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

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 - continued

- Formal professional relationships
  - Require more planning, structure, consistency, nursing expertise, and time
  - Used in crisis intervention, counseling, or individual psychotherapy

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

Phenomena Occurring in One-to-One Relationships

- Resistance
- Acting-Out
- Transference
- Countertransference
- Conflict

Resistance

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

- 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 - continued

- 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)
- 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
- 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
- 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 - continued

- 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
- 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
- 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

Therapeutic Contract

- Negotiate a mutually identified plan for action.
- Goals (long- or short-term) must:
  - Be concrete and specifically detailed
  - Identify observable outcomes
- Evaluation tool to determine:
  - Benefit of relationship to the client
  - Effectiveness of the nurse

Working Phase: Tasks

- Maintain the relationship
- Analysis of Contact
  - In-depth exploration of clients’ relationships with others as manifested in the nurse–client relationship
  - 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
- 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
- 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
- Working Phase:
  - Revise, expand, or delete nursing diagnoses to reflect a central pattern of concern
  - Priority nursing diagnoses may change throughout
- 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
- 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 - continued

- 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
- 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 - continued

- 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
  - 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.
- 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

○ 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 - continued

○ 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

○ 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 - continued

- 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

- [http://www.dbtnetwork.com](http://www.dbtnetwork.com)
The Dialectical Behavior Therapy Network is a consultation team with extensive clinical experience and specialized training in DBT, a comprehensive treatment specifically developed for individuals with self-harm behaviors.

- [http://www.psychotherapy.net/index.php](http://www.psychotherapy.net/index.php)
Psychotherapy.net is a source for psychotherapy-oriented products and services, including videos, DVDs, humor, CE credits, and links for counselors and therapists.

Resources - continued

- [http://www.tcns.org](http://www.tcns.org)
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.