Student' Name

Professor's Name

Course

Date

Psychiatric-Mental Health Nursing

Chapter 8: Nursing Values, Attitudes, and Self-Awareness

1. a. How do you think you would have acted as a prison guard or as a prisoner?

I think as a guard, I would have acted with aggression toward the prisoners as well. People do not act based on their values, but based on their situations. As a prisoner, I think I would too have learned to be a victim by learning helplessness. The prison shows to what extent the environment shapes how people behave.

b. Have you ever been influenced by a group to behave in a manner that you normally?

Unfortunately, I have been influenced by peer pressure, especially in high school to act in ways that I would not normally do. In my case, I did not want to lose the camaraderie that my peer group provided.

2. a. What is the difference between dispositional and situational factors?

Dispositional factors are those that relate to inherent personalities of individuals while situational factors relate to the environment.

b. Discuss the implications of labeling and social perception.

Labeling and social perception can lead to stigma, which tends to be debilitating to individuals with mental illness. Stigma causes a feeling of shame, it fuels fear and mistrust, and it reinforces distorted perceptions (Townsend 16).

a. Discuss Rosenhan's study and how it relates to labeling.

Rosenham noted that once the pseudopatients had been labeled as “schizophrenic,” there was nothing they could to overcome the label because the label colored the observation of their behaviors and characteristics (Evans, Nizette, and O’Brien 177)

3. Mark is a psychiatric nurse who has been working in a mental health facility for 15 years.

a. What are the signs of professional burnout in the workplace?

Signs of professional burnout include emotional withdrawal and diminished empathy. Burnout means that caregivers experience physical, emotional, and spiritual exhaustion. It can lead to severe mental health problems. Warning signs of burnout include lacking energy and enthusiasm, sense of fatigue and exhaustion, changing moods and withdrawing from social interactions, experiencing insomnia, experiencing depression and hopelessness, and engaging in alcohol and drug use (Mohr 467).

b. What methods could Mark use to manage his stress/burnout?

Some personal strategies that Mark can employ to reduce stress and enhance well-being include aerobic exercise, aromatherapy, meditation, massage, martial arts, yoga, walking, self-hypnosis, and progressive relaxation technique (Rebraca 12). Mohr (468) identifies other strategies to include eating nutritiously, not using tobacco, alcohol, or other drugs, and learning the value of planning.

4. You witness a case of horizontal violence between a nurse of 25 years’ experience against a new graduate nurse.

a. What is horizontal violence?

Horizontal violence is when a nurse shows hostility, aggression, or harmful behavior toward another nurse. It often takes the form of divisiveness, infighting, backbiting, negativity, anger, and passive-aggressive behavior (Mohr 466).

b. How do you believe horizontal violence affects the nurse?

It denigrates a nurse's professional dignity and undermines their effectiveness.

Chapter 9: The Nursing Process in Psychiatric–Mental Health Care

1. An appropriate nursing diagnosis for Wanda.

1. The diagnostic concept— Rape trauma syndrome consisting of emotional pain, panic attack, alcohol abuse, social withdrawal, and panic attack.
2. Subject – Individual – Wanda
3. Judgment – Excessive
4. Location –
5. Age – 34 years.
6. Time -

a. Supporting assessment information from the case

b. List of short-term and long-term outcomes relating to the nursing diagnosis.

2. After completing a care plan for a mental health client, you have been asked to document in the client's record.

a. Why is documenting in the care record necessary?

Documentation of the nursing process is a key component of communicating the nursing care provided in each step. Documenting in the care record is necessary to communicate important details related to the client's care and status, communicate with all members of the treatment team to establish continuity of care, and provide information used for evaluation and reimbursement for care (Mohr 510).

b. When documenting the nursing process, why key components and principles need to remain consistent?

When documenting the nursing process, key components and principles remain consistent because the nursing documentation becomes part of the client's permanent record, nurses document objective and subjective data, written documentation should be clear and legible, nurses should avoid including inferences or judgments regarding the data or the client in documentation, nurses avoid general statements such as good, fine, or tolerated well, and instead, they use concrete and specific terms to describe data (Mohr 515).

c. Compare and contrast narrative, SOAP, and PIE charting.

Institutions use various methods for documenting and recording client data including narrative notes, SOAP notes, and PIE charting. Narrative information is provided is written sentences or phrases, it is usually time sequenced. Its advantages include that it can be learned easily and it can provide detailed explanation. The disadvantages of narrative information include that it is time consuming and information retrieval can be difficult. Beyond that, narrative information is likely unfocused due to inclusion of irrelevant information and disorganized presentation of information (Mohr 511).

SOAP is an abbreviation for subjective data, objective data, assessment, and plan. The advantages include that it charts problems identified to a client, and all members of the team use the same progress notes in their charting. Furthermore, SOAP can be tracked easily, all charting focuses on identified client problems, all team members chart on the same progress notes, and it mirrors steps in the nursing process. The disadvantages include that mastering SOAP is difficult

and it is not easy to chart general information due to its specific focus. Moreover, it is lengthy and time consuming, and assessment identification is difficult for nurses and confusing because assessment data are provided in subjective and objective data (Mohr 512).

PIE stands for problem, interventions, and evaluations. The advantages include that the progress notes also incorporate plan of care, it promotes quality assurance, and the practice of daily review makes it possible to determine progress. Finally, PIE creates less redundancy. The disadvantages include that determining plan of care requires reading the progress notes, charting without identifying a problem is challenging, and it is not multidisciplinary (Mohr 512).

4. Psychosocial assessment in the clinical setting.
    a. What is a psychosocial assessment?

Psychosocial assessment focuses on dimensions of the client's life, such as occupation, sexuality, hobbies, spirituality, activity and exercise, coping, roles and relationships, and lifestyle.

    b. Explain the components of the psychosocial assessment.

1. Basic Information

- Identifying Information
- Referral
- Presenting Problem
- Sources of Data
- General Description of Client

2. Background and Current Functioning

Psychosocial assessment focuses on composition of a family and its background, the strengths and capacities of a client, social and community activities for recreation, the educational background of a client, assessment of the employment and vocational skills a client has, as well as involvement in religion or spiritual efforts. Furthermore, it assesses the physical functioning of a client, including the medical and psychiatric background. Other areas of assessment in assessing current functioning include basic life necessities and other relevant psychosocial factors.

3. Impressions, Assessment, and Recommendations

This phase focuses on clinical assessment and identifying goals a client should work toward

5. The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (*DSM-IV-TR*). This interests you and you decide to investigate.

a. What is the *DSM-IV-TR*? What is its purpose?

The American Psychological Association introduced the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV-TR) in 2000. The purpose of the manual is to help clinicians to differentiate between normality and psychopathology based on the duration of symptom clusters and their severity (Mohr 48).

b. Why psychiatric nurses should know the *DSM-IV-TR*

Knowing the DSM-IV-TR is important for nurses because it helps to analyze the different areas of the life of a client and the diverse areas of human functioning. Nurses assist with psychiatric diagnosis by sharing important information about clients gathered during the nursing history,

mental status examination, and daily observations. A nurse's working knowledge of the DSM-IV-TR maximizes efforts by interdisciplinary teams to help clients. Knowledge about the criteria for varying psychiatric diagnoses from the DSM-IV-TR may help nurses make accurate clinical decisions relative to nursing diagnoses (Mohr 495).

Chapter 10: The Interview and Assessment Process

1. You have been asked to conduct an interview for a psychiatric–mental health client.

a. What part of conducting an interview to obtain psychosocial data on a client is most difficult for you?

The difficult part is the preparation. The preparation is time consuming and requires deliberateness and self-awareness (Mohr 523). The preparation phase requires reviewing the client's health history and conducting setting preparation.

b. What part of conducting an interview to obtain psychosocial data on a client is relatively easy for you?

The interviewing process is easier for me because I am warm and sociable individual. I can listen without interruption and without judgment. Mohr (536) suggests the need for active listening by showing that one is hearing what a client is saying.

c. What are your strengths as an interviewer and what skills do you need to develop?

My major strength is active listening. I can listen without judgment and use open-ended questions for follow-up. My areas of weakness relates to knowledge of the theoretical framework of major developmental theorists, which affects my ability to use personal and social information in developing a better understanding of the personality development of a client.

2. The PERSONS acronym for collecting data in the initial patient assessment.

a. Choose one of the letters of this acronym and explain the data that would be collected under that letter.

The PERSONS acronym is a framework for identifying essential data to collect during the initial interview. Under P, the data to be collected would include perceptions of the client, precipitating, events presenting symptoms, physical assessment, previous psychiatric treatment, and previous medication, as well as previous medical illness.

b. For your chosen area, list five questions that you would ask to elicit information from a psychiatric–mental health client.

i. What's been happening in the recent past that brings you here?

ii. What kinds of changes in your thoughts, emotions, or behavior have you been concerned about?

iii. What medications have you taken in the past and which are you currently taking?

iv. When were you last treated for a mental health problem?

v. What treatment did you receive and how effective was it?

