One-to-One Relationships

- To facilitate useful change in clients’ lives, nurses use their:
  - Personalities, interpersonal skills and techniques
  - Theoretical knowledge of mental health nursing practice

One-to-One Relationships (cont’d)

- Professional one-to-one relationships are:
  - Mutually defined
  - Collaborative
  - Purposeful and goal-oriented
Therapeutic Interactions

- Occur within a designated:
  - Period of time (daily, weekly, monthly)
  - Setting (home, mental health clinic, inpatient psychiatric unit, medical unit)
- Take place in a unique nurse–client structure
- Are characterized by specific phases, processes, and problems

Phases of a Therapeutic Relationship

- Orientation (beginning) phase
  - Establishment of contact with the client
- Working (middle) phase
  - Maintenance and analysis of contact
- Termination (end) phase
  - Termination of contact with the client
Therapeutic Alliance

- Creates a conscious relationship between nurse and client
- Focuses on the growth-facilitating aspects of the client
  - The nurse identifies and provides feedback regarding the client’s patterns of reaction, abilities, and potentials.
  - The client can use these assets to handle unresolved problems constructively.

Professional Relationships

- Informal professional relationships
  - May be prearranged and planned, but more often they occur spontaneously
  - Set of interactions limited in time, with minimum structure and a sense of immediacy

Professional Relationships (cont'd)

- Formal professional relationships
  - Require more planning, structure, consistency, nursing expertise, and time
  - Used in crisis intervention, counseling, or individual psychotherapy
Table 4-1: Differences Between Professional and Social Relationships

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Professional Relationship</th>
<th>Social Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Systematic, setting of broad-scale goals, behavior modification</td>
<td>Personal, setting of personal goals, behavior modification</td>
</tr>
<tr>
<td>Risk assessment</td>
<td>Usually not present, except for broad social norms governing the particular type of relationship (social versus family)</td>
<td>Usually present, except for broad social norms governing the relationship</td>
</tr>
<tr>
<td>Satisfaction of needs</td>
<td>Client encouraged to identify, achieve, and assess ways to meet own needs, more effectively</td>
<td>Usually not addressed, personal needs of the nurse</td>
</tr>
<tr>
<td>Exchange</td>
<td>Usual time-limited interactions with an agreed termination</td>
<td>Usually not time limited, in either duration or frequency of contact, by client's request</td>
</tr>
</tbody>
</table>

Mutually Defined

- Both nurse and client:
  - Voluntarily enter the relationship
  - Specify the conditions under which it will grow

- Each participant brings to the relationship:
  - Personal abilities
  - Capabilities
  - Power

Collaborative

- Nurses:
  - Assess self-defeating and growth-promoting aspects of specific client behaviors
  - Assess and are accountable for their own behavior with clients
- Atmosphere of give-and-take within the relationship emphasizes:
  - Mutuality, reciprocity, and interpersonal fairness
Goal-Directed

- The client is expected to:
  - Identify and achieve specific physical, emotional, and social goals within the context of the relationship
- The nurse is expected to:
  - Formulate therapeutic goals to enhance the growth-producing elements of the relationship

Open and Negotiated

- Therapeutic relationships are open
  - Viewed as an experience in shared dignity
  - Clients are allowed to reveal their humanness freely
- The nurse negotiates with the client to:
  - Be an active decision maker
  - Take personal accountability for behaviors and actions

Committed

- Commitment is based on the therapeutic contract between nurse and client:
  - Establish limits of the relationship
    - Time, energy, roles, responsibility
  - Do not become over committed
    - Allow client to sufficiently express feelings
Committed (cont'd)

- Do not assume an omnipotent or rescuer role to “cure” the client
  - This robs the client of active decision-making power and accountability

Table 4-2  Similarities and Differences in Informal and Formal One-to-One Relationships

<table>
<thead>
<tr>
<th>Phenomena Occurring in One-to-One Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resistance</td>
</tr>
<tr>
<td>Acting-Out</td>
</tr>
<tr>
<td>Transference</td>
</tr>
<tr>
<td>Countertransference</td>
</tr>
<tr>
<td>Conflict</td>
</tr>
</tbody>
</table>
Resistance

