

Psychiatric Mental Health Nursing

Sheila L. Videbeck

Lippincott

A series of five black arrows pointing right, followed by a large grey circle partially cut off by the right edge of the cover.

Psychiatric Mental Health Nursing

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Preface

This first edition of **Psychiatric Mental Health Nursing** was written to make theory come alive for nursing students. It presents sound nursing theory, therapeutic modalities, and clinical applications across the treatment continuum. The chapters are short, to the point, and easy to read and understand. This text uses the nursing process framework and emphasizes assessment, therapeutic communication, neurobiologic theory, and pharmacology throughout. Interventions focus on all aspects of client care, including communication, client and family teaching, and community resources, and their practical application in a variety of clinical settings.

Organization of the Text

Unit I: Current Theories and Practice provides a strong foundation for students. Current issues in psychiatric nursing are addressed, as well as the variety of treatment settings where clients are encountered. Neurobiologic theories and psychopharmacology and psychosocial theories and therapy are thoroughly discussed as a basis for understanding mental illness and its treatment.

Unit II: Building the Nurse-Client Relationship presents the basic elements essential to the practice of mental health nursing. Chapters on therapeutic relationships and therapeutic communication prepare students to begin working with clients both in mental health settings and in all other areas of nursing practice as well. The chapter on the client's response to illness provides a framework for understanding the individual client. An entire chapter is devoted to assessment, emphasizing its importance in nursing.

Unit III: Current Social and Emotional Concerns covers topics that are not exclusive to mental health settings, including grief and loss, anger and aggression, and abuse and violence. Nurses in all practice settings find themselves confronted with clients whose lives are touched by loss and violence.

Unit IV: Nursing Practice for Psychiatric Disorders covers all the major categories identified in

the DSM-IV-TR. Each chapter provides current information on etiology, onset and clinical course, treatment, and nursing care.

Pedagogical Features

Psychiatric Mental Health Nursing incorporates a number of pedagogical features designed to facilitate student learning, including:

- Learning objectives to focus the student's reading and study.
- Key terms that identify new terms used in the chapter. Each of these terms is identified in bold and defined in the text.
- Application of the nursing process using the assessment framework presented in Chapter 8, so students can compare and contrast the various disorders more easily.
- Critical thinking questions to stimulate students' thinking about current dilemmas and issues in mental health.
- Key points that summarize chapter content to reinforce important concepts.
- Chapter reviews that provide workbook-style questions for students to test their knowledge and understanding of each chapter.

Special Features

- Clinical vignettes are provided for each major disorder discussed in the text to "paint a picture" for better understanding.
- Drug alerts highlight essential points about psychotropic drugs.
- Cultural considerations are emphasized in a separate section of each chapter in response to increasing diversity.
- Therapeutic dialogues give specific examples of nurse-client interaction to promote therapeutic communication skills.
- Internet resources with URLs are located at the end of each chapter to further enhance their study.

- Client and family teaching checklists are highlighted to strengthen students' role as educators.
- Symptoms and interventions are highlighted for all chapters in Units III and IV.
- Sample nursing care plans are provided for all chapters in Units III and IV.
- Self-awareness feature at the end of each chapter encourages students to reflect upon themselves, their emotions, and their attitudes as a way to foster both personal and professional development.

To the Faculty

The following ancillary materials have been prepared to help you plan learning activities for class and clinical, and evaluate students' learning:

- Instructor's Resource Manual will include a variety of instructional support features for each chapter, including chapter summary, lecture outlines, and teaching-learning strategies that involve classroom, clinical, and self-awareness activities. In addition, guidelines are provided

for leading class discussion relating to critical thinking questions included in the textbook. Transparency masters provide summary lists of symptoms, interventions, and Client and Patient Teaching checklists for each of the 12 disorder chapters.

- CD-ROM, included in the Instructor's Resource Manual, contains:
 - Testbank containing 350 NCLEX-style testing items
 - Lecture outlines for each chapter

To the Student

This textbook has been designed to be "student-friendly." Chapters are easy to read and understand, and pertinent information about caring for clients is presented in a practical, hands-on approach. Mental health nursing is an exciting and challenging field, and hopefully that attitude comes through in this text. The knowledge and skills you develop while studying mental health nursing will promote your growth as a nurse and improve the care you provide to clients in all settings.

