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DELMAR LEARNING

Psychiatric Mental Health Nursing

Third Edition

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PSYCHIATRIC MENTAL HEALTH NURSING

THIRD EDITION

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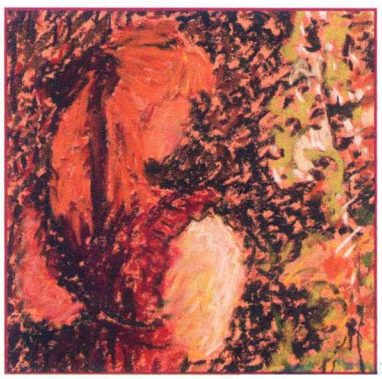

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Preface

Several important events have taken place since the second edition of *Psychiatric Mental Health Nursing* made its way into the world. Above all, we have been gratified by readers' responses to this work. It has been a pleasure to hear from students how much they enjoy reading the text (because we wrote it to be enjoyed, and we enjoyed writing it). It has been equally rewarding to hear from instructors for whom this text has brought new fun to their teaching. We're delighted this has happened, and we're more delighted you have shared these experiences with us. These authorial pleasures have made lighter the task of revising, and they offer hope that this third edition will continue to provide for its readers a welcome mix of knowledge, insight, and pleasure.

In the bigger world, which we all share with those for whom mental illness is not just a chapter in a book, much has also happened since the book first appeared. Managed care seems to have an even stronger presence and has increasingly led to what op-ed types call "mental health carve-outs." We haven't devoted much space to managed care in the text, so perhaps a word about carve-outs is in order. In an attempt to save costs, managed care insurance companies have assigned mental health diagnostic and treatment benefits to organizations that provide only mental health care. This means that generalist nurse practitioners and doctors who see and treat people with common mental illnesses or substance abuse may not be reimbursed for this care. Under carve-outs, decisions about hospitalization and follow-up pass into corporate hands, and evidence suggests that some of these decisions are not in clients' best interests. Readmissions after hospital discharge are frequent under carve-out plans, perhaps occurring in up to 40% of cases. Such high rates suggest premature discharge—presumably a sacrifice of quality in pursuit of cost saving. Perhaps worse, three giant mental health insurance plans account for a significant proportion of the many "managed lives," which represents a degree of monopoly control unique in American health care. Perhaps some of the problems are just due to growing pains; it is true that some plans appear to perform better than others. But the consumer's choices are limited and—despite rhetoric to the contrary—incentives for monitoring and improving quality are scanty. It's not that the pre-managed care system was ideal, especially for the sickest individuals—far from it. But one of the most tragic aspects of mental illness is the stigma people still feel when confronted by symptoms of psychiatric disorders, either their own or friends' or family members' disorders. In recent years it appeared that mental health care was moving into the primary care mainstream, an almost certain recipe for reducing stigmatization. Greater patient and provider familiarity with DSM-IV-TR and increasingly effective treatments promised (and in the absence of carve-outs still promises) to give clients a familiar, comfortable, and increasingly knowledgeable point of access to mental health care. Carve-outs seriously threaten this very important change. They do offer the potential for saving money, and if these savings were somehow returned to society (not just as corporate profit), we could theoretically invest in better, and better coordinated, services for those in need. We are not optimistic that this will occur. The mentally ill need access to health care, and they need *accessible* and *acceptable* high-quality services based on the best available scientifically derived evidence. Whether managed care and its carve-outs can move us toward these goals remains to be seen.

An event that we reported in the second edition was the Surgeon General's 1999 report on Mental Illness in the United States. Dr. Satcher produced a report that gave a sharp national focus to mental illness and its treatment. The report was based on several important premises:

- The scientific understanding of mental illness and its treatment has made great strides.
- There are still major stigmata associated with mental illness, and these are among a variety of factors that keep many people from receiving helpful diagnosis and treatment.
- There are marked disparities in access to mental health care: the poor and many ethnic minorities seem to have particularly limited access.
- Knowledge of mental illness and its treatment needs to be more widespread, both among health care providers and the public at large.

Now, as we publish the third edition, we'd like to draw the reader's attention to *Healthy People 2010,* the national initiative to identify health and public health goals impacting Americans. The two overarching goals for the decade 2000–2010 are 1) to increase quality and years of healthy life, and 2) to eliminate health disparities. There are several focus areas, with one being mental health and mental disorders. The target goals for mental health include: decreasing the suicide rate, decreasing suicidal attempts by adolescents, decreasing the proportion of homeless individuals with serious mental illness, increasing the employment rate for persons with mental illness, reducing relapse rates for persons with eating disorders, increasing the number of persons seen in primary health care who receive screening for mental illness, increasing the proportion of children and adults with mental health problems who receive treatment, increasing the proportion of juvenile justice facilities that screen new admissions for mental health problems, and increasing the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders (http://www.healthypeople.gov). The mental health targets reflect the areas of concern raised by the Surgeon General's report and very clearly address quality of life and access to care for many individuals, an estimated 40 million Americans or about 22% of the population. As you read this book, recognize that we are more than halfway to the year 2010. Consider what is being done in your community and what you can do to help to meet the 2010 target objectives.

Finally, this third edition continues its predecessor's twin emphases on biological and epidemiological science *and* on the lived experience of mental illness, as illustrated by the many narratives, paintings, and film excerpts included throughout. This emphasis on understanding the client as well as the illness remains one of our highest priorities. In this spirit, we are delighted to share with you the final stanzas of Dr. Samuel H. Barondes' poem entitled "Recapitulation."* With a little page-flipping you will be able to read the entire poem: it begins with "Freud" (in Chapter 3), continues with "Drugs" (Chapter 27), goes on to "Genetics" (Chapter 4), and oddly enough finishes here at the beginning of the book. Lives *are* lived as stories: stories of hope, stories of loss, stories of discovery, stories of despair. They're all part of that ever-expanding world we call psychiatric mental health nursing. Welcome back!

