



Case Report

Effect of Using Peplau's Interpersonal Relation Nursing Model in the care of a juvenile delinquent

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Abstract

The shaping of nursing care within a specific theoretical framework is important in terms of contributing to the improvement of the quality of care. The aim of this case study is to determine the role of therapeutic interaction and communication in the case of a child delinquent by applying Peplau's Interpersonal Relations Theory. The case under question involves a 15-year-old juvenile delinquent who had a preliminary diagnosis of depression and was receiving care at a child-adolescent psychiatry clinic. A total of eight semi-structured interviews were conducted with the patient between February and March 2018. The data were collected using semi-structured interview forms prepared by the researcher after conducting a review of the literature. The data were evaluated within the framework of Peplau's Interpersonal Relations Theory. After undergoing a long period of treatment and care, the patient was discharged with a commitment to take responsibility for his life.

Keywords: Case reports; nursing care; juvenile delinquency.

What is known on this subject?

- The shaping of nursing care within a theoretical framework is important insofar as it contributes to increasing the quality of care.

What is the contribution of this paper?

- Peplau's theory provides a convenient approach to performing nursing care directed at developing a therapeutic patient-nurse relationship with delinquent juveniles.

What is its contribution to the practice?

- Peplau's Theory of Interpersonal Relations, as an approach to analyze the relationship established with patients and to solve communication-based problems, is suggested for nursing care.

Crime is defined as the entire range of unlawful behaviors that have existed throughout the history of humanity. Criminal behavior can be observed in every stage of human development. However, given that individuals under 18 years of age are generally recognized as children, the exhibition of unlawful behaviors by individuals 18-years-old and younger is termed "delinquent" behavior.^[1,2] Data from the literature indicate that the majority of delinquent children are boys^[3] and that in 79%

of cases, the history of delinquency behavior starts between the ages of 10 and 15.^[4] Delinquent juveniles are found to be guilty of crimes are not only judged within the legal system, but they also frequently come under the care of psychiatry clinics due to a number of mental disorders.^[5] Research shows that the prevalence of the type of delinquency and the observed mental disorder related to each type differ in these children. In a study conducted by Moore, Gaskin and Indig^[6] involving delinquent juvenile-adolescents, it was reported that 78% of the juveniles had received at least one mental diagnosis, while 44.7% had received at least two mental diagnoses. Şenses et al.,^[7] in their study, examined delinquent juvenile-adolescents who had committed property crimes and found that 63% of the adolescents had at least one mental diagnosis. The most common mental disorders observed in delinquent children and adolescents include post-traumatic stress disorder,^[6,8] behavioral disorders,^[9,10] attention deficit hyperactivity disorder (ADHD),^[7,11,12] and depressive disorders.^[7,13,14] In the clinics, both general psychiatric nurses and adolescent psychiatric nurses

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are involved in the treatment and care of delinquent juveniles who have a psychiatric diagnosis.

In general, nursing applies a humanistic approach of help that is based on a holistic understanding of health care.^[15] Yet, nursing is not only based on helping and providing care, it also has a theoretical foundation based on science and art.^[16] Hildegard E. Peplau,^[17] who provided major contributions to the formation of the theoretical basis of psychiatric nursing, defined the significance of the patient-nurse relationship in her Theory of Interpersonal Relations, which she developed in 1952, where she proposed that the therapeutic relationship established between the nurse and the patient forms the basis of nursing care. According to Peplau, the most significant factor in this relationship is that the communication between the patient and the nurse be based on trust.^[18] The understanding that the problems identified and resolved based on the patient/nurse relationship serve as the basis for psychiatric nursing and that holding to this understanding is effective when providing patient care was applied in practice after Peplau introduced the theory, and since then, many researchers have contributed to the body of knowledge on nursing care based on her theory. In Turkey, the theory is used in the care of mentally disabled individuals. A study performed on the care and consultancy process applied based on Peplau's nursing approach that involved the participation of individuals diagnosed with post-traumatic stress disorder evaluated the coping skills of individuals.^[19] Çunkuş and Taşdemir-Yiğitoğlu^[20] provided nursing care based on Peplau's theory to a patient with attention deficit hyperactivity disorder and determined that there was a significant increase in the patient's trust and belief in and motivation for the treatment process. The same study emphasized that the transformation of the theory into practice was helpful and effective for the psychiatric nurses in fulfilling the patient's requirements.