Sheila L. Videbeck, PhD, RN



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Contents

► *Unit 1* Current Theories and Practice

1

Foundations of Psychiatric Mental Health Nursing 2

Mental Health 3
Mental Illness 3
Diagnostic and Statistical Manual
of Mental Disorders (DSM-IV-TR) 4
Historical Perspectives of the Treatment of Mental Illness 4
Community-Based Care 7
Cost Containment and Managed Care 8
Cultural Considerations 8
Psychiatric Nursing Practice 8
Student Concerns 11
Self-Awareness Issues 12
Critical Thinking Questions 13
Key Points 13
References 14
Additional Readings 15
Chapter Review 16

2

Neurobiologic Theories and Psychopharmacology 18

The Nervous System and How It Works 19
Brain Imaging Techniques 23
Genetics and Heredity 25
Stress and the Immune System (Psychoimmunology) 26
Infection as a Possible Cause 26
The Nurse's Role in Research and Education 26
Psychopharmacology 26
Cultural Considerations 39
Self-Awareness Issues 40
Critical Thinking Questions 41
Key Points 41
References 42
Additional Readings 42
Chapter Review 43

3

Psychosocial Theories and Therapy 46

Psychosocial Theories 47
Cultural Considerations 58
Treatment Modalities 58
The Nurse and Psychosocial Interventions 61

Self-Awareness Issues 61
Critical Thinking Questions 62
Key Points 62
References 63
Additional Readings 63
Chapter Review 64

4

Treatment Settings and Therapeutic Programs 67

Treatment Settings 68
Psychiatric Rehabilitation Programs 71
Special Populations of Persons With Mental Illness 74
Multidisciplinary Team 76
Psychosocial Nursing in Public Health and Home Care 76
Self-Awareness Issues 77
Key Points 78
Critical Thinking Questions 79
References 79
Chapter Review 81

► *Unit 2* Building the Nurse–Client Relationship

5

Therapeutic Relationships 86

Components of a Therapeutic Relationship 87
Types of Relationships 91
Establishing the Therapeutic Relationship 93
Avoiding Behaviors That Diminish
the Therapeutic Relationship 96
Therapeutic Roles of the Nurse in a Relationship 98
Self-Awareness Issues 99
Critical Thinking Questions 100
Key Points 100
References 101
Additional Readings 101
Chapter Review 102

6

Therapeutic Communication 105

What is Therapeutic Communication? 106
Therapeutic Use of Self 106
Self-Awareness Issues 107
Essential Components of Therapeutic Communication 108
Verbal Communication Skills 111
Nonverbal Communication Skills 118
Understanding Levels of Meaning 121

Understanding Context	121
Understanding Spirituality	122
Cultural Considerations	122
The Therapeutic Communication Session	124
Documenting Therapeutic Communication: The Interpersonal Process Analysis	132
Community-Based Care	134
Critical Thinking Questions	135
Key Points	137
References	138
Additional Readings	139
Chapter Review	140

7

Client's Response to Illness 147

Individual Factors	148
Interpersonal Factors	151
Cultural Factors	153
Nurse's Role in Working With Clients of Various Cultures	160
Self-Awareness Issues	161
Key Points	161
Critical Thinking Questions	162
References	162
Additional Readings	164
Chapter Review	165

8

Assessment 167

Factors Influencing Assessment	168
How to Conduct the Interview	168
Content of the Assessment	169
Data Analysis	174
Self-Awareness Issues	177
Critical Thinking Questions	179
Key Points	179
References	180
Chapter Review	181

► Unit 3 Current Social and Emotional Concerns

9

Grief and Loss 186

Types of Losses	188
Theoretical Understanding of the Grief Process	189
Dimensions of Grieving	191
Cultural Considerations	195
Complicated Grieving	196
Self-Awareness Issues	197
Application of the Nursing Process	198
Key Points	203
Critical Thinking Questions	207
References	208
Additional Readings	208
Chapter Review	209

10

Anger, Hostility, and Aggression 213

Onset and Clinical Course	214
Related Disorders	215

Etiology	216
Cultural Considerations	216
Treatment	216
Legal and Ethical Considerations	217
Application of the Nursing Process	221
Community-Based Care	224
Self-Awareness Issues	227
Critical Thinking Questions	228
Key Points	228
References	229
Additional Readings	229
Chapter Review	230