IV. Stories

. . . For lives are lived as stories
(Though their intrapsychic actors
May play from scripts whose scripting comes
From polygenic factors);
And lives are understandable
In terms of mental rules
(Though they respond, like puppets,
To key protein molecules).

But should a plot develop
That is different than expected,
And should a role have features
That the player wants corrected,
That role may prove refractory
To thespian intention,
While chemicals may constitute
The proper intervention.

So even though our stories are
Intangible, ethereal,
Our mental composition is
Essentially material;
And though we don't experience
This transubstantiation,
To know ourselves requires
Its detailed elucidation.

And not just to design some
More effective medications,
But also to define a view
With wider implications,
Since understanding molecules
That drive us to insanity
Provides a giant window on
The nature of humanity.

*True to its name, "Recapitulation" is a poetic summary of Dr. Barondes' lucid book *Molecules and Mental Illness* (Scientific American Press, 1999).

CONCEPTUAL APPROACH

Psychiatric Mental Health Nursing was written and designed with the reader in mind. Like no other text currently available, Psychiatric Mental Health Nursing will draw readers into the subject matter in a way that is interesting to them. This text conveys the real-life experiences of clients suffering from psychiatric conditions in a manner that will stimulate and keep the reader's attention. Disorders are illustrated through literature, film, and art, then followed by a didactic explanation from the nursing and psychiatric literature, covering etiology, nursing perspectives, theory, nursing process, and sample case studies/care plans. Recurring features and an easy-to-follow format offer an approach that is friendly and delivers a wealth of information.

The conceptual approach to this text is based on the following:

- Dual focus combines the best of nursing as the art and science of caring. The use of literature, art, and the human experience, coupled with qualitative and scientific research, emphasizes the need for compassionate nursing care and respect for the lived experience of others. Nursing theory helps readers learn to provide caring and nurturing as part of all interventions while maintaining an emphasis on living with mental illness. The importance of science is evident through the theoretical and epidemiological base underlying conditions.
- Chapter opening reflection boxes help the reader develop critical thinking skills and the ability to deal with moral dilemmas by enticing the reader to enter the world of the mentally ill and by introducing issues of the social and moral implications of treatment. Emphasis is placed on considering first what the client feels and then what the client wants.
- Balanced nursing and medical approaches (NANDA, DSM) underscores the importance of nurses working collaboratively with other health care team members with the mutual goal of providing the most appropriate and effective care to clients.
- Focus on self-care encourages nurses to think about and care for themselves as well as their clients. This reflects a fundamental premise that caring for others can be done only if the caregiver is balanced and well-centered.

Readers of *Psychiatric Mental Health Nursing* will need an understanding of basic nursing skills and the nursing process.

ORGANIZATION

Psychiatric Mental Health Nursing is composed of 34 chapters contained in five units. **Unit I** outlines the foundations for practice that underlie the psychiatric nursing process. Fundamental principles of nursing, which help the reader understand the importance of the nurse-client partnership in the care of those with psychiatric conditions, are

discussed. A unique chapter (Chapter 5) on diagnostic systems outlines scientific bases for care and explains NANDA, DSM-IV-TR, ICD-9, and NIC, and how they are all used in practice. Chapter 7 on cultural and ethnic considerations highlights the holistic view of the client, and Chapter 8 on epidemiology outlines the scientific and research base for nursing care. Lastly, the chapter on self-care for the nurse was moved into Unit I. This change reflects our understanding that self-care is foundational to nursing practice, it is not an "add on," nor is it optional. Nurses must learn to care for themselves in order to sustain their own professional ability. The chapter provides an exploration of self-care modalities discussed in a way that is inviting and uplifting

Unit II highlights specific psychiatric conditions clients may experience. These chapters explore conditions through use of illustrative literature, art, and movie clips, which give riveting examples of clients living with certain psychiatric conditions. These chapters are also key in encouraging the reader to be aware of personal feelings and biases towards mental health and illness, and how these personal opinions may affect interactions with both coworkers and clients.

Unit III introduces the reader to special populations needing mental health care. These chapters highlight the needs unique to these populations and discuss how to adapt nursing care to meet these special needs. A unique chapter on treating homeless and incarcerated clients will open doors for many nurses who may not previously have considered these special populations.

Unit IV covers the diverse interventions and treatment modalities nurses may choose to employ, including psychopharmacology; individual, family, and group psychotherapy; complementary or somatic therapy; and community-based care.

Unit V provides special, additional information to the reader. Chapter 33 offers an annotated review of numerous films that can be viewed to help foster understanding of mental health and illness. Chapter 34 is a journey over the Internet, providing some insights on obtaining information through search engines and library databases.

SPECIAL FEATURES

There are numerous special features in *Psychiatric Mental Health Nursing* designed to stimulate critical thinking and self-exploration and to encourage readers to synthesize and apply knowledge presented in the text:

