A Real Page Turner—Bridging the Courses

Welcome to Nursing 261. Congratulations on the successful completion of Advanced Placement/ or Nursing 162. This learning packet is designed to help you review content that is key to moving towards your mastery of psychopathology. The packet divides the work into: Review of previously learned knowledge & some essential new material that will help make your understanding of psychopathology more manageable.
A Real Page Turner—Bridging the Courses

✓ Our consultants from the reading team assure us that the more students work with the text and content in preparation for upcoming lectures or a semester the better the chance for achievement.
(Continued)

- This information will be referred to during clinical orientation, lecture, and all clinical rotations.
(Continued)

- **Remember**: Use the table of contents in your mental health textbook to guide you in the learning activities.
- Videbeck either the 2\textsuperscript{nd} or 3\textsuperscript{rd} edition is the text that will assist you~~ It is an excellent resource!!!!
(Continued)

- **Unit 1 Handout**: available for purchase around mid-August in the bookstore and will also be on the Nursing 261 course WEB page.
- **Again welcome!**
A Message From Nursing Students

The next few pages are notes from nursing students to ease your journey into a specialty that I have enjoyed for 24 years.
They Seem To Have Quite a Bit to Say

Discuss any feelings that you have about your clinical rotation or your assigned client with your instructor.

Take time to adjust to a slower pace.
Keep Going, Your Colleagues Are Speaking

✓ Avoid making assumptions about any client’s medical or psychiatric history.

✓ Don’t hesitate to approach your clinical instructor or staff member with questions about your assigned client’s needs or plan of care~~~~~~~~~~~~.
And Here WE Are!!!!

- Don’t become frustrated with a client who refuses to speak to you.
- Be patient with a client who requires repeated prompting to complete a task.
- Recognize that listening, observing and self-awareness are important tools that you possess.
✓ Self-Awareness A Review

UNF 5-1. Empathy vs. sympathy

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Empathy/Sympathy: Reminder from Nursing 161

- **Empathy**: is the ability of the nurse to perceive the meanings and feelings of the client and to communicate that understanding to the client.
Empathy/Sympathy: Reminder from Nursing 161

- **Sympathy**: feelings of concern or compassion one shows for another.
- **Remember**: Sympathy often shifts the emphasis to the nurse’s feelings, hindering the nurse’s ability to view the client’s needs objectively.
Values Clarification Process: A Reminder from Nursing 161 & 163

✓ Values are abstract standards that give a person a sense of right & wrong and establish a code of conduct for living.

✓ The values clarification process has three steps: Choosing, Prizing, Acting
Choosing, Prizing, Acting-
Valuable Integration

✓ Choosing: Person considers a range of possibilities

✓ Prizing: Person considers the value, cherishes it; & publicly attaches it to self

✓ Acting: Is when the person puts the value into action
Cultural Competence A reminder from Nursing 161 & 163

- It is critical for the nurse to be culturally competent so that:
  - The client will not feel prejudice from the nurse
  - The nurse will understand her own cultural identity
  - Clients may receive information about their illness & treatment in terms that they will understand.
UNF 7.4. Maintain cultural awareness

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Cultural Competence

- Ideas that one holds as true are:
  - Values
  - Attitudes
  - Beliefs
  - Personal philosophy
Goal Cultural Awareness

- Ongoing self-awareness allows the nurse to accept values, attitudes, & believes of others that may differ our own. If we do not assess personal attitudes and beliefs we may be prejudice.
Introducing Touch: A Reminder from Nursing 161

- Touching a client can be comforting & supportive when welcome & permitted. The nurse should observe the client for cues that show if touch is desired or indicated as it could be an invasion of intimate & personal space.
Memory Jogger!!

