Therapeutic communication and crisis

Techniques and blocks, the relationship and boundaries, the milieu, anxiety levels, defense mechanisms and crisis

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1 AT A GLANCE

In mental health care, the conversation is the treatment. Name the feeling and invite more. In severe anxiety, panic or crisis, ensure safety first.

Blocks, and better choices

Instead of	Why it blocks	Try
★ **"You'll be fine"**	False reassurance	"It must be hard not knowing."
★ **"Why are you upset?"**	Sounds like an accusation	"You seem upset; tell me more."
"If I were you..."	Takes the decision away	"Let's explore your options."
Moving on to a new topic	Leaves what the client raised	Come back to what the client raised

Other blocks: Sympathy, judging with should and shouldn't, getting defensive, arguing, personal questions to satisfy curiosity, stereotypes. Nonverbal: checking your watch, crossing your arms.

Therapeutic techniques

Technique	What it sounds like
Open-ended question	"Tell me more about your concerns."
Acceptance	"I hear what you're saying." Not agreeing
Clarifying, restating	Ask what they mean; reflect their words back
Reflecting	"What do you think the pros and cons are?"
Silence	Quiet time to think, with nods
★ **Presenting reality**	"I see no spiders on the walls." **No arguing**
Giving recognition	"I noticed you took your medicines."
Confronting	Only after trust is built

Listening, touch and space

- Therapeutic communication has a goal and a purpose, unlike social chat.
- Active listening shows interest, in words and body language, and checks understanding by restating.
- ★ **SOLER:** sit squarely, open posture, lean in, eye contact, stay relaxed.
- Ask permission before touch: it may feel threatening after trauma.
- ★ **No touch** when a client is becoming agitated, or is manic or psychotic: it can escalate things.
- Keep more personal distance with a client who is paranoid or psychotic.
- Sympathy focuses on the nurse's feelings; empathy stays with the client.

Four levels of anxiety (Peplau)

Level	What you see	What helps
Mild	Sharpened perception; restlessness or fidgeting. Part of everyday life	Calm presence in a quiet place; acknowledge feelings; listen actively
Moderate	Narrowed attention; sweating, fast pulse. Learning is harder but possible	Open-ended questions, exploring, distraction; recall coping that worked before; a walk
★ **Severe**	Fixes on one detail or scattered details; **can't learn or problem-solve**	**Stay with the client; focus on safety.** Firm, short, simple statements in a slow, low voice
★ **Panic**	Can't process the surroundings; may lose touch with reality; may pace, shout or run	Safety; stay with them. Fluids, warmth, rest; finger foods if pacing. **Not the time to teach**

Talking someone down: Validate ("I can see this is overwhelming"), rather than saying calm down. One question at a time. Grounding: "Tell me three things you see." Don't argue with irrational fears; offer support and safety.

Peplau's phases of the relationship

Phase	Focus
Orientation	Brief: trust begins, privacy is ensured, the nurse gives their name and role
★ **Working**	**Most of the time:** setting goals and using the techniques
Termination	End of a shift, a transfer or discharge: review progress, strengths and follow-up. A new problem may delay the goodbye: acknowledge those feelings

Boundaries

- Boundaries are the nurse's responsibility: limit self-disclosure; no personal or business ties with clients.
- ★ **Warning signs:** keeping secrets with a client, favoritism, flirting, extra time with one client, believing you're the only one who can help.
- Meeting a client outside work, or speaking poorly of colleagues to them, crosses a line.
- In small communities, openly acknowledge any dual relationship.

Educational use only. Not a substitute for clinical judgment, your facility's policy or the provider's orders. Where practice varies, follow facility policy and state law. No patient information.

Therapeutic communication and crisis

1 AT A GLANCE, CONTINUED

Crisis intervention

- A crisis is when usual coping fails. It's time-limited: usually days, and no longer than 4 to 6 weeks.
- ★ **Goals: ensure safety,** then help the person return to their prior level of functioning.
- Stay calm, hands open and visible. Keep your distance, avoid touch, approach from the side, don't joke.
- ★ Escalating: **set clear limits instead of threats.** "Please sit down; I'll have to call for help if you can't control your emotions."
- Give space, don't argue or reason, and get help if you can't de-escalate. If there's no immediate danger, call a psychiatric clinician who knows the person.
- ★ Restraint may be needed for safety, and any talk of suicide is taken seriously; 988 offers crisis support.
- Warning signs: rapid mood swings, sudden calm after depression, threats, isolation.