- **Literary excerpts** invite the reader to enter the client's world to better understand the process and impact of a psychiatric condition on an individual's overall health and functioning.
- **Movie boxes and classic art pieces** make the text come alive and help students understand what their clients are experiencing.
- **Chapter opening reflection boxes** set the stage for the chapter by inviting the reader to consider personal experiences with a given topic or to begin thinking about a certain psychiatric condition and the effects it may have on those experiencing it.
- **Reflective Thinking** features encourage readers to examine their own personal views on given topics in order to get and stay in touch with their own feelings, and to understand the varying viewpoints they may encounter in clients and coworkers. These boxes are designed to encourage reflection on an issue from a personal context, to raise awareness, and to stimulate critical thinking and active problem solving.
- **Nursing Tip** boxes encourage the reader to apply basic knowledge to real-life situations and offer helpful hints and shortcuts that will benefit new and experienced nurses alike.
- **Nursing Alert** features indicate life-threatening or serious indications, drug reactions or interactions, or critical precautions that need immediate attention.
- **Research Highlight** features outline findings from current research and offers discussion of their impact on nursing practice.
- **Case Study/Care Plan** features offer an opportunity for the reader to apply the material presented in the chapter to a real-life scenario, with an eye to encouraging extrapolation and intuitive thinking. Several case studies are based on the literary excerpts presented in the chapters and invite the reader to apply knowledge presented in text to an actual case example. Case studies are followed by a care plan based on the nursing process, and each concludes with a critical thinking band, which challenges readers to revisit the case study to determine what else should be considered in terms of providing thorough, quality care to a client in need.
- **Care Planning Guides** provide additional considerations to planning care for clients. The care planning guides give the reader suggestions of nursing diagnoses, outcomes, and interventions most frequently used for clients with specific diagnoses.
- **Concept Maps** further illustrate priorities in case studies by mapping visually how one issue is related to another. A concept map frequently illustrates a "key" event that becomes the priority of care. We believe that the concept map provides the nurse with one more tool to use in reviewing data and establishing the care plan.

PEDAGOGICAL TOOLS

Psychiatric Mental Health Nursing also includes numerous pedagogical features to promote learning and readability.

- **Competencies** open each chapter and introduce the main areas targeted for mastery in the chapter. They provide a checkpoint for study and tie in to crucial aspects of nursing care.
- **Chapter Outlines** are listed at the start of each chapter and serve as an overview and quick reference for the material to be covered.

- **Key Terms** are listed at the opening of each chapter and are boldfaced and defined at their first use in text.
- **Review Questions and Activities** afford an opportunity for readers to assess their acquisition of material and better define areas needing additional study.
- **Glossary** at the end of the book offers definitions of key terms used in text and serves as a comprehensive resource for study and review.
- **Appendices** offer important reference information, including American and Canadian Standards of Practice, DSM-IV-TR and NANDA listings, a critical pathway, and a description of psychological tests in common use.
- **Index** facilitates access to material and also indicates tabular, illustrated, literary, film and art entries.

EXTENSIVE TEACHING/LEARNING PACKAGE

The complete supplements package was developed to achieve two goals:

1. To assist students in learning the essential skills and information needed to secure a career in the area of nursing.
2. To assist instructors in planning and implementing their programs for the most efficient use of time and other resources.

The Electronic Classroom Manager

(Order 1-4018-5646-2)

The Electronic Classroom Manager has three components to assist the instructor and enhance classroom activities and discussion.

Instructor's Guide

- **Teaching Methods and Strategies** (Helpful Hints): Ideas and concepts to help educators manage different presentation methods. Suggestions for overall approach to studying and presenting the chapter material are included.
- **Lesson Plans:** Guidelines for incorporating psychiatric nursing into one-semester courses. These are tied into the chapter competencies and include suggestions for different content delivery methods.
- **Learning Experiences:** Categories include theory application, individual activities, group activities, clinical activities, and community application.

Computerized Testbank

- Includes 1,000 questions that test students on retention and application of material in the text.
- This edition has been updated to include more NCLEX-style and application style questions.
- Allows the instructor to mix questions from each of the 32 didactic chapters in order to customize tests.

PowerPoint Presentation

- A robust PowerPoint presentation outlines the concepts from text in order to assist the instructor with lectures.
- Ideas presented stimulate discussion and critical thinking.

Companion WebTutor ToolBox

- A complete online environment that supplements the course provided in both Blackboard and WebCT format.
- Includes chapter overviews, chapter outlines, competencies, and reflection exercises.

Acknowledgments

The authors are indebted to many individuals and institutions for two lifetimes of learning, stimulation, and challenge. Only a few can be acknowledged in the brief space available to us.

Matthew Kane, Maria D'Angelico, Natalie Pashoukos, Mary Ellen Cox, and Robert Plante comprise the Delmar team who helped to make the third edition a reality.

We join every reader of this book in thanking Lea Barbato Gaydos, our remarkable psychiatric nurse-artist, for the original paintings that grace the book's front cover and open each chapter. Lea is one of many vibrant members of the American Holistic Nurses Association—an ongoing source of professional inspiration and renewal.

Each of our many contributing authors has brought a unique background and perspective to this book. We greatly appreciate the wisdom with which their efforts have enriched the text. Numerous colleagues offered ideas and support for this project throughout its gestation: The nursing faculty at Cleveland State University School of Nursing introduced us to the use of concept mapping in setting clinical priorities. Ellen Weiss, Nathan Copple, Alan Liu, Vincent Puzick, and fellow Internet webmates from the National Council of Teachers of English led us out of one particularly dark place and into Tennessee (Williams, that is); Alfred Guillaume, Jack Turner, and Beth Amen ably translated correspondence from faraway places. Ton Van Wageningen and his Amsterdam-based sister provided invaluable Dutch-speaking access to museums and art collections in the Netherlands.

Drawings, paintings, and images from movies and drama contribute greatly to this text. We appreciate contributions from the Kobal Collection, the Oregon Shakespeare Festival, and the Folger Shakespeare Library, and from numerous art museums throughout Europe and North America. We owe a special thanks to movie aficionado Ann Kimbrow, who did extensive viewing of many of the films discussed in this text. Also, we owe a special thanks to Dr. Joseph Barley from Akron, Ohio for assistance with movies.

The book has benefited greatly from the work of Mary Sherman, Instructor of English at Wichita State University. Her filmography on mental health in the movies has allowed us to offer even more films for your Friday night enjoyment.