Understanding 4 Types of Touch

- Functional – professional touch is used in examinations or procedures such as when the nurse touches a client to assess skin turgor. (Figure A)
UNF 6-1. Four types of touch. A-Functional-professional touch; B-Social-polite touch; C-Friendship-warmth touch; D-Love-intimacy touch.
Touch Continued

✓ Social-polite touch (Figure B) is used in greeting, such as a handshake and the "air kisses" some women use to greet acquaintances, or when a gentle hand guides someone in the correct direction.
Touch continued

✓ Love-intimacy touch (Figure D) involves tight hugs and kisses between close relatives or significant others.
Proxemics is the study of zones of distance awareness.

People feel more comfortable with smaller distances when communicating with someone they know rather than with strangers and larger distances with others.
Zones of Distance Awareness

Therapeutic communication occurs in the personal zone.

Intimate
Personal
Social
Public
Therapeutic Communication Basic Principles

➢ Establish trust
➢ Demonstrate a non-judgmental attitude.
➢ Offer self; be empathetic, NOT sympathetic
➢ Use active listening.
➢ Accept and support client's feelings.
➢ Clarify and validate client's statements, feelings etc.
Therapeutic Communication
A Reminder Nursing 161

Hint: The purpose of therapeutic interactions with clients is to allow them the autonomy to make choices when appropriate. Keep statements value free, advice free and (false) reassurance free.
Listen

- When I ask you to listen to me and you start giving advice, you have not done what I asked.
- When I ask you to listen to me and you begin to tell me why I shouldn’t feel that way, you are trampling on my feelings.
- When I ask you to listen to me and you feel you have to do something to solve my problem, you have failed me, strange as that may seem.
Listen

- Listen! All I asked was that you listen, not talk or do - just hear me.
- And I can do for myself; I'm not helpless.
Listen

✓ Maybe discouraged and faltering, but not helpless.
✓ When you do something for me that I can and need to do for myself, you contribute to my fear and weakness.
✓ But, when you accept as a simple fact that I do feel what I feel,
✓ No matter how irrational, then I can quit trying to convince you and can get about the business of understanding what's behind this irrational feeling.
Listen

And when that’s clear, the answers are obvious and
I don’t need advice.
So, please listen and just hear me. And, if you want to talk, wait a minute for your turn; and I’ll listen for you.

—Anonymous
What is Anonymous Telling Us????
LISTEN
Remember: Just the facts no opinions

- **Hint**: What action should the nurse take in a “psychiatric situation” when the client describes physical problem or psychological problem?

- **Assess, assess, assess!**

- If the paranoid schizophrenic client on a psychiatric unit complains of chest pain, take vital signs. If the OB client who delivered an imperfect infant complains of perineal pain-look at the perineal area she may have a hematoma.
Continue

- Just because the focus of the client's situation is on psychological needs, it does not mean that you can ignore physiological needs!

- Hint: Remember, nurses are “nice” people, but they are also, therapeutic.

- Hint: Communication principles can be applied to all clients.
General Fears What If I Say The Wrong Thing

✓ Memory Jogger
TRUST
T: Try expression
R: Reflection
U: Understanding
S: Silence
T: Time with the client
New Information-Psychosocial Assessment

Let's Go:

UNF 8.1. Building a picture of your client through psychosocial assessment.

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✓ Treatment Settings, Milieu & Treatment /Programs

➢ How Do Psychiatric Patients Get Help???
➢ Treatment Team
The therapeutic milieu is an environment that is structured and maintained as an ideal, dynamic setting in which to work with clients. This milieu includes safe physical surroundings, all treatment team members and other clients.

- Schultz & Videbeck, 2002
Interventions Used in the Therapeutic Milieu

- Client education
- Spiritual interventions
- Personal hygiene management & sleep
- Pain management
- Protective care
- Behavior therapy
- Adjunctive or medication therapy
Many patients leave the hospital with ongoing medical (or mental health) needs, and they need a health care continuum that works . . . treating the whole person from wellness to illness to recovery, within the community."
Treatment Programs

- Inpatient Hospital
- Partial Hospitalization
- Residential Settings
- Rehabilitation
Goals of Treatment Settings

- Inpatient:
  - Keep the client safe & stable
- Partial Hospitalization
  - Stabilize
  - Improve functioning
  - Develop skills
Residential Settings/Rehabilitation Goals