3. The nurse is caring for a 39-year-old American Indian psychiatric mental health client.

a. Significance of assessing cultural needs in a psychiatric–mental health client

Assessing cultural needs requires an understanding of the client's values and behaviors within the context of cultural norms. Group norms influence perceptions of mental health and mental illness, nurses must develop skill in assessing how cultural norms, both the nurse's and the client's are affecting the nurse–client relationship and the client's perception of treatment needs (Mohr 577). Developing a fund of knowledge about traditional cultural variables helps nurses to develop skill in culturally sensitive interpretation of behavior and communication (Mohr 584).

b. Significance of assessing spiritual needs in a psychiatric–mental health client

Spiritual assessment is concerned with belief systems of clients, their sense of connectedness to the universe, and their practice of religion. To assess a client's spirituality requires nurses to develop awareness of their own spirituality and their comfort level when discussing spiritual issues. Current standards consider spirituality to be an essential element of nursing assessment because it respects individualized needs and may be an important part of the experience of health and illness. In addition, it provides the opportunity to draw inferences about healthy or unhealthy responses, needs for support or referral, and the prominence of these needs in the counseling relationship (Mohr 584).

4. Your nursing instructor lectured on standardized tools in class today.

a. What are some of the standardized tools your instructor discussed? Which healthcare professional would use the tools discussed? What are the tools used for?

1. The Beck Depression Inventory - assesses the client's report of various degrees of depression symptoms.
2. The Abnormal Involuntary Movement Scale – uses clinician observation to identify abnormal movements associated with adverse effects from antipsychotic medication.
3. Folstein's Mini-Mental Status Examination - common tool used to assess cognitive functions.

b. Why do healthcare professionals use standardized tools?

Standardized tools are supportive in initial diagnosis, for comparing the client's progress over time, and for evaluating outcomes of treatment. They should always be used as an adjunct to the clinical interview, rather than alone (Mohr 586)

Chapter 11: Therapeutic Relationships and Communication

1. a. List two therapeutic communication techniques.

1. Giving broad openings is used in communicating a desire to start a meaningful interaction with a client. I would use this technique during when tending to clients in the morning as an invitation for them to share their opinions and feelings, and to define the challenges or issues they may be facing.
2. Paraphrasing is vital in reflecting that the nurse had understood a client's message, and allowing a client to clarify. I will use this technique whenever engaging clients, especially during examinations of any kind.

a. List a nontherapeutic communication technique.

Social responding is a nontherapeutic method that focuses on engaging a client in superficial conversation that does not advance treatment or care. It helps to develop rapport with clients and to build familiarity.

2. Your nursing instructor tells you that therapeutic relationships are very important.

a. Choose one of the essential elements of a therapeutic relationship.

Professionalism is a critical aspect of therapeutic relationships. In the therapeutic relationship, the nurse applies the specific knowledge and skills attained during training to promote the mental health of a client (Mohr 604). A basic way of demonstrating professionalism is through establishing information exchange with clients when assessing their conditions or history of medication and treatment. Another way I can demonstrate professionalism is by using

therapeutic communication skills in listening, confronting, and setting limits to clients, while remaining calm and respectful (Mohr 607).

b. List one of the obstacles to establishing a therapeutic relationship

Attitudes and behaviors can be obstacles that block effective interaction with clients, especially espousing judgmental attitudes, excessively probing a patient, and lacking self-awareness. Nurses need to approach each client with unbiased perspectives. During discussions, nurses need to make sure they remain focused on essential problems and avoid explorations unrelated to the issue or challenge of concern.

3. You are caring for a patient suffering from anxiety and another suffering from psychoses.

a. Techniques to therapeutically communicate with a person suffering from anxiety

- Provide realistic assurance of safety
- Provide accurate information on what has happened and is likely to occur
- Brief explanations
- Convey a calm presence

b. Techniques to therapeutically communicate with clients suffering from psychoses

- Respond helpfully after decoding themes expressed in psychotic speech
- Focus on reducing anxiety and testing understanding of reality
- Allow clients to explain their symptoms
- Attend to understand the experiences of client

4. Assigned to a client with a depressive disorder. Implement the phases of the therapeutic relationship.

a. What are the phases of the therapeutic relationship? Describe each phase.

Each phase of the therapeutic relationship has predictable behaviors, dynamics, and challenges. Studies show that the nurse–client relationship passes through three distinct phases that build upon each other (Mohr 622).

i. The introductory phase: The purpose is establishing rapport and building a foundation for further work.

ii. Working/Middle Phase: clients work to achieve goals set during the initial phase, and they test new behaviors in order to progress. Clients identify resources and discover avenues for change (Mohr 623).

iii. Termination phase: Regardless of length of a therapeutic relationship, nurses should ensure that clients are aware of the date of termination of the relationship in advance. Termination entails a feeling of loss, especially if the nurse and client have achieved significant progress (Mohr 630).

b. What would you do at each phase to develop a relationship with the depressed client?

i. introductory phase: The focus of nurses is introducing themselves and greeting clients by name, communicating interest in clients, responding to any immediate concerns, such as questions, comfort needs, or emergency issues, setting the parameters for nurse–client interactions, reducing client anxieties, and gathering data (Mohr 622).

ii. Working/Middle Phase: The role of nurses is providing feedback and supporting clients to achieve their therapeutic goals. Nurses require should be attentive to the everyday sociocultural context of a client such as poverty or lack social support, among other constraints (M0ohr 627).

iii. Termination phase: As the therapeutic relationship ends, a nurse should remain consistent and optimistic about the prospect of a client's progress. The termination phase creates an opportunity to discuss any impending questions, to clarify misconceptions, and praie the client's progress. On a more human level, the termination phase provides an opportunity to reminisce high and low points in the relationship, and to acknowledge mistakes, and appreciate the nurse-client interaction. At this time, nurses educate families about the client's condition, and the likelihood that symptoms may recur, and informing them about symptoms of lapse (Mohr 631).

5. Your nursing instructor has just been lecturing in the mental health course about the importance of listening in the therapeutic nurse-client relationship.

a. Describe what active listening means to you. What are the components of active listening?

Active listening entails eye contact, close proximity where a client permits, and projecting a calm demeanor and speech.

b. How will you incorporate active listening into your practice as a nurse?

Nurses can practice active listening by removing environmental distractions, such as television or other people, preventing interruptions, and attending to the client's physical comfort. Another key component in active listening is a nonjudgmental stance that allows for supportive, objective feedback (Mohr 642).

Chapter 12: Working with the Multidisciplinary Team

1. As a nurse, you are a part of the multidisciplinary team. While working in a hospital, you are able to interact with individuals from several different specialties.

a. Describe your experience in coordinating services with occupational therapists, psychologists, psychiatrists, registered dietitians, and social workers. If you have not had this experience, describe the interactions that you have witnessed in the healthcare setting.

My experience has been that members of the multidisciplinary were motivated by the well-being of patients and they took pride in their professionalism. However, there are instances of disagreement and bickering, but the informal mechanisms for conflict resolution often help individuals to reconcile.

b. What do you believe the benefits are to working with individuals within these specialties?

Multidisciplinary teams help in providing comprehensive assessments of clients, establishing and performing interventions, and regularly consulting with other professionals. In doing so, they help in resolving challenging cases. Beyond the stated reasons, multidisciplinary teams promote coordination among professionals and families, they help in identifying service gaps, and enhancing professional competence of individual team members (Mohr 668).

2. A child is experiencing unusually high activity and is diagnosed with attention-deficit/hyperactivity disorder (ADHD). The child is admitted to a mental health facility that incorporates a multidisciplinary approach. When the child returns to school, an individualized education program (IEP) is developed.

a. Describe the role that a school psychologist, occupational therapist, social worker, and a registered dietitian would play in the care of this child.

The role of the school psychologist includes designing interventions to address and prevent academic and behavioral difficulties, and providing crisis intervention and individual or group counseling (Mohr 671).

The role of the occupational therapist would include assessing performance skills, conducting comprehensive home and school evaluations with recommendations for adaptation, providing customized treatment programs designed to improve daily activities, and recommending adaptive equipment and training individuals in their correct use, and providing guidance to family members, caregivers, and other professionals (Mohr 681).

The role of the social worker would be to help teachers and parents shift away from focusing on the student's deficiencies to consideration of the interrelationships between the student and the surrounding environment. The social worker will help the student work through presenting problems and help the student to minimize the adverse consequences to ensure little disruption to his/her life (Mohr 692).

A registered dietician would explore and address the social, psychological, and environmental causes of nutrition problems that the child may be facing (Mohr 702).

b. Explain the purpose of the IEP and what is included in an IEP.

Individualized Education Programs (IEPs) s outline the educational, social, and behavioral goals and objectives of students with disabilities, providing school-based plans to meet them. IEPs drive what occurs in schools for students with disabilities. The purposes of the IEP process are to identify the child's specific disability and to detail the supports and services needed for success in school (Mohr 672).

3. After being assessed by an occupational therapist, it is determined that Katie, a 38-year-old woman, would benefit from sensory integration.

a. Describe the systems, components, purpose, and dysfunction manifestations identified in sensory integration.

Sensory integration relates to the ability of the brain to integrate and interpret the sensory stimulation it receives from the environment. Its primarily components are tactile, vestibular, and proprioceptive systems.

