



NR605 Therapeutic Alliance Worksheet

Name: [REDACTED]

Scenario	Techniques for Building a Therapeutic Alliance with Rationale
Mood disorders/anxiety/OCD	<p data-bbox="520 663 1415 763"><i>A 30-year-old client with major depressive disorder (MDD) has been feeling hopeless and disengaged from work and family. They express negative self-beliefs, stating, "I am a failure, and nothing will ever change."</i></p> <p data-bbox="520 801 1422 1294">The PMHNP can use a variety of techniques to develop a therapeutic rapport with a 30-year-old client with MDD with feelings of hopelessness and self-negative beliefs. It is helpful to employ techniques that focus on collaboration, empowerment and empathy when building a therapeutic alliance in clients with MDD (Iversen et al., 2025). The PMHNP should use clear communication and set established appointment times and structure to the sessions. The PMHNP can foster the client's trust through predictable and routine encounters (Gautam et al., 2020). Another consideration for the PMHNP is to meet the client where they are at and respect the client's autonomy (Iversen et al., 2025). While the PMHNP sets the therapeutic frame, it is essential for the clinician to respect the client's preferences and modify the sessions accordingly. Through respecting the client's autonomy, the PMHNP empowers the client which challenges negative self-beliefs (Iversen et al., 2025).</p> <p data-bbox="520 1339 1430 1727">The PMHNP can convey empathy so the client feels less alone and heard through using empathetic listening (Gautam et al., 2020).. By reflecting the client's experiences, the PMHNP validates the emotions the client struggles with. Hopelessness and self-criticism are frequently encountered in clients with MDD and it is beneficial to the client for the PMHNP to normalize these feelings. Normalizing the client's feelings encourages them to engage openly in the therapeutic process by reducing any shame the client may have about their feelings. Cognitive Behavioral Therapy (CBT) can be particularly helpful in treating MDD. CBT is proven to reduce the risk of relapse, increase adherence to treatment, address the beliefs contributing to the depressions, and reduce the symptoms of depression (Gautam et al., 2020).</p> <p data-bbox="520 1771 1415 1890">The PMHNP can work to improve the client's sense of self-worth through a variety of techniques. The PMHNP should work in collaboration with client to identify the goals of therapy, which is also an element of CBT (Gautam et al., 2020). Empowering the client to set and achieve goals promotes</p>



	<p>independence and validates the importance of their influence in their recovery. Setting small, achievable goals, helps to validate the client’s self-worth. The PMHNP can further support the client’s sense of self-worth by having the client identify their areas of strength. Having the client identify positive attributes results in them challenging their feelings of inadequacy and supports their feelings of self-worth (Gautam et al., 2020). The PMHNP should be mindful to acknowledge all aspects client’s participation in therapy and provide genuine feedback on the value of their participation. Reinforcing the client’s ability to influence their recovery helps to counteract self- negativity and promotes continued engagement in MDD treatment (Gautam et al., 2020). The PMHNP can further address the client’s negative self-beliefs through Socratic questioning. The client can gain insight into their unhelpful self-thoughts and reframe such statements to a positive light (Gautam et al., 2020). Socratic questioning is an evidenced- supported approach in the treatment of MDD (Gautam et al., 2020).</p>
<p>Psychosis</p>	<p><i>A 22-year-old client with schizophrenia experiences auditory hallucinations telling them they are worthless. They struggle with medication adherence, believing the pills are poison.</i></p> <p>There are several techniques that the PMHNP can employ to help build a therapeutic alliance with a 22-year-old client with Schizophrenia with auditory hallucinations and challenges with medication adherence. It is important for the PMHNP to validate the client’s experience and challenges that their auditory hallucinations and paranoid delusions have presented. The PMHNP’s validation of the client’s experiences works to reduce the shame, isolation, and judgment that the client may feel with their psychosis (Iversen et al., 2025; Kuo et al., 2022). Clients with schizophrenia may be reluctant in discussing symptoms that are distressing or stereotypically bizarre. The PHMNP must cultivate an environment in which the client feels confident in disclosing such symptoms (Iversen et al., 2025).</p> <p>The PMHNP can normalize the client’s medication concerns and auditory hallucinations. These concerns are common with client’s with Schizophrenia who may hesitate in disclosing the extent of their symptoms and beliefs out of fear of being stigmatized or judged. The PMHNP can further foster the client’s trust by demonstrating respect for the client through their interactions with the client (Iversen et al., 2025). The PMHNP can demonstrate respect by exploring the client’s medication beliefs and auditory hallucinations and avoiding directly challenging what the client shares. Cognitive Behavioral Therapy (CBT) can be useful in addressing the positive symptoms of schizophrenia be reframing delusions as misinterpretations of reality (Ruffalo, 2023). Demonstrating respect reduces</p>