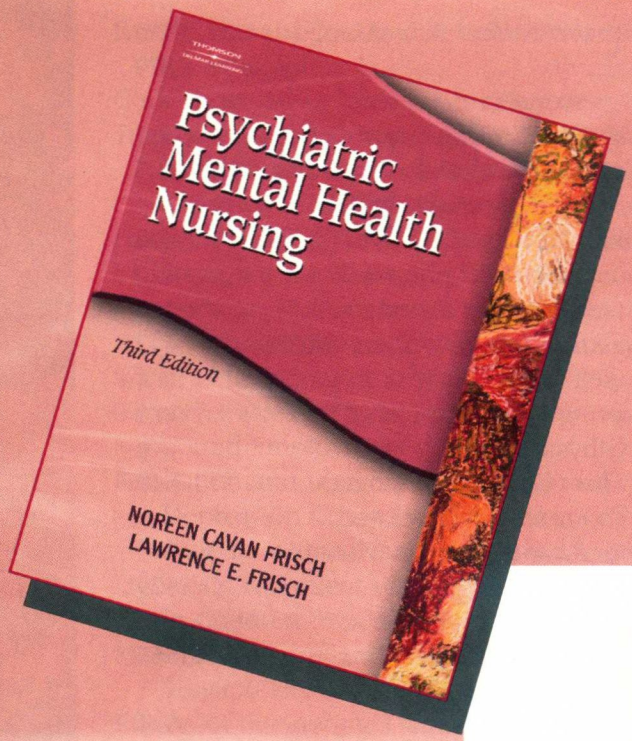
No acknowledgment page would be complete without offering our deepest thanks to the authors, poets, artists, dramatists, and filmmakers whose works bring all of us closer to an understanding of the most profound depths of human experience. The great Russian author and dramatist Anton Chekhov once wrote that "both (the study of) anatomy and (the study of) literature are of equally noble descent; they have identical goals." Following Chekhov, we have tried to include equal measures of literature and anatomy as we pursued our own goal; making both the science and the experience of mental illness come alive for the reader.

For the numerous anatomic images (CT, MRI, and PET) that we have been privileged to include throughout the text, we owe thanks to Drs. John Homan (Mad River Community Hospital), Alex Habibian (St. Joseph's Hospital of Eureka), Scott Rauch (Massachusetts General Hospital), David Silbersweig (Cornell University Medical Center), Debbye Yurgelun-Todd (McLean's Hospital and Harvard Medical School), and Nancy Andreasen (University of Iowa). Jacqueline Spiegel-Cohen, M.S., of Mount Sinai School of Medicine was uniquely helpful and transferred to us by anonymous FTP more PET scan images than we have been able to use.

Our appreciation still goes to Barbara Georgiana, who spent endless months in the beginning helping us to give this book its unique character. She did all of the initial tracing of copyrights and obtaining permissions for the literary excerpts, artistic reproductions, and scientific illustrations for this text's first edition, and all before any of us were adept at using the Internet. This book has her imprint and we are thankful for her support and perseverance.

And by way of conclusion, the inevitable worry; if we have missed someone important in this lengthy acknowledgment, we offer our humblest apologies. And to our many readers; thank you for choosing this text as you grow as a nurse and refine your skills in caring and healing.

Noreen and Larry Frisch



HOW TO USE THIS TEXT

Subject matter is presented in an innovative, interesting, and engaging manner throughout the text. The following suggests how you can use the features of this text to gain competence and confidence in psychiatric mental health nursing.

Chapter Openers

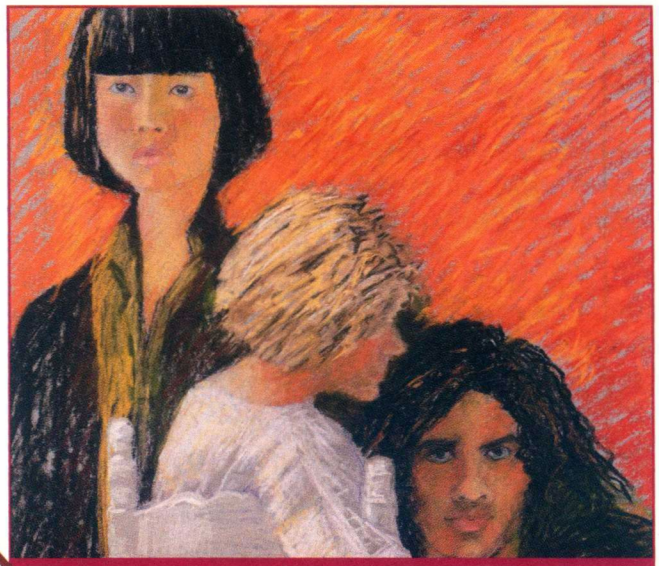
Each chapter opens with questions or statements that challenge you to examine your personal understanding of the psychiatric condition under discussion. These boxes invite you to reflect on your own views of psychiatric nursing and of those individuals who are personally affected by psychiatric conditions.

Nursing Tips

In any profession, there are many helpful hints that assist you in performing more efficiently. As a nurse, you will also need to embrace sensitivity in your practice. The wide variety of hints, tips, and strategies presented here will help you to apply your basic knowledge as you work towards professional advancement. Study, share, and discuss these tips with your colleagues.

Reflective Thinking

These boxes deal with self-reflection and opinions on various topics. It may be useful to keep a journal in which you write down your immediate response to each box on a chapter-by-chapter basis. At the end of each chapter, review your journal entries and ask yourself how your values will affect your nursing care.



One for All and All for One

Transitions in Adolescence

Remember your own transition from childhood to adulthood:

- What were the significant changes you experienced?
- What emotions did you experience with these changes?
- How did your relationships with [illegible] change?
- How did this transition affect your sense of personal identity?
- How did this transition affect your sense of competence and

Keep these experiences in mind as you read this chapter.

