

The background is a solid reddish-brown color. Overlaid on this background is a grid of small, bright orange triangles. These triangles are arranged in a staggered pattern, with some appearing in the top-left corner of a grid cell and others in the bottom-left corner. The triangles are uniform in size and color, creating a rhythmic, geometric pattern across the entire cover.

Gertrude  
McFarland

Evelyn  
Wasli

Nursing  
Diagnoses  
and Process  
in Psychiatric  
Mental Health  
Nursing

NOT FOR RESALE

# Nursing Diagnoses and Process in Psychiatric Mental Health Nursing



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The authors and publisher have exerted every effort to ensure that drug selection and dosage set forth in this text are in accord with current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations, and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications and dosage and for added warnings and precautions. This is particularly important when the recommended agent is a new or infrequently employed drug.

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# Preface

While practicing in an era of cost-containment, every nurse should have a goal of providing the highest quality of nursing care. This text contains the concepts and principles essential to caring for clients who have behavioral problems. Content is presented in as practical a format as possible so that nurses can be guided in caring for the client who is experiencing behavioral or mental health problems in whatever setting care is being rendered.

The authors have presented information that is necessary for the understanding of mental health and mental illness. The major schools of psychiatric thought are concisely described. Techniques and concepts useful in developing the therapeutic nurse-patient relationship and in facilitating communication are illustrated with examples. The nursing process is introduced, a systems theory-based conceptual model for the practice of psychiatric nursing is illustrated, and a chapter on psychosocial assessment is provided.

The authors have selected those nursing diagnoses from the most current North American Nursing Diagnoses Association (NANDA) listing that are most relevant to the psychosocial care of clients. (The entire official NANDA listing of nursing diagnoses is provided in the text.) Based on extensive literature review, research, clinical observation and practice, and colleague input, a number of nursing diagnoses have been added where there appear to be gaps in the listing developed by NANDA to date. Provided for each nursing diagnosis presented are a definition, general principles, etiology, defining characteristics, strategies for nursing assessment, suggested goals and nursing interventions, content on health education and health promotion, and evaluation criteria. Separate chapters cover selected nursing interventions and knowledge about selected psychiatric disorders and related psychiatric treatment modalities.

The reader may note that throughout this book *he* has been used to refer to the patient and *she* has been used to refer to the nurse. The authors would like to emphasize that this distinction has been made only to preserve the readability of the text; thus, *he* refers to both male and female patients, and *she* refers to both male and female nurses.

The authors envision that as these nursing diagnoses continue to be tested and utilized in clinical practice, additional knowledge will be generated that will provide input to NANDA's ongoing development work.

The authors wish to acknowledge their families—Al McFarland, Ph.D., and parents John and Emma Ramseier; Arne Wasli and sons Kevin and Eric—for their support and patience during the preparation of this project.

Our appreciation is also extended to all those nurses who are working diligently to develop, clinically utilize, and research nursing diagnoses.

# 1

## CONCEPT OF MENTAL NURSING

### Nursing Diagnoses and Process in Psychiatric Mental Health Nursing



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# Concepts of Mental Health and Mental Illness



## Definitions

1. *Mental health*—"A state of being, relative rather than absolute. The best indices of mental health are simultaneous success at working, loving, and creating with the capacity for mature and flexible resolution of conflicts between instincts, conscience, important other people, and reality."<sup>1</sup>
2. *Jahoda's six cardinal aspects of mental health*—These aspects include a positive attitude toward self, active growth and development toward self-actualization, integration, autonomy and independence from social influences, accurate perception of reality, environmental mastery.
3. *Roger's process of self-actualization*—The person engaging in the process exhibits openness to experience, lack of defensiveness, accuracy in symbolization, congruency, flexibility, unconditional self-regard, creative adaptation, effective reality testing, harmony with others.
4. *Mental illness*—"An illness with psychologic or behavioral manifestations and/or impairment in functioning due to a social, psychologic, genetic, physical/chemical, or biologic disturbance. The disorder is not limited to relations between people and society. The illness is characterized by symptoms and/or impairment in functioning."<sup>2,3</sup> Some common indicators of mental illness are depression, feelings of anxiety that are not proportionate to a possible cause, physical complaints having no organic cause, any sudden change of behavior or mood, unreasonable and unrealistic expectations of self or others, and failure to achieve potential.
5. *Insanity*—A legal concept describing a mental disturbance affecting a person with the consequence that he is not criminally responsible for an act. Rules and criteria for insanity are set by legal process.
  - a. Mc Naughten Rule declared a person insane and not responsible for the criminal act if he had a disease of the mind that impaired his ability to distinguish right from wrong.
  - b. Durham Rule said that the accused is not guilty if the unlawful act was done as a product of mental illness or deficit.
  - c. American Law Institute test stated that if the defendant has a mental

disease or deficit and consequently lacks the capacity to appreciate the criminality of his behavior or to conform his behavior to the law, he is not responsible for the criminal act.