System	Purpose	Components	Manifestations of Dysfunction
Tactile system	-Conveying light touch, pressure, as well as temperature and pain. -Assists with protective reactions for survival.	Nerves located below the skin surface sending information to the brain	-Withdrawing from being touched. -Refusing to eat "textured" foods or to wear particular forms of clothing. -Avoids dirtying hands -Uses fingertips rather than entire hands in manipulating objects -Misperceives touch, pain, or both, leading to self-imposed isolation, - a sense of irritability and hyperactivity

Vestibular system	Detecting when head position moves or changes	Structures within the inner ear (semicircular canals)	-Hypersensitivity -Has fearful reactions to ordinary movement activities (e.g., swings, slides, ramps, inclines) -Has trouble learning to climb or descend stairs or hills -Shows apprehension when walking or crawling on uneven or unstable surfaces -Hyposensitivity -Actively pursues very intense sensory experiences (e.g., excessive body whirling, jumping, spinning) -Shows signs of trying to stimulate the vestibular system continuously

Proprioceptive system	-Helps body position automatically adjust in different situations -Enables object manipulation that relies on fine motor movements -Contributes to praxis or motor planning, which means the ability to plan and execute different motor tasks	the muscles, joints, and tendons that provide a subconscious awareness of body position	-Is clumsy -Tends to fall -Lacks awareness of body position in space -Shows odd body posturing -Crawls minimally when young -Has difficulty manipulating small objects -Eats sloppily -Resists new motor movement activities

Chapter 13: Individual Therapies and Nursing Interventions

1. After a conflict with a coworker, you are feeling upset and stressed. You begin to doubt your abilities as a nurse and are engaging in self-defeating thinking.

a. When you are upset and stressed, in whom do you confide? Does talking about your experience help? If you were caring for a patient who felt as if he or she had no one to confide in, what would you suggest?

When I am stressed, I am confide in my best friend, and I have found that talking often helps to ease my mind. If a patient confided in me that he or she had no one to confide in, I would ask them to talk to a therapist.

b. How can you use the techniques of rational-emotive behavior therapy to confront self-defeating thinking?

Rational-emotive behavior therapy is grounded on the notion that the things that disturb people's emotions are due to irrational and illogic patterns of thought. I will defeat self-defeating behavior by developing awareness of my self-talk, which will allow me to catch myself when thinking in ways that are irrational and illogical. Mindfulness, for instance, through meditation can help me to evaluate my emotions and thoughts to that my actions will be functionally oriented.

2. An individual has decided to seek psychotherapy but is not sure which approach would be best.

a. What is psychotherapy?

Psychotherapy is a process by which a person with professional skills uses evidenced-based procedures rooted in empirically supported theories to help clients make adaptive changes in their lives, which are expressed in behaviors and in ways of thinking (Mohr 730).

b. Compare and contrast cognitive-behavioral therapy, solution-focused therapy, and client-centered therapy.

The focus of cognitive behavioral therapy is changing the distorted thoughts, with the result being the positive behavioral change and the desired outcome is new skills. Client-centered therapist is grounded on the relationship between a client with a therapist and the pursuit of self-

acceptance that leads to insight and the goals are increased self-esteem and the client developing a positive foundation so that the client sees self and situations more clearly. Solution-focused therapy is focused on the joint partnership between a therapist and a client and helping the client to develop alternate views of situation based on identification of past successes and factors maintaining the problem. The goals of solution-focused therapy is satisfactory life adjustments and ability to change, interact, and reach goals through solutions (Mohr 736).

c. which type of psychotherapy is most effective in changing behavior? Why?

Cognitive–behavioral therapy (CBT) is the most effective because it fuses cognitive and behavioral techniques. It focuses on changing current thinking and behavior. It is results oriented and defines goals so that progress toward them can be monitored. The therapist acts as a coach and teacher for the client learning new skills.

3. The role of the psychiatric nurse.

a. Compare and contrast the role of the basic-level psychiatric–mental health registered nurse and the advanced-level psychiatric–mental health advanced practice registered nurse.

RN-PMHs hold a baccalaureate degree in nursing and have worked in psychiatric nursing for at least 2 years. They use the nursing process to help clients cope with actual or potential mental health challenges and disorders, as well as maximize their strengths and minimize disabilities. Some of their roles include providing a therapeutic environment, screening and evaluating patients at intake, case management, tracking the progress of clients and helping them with self-care activities, giving client their psychobiologic treatment regimens, teaching them health promotion, and undertaking counseling and crisis intervention (Mohr 773).

APRN-PMHs are licensed registered nurses who have also been prepared at the master's or doctoral level in psychiatric nursing and hold advanced practice specialty certification from the American Nurses Credentialing Center (ANCC). Some of their roles include conducting highly complex interventions, synthesizing data, developing and managing programs, offering individual, group, or family psychotherapy, and providing psychopharmacologic interventions (Mohr 784-785).

4. Client does not understand the need for or goals of therapy.

    a. Explain the purpose and goals of therapy to the client.

The goals of individual therapy are reducing a client's psychological distress, increasing self-awareness and self-esteem, and teaching the client new and more functional ways to cope (Mohr 732).

Chapter 14: Groups and Group Interventions

1. As a nursing student and as an individual, there are various groups in which you have the opportunity to participate.

a. Identify which groups you find personally satisfying and enriching and which groups you find difficult and problematic. What is different about each kind of group?

I love groups oriented around a common interest such as the love for comic books or philosophy. I find these groups enriching and satisfying because every person in the group is passionate about the topic and I always learn something new and make friends. I hate groups that are characterized by infighting and jostling.

    b. How do you feel about sharing personal feelings in a group setting? Does the kind of group make any difference? If so, describe how.

I think sharing personal experiences and feelings in a group is a transformative thing. It allows individuals to experience the transformative power of sharing and it also allows them to show other people that they are not alone in whatever they may be going through. Through sharing, the group members can validate emotions or point out where those emotions are illogical and irrational. I think regardless of group, people should always be allowed to express their personal emotions.

2. Lead a support group for people who have been diagnosed with breast cancer.

a. Describe the three different nursing leadership styles?

Mohr (808) identifies three styles of leadership autocratic, democratic, and laissez faire. In autocratic leadership, the leader has significant control over members of a group. The leader fails to encourage members to give their input or to participate in group decision-making (Mohr 808). The democratic model means that a leader seeks the input of group members in solving problems and making decisions. The laissez-faire model to operate as they wish. The most effective model with the group is the democratic leadership style for it allow collaboration and communication between members and the leader (Mohr 809).

b. Analyze the various roles assumed by members of a group and which can be an obstacle to the functioning of the group

In a group, roles are characterized by task, individual, building, and maintenance. Roles that stymie group functioning are individually- oriented behavior because such behaviors are informed by anxiety (Mohr 820).

3. A psychologist refers a patient with depression to group therapy.

a. What are the advantages and disadvantages of group therapy?

Advantages

- cost-effective since it treats many clients together
- It allows members to discuss similar challenges, which gives members insights into their challenges and they learn different strategies to solve problems
- It reduces feeling of isolation and alienation, or the sense of uniqueness that one might feel because it gives members a reference group
- It gives members a setting to explore their communication styles and they receive feedback to inform change

Disadvantages

- Group therapy makes it easy to violate the privacy of a member

- The setting may also hinder patients from honestly discussing their experiences due to fear of confidentiality or due to lack of communication skills

- The members of a group may differ from each other in their neurobiologic functioning (Mohr 838).

4. Your mental health nursing instructor has just lectured on types of group therapy.

a.-What are the different types of group therapy?

The two categories of group therapy are the psychotherapeutic model and the growth oriented model.

b.-Compare and contrast the various types of group therapy.

In psychotherapy groups, it is common for members to have various degrees of emotional disorders ranging from limiting to maladaptive and severe. In a growth or self-help group, members do not suffer from emotional distress, and, instead, they are emotionally stable.

5. Your nursing instructor has assigned you to lead a group activity for the mental health class on the stages of group development.

a. Describe the stages of group development.

i. Initial stage: interaction is superficial and members still struggle with trusting others. In this stage, members are developing familiarity and seeking similarity (Mohr 829).

ii. Working stage: members try to solve their challenges, and the process often means working through cooperation and conflict.

iii. Mature stage: Members develop understanding of each other and they demonstrate an inclusive group culture characterized by empathy and effective communication (Mohr 830).

iv. Termination stage: members share and evaluate their experiences and they discuss their feelings about their impending separation (Mohr 835).

Chapter 15: Families and Family Interventions

1. Mark, 22-year-old, hi younger was just diagnosed with a mental illness.

a. If you were Mark, what would be the effect?

I would you be supportive of my brother and stressed about the additional caregiving responsibilities that the diagnosis would entail

b. Family needs and support when a family member had mental illness

The needs of the family at the moment were primarily information to understand the illness and information on how best to help the family member

2. Sam and Joan - married - 25 years with three children.

a. Describe the objective and subjective burdens each family member may experience.

Objective burden relate to the practical challenges members of a family encounter in caring for their ill relatives such as housing, medication or money management. Subjective burden relates to the negative emotions such as grief, anger, or fear that family members experience when a loved one is suffering from mental illness.

b. Meaning of the diagnosis to Janet's parents and her siblings

The family would have to implement second-order changes as they adapt to Jane's mental illness by changing their patterns of interaction and their roles. The family would have to draw on internal and community strengths and resources.

3.

a. Why a family should be involved in the treatment of clients

The family is a system and the treatment of a client for mental illness shifts the dynamic of the family to a new balance, causing the family to function differently than it did before. Involving family members in treatment will help the family to adjust by fostering family cohesion, adaptability, and communication.

b. Difference between family consultation and family therapy

Family consultation is a secondary prevention strategy based on the assumption that the model family dealing with SPMI is healthy and competent, but lacks sufficient knowledge and skills (Mohr 902).

c. Describe the components of family consultation.