- Interferes with and disrupts the smooth flow of feelings, memories, and thoughts
- Inevitably surfaces in the course of one-to-one work

Resistance (cont’d)

- Occurs when the client:
  - Begins to address self-defeating thoughts, feelings, and behaviors
  - Is struggling against:
    - Anxiety associated with change
    - Self-awareness
    - Taking responsibility for actions

Manifestations

- Resistance is usually described as a client’s unwillingness to:
  - Recognize feelings, fantasies, and motives
  - Reveal feelings toward the nurse or therapist
  - Demonstrate self-sufficiency or independence
  - Change behavior outside of the nurse-client relationship.
Manifestations (cont'd)

• Resistive behavior should be openly discussed, rather than ignored

Acting-Out

• The client:
  – Puts into action a forgotten or repressed memory
  – Displays inappropriate behaviors instead of verbalizing conflicts or feelings
  – Acts out feelings and attitudes towards the nurse that are associated with other persons

Acting-Out (cont'd)

• Abruptly disrupts treatment unless it is identified and dealt with explicitly
• Can help clients understand and give up destructive and inappropriate behaviors
Specific Nursing Interventions for Acting-Out Behaviors

• Encourage client to talk about impulses rather than to act them out.
• Encourage identification of feelings before putting them into action.
• Increase frequency of contact.

Specific Nursing Interventions for Acting-Out Behaviors (cont’d)

• Look for evidence of transference.
• Set limits on repeated acting-out behaviors.
• End relationship if behavior is dangerous.

Inappropriate Nurse Behaviors

• Nurses should not encourage acting-out behavior by:
  – Placing hands on hips or pointing a finger while setting limits on a client’s behavior (parental)
  – Patting a client on the shoulder and offering reassurance (parental)
Inappropriate Nurse Behaviors (cont’d)

• Nurses should not encourage acting-out behavior by:
  – Dressing suggestively (erotic)
  – Blushing and giggling when a client makes a sexual remark (sexual)
  – Being sarcastic in response to a client’s concern (hostile)

General Intervention Strategies

• Allow resistance to occur several times, then label resistant behavior with the client
• Explore history and development of resistance along with accompanying emotions
• Explore functions resistance may serve, especially any self-defeating aspects

General Intervention Strategies (cont’d)

• Facilitate working through resistance by helping client understand and appreciate implications
Transference

- Unresolved feelings, attitudes, and wishes from childhood experiences with significant others are transferred into present significant relationships
- Unconscious resistance of childhood conflicts is an attempt to resolve them in a more satisfying manner

Transference (cont'd)

- Therapeutic task is to:
  - Identify unresolved conflicts in past relationships
  - Separate feelings, thoughts, and behaviors that belong to the current one-to-one relationship

Positive Transference

- Positive transference
  - Occurs when client has had satisfying childhood relationships with significant others
  - Therapeutic relationship is usually able to progress
Negative Transference

- Negative transference
  - Reactions to therapist/nurse are based on forms of hate. Examples are:
    - Hostility, loathing, bitterness, contempt, annoyance
  - Uncomfortable for client and nurse alike
  - May hinder development of productive relationship

Countertransference

- Indicates unresolved past conflicts in the nurse
- Involves counterproductive fantasies, feelings, and attitudes towards the client
- Expressed in acts of omission or commission (may be covert or overt)
- Can be resolved by self-assessment with professional supervision

Critical Distance

- Observe how client uses physical space
  - Individual preferences and culture will dictate proper distance
  - Continually evaluate cultural influences as they affect the therapeutic relationship
- Allow appropriate physical distance
  - Promotes verbal communication
  - Minimizes existing anxiety and hostility
Critical Distance (cont'd)

- Moving rapidly toward closeness may overwhelm the client and increase anxiety
  - Clients’ expectations and interpretations of nurse-client relationships are influenced by their culture, values, beliefs
- Amount of physical distance between nurse and client may indicate other therapeutic processes

