

Unit 2: Psychiatric Nursing (located on the second page)

ONLINE CONTENT (1H)

Learning Objectives:

- Identify components of nonverbal expression. (3)*
- Describe therapeutic and nontherapeutic verbal communication techniques. (3)*
- Describe active listening. (3)*

*Course Objectives

Write a one-page journal reflecting on some things that friends or close relatives have told you characterize your style of communicating and relating to others. How can you use this self-awareness to promote the development of therapeutic relationships and communications? Please include types of verbal and nonverbal communication techniques as well as if you are an active listener.

This one-page journal should be single spaced, Calibri or Times New Roman font, and 12 point.

Place this completed assignment in the Unit 2: Reflection Paper Assignment drop box by June 5, 2023 at 0800.

In order to receive full credit (1H class time) for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignment not completed in its entirety will result in missed class time.

UNIT 2: Psychiatric nursing Melinda Pickens

I can use this self-awareness to promote the development of therapeutic relationships and communication by being more aware of my nonverbal and verbal communication cues. As for my nonverbal communication I was told by friends and family that I have exaggerated facial expressions. After being told this, I have been more self-aware of faces I make without realizing when talking to others. This also includes eye rolling, eye widening or closing, and pursing of my lips. I also was told that sometimes my body language can reflect or seem like I am not really interested or engaged in the topic or conversation. This includes looking away from the person talking as well as crossing my arms. I will use this information and be more active in conversations by not looking away from the person who is talking. I will also be more engaged and maintain better eye contact with the person who I am communicating with. Standing with my arms crossed can also come off as being disconnected or interesting while in a conversation. So, I can use the information that I learned to be more aware of my body language and have more of an open posture while communicating. It is also important when communicating with others to also appear relaxed. Having arms crossed or just appearing agitated could signal to who you are talking to that you are uncomfortable. They might take this as you don't want to be having a conversation and might not open up.

As for verbal communication, I was told for therapeutic communication I use reflection as well as seeking clarification and validation. I can use the reflecting technique to help allow me to build a trusting relationship with who I am communicating with. Reflecting will help to engage the person I am communicating with and empower them to become an active participant in their own problem solving. I was also told that I have a tendency to seek clarification and validation. I do so by rephrasing what was just told to me or asking clarifying questions. I will be able to use this therapeutic communication technique between patients and myself to allow for complete and thorough understanding of what a client is going through and what steps they may want to take to cope.

As for verbal communication, I was told for nontherapeutic communication I tend to make stereotyped comments as well as introducing unrelated topics to what we are talking about. Making stereotyped comments can come off as careless and not really help to get a patient to open up and get to the root cause. Using these types of phrases could signal to the patient that the nurse is being vague, so they can be vague too. This ultimately does not help them and could also cause issues in a trusting relationship. Now that I am aware of this, I plan to practice better therapeutic communication techniques that will help me to build a trusting nurse-patient relationship. Sometimes when there is silence, or I am just unsure of what to say next, I will change the subject or just ask a random question. This is identified as introducing an unrelated topic under non-therapeutic communication. This can signal to the patient that I am just uninterested and don't want to talk about the original topic any longer. Becoming aware of this has allowed me to see that silence isn't always a bad thing. I need to learn to allow others to think and give them a second, as some topics might be hard to talk about and they might need a second. If I feel that I must reply and make a comment, I can try something more therapeutic such as asking them for more information about the topic. But learning that silence is okay and to allow for pauses without feeling the need to input a random question or a new topic.

As for being an active listener, I tend to not be so good at reading facial expressions. There are some cases where I am better, such as when someone is in pain or if someone is stepping away from me. From this I can infer that they don't want to talk to me. So, I would say my active listening would vary from situation to situation. However, since learning more about the different types of therapeutic techniques and types of non-verbal communication I will be

more active while listening to others. This will help to improve my over communication with others.