The “Three F” approach: feeling, focus, and finding provides a format for family consultation. In the feeling stage, the consultant acknowledges the feelings of all family members and tries to normalize them. In the focus stage, the consultant helps relatives set priorities, a process that may depend on finding the common denominator in competing issues. Finding the solution is the final stage (Mohr 904).

d. Describe the role of the nurse as a family consultant.

The nurse teaches about treatment and caregiving skills, and empathizes about family burden, and refers family members to government entitlement programs and community resources.

4.

a. What are cognitive, affective, and behavioral psychiatric nursing interventions?

Cognitive interventions relate to the way a family perceives its situation. Affective interventions target easing of emotional pain. Behavioral interventions assist family members to interact with one another differently (Mohr 885-888).

Chapter 17: Integrative Therapies

1. Complementary and alternative medicine (CAM) therapies.

a. Opinion on CAM therapies and effect on me as a nurse

I support the use of CAM therapies, and I have used at various points in my life with satisfactory results. CAM therapies, mainly based on Eastern philosophies, incorporate a holistic, integrative approach in unifying physical, mental, and spiritual well-being (Mohr 1076).

b. Opinion on a client who rejects western traditional medicine

I think they may have an unfounded faith in alternative measures and underestimate the value of western medicine.

2. More Information about CAM therapies.

a. What is the difference between complementary and alternative treatments?

Clients use alternative therapies to replace western traditional medicine therapies. Clients use complementary therapies alongside western medicine therapies (Mohr 1076).

b. Identify and describe one type of CAM therapy for each category of the National Center for Complementary and Alternative Medicine classifications.

i. Mind-body medicine: Approaches use mindful stress-reduction techniques to restore physiologic functions. An example is acupuncture, which entail a therapist placing needs in specific points in a client' body (Mohr 1080).

ii. Natural products: use natural substances to restore health and healing. Herbal therapy uses plants or their parts to manage illness (Mohr 1083).

iii. Manipulative and body-based practices: manipulating or moving one or more body parts. Reflexology involves massaging specific areas of the hands or feet to relieve stress or pain in corresponding related body areas (Mohr 1085).

3. A presentation about use of CAM therapies to treat psychiatric conditions.

a. Anxiety disorders and CAM treatment.

Many people with anxiety disorders use CAM therapies to manage stress and their conditions, largely because many CAM therapies entail stress reduction methods. Mind–body techniques such as relaxation and breathing, meditation, and guided imagery help in anxiety management.

Chapter 18: Somatic Therapies

1. Electroconvulsive therapy (ECT).

a. What is the indication for ECT?

ECT is used in clients for whom all other therapeutic interventions have failed and whose lives are at risk, particularly patients with major depression and schizoaffective disorders, as well as those suffering from mania and schizophrenia, and occasionally Parkinson's disease (Mohr 1124).

b. How has your perception of ECT changed after learning more about the procedure?

I now know that ECT works through its action on the brain, mainly by releasing neurotransmitters and demonstrating neutrophic effects, changing the expression of neurotransmitter receptors, modifying gene expression, and affecting metabolism and the follow of blood to the cerebrum (Mohr 1124).

2. Jackson - seasonal affective disorder.

a. Information about phototherapy.

Seasonal Affective Disorder arises due to inadequate exposure to sunlight, and it is commonly treated using phototherapy. Several phototherapy devices are on the market, but the fluorescent light box with a filter to screen out ultraviolet rays is the gold standard. Recommended treatment is exposure in the morning to mimic the natural circadian rhythm. Relief of symptoms generally occurs within 4 days of beginning the treatment, with 50% of clients experiencing relief of symptoms after 1 week. Phototherapy tends to be well tolerated. Some people complain of headaches, eyestrain, nausea, sweating, visual disturbances, and sedation (Mohr 1128-1130).

3. More information about nonpharmacological somatic therapies.

a. Compare and contract transcranial magnetic stimulation, deep brain stimulation, vagus nerve stimulation, and psychosurgery.

Transcranial magnetic stimulation (TMS) is a technique in which magnetic fields, which are changing rapidly induce electrical current to the superficial cerebral cortex of the brain. TMS is considered the safest and least invasive of the new stimulating techniques now under research. Its advantage is that it has no side effects (Mohr 1132-1133).

Vagus nerve stimulation (VNS) involves implanting a device under the skin of a client. The action of VNS is on the phrenic nerve, which feeds back to the brain's limbic system. The device emits a steady pulse (Mohr 1134).

The most invasive form of brain stimulation involves implanting an electrode directly into the brain. Deep brain stimulation (DBS), is used in end-stage Parkinson's disease for relief of distressing tremors and it involves directly implanting an electrode into a client's brain (Mohr 1136).

Psychosurgery is a form of brain surgery performed to relieve patients of severe mental health challenges (Mohr 1138).

4. Client education on somatic therapies.

a. What are somatic therapies?

Somatic therapies are biologically based therapies and generally include psychopharmacotherapeutics and nonpharmacologic, bodily oriented modalities (Mohr 1119).

b. Discuss the different types included in this classification.

Psychopharmacology relates to medications as first-line treatment for most psychiatric disorders. Nonpharmacologic are those that do not involve the administration of medication.

c. Which somatic therapy do you believe is most effective and why?

TMS is the most effective because it is the safest, least invasive, and it has no side effects, and it can treat many conditions.

Chapter 19: Inpatient Care Settings

1. Involuntarily commitment

a. Would you feel differently caring for a client who was voluntarily or involuntarily committed?

Caring for a voluntary committed patient would put me at ease because it shows the willingness of the client to get better, and, thus, it implies that a client might be more cooperating than involuntary committed patient.

b. Have you ever witnessed a client be involuntarily committed inappropriately?

I have witnessed the involuntary commitment of a client. It made me sad for the process was violent.

c. Do you believe that involuntary commitment orders are necessary? Why or why not?

Involuntary commitment orders are necessary because sometimes mentally ill people do not realize that they need help. Involuntary commitment requires proof that a client is mentally ill, a danger to self or to others, and unable to care for self (Mohr 1157).

2. Differences in mental health care settings.

a. What are the different levels of care for inpatient settings?

1. Acute care admission - The average length of stay for acute care psychiatric admissions is 3 to 7 days.

2. Long-term hospitalization - intensive and extensive support to safely manage both their psychiatric and comorbid medical conditions.
3. Partial (day) hospitalization (PHPs) - ideal alternatives for those who continue to need some supervision but are not appropriate clients for long-term admission (Mohr 1152).

3. Traditional milieu therapy.

a. Explain the five steps of milieu therapy.

Milieu therapy refers to maintaining the therapeutic environment. Milieu therapy consists of containment, support, validation, structure, and involvement (Mohr 1165).

b. Explain one of the roles of the nurse in milieu therapy: fostering self-care

Some clients receiving inpatient care cannot manage hygiene, grooming, feeding, or other activities because of their illnesses, adjustments to medications, or other challenges. One benefit of hospitalization is that nurses and other personnel can assist clients with such practices until they are stable enough to resume self-care (Mohr 1167). Nurses also encourage client participation in bathing, dressing, and eating and encourage clients to independently assume such activities as soon as they are able.

c. Is milieu therapy effective

Milieu therapy is effective because it helps clients with mental illness to stabilize. Specifically, milieu therapy helps to improve clients' thought processes and it promotes appropriate behaviors (Mohr 1177).

Chapter 20: Community and Home Psychiatric Care

1. Home health nursing.

a. How would you feel about caring for someone in his or her home?

I would be delighted to care for individuals in their home because the home and community environments help clients sustain social, family, and self-care functions (Mohr 1216).

b. What are some reasons that you would prefer to have a family member treated in your home rather than in an institutional setting?

It is cost-effective, it will help family members understand the condition and how to monitor signs of relapse or progress, and medication side effects.

c. What difficulties do you think a psychiatric home care nurse might encounter in the home compared with the hospital setting?

The nurse does not have easy access to comprehensive resources, which may hinder the nurse's ability to perform certain functions. In addition, since the nurse needs to practice cultural sensitivity in the home of the patient, lack of cultural knowledge may prevent the nurse from connecting with the client.

d. What would you find challenging and rewarding about working in the home setting?

The rewarding aspect would be the ability to use and adapt my fundamental knowledge and skills of psychiatric nursing to implement interventions appropriately in a client's home, as well as addressing each client's unique cultural and societal norms (Mohr 1225). The challenging aspect would be modifying practice according to conditions and available resources.

2. Preventative services.

a. What is the difference between primary, secondary, and tertiary prevention services?

Primary prevention focuses on preventing, promoting mental health, classifying stressors, providing appropriate referrals, and providing education and information as well as political

involvement and advocacy (Mohr 1254). Secondary Prevention focuses on assessment, evaluation, and diagnosis, crisis intervention, community consultation, substance abuse treatment, program planning and implementation, creation and maintenance of a therapeutic milieu, life skills and social skills training, as well as aggressive behavior control, and any necessary short term therapy (Mohr 1254). Tertiary prevention services relate to case management, after-care services/community reintegration, rehabilitation, vocational training, relapse prevention, compassionate release, and spiritual care (Mohr 1255).

b. Community services in my local area.

3. Community support systems

a. List and explain the three tenets of community support systems.

i. Identification and assertive outreach to the at-risk population to inform clients of and ensure their access to needed services (Mohr 1194).

ii. Links with medical and dental services, including help in applying for medical assistance benefits (Mohr 1195).

iii. Twenty-four-hour quick-response assistance to enable both family and client to cope effectively with crises while maintaining the client's status as a functioning community member (Mohr 1195)

b. List one of the principles that are basic to psychiatric rehabilitation. Explain how an institution could strive to achieve this principle.