Defense mechanisms

Mechanism	Example
★ **Displacement**	Angry at the boss, yells at the children
Projection	"I hate him" becomes "he hates me"
Denial	Insisting a cancer diagnosis is wrong
Rationalization	"Everybody cheats"
Reaction formation	Shows the opposite feeling
Sublimation	Aggression channeled into football
Repression, suppression	Forgets unconsciously; pushes thoughts away on purpose
Regression	A child wetting again after a divorce
Conversion	Anxiety turns into physical symptoms

The milieu and motivational interviewing

- ★ Orient clients to the unit, staff roles, schedules, expectations, and their rights. Round at varying times, **often every 15 to 60 minutes**, per policy and observation level, and remove cords and drawstrings.
- ★ Advocate for the least restrictive environment. Restraint or seclusion only in an emergency, on a physician's or other licensed practitioner's order, **never standing or as needed**; stop restraints at the earliest possible time.
- Motivational interviewing draws out the client's own reasons to change: express empathy, highlight the gap between behavior and goals, roll with resistance, support confidence. Assess readiness first; resist giving advice.

2 PRIORITY AND SAFETY CALLS

★ Screen an anxious client for suicide and self-harm. Any talk of suicide is taken seriously; 988 offers crisis support.

★ Possible hallucinations: ask what the client is hearing or seeing, and make sure it isn't telling them to harm anyone. Don't argue.

Severe anxiety or panic: stay with the client and keep them safe. Leaving them alone isn't safe, and "calm down" dismisses the fear.

Rule out medical causes of anxiety, like hyperthyroidism, low blood sugar, electrolyte problems and low oxygen, and check for substances.

Benzodiazepines with opioids can cause profound sedation and stop breathing; avoid alcohol. Taper them; don't stop suddenly.

Buspirone is taken daily and takes weeks to work: not for as-needed use. Never with an MAO inhibitor.

3 EXAM ANCHORS

1. Traps: false reassurance, why questions, advice, arguing about a delusion, touching an agitated client.
2. Best response: name the feeling and invite more. "It sounds like you're feeling hopeless; tell me more."
3. Panic traps: teaching during panic, saying calm down, leaving the client alone, and buspirone as needed.
4. Severe anxiety or panic: stay, keep safe, short and simple.
5. Crisis: safety first, limits not threats.
6. The milieu is safe, structured, and least restrictive.

4 SELF-QUIZ

1. Peplau's phases: orientation, working and _____.
2. On a psychiatric unit, round at varying times, often every 15 to _____ minutes, per policy and observation level.
3. In _____ anxiety, learning is harder but possible.
4. A crisis is time-limited: no longer than 4 to _____ weeks.
5. Moving anger from the boss to the children is _____.

ANSWER KEY 1. termination · 2. 60 · 3. moderate · 4. 6 · 5. displacement

5 SOURCES

1. Open RN Mental Health, 2.3 Therapeutic communication. wtcs.pressbooks.pub/nursingmhcc/chapter/2-3-therapeutic…
2. Open RN Mental Health, 1.5 Boundaries. wtcs.pressbooks.pub/nursingmhcc/chapter/1-5-boundaries
3. Open RN Mental Health, 2.4 Motivational interviewing. wtcs.pressbooks.pub/nursingmhcc/chapter/2-4-motivationa…
4. Open RN Mental Health, 5.5 Patient rights. wtcs.pressbooks.pub/nursingmhcc/chapter/5-5-patient-rig…
5. Open RN Mental Health, 9.2 Basic concepts (anxiety). wtcs.pressbooks.pub/nursingmhcc/chapter/9-2-basic-conce…
6. Open RN Mental Health, 9.7 Applying the nursing process (anxiety). wtcs.pressbooks.pub/nursingmhcc/chapter/9-7-applying-th…
7. Open RN Mental Health, 3.4 Defense mechanisms. wtcs.pressbooks.pub/nursingmhcc/chapter/3-4-defense-mec…
8. Open RN Mental Health, 3.5 Crisis and crisis intervention. wtcs.pressbooks.pub/nursingmhcc/chapter/3-5-crisis-and-…

Built from RN PocketPal course lessons: Therapeutic communication and the therapeutic environment (c19-l01); Anxiety, stress and crisis (c19-l02). Every line on this sheet comes from those lesson scripts.

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