NURSING TIP

Child Abuse Reports

The report should carefully document the physical evidence of abuse and neglect without making judgments about the family. Child abuse reports should include the following:

- The name of the victim
- Current location of the victim
- Type of abuse you are reporting
- Types of injuries you observed and how severe
- Parent or caregiver's account of the injuries
- When possible, children's account of their injuries
- Why you suspect the child is being abused or neglected
- In the client's record, chart your observations and your report to the child protective agency

Reflective Thinking

Personality Disorders and You

Almost all students in the health fields begin to think about whether or not they have the condition, disease, or disorder that is the topic of their class discussions. For example, students studying cardiovascular disorders often begin to wonder if they have abnormal palpitations. Similarly, almost all students studying personality disorders start to place their own personality traits into one or another of the categories of disease. Please remember that the personality disorders described in this chapter refer to persistent personality traits and behaviors that lead to significant distress or impairment in the individual's functioning.

Literary Excerpts
Literary excerpts invite you to enter the client's world to better understand the process and impact of a psychiatric condition on an individual's overall health and functioning. You may want to browse through a chapter and read the excerpts prior to reading the chapter in its entirety, to get an umbrella view of a given disorder. You may also want to practice writing care plans based on the characters presented through the literature.

Nursing Alerts
In some situations, you must act immediately in order to ensure the health and safety of your clients. This feature will help you to begin to identify and respond to critical situations on your own, both efficiently and effectively.

Classic Art
Classic paintings allow you to experience through works of art the fascinating and disturbing worlds of those suffering from psychiatric conditions. The works of many famous artists beautifully illustrate the wide range of emotions and reactions of persons living with psychiatric conditions. As you view these, ask yourself what characteristics of the given disorders seem to be represented in the artwork.

Movie Clips
We've included photos from popular movies that depict characters who are experiencing the situations you are studying. If you haven't seen these movies already, this is a perfect opportunity to become acquainted with them. Whenever possible, view these films while you are studying the chapter so you can determine what symptoms of a given disorder are embodied in the film's characters.

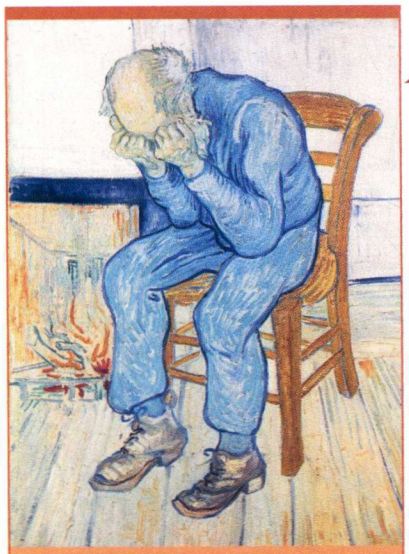
Mania

Unfortunately, for manics anyway, mania is a natural (if unnatural) extension of the economy. What with credit cards and bank accounts there is little beyond reach. So, I bought twelve snake bite kits, t sense of urgency and importance. I bought precio stones, elegant and unnecessary furniture, three watches within an hour of one another (in the Ro rather than Timex class) . . . and totally inapprop siren-like clothes. During one spree I spent several hundreds on books having titles or covers that son caught my fancy: . . . twenty sundry Penguin books because I thought it could be nice if the penguins could form a colony, five Puffin books for a similar reason . . . I imagine I must have spent far more than

son, 1990, p

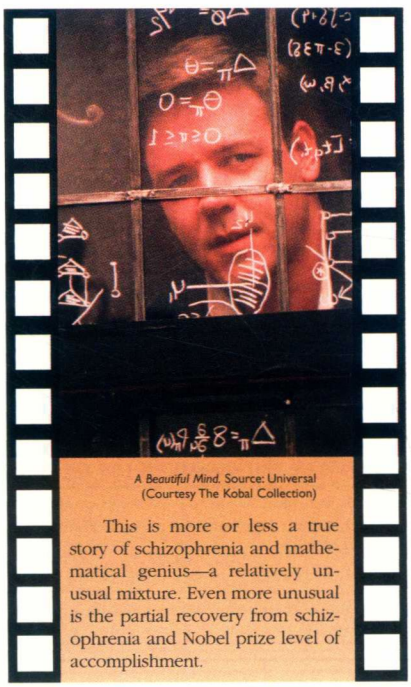
Nursing Alert!

MAOIs and Robitussin (dextromethorphan)
Persons taking MAOIs must be alerted to the fact that over-the-counter medications with dextromethorphan, a common ingredient of cough medication, interact with MAOIs, producing hypertension, fever, and possibly coma.



Old Man in Sorrow, by Van Gogh. Source: Collection Kröller-Müller Museum, Otterlo, The Netherlands.