A major principle of psychiatric rehabilitation is that the primary focus is to improve the capabilities and competence of the person with mental illness. Alleviation of symptoms is

secondary (Mohr 1198). Institutions should focus on helping individuals use their strengths more to improve functionality.

Chapter 21: Forensic Psychiatric Nursing

1. Forensic nursing.

a. Explain the psychiatric nurse's role in the forensic milieu.

Forensic psychiatric nurses work with clients and their families who seek mental health care through the criminal justice system (Mohr 1234).

b. What are your fears in dealing with people in correctional facilities?

A major fear is their aggression and propensity toward violence

c. What do you think would be most difficult about working with the forensic client?

The fact that their mental illness is commingled with criminality. Mohr (1241) points out that the coexistence of personality disorders, substance abuse, and violence and aggression often complicates psychotic presentations.

d. Have you ever witnessed acting-out behavior in a client?

Acting-out behavior can be frightening or confusing with clients, and it left me unaware of how to proceed with the client.

2. Issues relating to special populations.

a. Choose one of the special populations that forensic nurses may interact with

Juveniles presenting to the justice system often come from disadvantaged backgrounds and frequently experience developmental, mental health, and community risk factors (Mohr 1242).

Although mental health treatment is legally mandated, juvenile offender are a vastly underserved at-risk population who require special services, which enable them to retain smooth functioning. Unfortunately, their criminal activities divert attention from their behavioral challenges. A nurse needs advanced clinical knowledge and skill and approaches that coordinate justice, social services, education, and health care (Mohr 1242-1243).

3. When you read the client's chart, you find out that he is incarcerated for the attempted murder of a child.

a. Would you treat this client differently than any other client who was admitted with a myocardial infarction?

I would not treat the client differently because nurses base their practice on caring regardless of the sins of a patient.

4. The local correctional facility – client diagnosis of terminal cancer.

a. What are the potential blocks to the assessment process with this client?

Some factors include mental health concerns such as personality disorders or post-traumatic stress disorder, or medical health concerns such as hypertension or diabetes.

b. What are potential nursing diagnoses for this client? What interventions could be used for each diagnosis?

- The cancer diagnoses means that the client will be suffering from emotional distress, and some potential interventions include individualizing care and providing stress reduction strategies

Chapter 22: Sleep Disorders

1. Night shift for one year.

a. Define the term sleep.

Sleep is distinguished from wakefulness by perceptual disengagement from and unresponsiveness to the environment. I have experienced sleep deprivation and I felt groggy and tired and in a foul mood.

b. How well do you feel you sleep at night? Do you feel rested when you awaken in the morning?

My sleep at night is short and disturbed. It takes me long to fall sleep and I often wake up within 3-4 hours after falling asleep. I do not feel well-rested when I awaken.

c. Do you participate in any routines or rituals before going to bed? If so, why?

I do not have any routines before going to bed, and I probably should develop one.

d. Do you believe that your abilities as a nurse would be compromised if you were working with sleep deprivation? Why or why not?

Yes. Sleep deprivation affects alertness and executive function ability of an individual.

2. Timothy - 52 years – sleeping problems.

a. List the changes in sleep patterns that occur from infancy through the elderly years.

Newborns and infants: REM and NREM sleep alterations occur approximately every 50 to 60 minutes. Normal full-term newborns sleep 16 to 18 hours, in 3- to 4-hour cycles throughout the day and night.

Children and adolescents: Young children have large amounts of slow-wave and REM sleep relative to adults. Children 1-5 years old sleep averagely 9 hours in a day. As children move into adolescence, total daily sleep gradually declines to approximately 7 to 8 hours per night.

b. How does the use of alcohol, tobacco, and caffeine interfere with sleep?

Caffeine delays the onset of sleep and reduces the total amount of time that one sleeps, and increases one's wakefulness after the onset of sleep, and it reduces the amount of time spent in REM and slow-wave cycles. Tobacco increases arousal and leads to sleep disturbance, and withdrawal causes individual to frequently wake up from sleep. Alcohol use in the long-term lead to arousal and increased rates of wakefulness, and withdrawal leads to shallow sleep (Mohr 1315-1316).

3. Chris - major depression.

a. What effect does major depression have on sleep?

Insomnia and hypersomnia are part of the diagnostic criteria for major depression. Up to 90% of clients with depression report sleep difficulties, especially in falling asleep and staying sleep, and waking up early and inability to fall back asleep, distressing dreams, as well as nonrestorative sleep with daytime fatigue and sedation (Mohr 1235).

b. How can the different types of medications used to treat depression effect sleep?

Medications for major depression may cause either sedation or insomnia. Psychotropic medications can also affect REM sleep and increase nighttime wakefulness in both adults and older adults. SSRIs have significant effects on sleep architecture and may cause either arousal or sedation (Mohr 1335).

4. Your 69-year-old female patient is admitted for a sleep study. She complains of sleep difficulty nightly.

a. Explain the normal changes in sleep across the lifespan to the patient.

Newborns sleep averagely 16-18 hours with more total sleep occurring at night. The amount of hours spent sleeping reduces to 9 hours for children 1-5 years old, and napping ends by about 4-5

years of age. Adolescent children sleep 7-8 hours, and they sleep later, and they have higher REM sleep.

b. What diagnostic testing would you anticipate this patient having?

The patient has insomnia.

Chapter 23: Anxiety Disorders

1 severe anxiety.

a. Define anxiety.

Anxiety is defined by feelings of restlessness and nervousness coupled by a sense of vague discomfort and emotions of uncertainty, self-doubt, and fear.

b. What are your common symptoms when anxious?

I tend to bite my nail or to pace around

c. How is your response to anxiety similar and different when the anxiety is related to your personal life and to your experience as a nursing student?

My anxiety as a nursing student is often about a sense that I am not well-prepared and that means that I study more to be prepared.in my personal life, the next action to take is not always so clear.

d. What techniques do you use to reduce your own anxiety?

I do breathing exercises, which helps to alleviate the feelings of nervousness and restlessness.

2. Alex - 54-year-old - extreme anxiety.

a. Discuss the proposed etiology for Anxiety Disorders (PTSD) with Alex.

Anxiety disorders have several possible causes. It is likely that most anxiety disorders result from a combination of neurobiologic vulnerabilities, developmental stage, and psychosocial stress. Neurobiologic theories suggest that anxiety disorders have a hereditary predisposition.

All anxiety disorders are characterized by hyperactivity in limbic regions of the brain. Psychological theories suggest that anxiety is an outcome of conditioning that trains people to develop an anxious response as they link an event that induces fear to a neutral event. Cognitive theory posit that anxiety arises from distorted thinking. They suggest that such disorders are the result of perceptions or attitudes that overestimate the danger.

b. Compare and contrast acute stress disorder and post-traumatic stress disorder.

They both arise from being exposed to a severe stressor, but they are different in terms of timing, severity of impairment, and duration they last (Mohr 1415). Acute stress disorder (ASD) oftyen manifests within the first month after one is exposed to extreme trauma, and symptoms follow shortly thereafter (Mohr 1415). The diagnosis of acute stress disorder transforms into acute post-traumatic stress disorder (PTSD) if the symptoms last longer than one month. The symptoms of PTSD include generalized anxiety, flashbacks and other forms of sleep disturbances, and intrusive thoughts among other signs (Mohr 1416).

c. Describe the effects anxiety can have on sensation, cognition, and verbal ability.

Sensation

Anxiety influences the manner in which individuals perceive sensory input and process it. In particular, mild anxiety heightens individual sensory awareness, and, similarly, moderate anxiety has a dulling effect on perception. In severe anxiety, individuals have a distorted perception, they have a diminished capability to process sensory (Mohr 1392).

Cognition

Anxiety has significant influence on cognition because it diminishes concentration ability of individuals and reduces acuity in problem solving and learning. Individuals can still concentrate, learn, and solve problems when faced with mild to moderate levels of anxiety. However, severe anxiety cripples individual cognitive function (Mohr 1393).

Verbal Ability

In mild levels of anxiety, an individual retains the ability for higher sensory awareness in their verbal ability, but individuals with severe levels of anxiety demonstrate disordered verbal ability (Mohr 1393).

3. Marsha - 38-year-old - anxiety disorder- treatment options

a. Anxiety disorder.

Anxiety disorder arises where an individual has been excessively worrying for about 6 months, and where such excessive worrying has adversely affected various aspects of a person's life (Mohr 1403).

b. The prevalence of anxiety disorders.

In the United States, an estimated 40 million individuals, above 18 years, suffer from anxiety disorders. They are the most common psychiatric disorders for adults and children. Pediatric prevalence rates vary greatly, but approximately 20% of youth experience an anxiety disorder (Mohr 1397).

c. Explain one of the cognitive-behavioral therapies used to treat anxiety.

Using cognitive interventions to reframe catastrophic thinking.

d. What types of medications can be used to treat anxiety?

Anxiety disorders can be treated using selective serotonin reuptake inhibitors (SSRIs), or beta blockers, or using tricyclic antidepressants (TCAs), or even buspirone or even benzodiazepines (BZDs).

Client education relating to use of benzodiazepines

The client should use the minimum amount of dosage require for symptom relief. Beyond that, the client should self-monitor because of the sedative effects of the drug. The client should also make sure to utilize the drugs for a short period, and if the client has a history of substance, she should exercise significant caution (Mohr 1437).