Gift Giving

- Assess and evaluate gifts to determine intent, appropriateness, and meaning
- Guidelines for each phase:
  - Orientation: Don’t accept or give any gift you feel uncomfortable about
  - Working: Assess intent, timing, and appropriateness before accepting
  - Termination: Explore significance of gift to ensure maximum therapeutic benefit for the client

Use of Touch

- Avoid unplanned physical contact without therapeutic rationale
- Clients with poor ego boundaries may:
  - Become intensely threatened
  - Feel overwhelmed by physical contact
Use of Touch (cont'd)

- Evaluate client’s reaction to use of touch:
  - Timing, appropriateness, and type
  - May indicate how client perceives and responds to touch

Orientation Phase

- Establish contact
  - Informally: Nurse seeks out client and works to communicate with client verbally
  - Formally: Client inquires about services or nurse contacts client after referral for follow-up

Orientation Phase (cont’d)

- Begin development of the working relationship
- Conclusion of orientation phase occurs with:
  - Mutual agreement on a therapeutic contract
  - Establishing client treatment goals and the nurse’s professional responsibilities
Table 4-3: Process Recording of an Orientation Phase Session

<table>
<thead>
<tr>
<th>Therapeutic Contract</th>
<th>Nursing Intervention</th>
<th>Client Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negotiate a mutually identified plan for action.</td>
<td>Therapeutic contract</td>
<td>None</td>
</tr>
<tr>
<td>Goals (long- or short-term) must:</td>
<td></td>
<td>Allow client to proceed at own pace, if client is uncomfortable with brief content, you may be a referrer, e.g., “some time later it is for you.”</td>
</tr>
<tr>
<td>– Be concrete and specifically detailed</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>– Identify observable outcomes</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Evaluation tool to determine:</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>– Benefit of relationship to the client</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>– Effectiveness of the nurse</td>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>
Working Phase: Tasks

- Maintain the relationship
- Analysis of Contact
  - In-depth exploration of clients’ relationships with others as manifested in the nurse-client relationship

Working Phase: Tasks

- Analysis of Contact
  - Address developmental, situational, and interpersonal problems.
  - Actively and systematically identify, explore, link, modify, and evaluate specific or dysfunctional behaviors.

Working Phase: Goals

- Behavioral Analysis
  - Determine dynamics of dysfunctional response patterns
  - Address dysfunctional thought and emotive patterns
- Constructive Change in Behavior
  - Nurse and client work together to
    - Analyze behavior
    - Institute behavioral change
Termination Phase

- Ends the relationship in a mutually planned, satisfying manner
  - Address termination first in the orientation phase
  - Emphasize growth and positive aspects of client
  - Do not focus exclusively on separation

Termination Phase (cont'd)

- Allow adequate time for client to work through termination feelings
- Nurse should explore personal reactions with professional colleagues

Assessment

- Occurs throughout the relationship
- Orientation phase:
  - Initiate trust building and establish rapport
  - Obtain relevant objective and subjective client data
Assessment (cont’d)

• Working phase:
  – Continue to collect essential client data regarding emotive, cognitive, cultural, and behavioral aspects
• Termination phase:
  – Assess client readiness to terminate

Nursing Diagnosis: NANDA

• Orientation Phase:
  – Formulate preliminary nursing diagnoses
  – Look for dominant themes or central issues in the client’s responses

Nursing Diagnosis: NANDA (cont’d)

• Working Phase:
  – Revise, expand, or delete nursing diagnoses to reflect a central pattern of concern
  – Priority nursing diagnoses may change throughout
Nursing Diagnosis: NANDA (cont'd)

- Termination Phase:
  - Reflect termination behaviors or signs of regression
  - Potential for Self-care Deficit, Hopelessness, Powerlessness, and Ineffective Coping

Outcome Identification: NOC

- Orientation Phase:
  - Individual client outcomes are determined by dominant themes and central issues

Outcome Identification: NOC (cont'd)

- Working Phase: Client will
  - Become aware of and understand current behaviors
  - Develop insight into the potential causes of behaviors
  - Determine ineffective or self-defeating behaviors
  - Attempt or demonstrate more effective behaviors
Outcome Identification: NOC (cont’d)