The purpose of case studies is to describe a case as accurately as possible. Case studies are significant in that they contribute to improving the care quality of nursing.^[21] Providing nursing care within a theoretical/model framework could contribute to the development of the nursing profession as a science and the practical use of the theory. In the light of this information, considering that providing care to a delinquent child and establishing therapeutic communication with them may involve many difficulties and ethical problems for a psychiatric nurse, in some cases, the building of a relationship on trust between the patient and nurse could be jeopardized. In these situations, equipping psychiatric nurses with scientific-based and/or evidence-based care (for instance; providing care based on a model) could allow them to overcome these difficulties and ethical problems in a simple way. Providing this type of care within the framework of scientific theories can contribute to the development of the therapeutic relationship between the patient-nurse. Thus, this case study aims to determine the role of therapeutic interaction and communication in the care of delinquent children. Peplau's theory of "Interpersonal Relations" was used to determine this relationship.

Hildegard Peplau's Theory of Interpersonal Relations

Peplau stressed that many nursing problems can be overcome through strong interpersonal relations. In the Theory of Interpersonal Relations she developed, she identified four distinct stages in the patient-nurse relationship,^[22] namely, orientation, identification, exploitation, and resolution (Fig. 1). In addition, continuous evaluations should be performed in each stage.^[17]

Orientation: This is the stage where the patient seeks help, and the nurse identifies the problem and supports the patient in recognizing their problem. It is particularly important at this stage that a relationship of trust be established between the nurse and the patient, as this helps to reduce the anxiety of the patient.

Identification: This stage involves the processes of planning and determining goals. With the start of a good relationship, the nurse gives the patient the opportunity to open their emotions and channels their emotions in a positive direction. This is important to meet the needs of the patient.

Exploitation: At this stage, assuming that a good relationship has been established between the patient and nurse, the patient needs to be informed to such a degree whereby they can now cope with their problem(s). Furthermore, at this stage, professional cooperation takes place, and the patient-nurse relationship matures. The "Therapeutic relation" develops once the patient takes responsibility and is active in communication.

Resolution: At this phase, the patient is expected to be successful in all of the activities discussed. Here it is important to ensure that the patient does not develop any dependency on the nurse. As the patient now has the capacity to make individual decisions, the patient-nurse relationship ends at this stage.

Model-Based Nursing Care in a Delinquent Child Case

In this case, the effect of the care provided was evaluated using Peplau's theory of "Interpersonal Relations". Two nurses

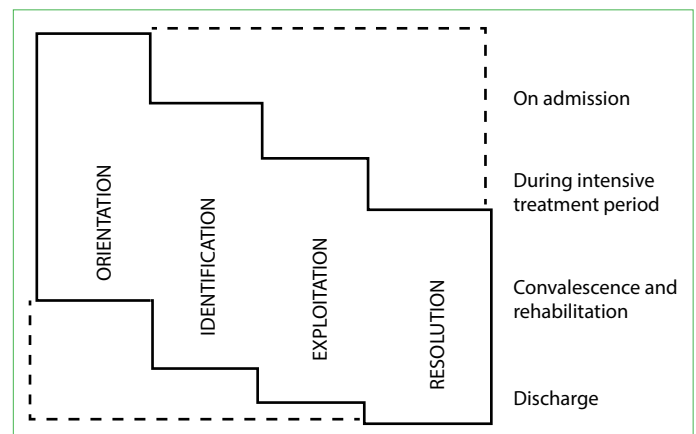


Fig. 1. The stages of the nurse-patient relationship.^[6]

with different educational backgrounds and clinical experiences provided care to an adolescent patient with a history of delinquency and a medical disorder diagnosis at a child and adolescent psychiatry clinic. During this period of care, three days of the week, Peplau's theory of interpersonal relations was applied by a nurse who was in the process of undergoing specialist training and therapy training, while on the other days routine care was provided by the service nurse. The nurse applying Peplau's theory conducted 30-40-minute interviews with the patient when he was at the clinic. Outside of the time of the interviews, the patient participated in service activities and was followed up. Interventions were performed within the context of the nursing diagnosis defined.