Chapter 24: Somatoform, Dissociative, and Sexual Disorders

1. Mary - 64-year-old.

a. How do you feel about clients who constantly complain about various physical symptoms? How do you react when a client constantly complains about such symptoms? Do you think that your reaction to the clients interferes with developing a therapeutic relationship?

Some clinicians think somatoform disorders provide clients with primary gain, meaning that symptoms block psychological conflict or anxiety from conscious awareness. They also offer secondary gain by relieving clients from expected responsibilities and increasing the attention they receive.

b. What do you believe about clients who have physical complaints but no demonstrated physiologic reason for them?

Affected clients do not intentionally cause and have no conscious or voluntary control over their symptoms. Lack of voluntary control is in contrast to factitious disorder and malingering (Mohr 1477).

2. Josephine - 21-year-old – sexually abused- dissociative identity disorder.

a. What kinds of feelings do you experience when you think about working with clients who have been victims of severe physical or sexual abuse?

Working with clients of sexual or physical abuse seems challenging because of the need to not just listen and empathize, but also the need to understand how such an abuse affects their identity and self-worth.

b. Reflect on times when you have been forgetful or not paying attention. How did these experiences make you feel when you realized they had occurred?

I was disappointed in myself that I had allowed distraction to rob me of opportunities to share in the laughter, sadness, or just frustration that others are experiencing.

3. sexual history.

a. Have you experienced a situation in which a client shared concerns about sexual issues with you? How did you feel? Were you comfortable listening? Did you seek advice about how to respond to the client?

It felt awkward when a client shared concerns about sexual issues, due to the amount of intimacy involved. However, I assured the person that I can be trusted and will keep the information shared confidential. I was comfortable listening because I am not shy about discussing uncomfortable topics.

b. What are your feelings about people who are homosexual or bisexual? How do your feelings influence your role as a professional nurse?

I fully accept people who are homosexual or bisexual. I believe that people have a right to live their lives as they choose, and they deserve love and respect, regardless of sexual orientation.

c. Have you ever had a problem, concern, or question related to sexual behavior? If so, how did you resolve it?

I have not had problems relating to my sexual behavior. Whenever I suspect something, I go on the internet and find answers.

Chapter 25: Personality Disorders

1. Symptoms of personality disorders.

a. Do you notice aspects of your own personality in the descriptions of some of the personality disorders? If yes, how does that make you feel?

While reading I have noticed that some of my personality foibles are reflected within a personality disorder. I am relieved because in reading about the personality disorder, I have developed a better self-awareness.

What is the difference between finding some characteristics of a disorder and an actual diagnosis?

The diagnosis of a personality disorder means that an individual has been demonstrating a persistent pattern of cognition, emotions, and behavior that is at significant variance with the cultural norms. In contrast, noticing a characteristic of disorder means that a healthy and functioning individual notices a tendency in one's cognition, feeling, or behavior that one needs to improve (Mohr 1589).

2. You are caring for a client that is showing manifestations of a personality disorder. Another nurse asks you if his symptoms fit into the A, B, or C cluster of personality disorders.

a. What are the differences between cluster A, B, and C personality disorders?

Cluster A represents disorders with odd or eccentric behavior as the core characteristic. Cluster B relates to disorders that manifest in emotional or erratic fashion. Cluster C relates to disorers that manifest as varying degrees of anxiety or fear (Mohr 1592).

b. Provide a description and symptoms of one personality disorder that falls into each cluster.

Cluster A: Paranoid Personality Disorder

- Such an individual is persistent in holding grudges, and tends to notice imperceptible character attacks where none exists, and they tend to get angry quickly, or to launch counterattacks. They tend to perceive hidden or threatening or demeaning intent into events or remarks and they tend to suspect people of deceiving, harming, or exploiting them when they have no adequate evidence (Mohr 1593).

Cluster B: Antisocial Personality Disorder

- It relates to failure of an individual to conform to societal norms as it relates to lawful behavior, and it manifests as well in impulsivity, failing to sustain professional behavior or honoring one's financial obligations or failing to show remorse (Mohr 1607).

Cluster C- Avoidant Personality Disorder

- It relates to a pattern that begins in early adulthood of social discomfort, timidity, and fear of negative evaluation. They are preoccupied with their perceived shortcomings and will risk

forming relationships only if they believe acceptance is guaranteed. These clients often view themselves as unattractive and inferior; they frequently are socially inept. Consequently, they usually avoid occupations with social demands (Mohr 1613).

3. Kenny, a 34-year-old man diagnosed with a personality disorder.

a. What are the different treatment options that are available for a client with a personality disorder?

Treatment options include pharmacologic agents such as antidepressants (Mohr 1624). Most clients benefit from individual psychotherapy. Individual intensive therapies, such as inpatient and day treatment, are more effective than outpatient therapies (Mohr 1625). Group therapy can provide psychoeducational experiences that teach various skills including assertiveness, coping strategies, and relaxation techniques (Mohr 1626).

b. Treatment modality for personality disorders.

Avoidant personality disorder – Individual psychotherapy (cognitive-behavioral therapy).

Antisocial personality disorder - Group therapy

Paranoid personality disorder – Individual psychotherapy

4. Personality Disorders.

a. Why is self-care important for the nurse when working with patients with this diagnosis?

Clients with personality disorders can be considerable difficult toward their carers

b. What self-care activities will you employ and why?

Self-monitoring will help me to remain calm and objective and to set boundaries with clients. Another important self-care activity is discussing my emotional response to clients with personality disorders with a trusted colleague (Mohr 1654).

Chapter 27: Depressive Disorders

1. Depression.

a. When was the last time you felt “down” or sad?

I felt sad recently when I learned that a good friend of the family had died in a car accident. The feeling of sadness remained for a few weeks and it then dissipated.

b. Have you noticed any particular events or circumstances in your life that are related to feelings of sadness or “feeling down”?

Often, I feel sad when I think of my best friend, who also died due to a car accident.

c. Incidence and prevalence of depressive disorders in the United States

In the United States, 6.7% of the population of those above 18 years suffer from major depression in any given year. It can develop at any age, with average onset at 32 years.

d. What coping measures do you use to deal with feelings of sadness or depression?

When I am depressed, I like spending time with my family or best friends.

2. While working in a local hospital, a client is admitted that you believe might be suffering from depression.

a. What are the signs and symptoms of depression?

Depression can manifest in the following ways. It often appears as loss of interest in activities one used to enjoy, the person has either low or high appetite, and difficulty concentrating and making decisions. Additionally, depression arises as self-blame and a sense of worthlessness, disturbed sleep, and an individual has recurring thoughts of suicide, as well as motor disturbances, and social withdrawal

b. Compare and contrast the different etiological theories of depression.

The theory of genetic factors argues there is an increased risk for depression in clients whose first-degree relatives have had depression. The theory of physiologic factors presents that depression could be caused by either biologic amines or neuroendocrine stress response. The deficiency of biogenic amines, which are norepinephrine, dopamine, serotonin, is likely to lead to depression. Depression could also result from hyperactivation of hypothalamic-pituitary-adrenal axis due to excessive exposure to stress. The theory of psychological factors suggest that depression develops because clients have unconscious or unexpressed anger about feeling helpless or dependent on others, which they turn inward as they cannot show it to the object of their anger.

3. Sandra - severe depression.

a. Client education on Selective Serotonin

The SSRIs have fewer side effects relative other antidepressants. Common side effects affect the gastrointestinal system and CNS, manifesting as headache, nervousness, anxiety, and lightheadedness. It can lead to loss of libido. The SSRIs have few to no anticholinergic or cardiotoxic side effects. A possible lethal reaction is the serotonin syndrome (Mohr 1783).

Chapter 28: Bipolar Disorders

1. While doing a clinical rotation through a psychiatric mental health facility, you are assigned to a client who is in the manic phase of bipolar disorder.

a. How prevalent are bipolar disorders in the United States?

In the United States, 2.6% of the population suffers from bipolar disorders, with 82.9% of reported cases being classified as severe bipolar disorder. The lifetime prevalence of bipolar

disorder, both types I and II, is 3.7% - 3.9%. The average age of clients experiencing their first manic episode is 25 years (Mohr 1815).

b. What are the signs and symptoms of bipolar disorder?

An individual has one or multiple manic episodes that usually alternate with major depressive episodes. In addition, during periods of mania, an individual exhibit extreme wings in mood, one tends to be irritable, and can engage in sudden outbursts. One experiences sleep disturbances and there is decrease in work output, and one reports feelings of distraction or restlessness, and one may exhibit a bloated self-esteem

c. How do you think you would react to a client in a manic state?

While manic, clients tend not to realize that they are acting strangely and resist treatment. Abrupt mood shifts are common, with rapid changes from euphoria to anger or depression (Mohr 1828).

2. Eva - 24-year-old - bipolar disorder.

a. How would you respond to Eva?

Extensive research and the success of specific and refined medications for treating disorders have clearly pointed to a strong biologic component. In fact, current thinking largely emphasizes that bipolar disturbance results primarily from neurochemical imbalances and brain alterations (Mohr 1816).

b. What are the different factors that are believed to play a role in bipolar disorder?

