CHAPTER 10 -- DEVELOPING THERAPEUTIC RELATIONSHIPS

UNDERSTANDING THE HELPFUL NURSE-CLIENT RELATIONSHIP

Types of Relationships

A therapeutic relationship incorporating principles of mental health nursing is clearly defined and different from other types of relationships. It has specific goals such as facilitating communication of distressing thoughts and feelings; assisting clients with problem solving to help facilitate ADLs; helping clients examine self-defeating behaviors and test alternatives; and promoting self-care and independence.

Social relationships — These relationships are primarily initiated for the purpose of friendship, socialization, enjoyment, or task accomplishment. Characteristics include mutually met needs and superficial communication. Communication techniques include giving advice and meeting dependency needs. Little evaluation of the interaction occurs.

Intimate relationships — These occur between two individuals who have an emotional commitment to each other. Each reacts naturally to the other. Mutual needs are met; personal information, intimate desires, and fantasies are shared. Short- and long-range goals are usually mutual.

Therapeutic relationships — These focus on client needs rather than nurse needs. Client issues, problems, and concerns are explored and potential solutions are discussed. New coping skills develop and behavioral change is encouraged.
The nurse uses communication skills, understanding of human behavior, knowledge of the stages and phenomena occurring in a therapeutic relationship, and personal strengths to enhance client growth. Nurses’ roles include teacher, counselor, socializing agent, liaison, etc.

**FACTORS THAT ENHANCE GROWTH IN OTHERS**

The following factors are considered crucial in effective helpers.

**Genuineness**

Explainen by Rogers as congruence, is awareness of feelings as they arise in the relationship, and the ability to communicate them when appropriate. Genuineness, or congruence, would be demonstrated by not hiding behind the role of nurse, by listening to and communicating without distorting others’ messages, and by being clear and concrete.

**Empathy**

The ability to see things from the other person’s perspective, to experience what the other is feeling, and to communicate this understanding, which denotes acceptance. It is not to be confused with sympathy, which has more to do with compassion and pity. Sympathy is not objective; empathy is objective.

**Positive Regard**

Implying respect is the ability to view another as being worthy of being cared about, and as someone who has strengths and achievement potential. Attitudes and actions that convey positive regard are willingness to work with clients to help them develop their own resources, attending, and suspending value judgments.
Helping Clients Develop Resources

Involves being aware of clients’ strengths, encouraging them to use their own resources and to work at their highest level of functioning. It minimizes helplessness and dependency and validates potential for change.

ESTABLISHING BOUNDARIES

Separating the client’s needs from the nurse’s needs is how the nurse role and the client role are differentiated. However, boundaries may blur when the relationship slips into a social context and when the nurse’s behavior reflects getting self-needs met at the expense of client needs. Resultant actions include overhelping, controlling, and narcissism, i.e., finding weakness, helplessness, and illness in clients in order to feel helpful.

Transference

A process whereby a client unconsciously and inappropriately displaces onto individuals in his or her current life (therapist) those patterns of behavior and emotional reactions that originated with significant figures from childhood. Occurs in all relationships; however, it is intensified in relationships of authority. Examples of transference are desire for affection and respect, gratification of dependency needs, hostility, competitiveness, and jealousy.

Countertransference

The opposite of transference, occurs when the therapist displaces onto the client positive or negative feelings caused by people in the therapist’s past. Examples include overidentification with client, power struggles, and competitiveness with client. Working through transference and countertransference issues is crucial to professional growth of the nurse and positive change in the client, and is best dealt with by use of supervision by an experienced professional.
Self-Check on Boundary Issues

Readers are encouraged to be reflective about relationships with clients and others and to use a process similar to the self-test found in Table 10–3.

UNDERSTANDING SELF AND OTHERS

Values

These are abstract standards representing an ideal. Values influence choices and provide a framework for life goals. They are largely culturally oriented, and are formed through the example of others (modeling). Nurses will be required to plan and implement care for clients having values that differ from the nurse’s own values; therefore, nurses must have self-awareness regarding their own values and sensitivity to the values of others.

Values Clarification

This is a process of helping people to understand and build their value system. A value may result from one of seven subprocesses, in an emotional, cognitive, or behavioral framework:

Prizing one’s beliefs and behaviors (emotional)
1. Cherishing the value
2. Publicly affirming the value when appropriate.

Choosing one’s beliefs and behaviors (cognitive)
3. Choosing the value from alternatives
4. Choosing the value after consideration of consequences
5. Choosing the value freely

Acting on one’s beliefs (behavioral)
6. Acting in accordance with the value
7. Acting on the value with a pattern, consistency, and repetition.
PHASES OF NURSE-CLIENT RELATIONSHIP

In the professional helping relationship, relevant behaviors include accountability, focus on client needs, clinical competence, and supervision to validate performance quality. An abbreviated or limited relationship is referred to as a therapeutic encounter. The nurse-client relationship is the medium through which the nursing process is implemented. There are four phases:

Preorientation Phase

This phase involves the thoughts and feelings the nurse experiences prior to the first clinical session and planning for the first interaction with clients. The author cites several student concerns such as fear of physical harm, saying the wrong thing.

Orientation Phase

The second phase ranges from a few meetings to a longer term, especially with chronically mentally ill clients. Initially, each interacts according to his or her background, standards, values, and experiences. Initial emphasis is on establishing trust. Four issues are addressed: (1) parameters of the relationship (i.e., purpose of the meetings); (2) a formal or informal contract (i.e., an agreement on specific places, times, dates, duration of meetings, and goals for meetings); (3) confidentiality (i.e., the information the client shares with the nurse will be shared with the treatment team, but not with others with no need to know); (4) termination (i.e., the client should know the date of termination if the relationship is not open-ended). During this phase the nurse will need to be aware of transference-countertransference issues; respond therapeutically to client “testing” behaviors; promote an atmosphere of trust; foster client articulation of problems; and establish mutually agreed-upon goals.
Working Phase

In the third phase, tasks include maintaining the relationship; gathering further data; promoting clients’ problem-solving skills, self-esteem, and use of language; facilitating behavioral change; overcoming resistance behaviors; evaluating problems and goals, and redefining them as necessary; and fostering practice of alternative adaptive behaviors. Unconscious motivation and needs may cause the client to experience intense emotions and prompt client behaviors such as acting out anger inappropriately, withdrawing, intellectualizing, manipulating, and denying. Transference and countertransference may be experienced.

Termination Phase

The final stage of the relationship arouses strong feelings in both client and nurse that need to be recognized and worked through, and which will provide an excellent learning experience for both client and nurse. This is a time for summarizing goals, reviewing situations that occurred, and evaluating progress.

WHAT HINDERS AND WHAT HELPS THE NURSE-CLIENT RELATIONSHIP

The work of Forchuk and others tells us the importance of consistent, regular, and private interactions with clients in developing therapeutic relationships. The following behaviors were inherent in a mutually satisfying relationship: consistency, pacing, listening, positive initial impressions, promoting client comfort and balancing control, trust on the part of the client, and client active participation in the relationship. The specific behaviors that hampered development of positive relationships were inconsistency, unavailability, lack of self-awareness on the part of the nurse, and negative feelings on the part of the nurse.