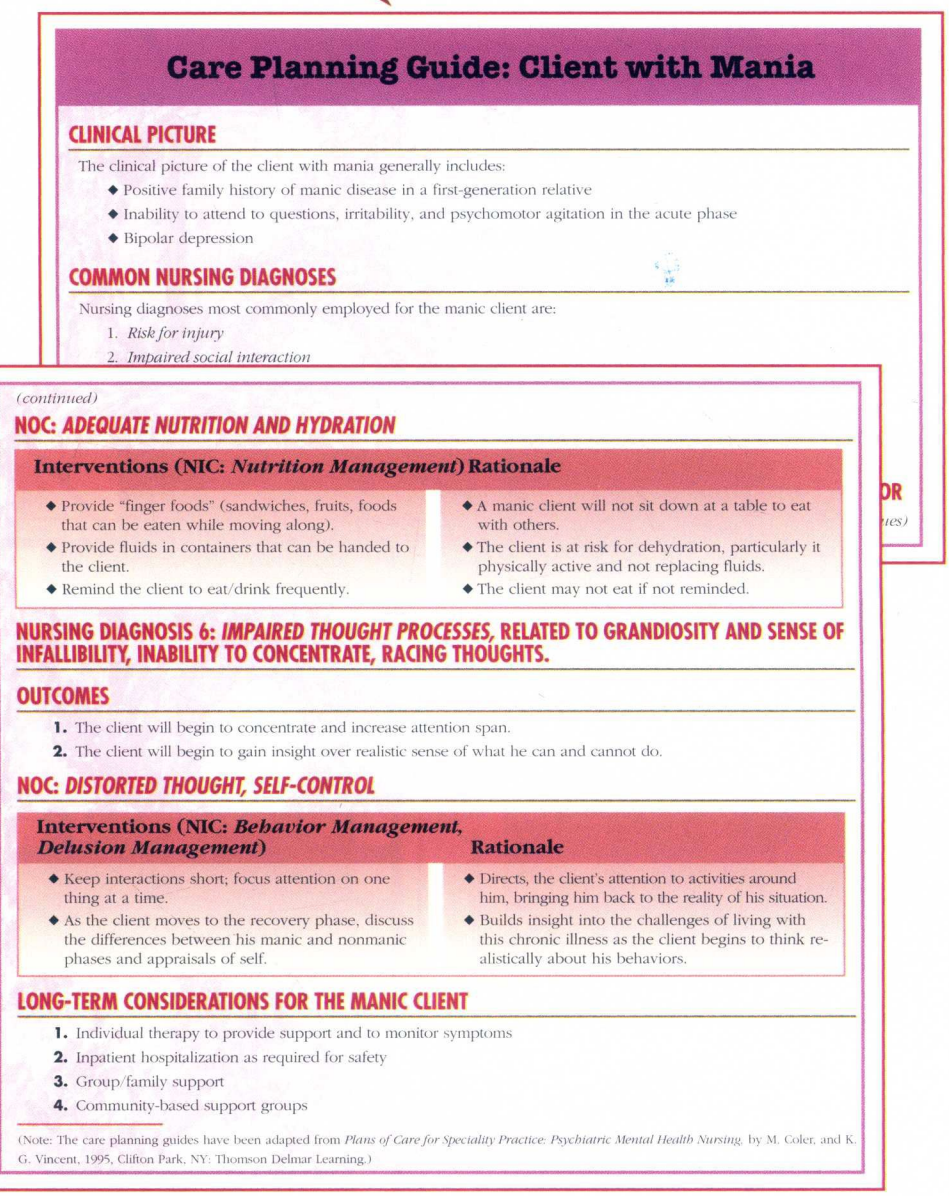
Van Gogh painted this relatively unknown picture not long before he killed himself, a few months after his release from the asylum at Arles (see Van Gogh painting in Chapter 2). Although the chair recalls several famous paintings from somewhat happier days (*The Rocking Chair, Gauguin's Armchair*), the figure is an extraordinary evocation of despair.



A Beautiful Mind. Source: Universal (Courtesy The Kobal Collection)

This is more or less a true story of schizophrenia and mathematical genius—a relatively unusual mixture. Even more unusual is the partial recovery from schizophrenia and Nobel prize level of accomplishment.

Care Planning Guides
Care planning guides give you a start in planning care for a specific client. The common diagnoses, outcomes and interventions are listed for specified conditions. A guide cannot and does not individualize care for your client, but assists you to think about areas that may apply in your practice plans.



Care Planning Guide: Client with Mania

CLINICAL PICTURE

The clinical picture of the client with mania generally includes:

- Positive family history of manic disease in a first-generation relative
- Inability to attend to questions, irritability, and psychomotor agitation in the acute phase
- Bipolar depression

COMMON NURSING DIAGNOSES

Nursing diagnoses most commonly employed for the manic client are:

1. *Risk for injury*
2. *Impaired social interaction*

(continued)

NOC: *ADEQUATE NUTRITION AND HYDRATION*

Interventions (NIC: *Nutrition Management*)	Rationale
◆ Provide "finger foods" (sandwiches, fruits, foods that can be eaten while moving along).	◆ A manic client will not sit down at a table to eat with others.
◆ Provide fluids in containers that can be handed to the client.	◆ The client is at risk for dehydration, particularly it physically active and not replacing fluids.
◆ Remind the client to eat/drink frequently.	◆ The client may not eat if not reminded.

NURSING DIAGNOSIS 6: *IMPAIRED THOUGHT PROCESSES*, RELATED TO GRANDIOSITY AND SENSE OF INFALLIBILITY, INABILITY TO CONCENTRATE, RACING THOUGHTS.

OUTCOMES

1. The client will begin to concentrate and increase attention span.
2. The client will begin to gain insight over realistic sense of what he can and cannot do.

NOC: *DISTORTED THOUGHT, SELF-CONTROL*

Interventions (NIC: *Behavior Management, Delusion Management*)	Rationale
◆ Keep interactions short; focus attention on one thing at a time.	◆ Directs, the client's attention to activities around him, bringing him back to the reality of his situation.
◆ As the client moves to the recovery phase, discuss the differences between his manic and nonmanic phases and appraisals of self.	◆ Builds insight into the challenges of living with this chronic illness as the client begins to think realistically about his behaviors.

LONG-TERM CONSIDERATIONS FOR THE MANIC CLIENT

1. Individual therapy to provide support and to monitor symptoms
2. Inpatient hospitalization as required for safety
3. Group/family support
4. Community-based support groups

(Note: The care planning guides have been adapted from *Plans of Care for Speciality Practice: Psychiatric Mental Health Nursing*, by M. Coler, and K. G. Vincent, 1995, Clifton Park, NY: Thomson Delmar Learning.)

Care Plans
The Care Plan will guide you as you apply the principles of nursing learned in each chapter to a client with the condition under study. Featuring real-world scenarios, the case study feature helps you make the connection between theory and practice more easily. This boxed element will reinforce your knowledge of the nursing process and the steps in the process of assessing, planning care, performing interventions, and evaluating the success of your course of care.