Although a single definitive cause has not been pinpointed, scientists agree that a combination or interaction of genes, neurobiology, environment, life history, and development can result in bipolar disorders (Mohr 1816). Bipolar disorders are highly inheritable. The estimate of inheritability is 80%, with over 25 genome-wide linkage studies (Mohr 1817). Various brain abnormalities seem to be associated with bipolar disorders such as volume reductions in the subregions of the prefrontal cortex, with amygdala and striatal enlargement and midline cerebellar atrophy, enlarged lateral and third ventricles and white matter hyperdensities in 10% - 30% of affected clients (Mohr 1818). Another hypothesis is that dysregulation in dopamine and serotonin systems combines with deficits in other systems such as GABA interact to produce symptoms of mood disorders. Mohr (1824) show that from a cognitive viewpoint, faulty beliefs about self and the world, specifically high-goal attainment beliefs, contribute to bipolar illness. The interpersonal and social rhythm model posits that psychosocial stressors trigger bipolar episodes by disrupting normal social rhythms. The subsequent result is disruption of circadian systems, leading to mania or depression.

3. After diagnosing Adam with bipolar disorder, a physician decides to use combination therapy involving both medication and psychotherapy.

a. What medication education would the nurse want to include in the plan of care for a patient prescribed Lithium or Lamotrigine (Lamictal)?

For lithium, the client should monitor for the following symptoms of lithium toxicity including lethargy, slurred speech, muscle weakness, fine hand tremors, nausea, vomiting, diarrhea, thirst, polyuria, and mental confusion, hyperirritability of muscles, drowsiness, incoordination, salivary

gland swelling, abdominal pain, excessive salivation, and large output of dilute urine among other things.

For Lamotrigine, the client should be aware of the potentially life-threatening side effects including Stevens-Johnson syndrome, and toxic epidermal necrolysis with multiorgan failure. Other less dangerous side effects are dizziness, ataxia, nausea, and minor rashes (Mohr 1844-1845).

b. How could you encourage medication compliance in a bipolar client?

I would use psychoeducation strategies. Research has shown that psychoeducation about bipolar illness and medication to treat it can foster medication compliance (Mohr 1856).

Chapter 32: Anger and Aggression

1. Anger is an emotion that everyone experiences at some time in their life.

A. What situations usually make you angry?

B. Have you ever felt angry with a client?

2. Kyle - 42-year - bipolar disorder.

A. Compare and contrast the different cognitive behavioral interventions for an aggressive client.

In “guided discovery,” clinicians use specific learning experiences to show clients how to recognize the connection between their thoughts, feelings, and behaviors, as well as how to identify and replace automatic negative thinking with positive thinking, and to substitute dysfunctional expectations and appraisals with reality-based interpretations (Mohr 2294). Anger

management training takes the form of group therapy where clients learn how their thoughts and feelings are separate events.

B. Discuss the controversies associated with the use of restraint and seclusion.

Proponents view restraint and seclusion as a necessary intervention that helps to maintain safety in volatile situations in which client behaviors pose a risk of physical harm to self or others. Opponents note that restraint and seclusion procedures often are used inappropriately as punishment or for staff convenience, resulting in physical or emotional trauma and, sometimes, death (Mohr 2308).

3. You are a nurse working in a psychiatric-mental health facility. One of the clients you are caring for is becoming increasingly angry and aggressive.

a. What signs of escalating aggressiveness would you look for?

I would look at whether the client is making aggressive statements, whether the client suffers from potential harmful delusions or hallucinations, and how the client perceives others and the world. Moreover, it is important to consider whether the client is exhibiting increased psychomotor agitation such as fidgeting or pacing along with a tense posture, or a tightened jaw or a clenched fist. I would look out to notice whether the client's emotions or verbalization had increased or the way the client expressed wants and needs has changed significantly (Mohr 2319).

b. What actions would you take to ensure your safety and the safety of other clients?

Provide the client with one-to-one assistance by asking the client to report to the nurse any violent impulses or feelings of impeding loss of control as well as invite the client to discuss emotions of anxiety, frustration, aggression or anger (Mohr 2320).

Chapter 33: Violence and Abuse

1. Rebecca – physical abuse.

a. Identify the feelings and attitudes you have regarding someone who is abusive and also someone who is a victim of abuse. Would your feelings differ if the victim was a child? An elderly person?

I detest a person who is abusive and I have compassion and empathy for the victim. If the victim is a child, I would be angry at the abuser, knowing the scars that an abused child has to live with.

b. Would your personal experiences and emotions affect your responses to clients who are either victims or abusers? If so, how? If not, why?

For victims, I would be compassionate and do my best to help them. For abusers, I would show them disdain.

c. What are your beliefs and attitudes about women who are victims of sexual assault?

When it comes to sexual assault, women can prevent it by looking at patterns in character that show tendencies of abuse, and removing themselves from such situations. Female victims of sexual assault often show significant courage and resilience in seeking to move their lives forward.

2. Peter -14-year-old.

a. List and explain the different risk factors for youth violence.

Individual risk factors include a biologic predisposition to antisocial behavior due to early-onset behavior problems, particular temperamental, physiologic, and attentional factors may underlie their problems with self-regulation (Mohr 2355). Other individual risk factors are behavioral influences, particularly the aggressive youths' predispositions to particular cognitive biases, such as the belief that violence is a legitimate method of handling conflict, or to misread situations so that they attribute hostile intent to benign situations (Mohr 2356). Other individual risk factors include emotional or psychosocial problems, academic problems, and alcohol or drug abuse.

Family risk factors for youth violence include attachment problems, neglectful or disengaged parents, lack of emotional support, family stress and poor family functioning, and inappropriate parenting styles, which contribute to persistent behavior problems.

Peer risk factors include association with teenagers who condone aggressive behavior such as gang involvement.

Neighborhood risk factors include living in a violent neighborhood raises the risk of being involved in aggressive interchanges, and poverty, which segregates youths from mainstream society and denies them an opportunity to escape poverty (Mohr 2358).

3. Veronica - 32-year-old - single mother.

a. What are the different types of child maltreatment?

- Emotional maltreatment
- Neglect
- Sexual abuse
- Physical abuse

b. What effects can child maltreatment have on child functioning?

The effect on social functioning is that maltreated children tend to be attached less securely to their mothers or primary caregivers than non-maltreated children. In addition, maltreated children have increased difficulties with peers. They generate fewer quality solutions to interpersonal problems and have difficulty understanding complex social roles (Mohr 2372). The effect on behavioral functioning is that parents report that maltreated children display significant oppositional and aggressive behavior. Observations of maltreated and nonmaltreated preschoolers show that maltreated children display fewer peer interactions, engage in fewer prosocial behaviors, and are more aggressive. The effect on emotional and intellectual functioning is that older maltreated children display more emotional maladjustment and psychiatric symptoms than do children who have not been maltreated. They also tend to be more depressed or hopeless than their peers who have not been maltreated. In addition, symptoms of post-traumatic stress disorder (PTSD) are more common in maltreated children (Mohr 2374)

Chapter 34: Suicide and Suicidal Behavior

1. An attempted suicide

a. When you hear that someone has attempted suicide, what type of emotion does that evoke in you?

Compassion for the individual for the individual, who often find themselves in situations they feel are hopeless.

b. Do you think you would treat a severely depressed person and a severely depressed person who attempted suicide differently? Why or why not?

I think a severely depressed person who attempted suicide requires urgent need for help, otherwise, they would do it again, and they may succeed.

2. Francis - 43-year-old - lost her husband- attempted suicide.

a. List and describe risk factors for suicide.

Emotional and psychological warning signs include feeling of hopelessness, guilt, and helplessness, sadness, anxiety, tiredness, agitation, feeling that one is being a burden to others, as well as feelings of failure, worthlessness, and the inability to find pleasure in any activity. Behavioral warning signs include making a will, putting one's affairs in order, making suicide threats or discussing that one wants to kill himself or herself, talking about death, dying, or suicide, and giving away one's prized possessions (Mohr 2434).

b. List and describe the protective factors for suicide.

- Receiving and being able easily access effective clinical treatment and intervention for mental, physical, and substance abuse disorders
- Supporting help-seeking behavior and having close familial/friend relationships, which enhance ability of individuals to cope with stress and maintaining strong connections with family and community
- Developing skills in problem solving and conflict resolution
- Having cultural or religious beliefs that do not support suicide

3. You are a nurse working is a psychiatric-mental health facility and have been asked to complete a suicide assessment on a client.

a. What are the different areas you would need to assess? List at least two questions you would ask to assess each area.

- Eating

1. Have you noticed any changes to your appetite?
2. Have you gained or lost weight in the recent past?

- Sleeping

1. Have you noticed any changes to your sleeping pattern?
2. Are you experiencing any difficulty falling and staying asleep?

- Mood

1. Have you noticed any changes to your mood?
2. Is there anything you are looking forward to?

- Activities

1. What is a usual day like for you?
2. What activities do you do for fun and enjoyment?

- Coping

1. What are your coping mechanisms with worries and problems?
2. Do you drink alcohol to feel better or do you take any medications to feel better?

b. What affects can suicide have on those left behind?

Suicide leaves surviving family members with confusion, pain, and self-blame.

Chapter 35: Crisis Intervention

1. Major adventitious crises

a. Have you ever experienced a personal crisis?

My personal crisis relates to the loss of my best friend in a car accident. It left me sad and confused, and it taught me that life is governed by randomness.

c. How did you feel after the attacks of September 11, 2001?

I was worried and apprehensive after the terrorist attacks.

d. How did you feel when you saw or experienced the devastation caused by Hurricane Katrina?