Socio-demographic Data and Medical History: S.Ö. (pseudonym used for the patient) is a 15-year-old male patient who was admitted to the child-adolescent psychiatry clinic with a depression pre-diagnosis and suicidal ideations. The environment he resides in is of a low socio-economic status and has higher substance use rates compared to that of other living areas. He has a history of delinquency that includes multiple offenses, including bodily harm, theft, and robbery. He committed bodily harm with a knife twice. The judicial trial of the patient, who has a criminal record, is still in process. In addition, he has a history of substance use. He stated that he does not go to school, that he works in a bakery, and that his father has alcohol issues and commits violence against his mother. He has two brothers.

Orientation: From the model/theory-based clinical interview conducted between the adolescent/patient and the nurse, who is currently still in the process of undergoing specialist training, the following information was obtained: According to the patient's own statement, he has committed acts of delinquency 13–14 times (bodily harm, theft, and robbery). He further stated that he and his friends did not stay at home, and that he committed theft out of a desire to steal. He expressed that he did not enjoy life, was not happy and did not laugh, and that there was nothing that he enjoyed doing. It was observed through the patient's discourse that he had a blunted sense of emotion and that when he spoke he did not make any eye contact. He indicated that he had a hot temper and difficulty controlling his anger. Regarding his feelings, he expressed generally negative ones, like hopelessness, disappointment, and anger. He believed that since he had a criminal record he would not be able to succeed in life anymore nor even continue his education. Therefore, he felt that after being discharged from the clinic, he would not be able to change in his life and that he would continue to use substances.

Identification: A trust-based relationship was established between the specialist nursing student and the adolescent patient, and the patient's history and his existing problems were defined. Within the context of these identified problems, the nursing diagnosis, which was based on the NANDA taxonomy system, the Nursing Diagnosis Handbook, and Nursing Diagnoses, Interventions, and Outcomes, was defined as follows.^[23,24]

- Suicide Risk
- Lack of Impulse Control
- Ineffective Coping
- Impaired Social Interaction
- Low Self-Respect
- Ineffective Health Management
- Hopelessness

Exploitation: The nursing interventions planned for the problems determined in the identification phase were applied and evaluated (Table 1). Now that a good relationship had been established based on trust, the patient was allowed to participate in the care process in accordance with the information received from the healthcare team. However, in the ongoing care process, when the patient exhibited maladaptive behavior, the service nurse responsible for providing care to the patient reminded him of the clinic norms. In those times that the patient exhibited these behaviors, it was observed that he felt that he was not being understood, and his bursts of anger were associated with the feeling of obstructiveness. It was further observed that these bursts of anger would occur when the patient felt that he was being prevented from doing something, and after several incidences of this, it started to form a vicious cycle. As a result of insufficient communication with the patient, there were two incidences when the relationship built on trust between the nurses and the patient broke down. Following these episodes, it was observed that the patient had difficulty communicating and had conflicts inside the clinic, and there was a decline in his relationship of trust with the healthcare team.

Resolution: In addition to the treatment processes of the patient inside the clinic, the semi-structured one-to-one interviews and interventions conducted by the nurse in training to define the emotions experienced by the patient helped to increase the patient's motivation for and belief in life, and he participated in his care by determining two major life objectives (go on to school, desist from substance use) and made decisions related to his treatment processes. After 23 days of hospitalization, the patient was discharged by request of the doctor. During the discharge process, the nurse in training interviewed him to determine his life objectives, while the service nurse performed the routine discharge preparations. During the discharge process, a verbal agreement was made with the patient that he would come to routine checks after his discharge from the clinic.