11

Abuse and Violence 232

Clinical Picture of Abuse and Violence	233
Characteristics of Violent Families	233
Cultural Considerations	234
Spouse or Partner Abuse	235
Child Abuse	238
Elder Abuse	240
Rape	243
Psychiatric Disorders Related to Abuse and Violence	245
Self-Awareness Issues	247
Application of the Nursing Process	247
Critical Thinking Questions	252
Key Points	253
References	254
Additional Readings	254
Chapter Review	255

► Unit 4 Nursing Practice for Psychiatric Disorders

12

Anxiety and Stress-Related Illness 260

Categories of Anxiety Disorders	261
Incidence	262
Onset and Clinical Course	262
Physiologic and Psychological Responses to Anxiety	262
Levels of Anxiety	263
Cultural Considerations	263
Etiology	265
Panic Disorder	267
Application of the Nursing Process: Panic Disorder	269
Phobias	274
Obsessive-Compulsive Disorder	279
Application of the Nursing Process: Obsessive-Compulsive Disorder	280
Related Disorders	284
Community Care	288
Self-Awareness Issues	288
Key Points	289
Critical Thinking Questions	289
References	290
Additional Readings	290
Chapter Review	292

13

Schizophrenia 296

Clinical Course	298
Related Disorders	299

Etiology 299
 Cultural Considerations 301
 Treatment 302
 Application of the Nursing Process 306
 Community-Based Care 320
 Self-Awareness Issues 320
 Key Points 321
 Critical Thinking Questions 322
 References 322
 Additional Readings 323
 Chapter Review 324

14**Mood Disorders****330**

Categories of Mood Disorders 332
 Related Disorders 332
 Etiology 333
 Cultural Considerations 336
 Major Depressive Disorder 336
 Application of the Nursing Process: Depression 343
 Bipolar Disorder 350
 Application of the Nursing Process: Bipolar Disorder 357
 Other Mood Disorders 363
 Suicide 364
 Community Care 372
 Self-Awareness Issues 373
 Key Points 374
 Critical Thinking Questions 374
 References 376
 Additional Readings 377
 Chapter Review 378

15**Cognitive Disorders****383**

Delirium 384
 Application of the Nursing Process: Delirium 385
 Community-Based Care 389
 Dementia 391
 Self-Awareness Issues 395
 Application of the Nursing Process: Dementia 396
 Amnesic Disorders 403
 Community-Based Care 404
 Role of the Caregiver 404
 Key Points 407
 Critical Thinking Questions 408
 References 409
 Suggested Readings 409
 Chapter Review 410

16**Personality Disorders****414**

Categories of Personality Disorders 415
 Onset and Clinical Course 416
 Cause 416
 Cultural Considerations 418
 Treatment 418
 Application of the Nursing Process: Antisocial Personality Disorder 420
 Application of the Nursing Process: Borderline Personality Disorder 424
 Other Cluster A Personality Disorders 428
 Other Cluster B Personality Disorders 434

Other Cluster C Personality Disorders 437
 Other Related Disorders 439
 Community-Based Care 441
 Self-Awareness Issues 441
 Key Points 442
 Critical Thinking Questions 442
 References 443
 Additional Readings 443
 Chapter Review 445

17**Substance Abuse****451**

Types of Substance Abuse 452
 Onset and Clinical Course 453
 Related Disorders 453
 Etiology 453
 Cultural Considerations 454
 Types of Substances and Treatment 454
 Treatment and Prognosis 459
 Self-Awareness Issues 463
 Application of the Nursing Process 464
 Community-Based Care 468
 Substance Abuse in Health Professionals 468
 Key Points 468
 Critical Thinking Questions 471
 References 472
 Additional Readings 472
 Chapter Review 473

18**Child and Adolescent Disorders****477**

Mental Retardation 479
 Learning Disorders 479
 Motor Skills Disorder 479
 Communication Disorders 479
 Pervasive Developmental Disorders 479
 Autistic Disorder 480
 Attention Deficit Hyperactivity Disorder 480
 Conduct Disorder 484
 Oppositional Defiant Disorder 486
 Feeding and Eating Disorders of Infancy or Early Childhood 487
 Tic Disorders 487
 Elimination Disorders 488
 Other Disorders of Infancy, Childhood, or Adolescence 488
 Application of the Nursing Process: ADHD 489
 Application of the Nursing Process: Conduct Disorder 492
 Self-Awareness Issues 495
 Key Points 500
 Critical Thinking Questions 500
 References 501
 Additional Readings 502
 Chapter Review 503

