# Therapeutic Communication and Defense Mechanisms

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

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## 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 |

## 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) |

## 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.

## 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)

## 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.

## 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

## 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.

**Sources** (23) are listed with links at rnbasics.com/sheets/therapeutic-communication.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. RN Basics is an independent study aid not affiliated with any certifying body.