MENTAL HEALTH · NCLEX 2026

# Therapeutic Relationship *& Boundaries*

The professional foundation of every psychiatric-mental health interaction.

💬 COMMUNICATION | 🤝 PEPLAU'S PHASES | ⚖️ ETHICS | 🧠 PSYCH NURSING

## 01 Definition & Overview

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1. A **professional, goal-directed partnership** between nurse and patient — focused entirely on the patient's needs, growth, and recovery.
2. The **foundation of ALL psychiatric nursing care.** Without it, no intervention, assessment, or therapy can be effective.
3. It is **NOT a friendship.** It is time-limited, patient-centered, and structured by clear boundaries.

*The 4 Pillars*

- 🤝 Trust
- 💗 Empathy
- ✨ Genuineness
- 🕊️ Positive Regard

## 02 Peplau's Phases — How the Relationship Unfolds

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*Step 1* **Pre-Orientation** → *Step 2* **Orientation** → *Step 3* **Working** → *Step 4* **Termination**

### 1 · PRE-ORIENTATION (Before meeting)

- Review chart & history
- Examine your own biases & feelings
- Plan for first encounter

### 2 · ORIENTATION (Introduction)

- Establish rapport & trust
- Set **boundaries + confidentiality limits**
- Create a "contract" — goals, times, duration
- Identify problems & strengths

### 3 · WORKING (Main phase)

- Explore feelings & behaviors
- Problem-solve; practice coping skills
- Promote behavioral change
- Watch for **transference / countertransference**

### 4 · TERMINATION (Closure)

- Review progress & goals met
- Discuss feelings about ending
- **NO new issues introduced**
- Prevent dependency

## 03 Therapeutic vs. Non-Therapeutic Communication

### ✅ Therapeutic

- ✓ Active listening & silence
- ✓ Open-ended questions ("Tell me more...")
- ✓ Reflection & restating
- ✓ Clarification & validation
- ✓ Empathy ("That sounds difficult")
- ✓ Summarizing
- ✓ Offering self ("I'll sit with you")
- ✓ Focusing on feelings

### ❌ Non-Therapeutic

- ✗ False reassurance ("Don't worry")
- ✗ Giving advice ("You should...")
- ✗ "**Why**" questions (defensive)
- ✗ Minimizing or dismissing feelings
- ✗ Judgment or approval/disapproval
- ✗ Changing the subject
- ✗ Closed-ended yes/no questions
- ✗ Defending staff or hospital

### 🚨 RED FLAG — Boundary Violations

- Self-disclosure for **your** needs
- Sharing personal contact info
- Keeping secrets with patient
- Thinking about patient off-duty
- **Sexual or romantic contact — NEVER**
- Accepting gifts or favors
- Meeting outside clinical setting
- Favoritism / special treatment
- Non-therapeutic physical contact
- Excessive time with one patient

## 04 Priority Nursing Interventions

**ABC** **Safety first — in crisis, airway, breathing, circulation and patient/staff safety always come before therapeutic rapport.**

**MAINTAIN** Professional boundaries at all times — the relationship exists for the **patient's** benefit.

**USE** Therapeutic communication techniques consistently.

**PRACTICE** Self-awareness — recognize countertransference early.

**ASSESS** For signs of boundary blurring in self and peers.

**ESTABLISH** Clear goals, meeting times, and duration in orientation.

**REDIRECT** Personal or social requests back to clinical focus.

**DOCUMENT** Interactions objectively and factually.

**REPORT** Boundary violations (own or peer's) to supervisor.

**TERMINATE** Planned — never abrupt — and introduce no new issues.

**PRIORITIZE** De-escalation over restraint; least-restrictive first.

## 05 Pharmacology in Crisis (PRN Adjuncts)

*The therapeutic relationship itself is the primary "treatment" — but when verbal de-escalation fails, PRN medications may be needed for acute agitation or distress.*