19**Somatoform Disorders****507**

Onset and Clinical Course 509
 Related Disorders 509
 Etiology 510
 Cultural Considerations 511
 Treatment 511
 Application of the Nursing Process 512
 Community-Based Care 516
 Self-Awareness Issues 516
 Key Points 521

Critical Thinking Questions	521
References	521
Additional Readings	522
Chapter Review	523

20

Eating Disorders 528

Anorexia Nervosa	529
Bulimia Nervosa	530
Related Disorders	531
Etiology	532
Cultural Considerations	535
Treatment	535
Application of the Nursing Process	536
Community-Based Care	543
Self-Awareness Issues	544
Key Points	544

Critical Thinking Questions	545
References	545
Additional Readings	546
Chapter Review	547

Appendix A: DSM-IV-TR Classification 551

Appendix B: NANDA-Approved Nursing Diagnoses 561

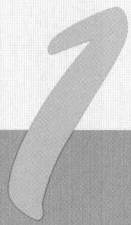
Appendix C: Drug Classification Under the Controlled Substances Act 564

Answers to Chapter Review 567

Index 581

Unit 1 ➤

Current Theories and Practice



Foundations of Psychiatric- Mental Health Nursing

Learning Objectives

After reading this chapter, the student should be able to:

1. Describe characteristics of mental health and mental illness.
2. Discuss the purpose and use of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).
3. Identify important historical landmarks in psychiatric care.
4. Discuss current trends in the treatment of persons with mental illness.
5. Discuss the American Nurses Association standards of practice for psychiatric-mental health nursing.
6. Describe common student concerns about psychiatric nursing.

Key Terms

asylum
case management
deinstitutionalization
diagnostic axes
DSM-IV
managed care organizations
mental disorder
mental health
phenomena of concern
psychotropic drugs
self-awareness
standards of care
utilization review firms

Mental health and mental illness are often difficult to define. When people are able to carry out their roles in society and their behavior is appropriate and adaptive, they are viewed as being healthy. Conversely, when a person fails to fulfill roles and carry out responsibilities, or his or her behavior is inappropriate, that person is viewed as ill. The culture of any society strongly influences its values and beliefs, and this in turn affects how health and illness are defined. What is viewed as acceptable and appropriate behavior in one society may be seen as maladaptive or inappropriate in another.

MENTAL HEALTH

The World Health Organization defines health as a “state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity.” This definition emphasizes health as a positive state of well-being, not just a lack of disease. People in a state of emotional, physical, and social well-being fulfill life responsibilities, function effectively in daily life, and are satisfied with their interpersonal relationships and themselves. No single, universal definition of mental health exists, but we can infer a person’s mental health from his or her behavior. Because a person’s behavior may be viewed or interpreted differently by others, depending on their values and beliefs, the determination of mental health may be difficult.

Mental health is a state of emotional, psychological, and social wellness evidenced by satisfying interpersonal relationships, effective behavior and coping, a positive self-concept, and emotional stability. Mental health has many components and is influenced by a wide variety of factors (Johnson, 1997):

- **Autonomy and independence:** The individual can look within for guiding values and rules to live by. The opinions and wishes of others are considered but do not dictate the person’s decisions and behavior. The person who is autonomous and independent can work interdependently or cooperatively with others without losing his or her autonomy.
- **Maximizing one’s potential:** The person has an orientation toward growth and self-actualization. He or she is not content with the status quo and continually strives to grow as a person.
- **Tolerating life’s uncertainties:** The person can face the challenges of day-to-day living with hope and a positive outlook, despite not knowing what lies ahead.
- **Self-esteem:** The person has a realistic awareness of his or her abilities and limitations.
- **Mastering the environment:** The person can deal with and influence the environment in a capable, competent, and creative manner.

- **Reality orientation:** The person can distinguish the real world from a dream, fact from fantasy, and act accordingly.
- **Stress management:** The person can tolerate life stresses, experience feelings of anxiety or grief appropriately, and experience failure without devastation. He or she uses support from family and friends to cope with crises, knowing that the stress will not last forever.