Ethical Considerations

The patient was informed that the interviews would be used for scientific purposes, and verbal and written approvals were obtained from the patient and his family prior to conducting the case study. The required permissions were obtained from the institution where the research was performed (approval no. 76379986-604.01.02).

Table 1. Nursing diagnosis, objective and interventions for the adolescent/patient with delinquency history^[24,25]

Nursing diagnosis	Etiology	Objective	Nursing interventions	Result
<p>Suicide risk</p> <p>Descriptive characteristics Expresses the willingness to commit suicide. States that his life is meaningless.</p>	<ul style="list-style-type: none"> - Unable to manage emotions caused by the negative outcomes of one's behaviors - Lack of coping 	<p>The patient does not attempt suicide</p>	<ul style="list-style-type: none"> - A peaceful, quiet, and calm environment is prepared for the patient (low temperature, soft voice, and not crowded) - An agreement is made to not attempt suicide again. Confidence is created by explaining that he can communicate when he feels the desire to commit suicide. - A therapeutic relation is developed with the child. - The routine work is explained in simple terms to make him feel that the environment is trustworthy. - The child is assisted in solving problems. - The child's behaviors are frequently observed (at 15 minutes intervals). - Any harmful objects or tools in the environment are removed. - Effective communication techniques are taught. - The child's energy is directed in a positive direction through activities. 	<ul style="list-style-type: none"> • The patient's suicide risk was determined. An agreement was provided with the patient to not attempt to commit suicide. • The patient did not try to commit suicide. <p><i>The diagnosis was examined over the course of five interviews.</i></p>
<p>Lack of impulse control</p> <p>Descriptive characteristics Repetitive delinquent behavior</p>	<ul style="list-style-type: none"> - Unable to recognize impulsive behavior - No knowledge on the methods for controlling impulsive behavior 	<p>Building awareness of positive and negative (delinquent) behaviors</p> <p>Developing skills to have control over behaviors</p>	<ul style="list-style-type: none"> - The child's awareness of delinquent behavior is evaluated with him. - The negative outcomes of delinquent behavior are discussed with the child. - The factors causing delinquent behavior are discussed. - The situations that cause tension in the child and that are hard to solve are identified. - He is taught strategies on how to cope when destructive and negative behavior emerges. - A one-on-one conversation is made with the child about his delinquent behavior and its outcomes (to establish trust). - By providing rewards and positive feedbacks, the child is supported in gaining control over his impulsive behaviors. - Judgmental and critical behaviors are avoided. - The child is assisted in identifying the emotions of anger and hostility. - The child is supported in recognizing his responsibilities and roles. - The necessity of social rules, limitations and adaptation is discussed. - The child is guided on how to produce alternative solutions for the problems experienced. - The child engages in role-play to learn acceptable social skills 	<ul style="list-style-type: none"> • It was observed that the patient experienced the emotion of sadness on account of his criminal record. This emotion was guided by the nurse to serve as a motivating factor for the patient. Efforts were made to increase the patient's control over his behaviors. <p><i>The diagnosis was examined during eight interviews.</i></p>

Table 1. Nursing diagnosis, objective and interventions for the adolescent/patient with delinquency history (continuation)^[24,25]