### Lorazepam (Ativan)

BENZODIAZEPINE · ANXIOLYTIC

| | |
|---|---|
| ACTION | Enhances GABA → CNS depression, calms agitation |
| SIDE FX | Sedation, resp depression, dependence, paradoxical agitation in elderly |
| NURSING | Monitor RR & LOC; fall risk; antidote = flumazenil |

### Haloperidol (Haldol)

TYPICAL ANTIPSYCHOTIC

| | |
|---|---|
| ACTION | Dopamine (D2) blockade → reduces severe agitation/psychosis |
| SIDE FX | EPS, dystonia, NMS, QT prolongation |
| NURSING | Baseline ECG; watch for rigidity/fever (NMS); give anticholinergic for EPS |

**Least-Restrictive Escalation (NCLEX Gold)**

**① Verbal de-escalation → ② Offer PRN oral meds → ③ IM PRN meds → ④ Seclusion → ⑤ Restraints (LAST resort — needs provider order, q15-min monitoring)**

## 06 NCLEX Test Traps

- ✗ **"Why did you…?"** — *NEVER* the answer. "Why" puts patients on defensive. Replace with "Tell me about…" or "What were you feeling?"
- ✗ **"Everything will be fine"** — false reassurance. Blocks communication and *belittles* the patient's feelings.
- ✗ **"You should…"** — giving advice. Answer choices starting with "You should" are almost always wrong.
- ✗ **Sympathy ≠ Empathy.** "I feel so sorry for you" = sympathy (wrong). "That must be really difficult" = empathy (right).
- ✗ **Silence IS therapeutic** — often mistaken for rude. It gives patient time to process feelings.

✗ **Confidentiality has LIMITS** — harm to self/others, abuse, and court orders override it (*duty to warn*).

✗ **Self-disclosure** is rarely therapeutic. Only acceptable if it clearly **benefits the patient** — never the nurse.

✗ **Termination phase** — introducing new problems is WRONG. The answer is always to review progress & explore feelings about ending.

## 07 Patient Education

1. **Purpose & goals** of the nurse-patient relationship — not friendship, but support.
2. **Confidentiality** — what is protected, and the *legal limits* (self-harm, harm to others, abuse).
3. **Meeting structure** — when, where, how long, planned termination date.
4. **Expectations** — this is a professional partnership with clear boundaries.
5. **Active participation** — patient is empowered and encouraged to speak up.
6. **Coping skills & self-advocacy** — tools to use beyond the hospital.
7. **Community resources** — support groups, crisis lines, outpatient follow-up.
8. **Rights** — right to refuse treatment, participate in care plan, and report concerns.

## 08 Memory Boosters

### SOLER — Therapeutic Posture

- **S** **Sit** squarely facing patient
- **O** **Open** posture — no crossed arms
- **L** **Lean** slightly forward
- **E** **Eye** contact (culturally appropriate)
- **R** **Relax** — be present & calm

### POW-T — Peplau's Phases

- **P** **P**re-orientation (prepare yourself)
- **O** **O**rientation (meet + contract)
- **W** **W**orking (the real therapy)
- **T** **T**ermination (planned goodbye)

### The Boundary Test

*"Who benefits from this action?"*

If the honest answer isn't **the patient** → it's a **boundary violation**. Simple & sharp.

### Quick Pattern Recognition

- ❌ Answer starts with "**Why**" → **WRONG**
- ❌ Answer starts with "**You should**" → **WRONG**
- ❌ Answer includes "**Don't worry**" → **WRONG**
- ✅ Answer reflects **feelings** → likely RIGHT
- ✅ Answer is **open-ended** → likely RIGHT

> *The relationship is always about **the patient** — never about you.*

*NCLEX Ready · Mental Health Series*

THERAPEUTIC RELATIONSHIP & BOUNDARIES
2026 TEST PLAN · HIGH-YIELD REVIEW