Recovery from mental illness
Personal growth
Community integration
Empowerment
Increased independence
Decreased hospital admissions
Increased involvement in treatment decisions
Key Points

People with mental illness are treated in variety of settings, and some are not in touch with needed services at all.
Statistics support the worldwide problem of mental health disorders and lack of educated professionals to meet the challenge.
Stigma is an obstacle to adequate treatment of those with mental disorders.
Key points (continued)

- Poverty among persons with mental illness is a significant barrier to maintaining housing in the community and is seldom addressed in psychiatric rehabilitation.
Now Theories:
So what does the brain have to do with it!!!!!!!
Scientists are learning more about what makes the MIND TICK!!!!!!!

Keep Going!!!!
You Will See!!
Biological Theories

Concept: Genetic susceptibility
Hormonal imbalance
Disordered brain chemistry
neurotransmitters

Symptoms: Manifestation of a disease process

Treatments: ECT/Psychopharmacology
Psychobiologic Bases of Behavior

Instructions for Learning

- Identify the basic anatomic structures of the central nervous system.
- Describe the physiologic functions of the central nervous system.
Continued

- Discuss the role of common neurotransmitters in the functioning of the central nervous system:
  - Dopamine
  - Norepinephrine
  - Acetylcholine
  - Gamma-Aminobutyric Acid (GABA)
  - Glutamate
✓ Learning (continued)

✓ Describe the electrochemical mechanism of the central nervous system.

✓ Identify the common behavioral symptoms demonstrated by clients with brain-based abnormalities who are diagnosed with mental disorders.
1. The ___________ ___________ must be intact for full, smooth and coordinated bilateral behavior.

2. Areas of the brain that are responsible for sensations, speech, thinking, voluntary motor function, and perception merge in this area: ___________ ___________.

3. The ___________ ___________ is involved with language, memory, and emotion.

4. The ___________ prevents the cortex from message overload.
Psychobiology-continued

- 5. Lesions in the ________________ lobe can cause visual hallucinations.
- 6. The ________________ motor system is responsible for much of the involuntary motor functioning.
Psychobiology-continued

7. Instinct driven needs and emotions are considered part of the functions of the deeper structures of the brain called the ___________ system.

8. The ___________ is instrumental in regulating affective responses.
Continued

9. The ________________ regulates sleep-rest patterns, body temperature, and basic human needs.

10. ________________ are chemical compounds believed to be responsible for mental disorders.
Continued

11. Damage to the _______ ___________ can help explain loose and illogical associations.

12. Excessive glutamate has been theorized to be part of the neurodegenerative process seen in which psychotic disorder_________________.

13. Decreases in GABA are seen in ___________ disorders.
14. A deficit in norepinephrine may cause which major affective disorder ____________.
15. Dopamine levels are thought to be excessively elevated in some clients suffering from__________________.

16. Acetylcholine blockage causes the following symptoms_________ vision,_______ mouth, & ____________ retention. These are troubling to clients and are a common reason for noncompliance with anti-depressants & anti-psychotics (medications used to treat depression & schizophrenia).
Psychobiology (continued)

17. ______________ is a neurotransmitter that functions to establish sleep rest pattern, normal body temperature, & the full range of our moods.

You Have Got It!!!
1. A son brings his father to the mental health clinic following the father’s head trauma from an automobile accident. The son tells the nurse that his father has recently become very impulsive & has frequent angry outbursts. The nurse suspects that the client most likely had an injury to the:
   a. Cerebral cortex.
   b. Spinal cord.
   c. Brainstem.
   d. Limbic system
2. The nurse is caring for a client hospitalized in an inpatient psychiatric setting for a history of violent behaviors & delusions. The nurse should instruct the client’s family that aggression has been linked to low levels of:

A. Serotonin
B. Endorphin.
C. Acetylcholine.
D. Estrogen.
More Theoretic Perspectives: What Do People Have To Do With It!!!