### Statistics Regarding Mental Illness and Treatment

1. General health service system and not the specialty mental health services system provides most of the care.
2. Schizophrenia and depression cause people to seek mental health services frequently.
3. Approximately 20% of the population experiences a mental disorder.<sup>4</sup>
4. Phobias, alcohol abuse or dependence, dysthymia, and major depression are the most common disorders.<sup>5</sup>
5. 3727 facilities were providing mental services in 1980. Since 1975, there has been a decrease in number of state and county mental hospitals and clinics (they number 691, or 18.5% of total). Community Mental Health Centers (CMHC), which are federally funded, have increased (they number 923, or 24.8% of total).<sup>6</sup>
6. 274,713 inpatient beds were available in 1980. Since 1975, there has been a decrease in the number of beds per 100,000 population from 264 to 124; most of the reduction has been in state and county mental hospitals. There has not been a corresponding increase in number of other inpatient beds.<sup>7</sup>
7. 139,546 resident patients were in state and county mental hospitals in 1980. Since 1975, there has been a 62% decrease in the number of resident patients; the number of elderly and those with organic brain syndromes also has decreased in the hospitals.<sup>8</sup>
8. 380,371 additions to state and county hospitals in 1970 were made. The most frequent diagnoses were schizophrenia (36%), alcohol and drug abuse or dependence (27.3%), and organic brain syndrome (5.3%).<sup>9</sup>
9. 1648 facilities offered day treatment services in 1980. Since 1975, the services have doubled.<sup>10</sup>
10. 2,634,727 outpatient additions in 1979 were found. This number has doubled since 1975. CMHCs showed the most additions, with 47% of the total number.<sup>11</sup>
11. 5% of registered nurses identify their area of clinical practice as psychiatric/mental health nursing. One third of these nurses have education at baccalaureate level or beyond.<sup>12</sup>
12. Approximately 1,000,000 people in the United States are homeless mentally ill, accounting for approximately 50% of the homeless population in this country. They consist of migrants, refugees, drug abusers, individuals with severe personality disorders, and people who are displaced, unemployed, and severely or chronically mentally ill.<sup>13</sup>

### Causal and Relationship Factors in Mental Illness

1. Increasingly, the complex interchanges occurring in the nervous system are being studied and biological explanations of mental disorder are being accepted.
2. Generally, there is a lack of definitive causal factors in mental illness.

However, several factors have been shown to have a relationship to the occurrence of mental illness.

3. *Physiological factors* include defective genes, disturbance in neurotransmission, activity of endorphins, disturbances in immune system, hormone imbalance, abnormal blood factors, malnutrition, vitamin deficiencies, low blood sugar, sensory deprivation, and sleep and dream deprivation.
4. *Psychological factors* include mental attachment and deprivation, sibling position, parental behavior and child-rearing practices, double-bind process in communication, conflict, stress, and coping styles.
5. *Sociocultural and spiritual factors* include age, sex, race, marital status, occupation, education, economic status, social class, religious beliefs and values, migration, roles, ethnic mores, lack of participation in the community, lack of social support system, overcrowding, rapid social change, and availability of and impediments within health care systems.

### Neurobiological Approach

Emphasizes a scientific approach, study of the nervous system, to explain and treat mental disorders. *Illness* is defined as a disturbance in the neurobiological system.

