

Final 2&3

# psychology sheet

Doctor 2020 - wateen - medicine - MU



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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

**Interpersonal skills** : مهمة لنجاح العلاج مع المرضى الذين يحتاجون الى رعاية نفسية

- **Interpersonal therapy Focused on improving interpersonal relationships and communication skills.**

- Effective interpersonal skills include:

1. Listening and non-verbal communication
2. Paraphrasing
3. Summarizing
4. Questioning

## **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 **\*1\*** active listener **\*2\*** sitting in open posture , etc...

### **Listening helps clients to:**

- Feel cared about and accepted
- Feel significant and respected
- Feel heard and understood
- 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
- Give feedback about their care
- Express emotions and release tensions
- 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)**

**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

إنه يقوم الطبيب بعد انتهاء المريض من كل فقرة بحكيها بإعادة صياغتها مرة أخرى للمريض بكلماته و طريقته الخاصة و الهدف من ذلك :

**a-** مشان أبين إله انه أنا متبع معه

**b-** حتى يتشجع بزيادة و يحكي كل اللي عنده

**c- More explaining :** ما يعني بعطيه مجال إنه هل يلي فهمته منه صح أو لا لأنه إذا ظليت ساكت ما رح أعرف عنه ايش الصح و أصح مفهومي عن مشكلته (clarification)

### **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.

تحدث نهاية القعدة مع المريض و يبرز الطبيب فيها فقط أبرز ال Topics

و الهدف منها : إنه كأني بحكي للمريض ظل كمان أي موضوع بدك تحكيه ؟

—> **Therapeutic Assessment differs from traditional psychological assessment, whose main goal is to diagnose disorders, plan treatments, and evaluate the effectiveness of interventions; Therapeutic Assessment can serve all these purposes as well, but its primary goal is to facilitate positive changes in clients.**

## evaluation

### Formative assessment

- Given frequently throughout the course (أول بأول)
- The goal is to evaluate , progress & improve.  
مثال عليها امتحان الميد
- **Paraphrasing** بمشي عليها ال  
لأنه قاعدين بنحكي مع المريض أول بأول .

### Summative assessment

- given at the end of instruction (آخر اشي)(نهائي)
- the goal is to assess & prove objectives.  
مثال عليها امتحان الفاينال
- **Summarizing** عليها ال  
لأنها بتكون بنهاية القعدة مع المريض .

## 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.

Examples of open questions:

- 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?

a- **Helpful** (open Q) —→ why ما عدا ال WH - Q كل أسئلة ال

More details and description و هي يلي بستخدمها مع المريض لأنها هي يلي تعطي

b- **Non-helpful** ( closed Q ) —→ ( yes or no - Q )

بتجنب استخدامها مع المريض

- (Leading questions) نتجنب استخدامها مع المريض لأنه هون بحدده للإجابة و ما بعطيه مساحة كافية للإجابة
- (multiple questions ) بسأله أكثر من سؤال بنفس اللحظة و برضه أتجنب استخدامها

## **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?
- 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?'

### **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

#### **4. The 'why' question**

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

#### **Examples:**

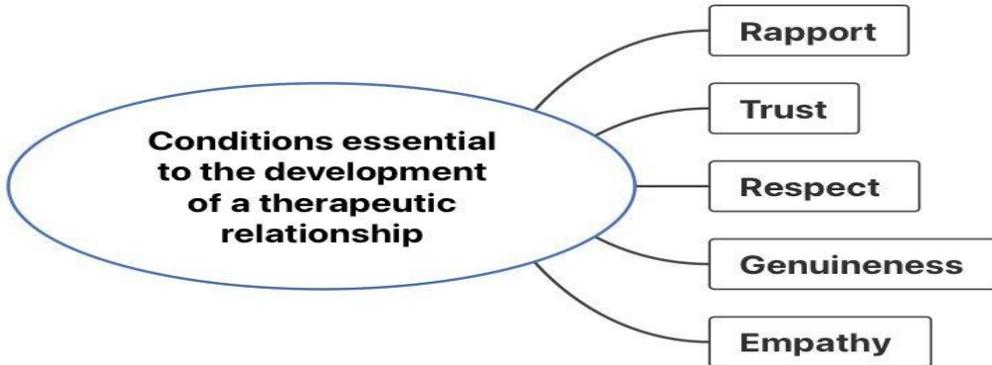
- Why didn't you take your medication?
- What stopped you from taking your medication?
- Why did you take an overdose?
- What made you take an overdose
- Why did you discharge yourself from hospital?
- What happened that led you to discharge yourself?
- Why do you get anxious?
- What do you think causes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

### **The Therapeutic doctor Client Relationship**

- **Therapeutic Relationship** :An interaction between two people (usually a caregiver and a care receiver) in which input from both participants contributes to a climate of healing, growth promotion, and/or illness prevention.
- **Therapeutic relationships** are goal oriented. 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 goal of a therapeutic relationship may be based on a problem-solving model

**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.

**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.
- الصلة بين الطبيب و المريض التي يجب أن تكون مبنية على الثقة للتقريب فيما بينهم

**Trust** (و هي أهم واحدة) such as caring, interest, understanding, consistency, honesty

- **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).