- Discuss the basic concepts and application of each theory presented
- Compare and contrast the various theoretic approaches to treatment
- Evaluate the use of various therapies to specific client needs and symptoms
Behavioral Theories

Behavioral = Learning theory (Piaget, Skinner, Ivan Pavlov)
Concepts = Behavior most important (not the “why”)  
Environmental reinforces (positive or negative)  
Conditional learning (behavior is learned)
Treatment = Modify behavior by manipulating environment
Set up schedule of reinforces
Use of desensitization
Relaxation
Visual Imagery
Social Theories

.Social (interpersonal)=Sullivan
.Humanistic=Maslow & Rogers
.Family Theorists=Bowen, Laszlo, Hill
.Concepts=Human means interacting with others
.Interpersonal: Relationships for the basis for health and anxiety
. Families = Can contribute to stress
    Can contribute to comfort
    Can do both
.Symptoms = Are a response to anxiety
    arising from interpersonal relationships
.Treatment = Help individual cope within social system
    Improve communication and relationships in family/groups
UNF 3-2. Maslow's hierarchy of needs.

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Psychological/Psychoanalytic Theories.
- Freud, Jung, Adler
- Developmental = Erikson, Piaget

Concepts = All behavior has meaning
- Id, Ego, Superego
- Defense mechanisms
- Conscious, unconscious, preconscious, subconscious
- Defense mechanisms
Symptoms=Internal conflicts arising from early childhood trauma and failure of developmental tasks, which lead to vulnerability in adult situational stressors

Past unresolved problems and current problems=symptoms

Treatment=Clarify the meaning of events
      Dream analysis
UNF 3.1. Freud's components of personality

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**Multiple Choice Questions-Theories**

1. Based on Maslow’s theory, which human need must be met first before the others can be considered?
   - a. esteem needs
   - b. learning needs
   - c. physiologic needs
   - d. stimulation needs

2. A husband, wife, and children agree to enter therapy to develop supportive relationships. This type of therapy is called:
   - a. psychodrama
   - b. milieu therapy
   - c. crisis intervention
   - d. family therapy
3. Which of the following statements is the best example of failure to achieve Erikson's stage of development entitled ego integrity versus despair?

- a. “Daddy left us because I was a a bad spouse.”
- b. “You have to look out for “number one.”
- c. “Why should I give a donation? No one ever gave me anything!”
- d. My life is full of failure!
Multiple Choice Theories

4. Which part of the personality houses primitive drives and operates on the pleasure principle?
   - a. id
   - b. ego
   - c. superego
   - d. alter-ego

5. A client has a fear of flying. A friend suggests therapy. What type of therapy would be most effective?
   - a. psychoanalysis
   - b. crisis intervention
   - c. desensitization
   - d. psychodrama
Critical Thinking Exercise
Theoretical Models

- As a nurse working in the emergency room you have been assigned to work with a 19-year-old college student who has requested help because she has been experiencing multiple minor physical complaints. These complaints include headaches, stomach discomfort, backaches, occasional chest pain and a feeling of “pounding in her chest.”
Critical Thinking Exercise
Theoretical Models

- Assignment: Use your knowledge from Psychology 106 and Mental health Textbook as you attempt to explain what is happening to this client from the following four perspectives:
Theories

- Biological Theory
- Psychological Theory
- Behavioral Theory
- Social Theory
Legal Issues

Instructions for Learning

- Discuss the various historical events that affected the passing of commitment laws
- Compare and contrast the various forms of admissions to mental facilities
- Explain the difference between confidentiality and privileged communication
- Distinguish between the concepts of competency to stand trial, insanity defense, & guilty but mentally ill
Legal Issues (continued)

- Define the concept of freedom from restraint and seclusion
- Identify landmark court rulings that impact on psychiatric care: least restrictive alternative, duty to warn and protect, access to client records and confidentiality, rights of clients, seclusion and restraint, clear and convincing evidence
Remember: Voluntary clients can sign out against medical advice & keeping clients informed builds trust!!!!!!
UNF 9-2. Seclusion provides decreased stimulation, increased protection, prevention of property damage, and privacy.
SPECIFIC LEGAL ISSUES