There is constant interaction among these factors; thus, a person’s mental health is a dynamic or ever-changing state.

Factors influencing a person’s mental health can be categorized as individual, interpersonal, and social/cultural factors. Individual factors include a person’s biologic makeup, having a sense of harmony in one’s life, vitality, finding meaning in life, emotional resilience or hardiness, spirituality, and having a positive identity (Seaward, 1997). Interpersonal factors include effective communication, helping others, intimacy, and maintaining a balance of separateness and connection. Social/cultural factors include having a sense of community, access to adequate resources, intolerance of violence, and support of diversity among people. These factors are discussed in Chapter 7.

MENTAL ILLNESS

Historically, mental illness has been viewed as possession by demons, punishment for religious or social transgressions, weakness of will or spirit, and violations of societal norms. Persons who were mentally ill were persecuted, punished, shunned, ridiculed, and locked away from “normal” society. Until the 19th century, persons with mental illness were deemed incurable and were manacled in prisons without adequate food, shelter, or clothing.

Today, mental illness is identified and treated as a medical problem. The American Psychiatric Association (1994) defines a **mental disorder** as “a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.”

General criteria to diagnose mental disorders include dissatisfaction with one’s characteristics, abilities, and accomplishments; ineffective or unsatisfying relationships; dissatisfaction with one’s place in the world; or ineffective coping with life events and lack of personal growth. In addition, the person’s behavior must not be culturally expected or sanctioned, nor is deviant behavior necessarily indicative of a mental disorder (DSM-IV, 1994).



Demons

Factors contributing to mental illness can also be viewed in three categories. Individual factors include biologic makeup, anxiety, worries and fears, a sense of disharmony in life, and a loss of meaning in one's life (Seaward, 1997). Interpersonal factors include ineffective communication, excessive dependency or withdrawal from relationships, and loss of emotional control. Cultural and social factors include lack of resources, violence, homelessness, poverty, and discrimination such as racism, classism, ageism, and sexism.

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM-IV-TR)

The *Diagnostic and Statistical Manual of Mental Disorders-Text Revision* (DSM-IV-TR), now in its fourth edition, is a taxonomy published by the American Psychiatric Association that describes all the mental disorders with specific diagnostic criteria. The DSM-IV-TR is used by all mental health disciplines for the diagnosis of psychiatric disorders and has three purposes:

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

Specific diagnostic criteria are outlined for every disorder based on clinical experience and research. The diagnostic categories are listed in Appendix A. A multiaxial classification system that involves assessment on several axes, or domains of information, allows the practitioner to identify all the factors that relate to the person's condition:

- Axis I is for identifying all major psychiatric disorders, except mental retardation and personality disorders, such as depression, schizophrenia, anxiety, and substance-related disorders.
- Axis II is for reporting mental retardation and personality disorders, as well as prominent maladaptive personality features and defense mechanisms.
- Axis III is for reporting current medical conditions that are potentially relevant to the understanding or management of the person's mental disorder, as well as medical conditions that might contribute to the understanding of the person.
- Axis IV is for reporting psychosocial and environmental problems that may affect the diagnosis, treatment, and prognosis of mental disorders. Included are problems with primary support group, social environment, education, occupation, housing, economics, access to health care, and legal system.
- Axis V presents a Global Assessment of Functioning (GAF) that rates the overall psychological functioning of the person on a scale of 0 to 100. This represents the clinician's assessment of the person's current level of functioning, and a score may also be given for prior functioning (for instance, highest GAF in past year, or GAF 6 months ago).

Although student nurses do not use the DSM-IV to diagnose clients, it can be a helpful resource to describe the characteristics (diagnostic criteria) of the various disorders.

HISTORICAL PERSPECTIVES OF THE TREATMENT OF MENTAL ILLNESS

Ancient Times

In ancient times, it was believed that any sickness indicated displeasure of the gods and in fact was a punishment for sins and wrongdoing. Persons with mental disorders were viewed as being either demonic or divine, depending on their behavior. Individuals seen as divine were worshipped and adored; those seen as demonic were ostracized, punished, and sometimes burned at the stake. Later, Aristotle (382–322 BC) attempted to relate mental disorders to physical disorders and developed his theory that emotions were