Care Plan

Refer to the excerpt "The First Time I Was Manic," found in the introductory section of this chapter. Consider a client, whom we shall call Joe, who is describing his feelings that he knew he was going insane. He states, "My thoughts were so fast that I couldn't remember the beginning of a sentence halfway through." Further, he relates, "I wanted desperately to slow down but could not. Nothing helped—not running around a parking lot for hours on end or swimming for miles."

Imagine that Joe is our client.

ASSESSMENT

Joe has been admitted to the psychiatric hospital in an acute manic episode, referred from the emergency department. His three friends brought him to the hospital; they know him well and know that he has had two manic episodes before. His

(continues)

Outcomes	NIC	Nursing Actions	Evaluation
◆ Within 48 hours of admission, Joe will be able to concentrate on the immediate task at hand; he will be able to complete a sentence and carry on a simple conversation.	◆ Behavior management: overactivity	◆ Administer medications as prescribed; talk to Joe in simple, clear language; direct Joe to unit activities. ◆ Invite Joe to participate in a volleyball game. ◆ By late afternoon, communicate with Joe regarding his feelings of "things moving too fast."	Joe takes his medications; he states that the unit needs help in decorating and in making the environment "fun." He asks why there isn't more going on. Joe played the volleyball game, although he did not follow the rules of keeping score. Joe states he understands he can't keep up with his thoughts; he has felt this way before.

RECOVERY PHASE

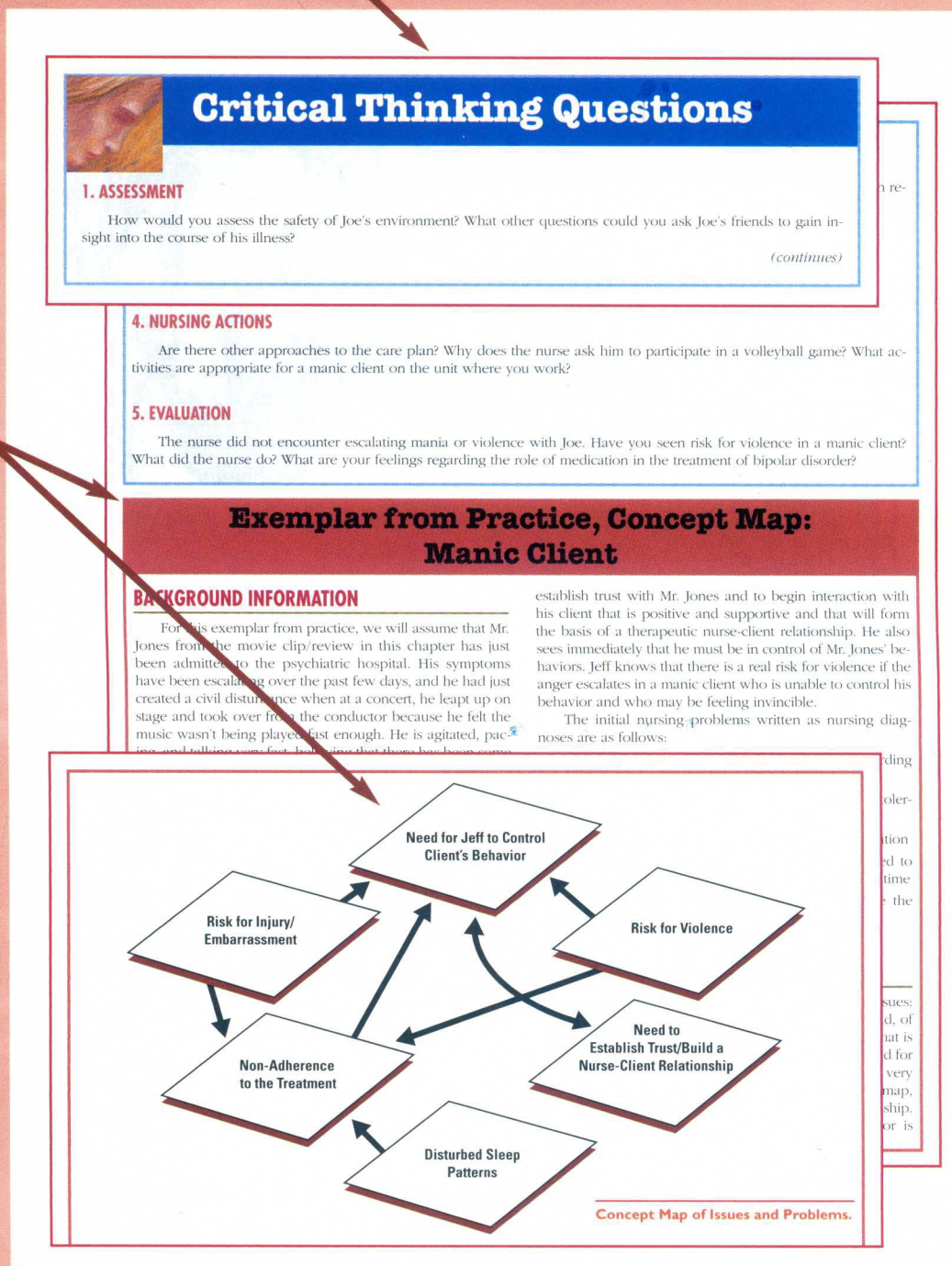
After 3 days in the hospital, Joe enters the recovery phase. He has slept well for two nights; he describes a basic understanding that he has missed medications and has entered a manic state again. The nursing care is now focused on helping Joe recognize risks for exacerbation of his symptoms and learn how to manage his own care at home. His friends have come to visit and have all told him he is doing much better. He is able to communicate with his friends.

NURSING DIAGNOSIS 4 *Ineffective therapeutic regimen management,* related to inability to report or recall prior compliance to medication regimen.

