

Unit 2: Psychiatric Nursing

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 2, 2025 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.

Throughout my life, my friends and close family members have described my communication style as straightforward and assertive. With this assertiveness, which includes being direct and honest about my thoughts, I also strive to be empathetic. Even though I may not have experienced the same situation, I listen and try to put myself in the other person's shoes. This perspective allows me to better understand their lives and circumstances, enabling me to respond appropriately. Along with my assertive yet empathetic communication style, I consider myself to be an active listener. This includes traits such as focusing on the conversation and using non-verbal cues like maintaining eye contact, nodding, and facing the person. Additionally, effective verbal communication involves asking follow-up questions and engaging in the discussion. Sometimes, verbal communication isn't necessary to achieve therapeutic communication, a person just needs someone to actively listen to their situation or problem, even if they don't know how to contribute to the conversation. I believe this reflects my communication style. When I feel comfortable with someone, such as family or friends, I engage in conversations with them and actively listen. In certain situations, especially in a hospital setting where I work or in clinical environments, I may find it challenging to know what to say. I focus on actively listening but may struggle to add to the conversation. However, I feel my patients appreciate the time I spend with them just listening. Therapeutic communication is crucial everywhere, but especially in hospitals, where some patients may have few visitors or people to talk to. When trust is established with a patient, they often open up about things they haven't shared with anyone else, and I find it meaningful to be that trusted person. Being aware of my communication style will assist me in creating therapeutic relationships. Although my communication style leans toward assertiveness, I will strive to create appropriate therapeutic communication skills when interacting with patients, like offering to engage in conversation, using silence when appropriate, accepting and understanding their feelings, and restating their words to show that I comprehend, even if I don't have anything more to add at that moment, among various other techniques. I will also use nonverbal communication techniques to enhance my active listening, such as maintaining proper posture, being mindful of my facial expressions, and ensuring direct eye contact, unless otherwise indicated. One additional nonverbal therapeutic communication technique I want to address is touch. Personally, I do not prefer touch as a comfort technique from others, which influences my approach in communication with others. I rarely use touch unless I feel close to the person or it feels appropriate in the moment. When it feels right, I will incorporate touch; otherwise, I avoid it in my communication methods. These nonverbal techniques will demonstrate my active listening, alongside therapeutic communication strategies to create a therapeutic relationship with my patients. The use of these techniques will help to create a professional yet therapeutic bond, allowing patients to trust me and perceive my genuine empathy for their circumstances. It is equally important to recognize nontherapeutic communication styles to avoid in most situations. Nontherapeutic communication encompasses giving false reassurance, rejecting, disagreeing, providing advice, and making assumptions. These techniques should be avoided when aiming for therapeutic communication. Understanding this information will enhance my communication skills, but I acknowledge that no one is perfect, and mistakes happen. Growth can come from those mistakes, but prior education is the most effective way to improve communication skills, ultimately leading to successful therapeutic interactions with patients. If a mistake occurs during a conversation, it is appropriate to reflect on that interaction and even discuss it with another student or instructor, keeping all personal information out of the discussion. This could be an appropriate way to debrief the conversation that occurred to provide therapeutic communication for future interactions of that manner. Overall, I will

remain mindful of my communication styles, including assertiveness, empathy, and active listening, while integrating various therapeutic verbal and nonverbal communication techniques to enhance my interactions in both clinical and non-clinical settings.