا كذبت مرة لن يعودوا لتصديقك مرةً اخرى

Respect

- To show respect is to believe in the dignity and worth of an individual regardless of his or her unacceptable behavior.
- The attitude is nonjudgmental, and the respect is unconditional in that it does not depend on the behavior of the client to meet certain standards.
- Many psychiatric clients have very little self-respect because, as a result of their behavior, they have been rejected by others in the past.
- The doctor can convey an attitude of respect by :
    - Calling the client by name (and title, if the patient prefers)
    - Spending time with the client (to feel accepted)
    - Allowing for sufficient time to answer the client's questions and concerns
    - Promoting an atmosphere of privacy during therapeutic interactions with the client, or when the client may be undergoing physical examination or therapy.
    - Always being open and honest with the client, even when the truth may be difficult to discuss.
    - Taking the client's ideas, preferences, and opinions into consideration when planning care.
    - Striving to understand the motivation behind the client's behavior, regardless of how unacceptable it may seem

Genuineness

- The concept of genuineness refers to the doctor's ability to be open, honest, and, "real" in interactions with the client.
- To be "real" is to be aware of what one is experiencing internally and to allow the quality of this inner experiencing to be visible in the therapeutic relationship.

- **When one is genuine,** there is congruence between what is felt and what is being expressed.
- The doctor who possesses the quality of genuineness responds to the client with truth and honesty, rather than with responses he or she may consider more "professional" or ones that merely reflect the "psychiatrist role."
    - Even if lying temporarily boosts their morale أدى مؤقتًا إلى رفع معنوياتهم, they will eventually discover the truth, leading to further disbelief. This action disrupts the trust-based relationship between the provider and the patient.

Putting oneself in client Putting (اضع نفسي مكانه) Empathy

- **Empathy is** a process wherein an individual is able to see beyond outward behavior and sense accurately another's inner experience at a given point in time.
- **With empathy,** the doctor can accurately perceive and understand the meaning and relevance of the client's thoughts and feelings.
- **The doctor must also be** able to communicate this perception to the client. **Be Empathy NOT Sympathy**
- **This is done by** attempting to translate words and behaviors into feelings.
- It is not uncommon for the concept of empathy to be confused with that of sympathy.

- **The major difference is that**

> ▶ *Empathy vs Sympathy*

1. with empathy the doctor "accurately perceives or understands" what the client is feeling and encourages the client to explore these feelings.
2. With sympathy the doctor actually "shares" what the client is feeling, and experiences a need to alleviate distress.
- Empathy is considered to be one of the most important characteristics of a therapeutic relationship.
    - Accurate empathetic perceptions on the part of the doctor assist the client to identify feelings that may have been suppressed or denied.

Phases of a Therapeutic doctor Client Relationship

- The therapeutic interpersonal relationship is the means **by which the psychiatric process is implemented.**
- Through the relationship, problems are identified, and resolution is sought.
  Tasks of the relationship have been categorized into four phases:
  1. Pre -interaction phase
  2. Orientation (introductory) phase
  3. Working phase
  4. Termination phase
- Care Planning: Assessment,Diagnosis ,planning ,Intervention ,Evaluation
- We want to know every one under which phase can considered.

1.The Pre-interaction Phase (Phase before seeing the patient)

- The pre-interaction phase involves preparation for the first encounter with the client.
- It begins before the doctors first contact with the patient.
- A common first reaction is a feeling of panic from the patient; the most important tools are the ability to communicate.
- A common fear of doctors is related to the stereotype of psychiatric patient as a violent.
- The Pre-interaction Phase involves some anxiety for the doctor.
  - this phase involves gathering جمع only a portion of the overall assessment process, not the entire assessment itself.
  - An analogy for this phase is collecting information about a girl and her family before proposing marriage قبل التقدم للخِطبة . It involves obtaining a general overview before engaging in deeper discussions.
- **Tasks include:**
- **Examining one's feelings, fears, and anxieties about working with a particular client.**
- Obtaining available information about the client from his or her chart, significant others, or other health team members. From this information, the initial assessment is begun. This initial information may also allow the doctor to become aware of personal responses to knowledge about the client.

- Doctors review general goal of therapeutic relationship and consider what they have to offer patient.
- In psychology there are
1. Goals: are General **not** measurable targets .
2. Objectives: are Specific and measurable targets. (SMART) خصائصها مختصرة بـ

- In the Pre-interaction Phase:
1. the healthcare provider establishes a **general goal.**
2. In the Pre-interaction Phase, a specific **diagnosis will not be reached** as the healthcare provider is unsure about the patient's condition.
3. Pre-interaction phase corresponds to يقابلها: Assessment of care plan.