✓ Civil Commitment Admissions:
  ✓ Voluntary admissions
    ✓ Clients who request or agree to hospitalization
  ✓ Emergency/Involuntary Admissions
  ✓ Clients who act in a way that indicates they are mentally ill and may be a threat to self or others
LEGAL ISSUES AND
SPECIAL CLIENT POPULATIONS

- Forensic clients
  - Competency to Stand Trial
  - Pleas of Insanity or Mental Illness
Legal Issues Use the Mental Health Text as your Guide

1. _________ is a court order certifying that an individual is confined to a mental health unit for treatment.
2. _________ providing the least restrictive treatment in the least restrictive setting.
3. _________ State of mind at the time of offense (mens rea), must be able to form intent.
4. __________sent to prison but treated for mental illness.
5. __________ability of an individual to understand the charges and consequences at the present time.
6. __________ voluntary and involuntary clients have the right to refuse treatment if not an imminent threat.
7. ___________legal obligation of a mental health professional to warn intended victims of potential harm from a mental health client (overrides confidentiality).
8. ___________legally required to undergo mental health treatment.
9. ___________communication between a professional and client.
10. ___________proof beyond a reasonable doubt.
Let’s Keep Going!!!!!!

11: ____________ is the involuntary confinement of a person in an especially constructed, locked room equipped with a security window/or camera for direct monitoring (JACHO, 2000)

12 Short-term use of ________________ & ____________ is permitted only when the client is a danger to self, others or the property of others.
Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)

- Official diagnostic criteria used in clinical, research, and education.
  - Axis 1 - psychiatric disorder
  - Axis 2 - personality disorder
  - Axis 3 - general medical conditions
  - Axis 4 - psychosocial and environmental problems
  - Axis 5 - global assessment of functioning
DSM-IV-TR Three Purposes

- To provide a standardized nomenclature & language for all mental health professionals
- To present defining characteristics or symptoms that differentiate specific diagnoses
- To assist in identifying the underlying causes of disorders
Matching DSM IV-TR

1. ___Axis 1
2. ___Axis 2
3. ___Axis 3
4. ___Axis 4
5. ___Axis 5

- a. hypertension
- b. homeless
- c. depression
- d. self-care deficit
- e. antisocial personality
Psychiatric Diagnoses

Instructions for Learning

✓ Define a diagnostic system and evaluate the purpose, advantages and disadvantages
✓ Identify comparisons of the DSM-IV-TR and NANDA
✓

Note: The case studies have been developed to help you utilize the NANDA list with clients that have a primary diagnosis related to mental illness. These will be discussed in class during the appropriate lecture. However have fun testing your knowledge.
Nursing diagnoses

- Making accurate nursing diagnoses takes knowledge and practice. If the nurse uses a systematic approach to nursing diagnosis validation, the accuracy will increase. The process of making nursing diagnoses is difficult because nurses are attempting to diagnose human responses. Humans are unique, complex and ever-changing.

- Carpenito, 2002
North American Nursing Diagnosis Association (NANDA)

- risk for injury
- social isolation
- risk for loneliness
- ineffective parenting
- ineffective family processes
- caregiver role strain
- self-esteem-situational low
- impaired social interaction
- ineffective role performance
ineffective coping
risk for violence
defensive coping
ineffective denial
decisional conflict
self-care deficit
body image disturbance
self-esteem disturbance
personal identity disturbance
self-mutilation, risk for
sleep pattern, disturbed
• hopelessness
• powerlessness
• knowledge deficit
• thought processes, disturbed
• anxiety
• sensory – perceptual, disturbed
• ineffective protection
• ineffective cerebral perfusion
• imbalanced nutrition
• risk for aspiration
• fatigue
.hopelessness
.powerlessness
.knowledge deficit
.thought processes, disturbed
.anxiety
.sensory -perceptual, disturbed
.ineffective protection
.ineffective cerebral perfusion
.imbalanced nutrition
.risk for aspiration
.fatigue
.hopelessness
.powerlessness
.knowledge deficit
.thought processes, disturbed
.anxiety
.sensory -perceptual, disturbed
.ineffective protection
.ineffective cerebral perfusion
.imbalanced nutrition
 риск for aspiration
.fatigue
Develop 2 complete NANDA Diagnostic statements