Outcomes	NIC	Nursing Actions	Evaluation
◆ By the time of hospital discharge, Joe will have a plan for compliance with his prescribed medication regimen and will understand the reasons for taking his medication.	◆ Health system guidance	◆ Refer Joe to a cognitive-therapy group for persons with bipolar disorder who have similar challenges and needs to Joe's. ◆ Instruct Joe about medications, diet, and side effects and provide information in writing. ◆ Arrange for the community mental health nurse to visit Joe's home for follow-up.	Joe attends the first group meeting his fourth day in the hospital (other clients in the group are outpatients); Joe indicates an understanding of his medications. Joe is willing to have the community nurse visit; the hospital nurse arranges for Joe to meet this nurse before discharge.

Critical Thinking Questions
Critical Thinking Questions highlight each of the nursing process steps in the Care Plan. These elements will teach you to look critically at the methods of care suggested in each nursing process section and to look for new ways to provide thorough, quality care to the client under study.

Exemplar from Practice: Concept Maps
Concept maps are a way to organize and think about data you have. The concept maps that accompany the exemplars from practice take the information provided and map the relationships between and among concepts. Most often, having completed a concept map, the nurse is faced with a "key" concept, one that impacts on many others or is impacted by many others. This focal concept is often the one to address first in interventions. Examine the concept maps and try one for your own clients and see if you find this a valuable tool in making practice decisions.



Critical Thinking Questions

1. ASSESSMENT

How would you assess the safety of Joe's environment? What other questions could you ask Joe's friends to gain insight into the course of his illness?

(continues)

4. NURSING ACTIONS

Are there other approaches to the care plan? Why does the nurse ask him to participate in a volleyball game? What activities are appropriate for a manic client on the unit where you work?

5. EVALUATION

The nurse did not encounter escalating mania or violence with Joe. Have you seen risk for violence in a manic client? What did the nurse do? What are your feelings regarding the role of medication in the treatment of bipolar disorder?

Exemplar from Practice, Concept Map: Manic Client

BACKGROUND INFORMATION

For this exemplar from practice, we will assume that Mr. Jones from the movie clip/review in this chapter has just been admitted to the psychiatric hospital. His symptoms have been escalating over the past few days, and he had just created a civil disturbance when at a concert, he leapt up on stage and took over from the conductor because he felt the music wasn't being played fast enough. He is agitated, pac-

establish trust with Mr. Jones and to begin interaction with his client that is positive and supportive and that will form the basis of a therapeutic nurse-client relationship. He also sees immediately that he must be in control of Mr. Jones' behaviors. Jeff knows that there is a real risk for violence if the anger escalates in a manic client who is unable to control his behavior and who may be feeling invincible.

The initial nursing problems written as nursing diagnoses are as follows:

Concept Map of Issues and Problems.

Research Highlights
The Research Highlights emphasize the importance of research in nursing by linking theory to practice. A useful learning tool, these boxes focus attention on current issues and trends in nursing.

Key Concepts
Key Concepts highlight the main points presented in each chapter and are ideal for study and review.

Research Highlight

Problems In Community Living

It is widely recognized that individuals with schizophrenia often have difficulties living in the community and adjusting to the post-hospital experience. Community supports targeted at the clients' needs have the potential to stabilize those in community living and to decrease the episodes of returning to hospital care.

Study Problem Purpose

Nurse researchers conducted a study to evaluate the problems persons with schizophrenia experienced immediately post-hospital discharge and to also evaluate the effectiveness of a nurse-initiated telephone intervention as a support.

Methods

An experimental group of newly discharged schizophrenic clients were contacted by a psychiatric nurse to provide nondirective supportive care and to query them about the problems they faced in day-to-day life. Their progress was then compared to a control group of clients receiving standard follow-up care.

Findings

The four most frequently encountered problems faced by the clients were: (1) difficulties with the prescribed treatment regimen (medication issues, such as experiencing side effects or running out of meds, and dislike of the aftercare programs); (2) experiencing of psychiatric symptoms, such as anxiety, insomnia, hallucinations, and delusions; (3) environmental stress related to social problems, family conflicts; and (4) financial concerns. The telephone contacts permitted the clients to talk through their concerns and assisted them to consider options for their own care.

Conclusions

The researchers concluded that the telephone intervention has potential to reduce stressor, as it gave the clients a chance describe recent life events and to iden helpful community resources.

From "Problems in Community Living Identified by Pe Schizophrenia," by L. H. Beebe, 2002, *Journal of Psychos and Mental Health Services, 40*(2), 38–45.

KEY CONCEPTS

- *Disturbed thought processes* is a nursing diagnosis representing the human response to situations where a person has lost ability to use rational mental processes.
- Schizophrenia is a major debilitating disease where the client loses rational thought and/or ability to interpret the environment.
- An individual experiencing schizophrenia may present with disordered thoughts, incomprehensible language, loss of function, delusions, and hallucinations.
- Positive symptoms of schizophrenia include outward behaviors that clearly display pathology.
- Negative symptoms of schizophrenia include behaviors that represent a change from the individual's prior personality and lead to social isolation and anhedonia.
- There is no predictable clinical course for any individual person diagnosed with schizophrenia.
- With about one new case of schizophrenia per 10,000 persons, the social costs are exceedingly high.
- Schizophrenia is an organic disease with a strong genetic component.

Review Questions and Activities
At the end of each chapter, questions and exercises that encourage independent thinking assist you with the learning process and help you assimilate the information presented in the text.

REVIEW QUESTIONS AND ACTIVITIES

1. How would you identify that a client brought to your emergency room had had an altered thought process?
2. How would you tell the difference between a drug-induced condition and schizophrenia?
3. Describe the clinical course of schizophrenia.
4. Explain the difference between positive and negative symptoms of the disease.
5. How would you design social supports for schizophrenic persons in your community?