## 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.
- أحترمه بأنه أناديه باسمه و ما أحكيه مثلا المريض رقم ستة و  
و أقضي معه وقت و هكذا ...
- **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
  - ❖ 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 (صدق)

- 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."

### **Empathy** (أحظ حالي مكانه) Putting oneself in client's shoes

- **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.
- 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 with **empathy** the doctor "accurately perceives or understands" what the client is feeling and encourages the client to explore these feelings.
- 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

توجد أربع مراحل تتطور من خلالها العلاقة العلاجية بين الطبيب و المريض :

### 1- The Pre-interaction Phase

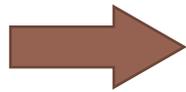
- The pre-interaction phase involves preparation for the first encounter with the client.
- It begins **before** the doctors first contact with the patient.
- A **common first reaction** is a feeling of panic from the patient; the most important tools are the ability to communicate.
- A common fear of doctors is related to the stereotype of psychiatric patient as a violent.

#### 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.



- تشمل أول Assessment للطبيب مع المريض
- includes the thought process, planning, and feeling of a nurse before the first meeting with the patient ; like fears , anxieties, etc...



**Goal**

**vs.**

**objective**

- General
  - Not majorable
  - تتطبق عليها ال
- Pre-interacting phase

- خصائصها مختصرة بكلمة

**(smart)**

Specific   attenuated   time  
Majorable   reliable

Specific : مخصص أكثر

Majorable : يمكن قياسه

Attenuated : ممكن تحقيقه

time : حسب الوقت و يقسم لقسمين

- short time ; مثل ال anxiety

- long time ; مثل ال hallucination & delusion

## 2- The Orientation (introductory) Phase

- During the orientation phase, the doctor and client become **Familiar**.

### **Tasks include:**

- **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.

- **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.
- **Exploring** feelings of both the client and doctor in terms of the introductory phase.
- **Introductions** often are uncomfortable, and the participants may experience some anxiety until a degree of rapport 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.



- هون يكون أول لقاء للطبيب مع المريض ، و في هذه المرحلة ، الهدف الرئيسي للطبيب هو معرفة سبب طلب المرضى للمساعدة .
- ممكن تحصل مرتين أو أكثر هاي الخطوة يعني على عدة مراحل مش بس مرة وحدة و خلص.
- بقعد فيها مع المريض و ياخذ منه ال assessment
- مشان أطلع ب diagnosis & specific objectives
- من هون بتبلش ال trust relationship بين الطبيب و المريض
- Explore feelings of both client and nurse

### **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.

#### **Tasks include:**

- **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



- Most of the therapeutic interventional activities carried out in this phase .
- كل يلي حكينا رح نعمله بمرحلة ال orientation phase بنعمله و بنطبقه بمرحلة ال working phase ( كل تطبيق على أرض الواقع ).

## 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 difficult phase for both the client and doctor. 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 plan for continuing care or for assistance during stressful life experiences 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 main aim of this phase is to bring a therapeutic end to the termination phase.



• يعني انتهاء العلاقة بين الطبيب و المريض

• من ردود الفعل المتوقعة للمريض هي :

- Regression - aggressive - rejection you

و هاي الأفعال كلها دليل على إنه شغل الطبيب صح (perfect) و إيجابي

ودليل على إنه المريض ما بده يخسرك .

### **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**

## **Boundaries In The doctor-Client Relationship**

### **Material boundaries**

are **physical** property that can be seen, such as fences that border land.

- **tele psychiatric ( tele medicine )** : يكون علاج نفسي عن بعد مثلاً عن طريق الزوم أو التيمز و لكن مشكلته سلبياته أكثر من الإيجابيات لأنه ما يكون وجهًا لوجه مع المريض

### **Social boundaries culture** بختلف حسب ال

are established **within a culture** and define how individuals are expected to behave in social situations

### **Personal boundaries** أسباب شخصية لدى المريض تعيق تواصل الطبيب معه.

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).

### **Professional boundaries**

limit and **outline expectations** for appropriate professional relationships with clients

مثل المستشفى يلي أنا فيه

اللَّهُمَّ انْفَعْنِي بِمَا عَلَّمْتَنِي،  
وَعَلِّمْنِي مَا يَنْفَعُنِي، وَزِدْنِي عِلْمًا