2. The Orientation (introductory) phase:

- During the orientation phase, the doctor and client become Familiar.
  - The initial sessions with the patient (لا تقتصر not necessarily limited to a single session).
  - Creating an environment for the establishment of trust and rapport .
  - Establishing a contract for intervention that details the expectations and responsibilities of both the doctor and client (e.g. exchange name, purpose of the relationship, where will meet, how often and how long will the meeting be, confidentiality to be discussed).
  - Gathering assessment information to build a strong client database.
    - Assessment is conducted <u>in both</u> the Pre-interaction Phase and the Orientation (introductory) Phase
- **Tasks include:**
  - Identifying the client's strengths and limitations
  - Formulating psychiatric diagnoses.
  - Setting goals that are mutually agreeable to the doctor and client.
  - Developing a plan of action that is realistic for meeting the established goals**(specific objectives)**
  - Exploring feelings of both the client and doctor in terms of the introductory phase.

- **In the Orientation (introductory) phase:**
  - <u>continue</u> the assessment that began in Phase 1, and <u>reach a diagnosis</u> in this phase. You will also <u>formulate specific objectives</u> (not a general goal).
  - Orientation phase coresponds: Diagnosis, Planning, the continuation of assessment.

- Introductions often are uncomfortable, and the participants may experience some anxiety until <u>a degree of rapport</u> has been established. **Interactions** may remain on a superficial level until anxiety subsides. Several interactions may be required to fulfill the tasks associated with this phase.

3. The Working Phase

- Most of the therapeutic work of the relationship is accomplished during this phase.
- As the relationship develops, the patient being to feel close to the doctor, and attempt to move forward.
- The doctor help the patient to master anxiety, increase independence and self-responsibility, and develop constructive coping mechanisms.
  - The Working Phase involves interventions.
    - Working phase corresponds: Intervention of the care plan
    - Having already reached a diagnosis, you will now begin to تنفيذ implement all the previously planned interventions (objectives)
    - work towards achieving the established objectives.
- <u>Tasks include:</u>
  - Maintaining the trust and rapport that was established during the orientation phase
  - Promoting the client's insight and perception of reality
  - Problem-solving using.
  - Overcoming resistance behaviors on the part of the client as the level of anxiety rises in response to discussion of painful issues
  - Continuously evaluating progress toward goal attainment

4. The Termination Phase

- Termination of the relationship may occur for a variety of reasons:
  - the mutually agreed-on goals may have been reached; the client may be discharged from the hospital; or, in the case of a student doctor, it may be the end of a clinical rotation.
- Termination can be a <u>difficult phase for both the client and doctor</u>. The main task involves bringing a therapeutic conclusion to the relationship.
- prepare the patient for termination by decreasing the number of visits, incorporating others into the meeting or changing the location of the meeting.

This occurs when:

- Progress has been made **toward attainment of mutually set goals.**
- A <u>plan for continuing care or for assistance during stressful life experiences</u> is mutually established by the doctor and client.
- Feelings about **termination of the relationship are recognized and explored.** Both the doctor and the client may experience **feelings of sadness and loss.**
- **The Termination Phase** beneficial to begin preparing the patient for the termination phase right from the start.
- **Termination** phase corresponds to : **Evaluation** of care plan
- The patient will be discharged once the healthcare provider has successfully achieved all the planned objectives and interventions.
- Reaction to termination. Patient may react to termination in a variety of ways:
  - He/she may deny the separation, and impending separation perhaps causing the inexperienced doctor to feel rejection by the patient.
  - Patient may express anger and hostility.
  - Patient may view a termination as personal rejection and reinforce negative self concept.
  - It is also common to see the patient regresses to an early behavior pattern
  - من ردود الفعل المتوقعة للمريض:

    1.Regression 2.aggressive 3.Rejecting you

• وهذه الافعال دليل على ان شغل الطبيب صح وإيجابي   وانه المريض ما بده يخسرك (Perfect)

Boundaries In The doctor- Client Relationship

1. **Material boundaries** are physical property that can be seen, such as fences that border land.
2. **Social boundaries** are established within a **culture** and define how individuals are expected to behave in social situations
3. **Personal boundaries** are those that individuals define for themselves. **They include physical distance boundaries**, or just how close individuals will allow others to invade their physical space; and emotional boundaries, or how much individuals choose to disclose of their most private and intimate selves to others. (Changing the subject /topic).
4. **Professional boundaries** limit and outline expectations for appropriate professional relationships with clients. تتعلق غالبا بالمؤسسة التي تعمل لديها

- Hospital administration may impose restrictions تفرض قيود on the time allocated for each patient
- This can lead to situations where healthcare providers are unable to dedicate ample time وقتٍ كافٍ to individual patients, As a result, these policy-driven limitations هذه السياسات والقيود can have a negative impact on the doctor-client relationship.

"وإذا ألفتك شِدّة تذكّر أنّها زائلة ومؤقتة، وأنّ أيَّام السُرور كثيرة وأيَّام الهناءِ وفيرة، وأنَّك في الدُنيا التي لا تصفو طوال الوقت، وأنَّك مؤمن والمؤمن مُبتلى، وأنَّك مأجورٌ على الشوكة التي تُشاكها فما بالك بما أوجع قلبك وأذبل عينيك."

THE END