Schizophrenia and other Psychosis

Merritt is a homeless man with a long history of mental illness, delusions & hallucinations. He has not seen his family in many years. Although his family was supportive at one time, they simply grew tired of trying to cope with Merritt. At this point, even modest improvements in his mental health are compromised by his lack of social support.
Depression

Jane is a 40 year old mother of three. She was brought to the hospital by her husband, who was concerned that she had lost 15 pounds within the past several weeks and cried much of the day. She has no interest in food. Jane told her husband to buy a cemetery plot.
Bi-polar Disorder-Mania

Sue is a 45-year-old women is admitted for bipolar disorder. Police were called to the Greyhound bus station where they found her dressed in bright clothes, red lipstick, dramatically enhanced eyebrows and turquoise eye shadow. She was frail and extremely distracted and hyperactive. She said she was a “queen”
Substance Abuse

A young teen was just brought into the emergency department complaining of rapid heart rate and states she passed out a couple of times recently. She ahs not slept for 3 days. You suspect her symptoms are related to some type of stimulant use.
Answers Psychobiology-Fill-in-the blanks

1. corpus callosum,
2. cerebral cortex,
3. temporal lobe,
4. thalamus,
5. occipital,
6. extrapyramidal,
7. limbic,
8. amygdala,
9. hypothalmus,
Answers to Psychobiology Fill In

10. neurotransmitters
11. basal ganglia
12. Schizophrenia & Alzheimer’s
13. Anxiety disorders
14. Major Depression
15. Schizophrenia
16. Blurred vision, dry mouth, urinary
17. Serotonin
Answers Matching DSM IV-TR

1. c, 2.e, 3.a, 4.b, 5.d
Legal-Fill-in-the-blanks-Answers

Multiple choice questions

- Psychobiology
  - 1a, 2, a

- Multiple choice theories
  - 1c, 2 d, 3 d, 4 a, 5c
✓ Theoretical Models—Critical thinking
Exercise—Answers

Biological theory: Focus on genetic susceptibility, hormonal imbalance, physical exam, diagnostic testing

Psychological theory: Developmental task, intrapersonal issues defense mechanisms, unresolved conflicts, anxiety
Behavioral theory: What in the environment is reinforcing the symptoms. Is this the way anxiety is manifested in the family (conditioned learning)

Social theory: Is something happening with friends or family, school, grades. Are some basic needs not being met?
Conclusion:

What conclusions have you drawn about the use of only one theoretical framework to view a client?

**Answer:** It is best to borrow from all theories. The client then is provided with the best possible comprehensive care.
Answers to NANDA Schizophrenia Case study

- Care-giver role strain r/t chronic mental illness
- Self-care deficit r/t thought process disturbance
- Powerlessness r/t lifestyle of homelessness
- Social isolation r/t lack of contact with family
- Altered thought process r/t neurotransmitter disturbances
Answers to NANDA-Depression Case-study

- Risk for violence: directed at self r/t to decrease in neurotransmitters (dopamine & serotonin)
- Hopelessness r/t chronic mental illness
- Altered nutrition r/t lack of interest in food
Answers to NANDA Bi-polar Case-Study

- Self-care deficit r/t disruption in cognitive operations
- Altered nutrition: less than body requirements related to hyperactivity
- Disturbed sleep pattern r/t hyperactivity
- Altered thought process r/t imbalance of neurotransmitters
✓ Answers to NANDA Case-Study
Substance Abuse

- Altered Protection r/t the physiological response of the cardiovascular system to the stimulant
- Sleep pattern disturbance r/t the body’s response to the drug
- Altered Health Maintenance r/t dependence on drugs
See You Soon!!!!!!!!! Congratulations!!
Your on Your Way!!!!!!!!!!