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Therapeutic Communication and Defense Mechanisms

Techniques vs blocks, defense mechanisms, relationship phases, crisis, suicide screening, de-escalation, grief and "best response" items

23 sources + more detail
erbasics.com/sheets/therapeutic-communication.html
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HOW IT WORKS Nurse–client relationship



Pre-orientation	Orientation	Working	Termination
review the client's data; examine your own feelings, biases	introduce self; build trust and rapport; discuss the expected end	most of the time: listen, assess, set goals together, teach	shift end or discharge: review progress, goals, referrals

Boundaries: the focus stays on the client; no social, romantic or financial ties

1 Techniques vs blocks

TECHNIQUE	EXAMPLE
Open-ended question	"Tell me what worries you most."
Reflecting	"You sound frustrated." or "What do you think?"
Restating	"You feel the staff ignore you?"
Clarifying	"What do you mean by 'going crazy'?"
Silence	Sit attentively; let the client think
Offering self	"I'll sit with you for a while."
Focusing	"Let's go back to what happened at home."
Summarizing	"So you've told me... Is that right?"

Also blocks: arguing, too many probing questions, sympathy, stereotypes, curious personal questions.

BLOCK	EXAMPLE	WHY IT FAILS
"Why" question	"Why did you stop your meds?"	Sounds accusing
False reassurance	"Everything will be fine."	Dismisses the feeling
Minimizing	"At least you still have your other children."	Dismisses the client's feelings
Giving advice	"If I were you, I'd..."	Takes the decision away
Changing the subject	"Let's talk about lunch."	Shuts down disclosure
Approval or disapproval	"You shouldn't feel that way."	Judges the client
Defending	"Our nurses would never do that."	Protects staff, not client

2 Defense mechanisms

Unconscious ways to lower anxiety; only suppression is conscious. Normal in moderation; act when one blocks safety or care.

MECHANISM	EXAMPLE
Denial	New diabetic: "The lab made a mistake."
Projection	Fired for lateness: "My boss always hated me."
Displacement	Angry at the provider, yells at the nurse
Rationalization	Caught cheating: "Everyone does it."
Regression	Hospitalized 4-year-old wets the bed again
Reaction formation	Overly sweet to a disliked roommate
Sublimation	Channels aggression into sports
Compensation	Poor grades; pours effort into clubs
Undoing	Brings a gift after an argument
Intellectualization	Researches the cancer, shows no feeling
Conversion	Sudden leg weakness, no physical cause
Identification	Talks and acts like an admired nurse
Repression	No memory of a trauma (unconscious)
Suppression	"I'll think about it after my exam." (conscious)

3 Nurse–client relationship

PHASE	NURSE'S WORK
Pre-orientation	Review the client's data; examine your own feelings, biases and anxieties
Orientation	Introduce self; learn needs and values; build trust and rapport; discuss the expected end
Working	Most of the time: listen, assess, set goals together, teach
Termination	Shift end or discharge: review progress, goals, referrals; prepare the client for the end

Boundaries: the focus stays on the client; no social, romantic or financial ties. Answer a personal question briefly, then return to the client.

4 Crisis and de-escalation

Crisis: usual coping fails; time-limited, days up to 4–6 weeks. Goals: safety, support, return to the prior level of function.

1. Assess safety: suicide, violence, medical risk
2. Make contact; build rapport
3. Define the problem and its trigger
4. Explore feelings; listen actively
5. Explore past coping and supports
6. Act on a plan with supports and referrals
7. Follow up

- Escalating: calm voice, short sentences, one speaker, offer choices
- Stay ≥2 arm's lengths away; keep your exit clear
- Set limits matter-of-factly; never threaten
- Restraint only when nothing less restrictive keeps people safe (see Mental Health: Meds and Communication)

5 Suicide screening and safety

- Ask directly; asking does not plant the idea
- ASQ: 4 yes/no questions, about 20 seconds. Any yes, then ask "thoughts of killing yourself right now?"
- C-SSRS: intent or plan in the past month, or any attempt or preparation in 3 months: high risk
- Safety plan in the client's words; no-suicide contracts lack evidence
- Discharge is high risk: limit lethal means, early follow-up, 988 (call or text)

⚠ **SAFETY** Yes to "right now," or a plan with access to means: keep the client in sight, remove dangerous objects, alert the provider. No leaving before a STAT safety evaluation.

6 Grief and culture

- Kübler-Ross: denial, anger, bargaining, depression, acceptance; any order, may recur
- Normal grief: yearning, crying, sensing the person; support it, do not medicate it
- Anticipatory grief starts before a loss; disenfranchised grief goes unrecognized
- Prolonged grief disorder: disabling grief ≥12 months after a death (≥6 months in children)
- Culture: ask, do not assume; rituals, body care, eye contact and decision-makers vary
- Use a trained interpreter; avoid children and untrained relatives

7 Answering "best response" items

1. Safety first: a suicide or violence cue gets a direct question or action
2. Choose the option that names the feeling or invites more talk
3. Cross out blocks: why, reassurance, advice, defending, changing the subject
4. Psychosis: do not argue or agree; present reality, answer the feeling
5. Severe anxiety or panic: stay, short simple directions, fewer stimuli
6. Dangerous misunderstanding: clarify or teach now

💡 **EXAM TIP** Stems ask for the "most therapeutic," "best" or "most appropriate" response. Accept early denial and return later, but teach survival skills now.

MORE Why therapeutic communication works

Therapeutic communication keeps the conversation on the client's needs rather than the nurse's comfort. The 2026 NCLEX-RN test plan places it in Psychosocial Integrity (6–12% of items) and lists the activities it tests: assess verbal and nonverbal communication needs, respect the client's values, allow time, encourage the client to verbalize feelings such as fear, and evaluate whether the communication worked.

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