Nursing diagnosis	Etiology	Objective	Nursing interventions	Result
Ineffective coping Descriptive characteristics - Discussion with the other patients and nurses inside the clinic - Defines the feeling of anger in a destructive way - Bursts of anger - Delinquent behavior	<ul style="list-style-type: none"> - Not knowing problem solving techniques - Not using effective communication techniques - Unable to predict behavior outcomes 	The use of effective coping techniques against anger.	<ul style="list-style-type: none"> - The existing coping techniques of the child are determined - Effective coping techniques are discussed with the child (breathing exercises, muscle relaxation exercises, sports, change of thoughts, problem solving techniques) - The most appropriate coping techniques for the child are determined. - In the case of anger, the effective coping technique determined with the child and nurse together is applied to ensure learning and effective use. - Education on anger management is provided to the child. - Effective communication skills are discussed with the child. - The effective/ineffective behaviors of the child are evaluated together. - Rules and applications are explained in simple terms, according to the vocabulary level of the child. - An environment without any stimuli is created to help the child easily state his feelings. - The child is provided time to ensure change in behavior and anger control - Problem solving techniques and emotion expressing methods are taught to the child. 	<ul style="list-style-type: none"> • The patient was taken under supervision during the observation stage in the clinic. • It was observed that he experienced unsuccessful attempts to manage the feeling of anger. • The effective coping mechanisms were strengthened. <p><i>The diagnosis was examined over the course of eight interviews.</i></p>
Impaired social interaction Descriptive characteristics - Takes part in destructive friendship relationships - Expresses that he felt excluded in different social environments.	<ul style="list-style-type: none"> - Being influenced by friends in his social environment - Not using effective communication techniques - Presenting impulsive behaviors 	Providing positive socialization	<ul style="list-style-type: none"> - The child is encouraged to express his feelings regarding the situations causing deterioration in social interaction. - His social problems are defined. - Social behaviors of the child are discussed. - Positive support is provided to ensure development in social behavior and communication. - Education is provided for communication methods/types. - The daily communication of the child inside the clinic is evaluated. - The child is accompanied in social environments so that he can gain positive social skills. - If necessary, through role play, how he initiates and maintains communication is studied. - A social activity that he is able to actively participate in is determined with the child - Interpersonal relations are evaluated. - Therapeutic communication techniques are used. - Support systems are evaluated and action is taken for supporting the systems. 	<ul style="list-style-type: none"> • When he was unable to control his emotions, destructive behaviors were observed in interpersonal communication. • It was determined that there was an increase in eye contact. • It was observed that the patient who was encouraged to express himself in "I terms" started to use the "I terms" technique in communication. <p><i>The diagnosis was examined over the course of six interviews.</i></p>

Table 1. Nursing diagnosis, objective and interventions for the adolescent/patient with delinquency history (continuation)^[24,25]

Nursing diagnosis	Etiology	Objective	Nursing interventions	Result
<p>Low self respect</p> <p>Descriptive characteristics States that nobody understands him. Feels "useless"</p>	<ul style="list-style-type: none"> - Self-stigmatizing attitude - Combining negative behaviors with negative self-image 	<p>Ensure that the child recognizes his positive aspects and gains awareness of the effects of negative behaviors on his personality</p>	<ul style="list-style-type: none"> - The situations experienced in recent times and the child's reactions regarding these are evaluated with the child. - The child's own thoughts and emotions regarding himself are evaluated. - The satisfaction level of the child with himself and his behaviors are evaluated. - The child is assisted in being successful in the change. - Positive and negative aspects of the child are determined together with the child. - The positive sides of the child are supported. - The child is assisted in participating in his own care. - His achievements (communication, expressing himself, etc.) are supported. - Comparing the child to others is avoided. - Discussion with the child regarding the effects of the negative behaviors on personality. - The behaviors that he wants to change are determined together with him. - The child is given guidance regarding these behaviors. 	<ul style="list-style-type: none"> • It was observed that the patient frequently used expressions like "I cannot do", "I forget to do" • An evaluation was done with the child to enable him to discover his positive aspects, and in doing this, the patient was able to gain awareness about his own positive personal characteristics <p><i>The diagnosis was examined over the course of seven interviews.</i></p>
<p>Ineffective health management</p> <p>Descriptive characteristics Have substance and alcohol use</p>	<ul style="list-style-type: none"> - Ineffective coping with experienced emotions - Affected by the social environment 	<p>Gain healthy life habits</p>	<ul style="list-style-type: none"> - Prior habits of the child (alcohol-substance use) are evaluated. - The child's information on what a healthy life means is evaluated. - The time periods in which alcohol-substance use is intense are determined. - Whether any attempts at cessation of alcohol-substance use have been made is determined. - Dangers of alcohol-substance use are explained to the child. - Motivational interviews are planned for quitting alcohol-substance use. - The objectives regarding the quitting methods are determined with the child. - He is supported in adopting healthy life behaviors. - The success he has for each day he goes without any alcohol-substance use is supported. 	<ul style="list-style-type: none"> • The patient stated that he made the decision to discontinue his substance use. <p><i>The diagnosis was examined over the course of eight interviews.</i></p>

