## ABILITY TO FOSTER AND MAINTAIN A THERAPEUTIC RELATIONSHIP WITH PATIENTS AND THEIR FAMILY AND CARERS

Generic therapeutic relationship competences can be found in other frameworks (https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks). This section will focus on developing relationships in inpatient settings with patients, their family, and carers.

### Knowledge

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| An ability to draw on knowledge that a trusting therapeutic relationship is a fundamental component of inpatient care and essential for patients and their family and carers to feel safe during admission |

### Knowledge of factors associated with the development of a therapeutic relationship

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| An ability to draw on knowledge of practitioner factors that can foster a positive relationship with patients and their family and carers such as being flexible, open, transparent, respectful, warm, and honest | |
| An ability to draw on knowledge of practitioner factors that reduce the probability of forming a positive relationship with patients, and their family and carers such as being rigid, dishonest, disrespectful, unresponsive, and dismissive | |
| An ability to draw on knowledge of common factors which may make establishing a therapeutic relationship with patient's more challenging such as: | |
| | the patient being under section of the Mental Health Act (MHA) |
| | the patient having past difficult relationships with staff or services |
| | the patient being subject to restrictive practices |
| | the patient using substances |
| | the patient experiencing acute distress |
| | cultural differences between the patient and practitioner |
| | influence of the patient's family and carers (for example, families or carers who discourage the patient from maintaining contact with services) |

### Capacity to develop the relationship

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| An ability to develop a collaborative relationship and work alongside the patient and their family and carers and help them form and express their priorities for care |
| An ability to help the patient and their family and carers express any concerns or doubts about the inpatient care and/or team delivering it |
| An ability to actively address the inherent power imbalances in relationships with patients and their family and carers, which is worsened when the patient is under section of the MHA |
| An ability to ensure contact is validating and affirming, and so empowers the patient and their family and carers |

### Capacity to maintain the relationship

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| A capacity to recognise and to address threats to the therapeutic relationship, for example, being subject to restrictive practices and restraint | |
| An ability to address disagreements about priorities of a treatment by ensuring that: | |
| | the rationale for the inpatient care is clearly explained |
| | patient priorities are integrated into inpatient care |
| | there is honesty about the degree to which inpatient care can address patient needs and priorities |
| An ability to address strains in the relationship with staff, for example, by: | |
| | gaining feedback from the patient and their family and carers on the relationship, particularly any concerns |

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| | acknowledging, accepting responsibility for, and addressing any strains in the relationship caused by members of the wider care team |
| An ability to maintain continuity in the relationship with patients and their family and carers after breaks (for example, when patients are discharged but then readmitted to the ward at a later period) | |