• Termination Phase: Client will
  – Gain symptom relief or attempt limited behavior changes
  – Agree to return for future work or referral as necessary
  – Achieve all measurable personal behavioral changes

Establishing Trust

• Trust
  – Respond to client’s feeling states without being judgmental or attempting to control emotive expression

Establishing Confidentiality

• Confidentiality
  – Explicitly state which people will have access to client revelations.
  – Explore how the client feels in response to this information.
Planning and Implementation: Orientation Phase

- Tune in to “process” not “content”
  - Pay attention to all nonverbal and verbal behaviors
  - Respond to client “themes” such as anger, hopelessness, and powerlessness

Planning and Implementation: Orientation Phase (cont’d)

- Address the client’s suffering
  - Directly address client’s suffering within context of client’s cultural and ethnic background
  - Allow clients to share how they perceive, experience, and manifest their problems
- Clarify purpose, roles, and responsibilities

Planning and Implementation: Working Phase

- Problem-solving strategies
  - Use sequential problem-solving strategies.
  - Remind clients that problem-solving abilities improve with time and experience.
  - Use active experimentation to test effects of new behaviors.
Planning and Implementation: Working Phase (cont'd)

• Challenging client resistance to change
  – Examine thoughts that hamper client’s:
    ▪ Sense of self-worth
    ▪ Ability to control and express emotion appropriately
    ▪ Ability to relate to others in a meaningful manner

Planning and Implementation: Working Phase (cont'd)

• Challenging client resistance to change
  – Examine personal resistance to change (the major work in one-to-one relationships)
  – Address client values and religious beliefs that may interfere with constructive change

Planning and Implementation: Termination Phase

• Prepare for the explicit therapeutic (final) good-bye
  – Address the possible underlying fears of abandonment.
  – Emphasize the growth achieved by the client.
  – Continue to focus on the realities of separation.
Planning and Implementation: Termination Phase (cont'd)

• Mutual planning about where and how to seek future help if the need arises

Client Evaluation

• Orientation phase:
  – Initial comprehensive evaluation of client behaviors
  – Initial steps toward the development of client self-evaluation

Client Evaluation (cont'd)

• Working phase:
  – "On-the-spot" evaluation during any meeting with the client
  – Mutually evaluate degree of client’s successes in:
    • Achieving specific goals
    • Progress regarding growth-producing or growth-inhibiting behavior
Client Evaluation (cont’d)

- Termination phase:
  - Based on goals formulated in the orientation and working phases
  - Evaluate each goal in terms of measurable, observable behavior.

Nurse Evaluation

- Continuously evaluate conscious or unconscious self-behaviors that:
  - Promote, inhibit, or actively block growth-producing client abilities
- Methods of nurse self-evaluation:
  - Process recordings, videotapes, client evaluations, audiotapes, didactic instruction, or clinical readings

Nurse Evaluation (cont’d)

- Seek consultation and supervision with:
  - Advanced practice nurses (intra-disciplinary)
  - Psychiatrists, psychologists, or social workers (interdisciplinary)
Cultural Influences

- Consistently evaluate:
  - The influence of culture within the one-to-one relationship
  - The effects of the therapeutic relationship on the client’s values and life experiences
- Address client values and religious beliefs that may interfere with constructive change.

Nurse Self-Awareness

- Become aware of specific values and beliefs that influence immediate relationship work
- Label values or beliefs with the client
  - Explore history, importance, cultural context, and impact of values or beliefs

Nurse Self-Awareness (cont’d)

- Discuss nonjudgmental, alternative values if the client initiates such an exploration.
- Respect the client’s values and beliefs.
- Respect client’s ultimate choices regarding personal value systems.
Resources

- Psychotherapy.net
  - Psychotherapy.net is a source for psychotherapy-oriented products and services, including videos, DVDs, humor, CE credits, and links for counselors and therapists.

Resources (cont’d)

- Transcultural Nursing Society
  - The mission of the Transcultural Nursing Society (TCNS) is to enhance the quality of culturally congruent, competent, and equitable care that results in improved health and well-being for people worldwide.