Table 1. Nursing diagnosis, objective and interventions for the adolescent/patient with delinquency history (continuation)^[24,25]

Nursing diagnosis	Etiology	Objective	Nursing interventions	Result
Hopelessness Descriptive characteristics - He states that life is meaningless - Negative thoughts regarding his future	- Has difficulties coping with life events - Low self-respect - Self-stigmatizing attitude	Instilling hope for the future	- The child's symptoms and levels of hopelessness are determined. - The role of the disease in precipitating this hopelessness is evaluated - The physical appearance, posture, and self-care of the child is evaluated. - The child is encouraged to state the areas where he feels hopelessness. - The child's communication with his environment is supported. - The child is given time to connect and initiate interactions with the nurse. - Expectations proper to the child's abilities are determined. - The ability of the child to establish objectives, make decisions, and make plans is evaluated. - If there are some spiritual resources that the child needs, he is supported in accessing them. - The child is asked to determine the things that are significant for him. - The child is supported in identifying and mobilizing internal resources. - Self-injury due to hopelessness is evaluated.	• It was observed that the patient started to ask questions about university life, which indicated that the feeling of hope regarding the future started to emerge. <i>The diagnosis was examined over the course of eight interviews.</i>

Case Analysis and Discussion

In this case, the effect of the communication between the patient and the nurse on the patient's adaptation process to the treatment and care was clearly observed. The service nurse approached the patient in a biased manner, applying clinical norms with a judgmental attitude rather than exhibiting an approach that sought to understand the emotional stage of the patient, and as a result of not establishing effective communication with the patient, some of the problems experienced by the patient resulted in two occasions where he displayed inappropriate behaviors (violating the clinical norms by showing bursts of anger and aggression), at which point he was placed under supervision and prohibited from using the phone for three days. This situation led to the prolongation of the treatment processes and precipitated trauma for the patient. However, a patient expects the nurse to be aware of his needs; therefore, placing a child who exhibits maladaptive behavior to make people notice his needs under disciplinary supervision is neither an ethical nor a functional nursing approach to developing adaptive behaviors in adolescent patients. The failure of nurses to recognize the needs of their patients, their specific problems, and the difficulties they have

in making decisions affects their interpersonal relations with the patient and may jeopardize the effectiveness of care by damaging the feelings of trust. Indeed, after being placed under disciplinary supervision, the patient continued to exhibit inappropriate behaviors that went against the clinic's rules. In other words, according to Peplau,^[17] a therapeutic relationship based on trust was not developed between the nurse and patient/adolescent. At one point, when playing in the activity room, the patient stated that he felt nobody understood or believed him and ended up punching one of the other patients. Therefore, he was placed under re-evaluation.

According to Peplau's theory, the patient-nurse relationship should be therapeutic and include curative approaches for the patient.^[25] Teaching effective coping strategies to the patient, identifying effective methods with the patient, and providing guidance on how best to solve their problems are among the most effective nursing interventions. Interventions that involve taking a therapeutic approach to the patient and that do not put the nurse in a position of having an ethical dilemma support the development of positive behaviors in the patient. Studies show that the solution-focused approach based on Peplau's Theory of Interpersonal Relations reduce

anxiety and depression levels and improve problem-solving skills.^[26] In the present case, the co-therapist nurse, who was still in specialization training, grounded the approach used on the patient on the theory of interpersonal relations and developed solution suggestions for the nursing problems that emerged in the one-to-one interviews with the patient. These suggestions are presented in Table 1.

