

Doctors 2021 - رّوح - Medicine - Mu

PSYCHOLOGY SHEET

Therapeutic & Nontherapeutic Relationship

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Non-Therapeutic Responses

These responses can have a negative impact on the therapeutic relationship.

1-Probing تحقيق

- Serves to control the nature of the client's responses
- Questioning resembles interrogation الاستجواب rather than an interaction—client may feel overwhelmed and withdraw
- Tends to put patient on the defensive
 - Why do you do this?
 - Why do you feel this way?

-Avoid asking excessive questions to patients.

كون سؤالك بطريقة تغنيك ع عدة اسئلة

2-Challenging

- Forces a patient to “prove” his or her point of view
- The feelings of the patient go unrecognized
- Challenging a patient's unrealistic ideas or perceptions will not weaken them
 - **E.g: “How can you say your wife doesn't care when she is here for every visiting session?”**
 - **“If your leg is missing, then how can you walk up and down the hall?”**
- You don't agree with the patient, like in the case of a hallucination. The patient reports hearing voices, and you say to him, "Let's ask someone if they hear this voice or not." In this approach, you haven't respected his perspective. Instead,
- You should say to him, "This voice is real for you, and you're hearing it. But for me, I'm not hearing it, and it's not real." This way, you have respected his point of view.

3-Advising

- Undermines clients' ability to solve their own problems
- Renders clients dependent and helpless
- Giving advice is different from giving information
 - **E.g: “If I were you, I would have the ECT.”**
 - **“I think you should do what the doctor says.”**
 - offering advice is not the preferred approach.
 - our aim is to provide knowledge and information.

- When you encounter an overweight person
- Instead of saying: "Why don't you lose weight to avoid health complications? This is advice.
- Provide information like: "Did you know that fat can accumulate in blood vessels? This can lead to arterial hardening and eventually result in high blood pressure". **Informing** you about this process is more important than giving direct advice."

4-False Reassurance التطمين الكاذب

- An attempt to dispel a person's anxiety by implying that there is no cause for worry or alarm or fear
- This belittles, devalues, or rejects the patient's feelings
- Communicates lack of understanding and empathy
E.g: "Everything will be all right."
"Don't worry about it, you'll soon be ok."
- May temporarily boost the patient's morale رفع معنويات, but later they will realize that you were not truthful, leading to a loss of trust in the therapeutic relationship.

5-Giving Approval

- Can lead a patient to strive for praise rather than progress
- Client must ultimately approve of his or her actions
E.g: "That's good."
"I'm glad that you feel that way."
- Once the patient becomes accustomed يعتاد to the praise على الشناء, their behavior may become dependent on it.
- Once the praise is removed, the behavior may stop. Maintaining a balance is crucial.

6-Disagreeing

- The doctor criticizes the client who is seeking support
E.g: "I definitely don't agree with your view."
"I really don't believe that."
- Correcting the patient's mistake without contradicting them.

7-Defending

- The doctor attempts to protect the person, place, or thing that the pt is criticizing
- The doctor implies that the pt has no right to express his or her negative feelings

E.g: "Dr. Lee is a very busy man."

"This is the finest hospital in the city."

"I'm sure your therapist had your best interest at heart."

8-Belittling Feelings Expressed

- No comfort to tell a pt that other people have the same or bigger problems
- This shows lack of understanding and empathy

E.g: "How can you say that? You have a good family."

"I don't know why you're complaining, you should hear the problems your roommate has?"

- Avoid minimizing the severity of the symptoms the patient describes. Every patient perceives **يُرى** their suffering as significant.

9-Making Stereotyped Responses

- Meaningless cliches and trite expressions have little place in the interaction
- Communicate a doctor's disinterest

E.g: "Keep your chin up."

"Just do what the doctors tell you and you'll be home in no time"

10-Changing the Subject

- Takes the direction of the conversation away from the pt
- Demonstrates the doctor's anxiety

E.g: Patient: "My mother always puts me down."

Doctor: "That's interesting, but let's talk about."

- In fact, the patient only brings up this topic due to its significance to them. **لأهميته بالنسبة له.**

11-Not Listening

- doctor is preoccupied with other thoughts

E.g: "I'm sorry; what did you say?"

"Could you start again? I was listening to the other doctor."

