

## Unit 2: Psychiatric Nursing

### ONLINE CONTENT (1H)

Learning Objectives:

- Identify components of nonverbal expression. (3)\* 1 2 3
- Describe therapeutic and nontherapeutic verbal communication techniques. (3)\*1  
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- 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 3, 2024 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.*

When discussing with my friends and family I have been told that my style of communication would be active listening mixed with verbal therapeutic communication. I have been told that when my friends are faced with an issue that they come to me because they feel a sense of being heard when venting about their problem because sometimes the best feeling is when you are being seen for what your problem may be and when discussing with them what type of things they notice when I am listening and they say that I use eye contact which in the book it states that this displays a communication channel that has been opened. With having that stated that I am an active listener there is many ways that this is going to benefit me when transitioning into a nurse for my patient because this is the act of being attentive and really want to hear and understand what the patient says both verbally and non-verbally. In the role of a nurse one really can't do much with the patient if they don't establish that foundation what I like to call it as and one the key components to that would be trust and when listening to patient it gives them a sense of trust, respect, and acceptance. Before going into the nursing field I can say I didn't realize that silence was a form of non-verbal therapeutic communication as I looked further into it this can help the patient organize their thoughts and put them into word which also lets the nurse to gather important information about the patient's problems and really know what is going on with them outside of their medical condition they may have been admitted with. I am the type of person who wouldn't tell you that I don't agree with what one has to say for example with my friends if I feel for what they did was wrong I wouldn't tell them in that moment but rather I would give recognition for what they are feeling, moving into a nurse role this makes the patient feel that someone is noticing the details of what they have to say making them feel heard. When communicating with someone I always make sure to set time aside for their issues and what they are feeling because one may never know how long the conversation can go for and making one look like they are in a rush may interrupt the person from being able to express how they feel or make them feel like they are being shut down and what they have to say isn't important so I always make myself look relax, which makes them feel like I am there for them. Staring at your watch, looking around and not at them will shut them out and prohibit one from knowing what is really going on. With having active listening it helps me form sort of a picture of what is going on and allows me to know the big picture because while the patient is talking I am gathering information. Depending on what the conversation was about I like to kind of reflect on how maybe in my case my friends felt in that situation and what they did to maybe overcome or what they will do because this really does make the person feel empowered and as I learned in the book gets them working to find a resolution. In any situation I'm in regardless of what role I am in nurse, friend, and family member I will always offer self to the person and using my friends as an example and they call me with a problem or something is going on with them I will go to where they are at and just stay with them and they have told me that this just makes them feel happy knowing that someone is there with them and they can count on someone to be there for them. I guess I can say that I wasn't aware of things that I do had a specific therapeutic value to it and it very interesting to learn about all the different ways that one practices therapeutic communication daily without even noticing. I would say that a non-therapeutic communication that I do that I would make sure to leave behind when working as a nurse would be giving advice because in this role it really isn't good to tell a person what to do or how to behave because it doesn't help the patient personally solve their problem and can even fall back on one when you maybe thought you gave them good advice but could end in a bad consequence leaving you responsible for what happened. In regard to non-therapeutic communication one thing I would never do outside of any role I am in is defending because we are there to be a helping hand and show the person we there for them. I personally have had this happen to me where I was explaining something to someone and they started defending the other party and it really made me feel little and like I had no one to go to with explaining how I felt because now I thought I was the problem and everyone would think the same way. This activity opened my eyes to all the

different techniques that can enhance my form of communication that will will help shape me into the type of nurse I want to become.