The nursing diagnosis of "lack of response control", which is frequently made for delinquent juveniles, provides the opportunity to have the child discuss their delinquent behavior and its conclusions, and to develop solution suggestions for preventing repetitive crime patterns.^[24] In the present case, as a result of the interviews conducted between the specialist candidate nurse and the patient, the patient came to the decision to end his substance use, which was chiefly responsible for his repetitive delinquency.

"Ineffective coping" is another of the mostly commonly made diagnosis in nursing practice. The development of coping skills occupies a major place in the healthcare field. Developing effective coping strategies for a child who has difficulties in coping with their anger improves the quality of the person-person relationships of the child. Peplau's philosophy argues that this can be applicable for urgent emergency cases. To be able to have a calm and therapeutic approach to a patient who shouts with anger and exhibits aggressive behavior is helpful in reducing the anxiety driving this behavior.^[27] In the present case, the patient had problems with anger management, and he exhibited a disruptive behavior pattern, both for him and his environment, by violating clinic rules. As a result, the patient was provided education on emotion management and personal coping skills, and during this education, the patient stated that nobody understood him, and he presented a sense of low self-respect. In this sense, the patient recognized the impact of his harmful behaviors on himself and his environment and how this influenced his perception of worthlessness.

"Impaired social interaction" may emerge due to many reasons. Here it is important to first identify the factors responsible for causing the deterioration of the individual's socialization. When providing care to a child who believes that "He doesn't enjoy life, nobody understands him", exhibiting an empathic approach is important. Peplau's philosophy intersects with nursing care at this point. In the present case, the specialist candidate nurse asked the patient, "What are the situations that make you think that they do not understand you? Let's review them together",^[28] and in this way the nurse was able to establish a line of communication that made the adolescent feel that he was being understood, which is the first step in the communication process. This method gave him the opportunity to state his own feelings and thoughts on the subject and helped them both, the nurse and the patient, determine the factors limiting the patient's socialization. "Hopelessness" is the feeling of loss of positive developments expected from the future. When an individual feels hopelessness, they lose their internal motivation to reach their intended

objectives.^[29] As this feeling may ultimately lead to a person considering committing suicide, it should be taken very seriously by psychiatric nurses. The hope level of an individual has a significant effect on whether they have positive or negative behaviors. The statement made by the patient in this study, "Nothing will change in my life, even after I get out of here", offers the most explicit evidence that the patient is experiencing a sense of hopelessness in his life. For adolescent patients who struggle with depression and who have had suicide interventions, this situation is a major nursing problem that needs to be solved by developing therapeutic relationship with the patient. The fact that after the interventions performed in the present study, the patient asked whether his criminal record would be an obstacle to enrolling in a university and indicated that he had a willingness to start a new life serves as evidence that the interventions performed within the framework of therapeutic relations to address the feeling of hopelessness were effective and that the nursing applications were useful for the patient.

Conclusion

After a long treatment and care process, the patient was discharged, fully determined to take responsibility for his own life. Trying to understand delinquent juveniles and their behaviors instead of judging them is the first step to developing a therapeutic patient-nurse relationship. On this point, the "Interpersonal Relationship Model" developed by Peplau, a renowned theorist of psychiatric nursing, was used to serve as a guide. This case study has shown that the use of this model in nursing care offers a simple and convenient way to establish an effective relationship with the patient and to analyze communication-based problems. However, the one major disadvantage of the model is that it fails to facilitate the defining of physiological needs and the provision of physiological care, which could limit the ability to determine problems based on physiological needs. However, identifying the underlying physical and psychological causes and needs of a patient's behaviors will enable the nurse to maintain ethical and therapeutic approaches and interventions. In order to reflect the basic nursing philosophy that the theory is based on to practice in a more effective way, it is important that the nurse and the patient spend more time together. All in all, a healthy patient-nurse relationship will contribute to improvement in the quality of care. Taking into account the low number of mental health professionals per person in the mental healthcare services in Turkey and the limited amount time that can be allocated to each patient as a result, a significant obstacle stands in the way to improving the quality of care in the mental health services.

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