- When a patient senses that you're not an active listener, he may hesitate to continue sharing their thoughts and concerns.)

12-Judging

- The doctor's responses are filled with his or her own values and judgments
- Demonstrates lack of acceptance

E.g: "You are not married. Do you think having this baby will solve your problems?"

"That is certainly not the Christian thing to do."

- It's important not to jump to make judgments before fully understanding the reasons behind someone's behavior.
- For example: patient breaks window.
 - Was there an external factor, such as a (voice told him) or provocation تم استفزازه from another patient, that influenced his behavior?

13-Self-Focusing

- The doctor focuses attention away from the client by thinking about or sharing his or her own problems

E.g: "That may have happened to you last year, but it happened to me twice this month which hurt me a great deal."

THE END



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1. Building a relationship based on trust and confidence.

- a. Rapport
- b. Diffusing Negative Emotion
- c. Empathy

Answer: a

2. In which phase of the nurse-client relationship do clients often experience feelings of sadness and loss related to their relationship with the nurse?

- a. Pre -interaction phase
- b. Orientation (introductory) phase
- c. Working phase
- d. Termination phase

Answer: d

3. Which characteristic is most essential for the nurse to communicate when establishing a trusting therapeutic nurse-client relationship?

- a. Genuineness
- b. Confrontation
- c. Catharsis
- d. Giving advice

Answer: a

4. Which of these examples of a therapeutic communication technique is gonna be effective in the planning phase of the nursing process?

- A. "We've discussed past coping skills. Let's see if these coping skills can be effective now."
- b. "Please tell me what brought you to the hospital."
- c. "This new approach was good for you. Keep it up."
- d. "I notice you hear noises that I do not hear."

Answer: a

5. A client speaks to the nurse. "I feel bad because my mother wants me not to return home after leaving the hospital." Which nursing response is therapeutic?

- a. It's quite common for clients to feel that way after a lengthy hospitalization."**
- b. "Why don't you talk to your mother? You may find out she doesn't feel that way."**
- c. "Your mother is like an understanding person. I'll help you."**
- d. "You feel that your mother does not want you to come back home."**

Answer:d

6. The nurse asks a newly admitted client. "What can we do to help you?" Find the purpose of this therapeutic communication technique.

- a. To reframe the client's thoughts about a mental health treatment.**
- b. To make the client calm.**
- c. To explore a subject, idea, experience, or relationship.**
- d. To communicate that the nurse is listening to the conversation**

Answer:c

7. ___ is most important when patience is telling something very important in his statement.

- a. Sharing humor**
- b. Showing empathy**
- c. Focus**
- d. Physical touch**

Answer:c

8. Which of the following statements do not describe a therapeutic relationship?

- a. It is a goal directed process with focus on the needs of the client.**
- b. Individuals share mutual ideas, feelings and experiences**
- c. The client is encouraged to problem with out interjecting preferences**
- d. The staff is mainly responsible for maintaining the relationship**

Answer:c

9. The nurse realizes that the pt is having a hard dealing with their diagnosis. The pt states that he is feeling alone with no one who understands. Which type of communication could be the most useful for the pt?

- a. Silence**
- b. Empathy**
- c. Reflection**
- d. Summarization**

Answer:b

10. During a nurse-client interaction, which nursing statement may belittle the client's feelings and concerns?

- a. "Don't worry. Everything will be alright."**
- b. "You appear uptight."**
- c. "I notice you have bitten your nails to the quick."**
- d. "You are jumping to conclusions."**

Answer:a

11. A client slammed a door on the unit several times. The nurse responds, "You seem angry." The client states, "I'm not angry." What therapeutic communication technique has the nurse employed and what defense mechanism is the client unconsciously demonstrating?

- a. Making observations and the defense mechanism of suppression**
- b. Verbalizing the implied and the defense mechanism of denial**
- C. Reflection and the defense mechanism of projection**
- D. Encouraging descriptions of perceptions and the defense mechanism of displacement**

Answer:b

"لا تترك الحُلمَ قيدَ اللّهُو والرَّغْدِ

فالحُلمُ يُجْنِي بدأبِ الجَدِّ والكَبْدِ

ثق بالإله وجاهد وامض متكلاً

وقاتل اليأسَ بالإقدامِ والجلدِ"