Hurricane Katrina left me sad for the people who lost their houses and belongings. However, the help that people showed inspired me to believe that we all resonate with the emotions others are feeling

2. Many individuals experience a maturational crisis at some point in their life.

a. Provide an example of a maturational crisis. Identify a behavior that may be manifested in each crisis phase.

Leaving for college is an example of a maturational crisis.

The following are stages of a crisis:

1. Higher anxiety in response to trauma, which leads individuals to seek familiar mechanism to cope.
2. Where coping strategies fail, the individual experiences higher anxiety due to failure
3. Escalation of anxiety, which often leads individuals to seek for assistance.
4. If the crisis is not resolved, an individual experiences significant stress, cognitive ability I impacted, and the individual engages in rumination due to inadequate inner resources and support systems.

c. Develop a list of resources available to an individual experiencing the maturational crisis that you specified.

- Articles that write on college experiences for freshmen to help the individual develop a realistic perspective
- Maintaining contact with family and friends
- Joining interest clubs to make friends and be a part of a community

3. After helping a client through a crisis, you become interested in the role of crisis intervener.

a. What are the most important skills for a crisis intervener and how these skills are implemented in a crisis?

1. Therapeutic communication techniques that demonstrate an individual has calmness, empathy, and caring
2. Objectivity to help individuals distinguish facts and develop solutions
3. Courage, resilience, self-confidence, and assertiveness
4. Maintain a non-judgmental attitude

d. Compare and contrast the variations in crisis intervention, including the team approach, crisis groups, and families in crisis.

A team approach entails using a team comprising of a psychiatrist, psychiatric-mental health nurse, psychologist, social worker, psychiatric aide, minister, and students in the mental health field. The team meets daily to discuss the progress of a client and to decide about care.

Crisis groups bring together individuals in similar circumstances, especially where they have few support systems or difficulty accessing psychiatric professionals. Families in crisis is the perspective that a crisis can only be restored by restoring severed social relationships.

Chapter 36: Pediatric Clients

1. Adolescence is a time in life when many changes occur both emotionally and physically.

a. Think about your own adolescent development. What were major problems for you at this time? How did you cope? What resources did you use?

b. What was your relationship with your parents like during adolescence? How did it change as you progressed through your teens?

c. What was your relationship with your peers during adolescence? What were your interests in terms of school, recreational, and social activities? How did you achieve balance at this time?

d. Discuss the role of the psychiatric nurse in working with adolescents.

The Pediatric Psychiatric/Mental Health RN is responsible for managing the care of toddler, preschool, school age or adolescent patient experiencing psychiatric/mental health disorders including substance abuse or addiction.

2. You are caring for a 6-year-old client who is experiencing developmental delays.

a. Compare and contrast the different traditional developmental theories.

Sigmund Freud proposed the maturationist theory which states that development is an automatic process of biologic maturation that has predictable, sequential stages over time. John Watson, B.F. Skinner, and Albert Bandura suggested the environmentalist theory, which states that the child's environment shapes learning and behavior. Jean Piaget, Maria Montessori, and Lev Vygotsky are proponents of the constructivist theory, which states that learning and development happen when children interact with their environments. George Miller suggested the information processing theory, which suggests that children are sense-making beings, and they modify their thinking in response to environmental demands (Mohr 2518). Konrad Lorenz and Donald Dewsbury subscribe to the ethology theory, which states that adaptation, survival, and the value of behavior in ensuring survival are prominent. Uri Bronfenbrenner proposed the ecological systems theory, which hold that a child develop within complex environmental systems, which include of nested structures (Mohr 2519).

b. Provide an example of a manifestation of each stage of Kohlberg's moral development theory.

Level 1- Pre-conventional stage: Focusing solely on one's individual needs to avoid punishment and to receive reward

Level 2 – Conventional: Individuals consider societal expectation in decision-making

Level 3 – Post-conventional: decisions are based on abstract on an orientation to notions of universal ethics

3. Joan is an 11-year old female that is beginning to shown signs of a mental illness.

a. List and describe two of the risk factors associated with mental illness in children.

1. Family history of mental illness
2. Brain abnormality or immature brain development

b. List and describe two of the psychosocial modalities of treatment used for children.

1. Individual therapy –cognitive behavioral therapy such as token economies
2. Play therapy – helping children to work out their anxieties, conflicts, and fears through play.

4. You have just learned about Attention Deficit Hyperactivity Disorder (ADHD) in class. A peer missed class and you are assisting her in studying for an exam.

a. What nursing diagnoses are appropriate for a child experiencing ADHD?

1. Inattention
2. Hyperactivity

b. List two interventions for each diagnosis.

1. Inattention – behavioral therapy
2. Hyperactivity – pharmacologic therapy

Chapter 37: Older Adult Clients

1. As a nursing student, you care for many individuals who fall into the older adult category. In the United States, an individual age 65 and older is considered an older adult.

a. Think about the older adult clients you have cared for in your nursing practice. What adaptations did you make in your care based on aging changes?

I learned to be patient with them and I became interested in their lives. I learned to treat them as autonomous individuals and I always consulted them before making any decisions.

b. How do you feel about aging and getting older?

I think that aging and getting older is an opportunity to reflect on what is important and to make plans on how to be financially secure in one's old age.

c. What attitudes, personality traits, and health practices do you believe can pose a problem for people as they age?

I think that as people age, sometimes they become inflexible, and often refuse to change or to adapt to change. They can also seem unconcerned about taking their medicines, it is as if they lose the motivation to libe.

2. You are caring for an 84-year-old woman who is taking 15 different medications.

a. How does aging affect pharmacokinetics and Pharmacodynamics?

Aging affects the body's ability to absorb, distribute, metabolize, and excrete medications. Aging affect pharmacodynamics because it leads to decline in CNS functional reserve, and any drug that affects the CNS places older adults at risk.

b. What health promotion teaching would you want to perform for an older adult taking many medications?

The need to oversee all medications that an older client is taking from regular clinicians and specialists. Nurses should assess the medication use of older client including prescriptions, herbal supplements, and over the counter medications.

Chapter 38: Homeless Clients

1. Homeless people.

a. What is the meaning of home to you?

Home is a place of love and understanding, and loyalty.

b. Imagine if you did not have a home.

Without a home, I would be dejected. I would probably try relatives or churches.

c. What is your perception of people who are homeless?

Homeless people are suffering. They have no place from which to be sheltered from vagaries of nature. Most people seem to despise them, and they fail to see the human.

2. Tray - 42-year-old man - homeless

a. What are the factors that contribute to homelessness in those who are mentally ill?

Some potential contributing factors include substance abuse, high mobility due to restlessness, inadequate housing, poverty, functional deficits that accompany mental illness, and a deficient mental health care system.

3. You are discussing the issues facing mentally ill homeless clients with another student.

a. Provide an argument for and against the following statement: Current mental health laws are inadequate and do not provide the most therapeutic environment for people with mental illness.

As an opponent of current mental health laws, I argue that their emphasis on deinstitutionalization while noble in intention, are ineffective in practice because they do not allocate resources for community support and they do not integrate services. As a proponent of current mental health laws, they realize the need for psychiatric clients to receive treatment and care in an holistic way.

b. List and describe the barriers that prevent homeless individuals from receiving care.

Barriers to care for homeless individuals include lack of knowledge about where to receive treatment, lack of identification, lack of access to a means of transport, embarrassment, nervous about filling forms and answering questions properly, cost, and self-consciousness. (Mohr 2767)

c. What are some specific healthcare concerns of homeless mentally ill individuals?

Homeless people have high rates of trauma, dental disease, foot problems, emphysema and asthma, dermatologic conditions, gastrointestinal reflux disease, and cardiac disease (Mohr 2771).

Chapter 39: Clients with Medical Illnesses

1. Psychological disturbance.

a. Would you feel differently about a client who has a psychological disturbance secondary to a medical condition compared to a client that does not have a medical condition? Would you care for these two clients any differently?

A person with psychological disturbance secondary to a medical condition requires greater care. However, I do not discriminate against them because they are all suffering, and they both need care and understanding.

b. Think of a time when you or a family member has been diagnosed with a medical condition. What type of psychological affects did this diagnosis have on you or your family member?

The family member was devastated by the diagnosis out of the fear that it would ruin his reputation. He became social withdrawn

2. Martin - myocardial infarction.

a. What reactions may occur in clients who have cardiovascular illness?

Clients with cardiovascular illness feel vulnerable and in danger, and their worry and preoccupation with physical symptoms and their fear of another episode may lead to psychological problems, especially anxiety disorders (Mohr 2819).

b. What factors may contribute to psychological problems in cardiac clients?

- Impact of the medical illness or effect of treatment on patient's central nervous system (CNS).
- Client's subjective response to the effect that that the illness is likely to have on his or her future
- The patient worrying and preoccupation about his or her physical symptoms
- Fear of another episode of myocardial infarction

3. Rachel - 25-year-old - uterine cancer.

a. What reactions may occur in clients diagnosed with cancer?

Being diagnosed with cancer is a devastating emotional experience, and they experience multidimensional suffering tied to psychological, existential, and social-relational elements. Rachel is likely to experience depression and anxiety.

b. After treatment, Rachel learns that she cannot have children. What kind of psychological impact can infertility have?

Rachel is likely to have feelings of grief and loss with the realization that she cannot conceive. She is likely to experience frustration, emotional distress, depression, guilt, anxiety, sexual distress, and loss of self-esteem (Mohr 2826).

Work Cited

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