#### A. Theoretical basis: genetic studies

1. Children of schizophrenic parents have an increased risk of schizophrenia, regardless of whether they are raised by the parent with schizophrenia or by another person. Empirical studies support this finding.
2. Abnormal sensitivity to acetylcholine was found in manic-depressive patients and relatives who are or were patients with emotional disorders. Empirical studies support this finding.
3. *Diathesis stress theory*—Offers an explanation that the genetic disease produces an intrauterine metabolic disorder that causes changes in the central nervous system. The infant has problems in sensing and in perceiving and constructing his world and is thus more vulnerable to environmental stress.
4. *Monogenic bioamine theory*—Genetic disorder that produces an abnormal metabolite that affects the arousal system, making the world appear new and confusing and the symptoms of schizophrenia appear.
5. *Defective hedonic capacity theory*—There is a genetic impairment of the capacity to experience pleasure. The infant is further hampered by his inadequate pain/pleasure response in learning adaptive behavior.

#### B. Theoretical basis: neurotransmitters

1. Each neuron receives information through its many dendrites from thousands of other axons of neurons. Consequently, each neuron sends messages by its network of axons. The gap between the axon of one neuron and the dendrite of another neuron is the synapse, and the transaction occurring is the synaptic transmission.
2. Chemical substances called neurotransmitters are active in the synapse. The neurotransmitter is released from the endings of the axon. Other neurons are specifically sensitive to the chemical and dendrites respond.



3. The transmitters produce an excitatory or inhibitory effect at the synapse. One neuron has many synapses, with excitatory forces firing the neuron and inhibitory forces decreasing the firing. An imbalance of these forces may result in aggressiveness, rage, or lethargy.
4. Thousands of these chemical reactions are occurring at any one time and are the biological basis for thinking and feeling.
5. Characteristics of the neurotransmitter are
  - a. Synthesis and storage of substance in neuron.
  - b. Release of substance upon stimulation of neuron.
  - c. Termination of activity by enzymes and uptake process.
6. The cell bodies of neurons containing certain transmitters—norepinephrine, dopamine, and serotonin—have been located in brainstem, and their pathways extending to the brain and spinal cord have been identified by histochemical fluorescence method. Further study of the pathways or tracts will explain seemingly unrelated symptoms.
7. Currently, the number of known transmitters is about 100. Some of the more well-known neurotransmitters are discussed subsequently.

#### C. Well-known neurotransmitters

1. Acetylcholine acts at approximately 5% to 10% of the synapses in the brain. Nerve-voluntary muscle messages and many autonomic nervous system messages are involved.
2. Norepinephrine
  - a. The hypothalamus is the area that contains the most norepinephrine, but even there only 5% of synapses are affected. It is a catecholamine neurotransmitter that affects the sympathetic nerves of the autonomic nervous system, assisting the body to respond in emergencies. Examples are vasoconstriction, increase in heart rate, and increase in secretions of glands.
  - b. Norepinephrine transmitter defect is one of the causes of depression. A tricyclic antidepressant, desipramine, inhibits the uptake of norepinephrine and relieves depression.
3. Dopamine
  - a. Acts as a catecholamine transmitter, with most activity in the corpus striatum, which involves motor behavior.
  - b. When the mechanism does not function, symptoms of Parkinson's disease—tremors and rigidity—appear.
  - c. Drugs such as haldol and thorazine prevent dopamine from reacting with receptor molecules. In schizophrenia, there is an excessive amount of dopamine and an extreme sensitivity to it. This has provided support for the dopamine hypothesis of schizophrenia.
  - d. Another drug, amphetamine, acts to release dopamine. Overdoses of amphetamine will produce symptoms that resemble those of schizophrenia.
  - e. Lithium decreases the synthesis of catecholamines, dopamine, norepinephrine, and epinephrine, thus creating an antimanic action.
4. Serotonin acts as the raphe nuclei of the brainstem and has a role in the

sleep-wakefulness cycle. Psychotic drugs change the activity of these neurons.

5. Gamma-aminobutyric acid (GABA) acts as an inhibitor in approximately 25% to 40% of the brain synapses. Antianxiety drugs such as diazepam (Valium) enhance the action of GABA and thereby reduce anxiety.
6. Enkephalins and endorphins
  - a. These are peptides (chains of amino acids) affecting neurons that are sensitive to opiates. Sites of concentration of the neurons are entrances of sensory nerves to the spinal cord, the periaqueductal gray area of brain, the solitary tract in the brainstem, and certain areas of the limbic system.
  - b. They help explain the effects of acupuncture and hypnosis, pain transmission, depression of the respiratory system in opiate overdose, and euphoria caused by opiates. Other effects on drinking behavior, memory, and sexual behavior in females are being studied.
7. Monamine assists in the degradation of dopamine, norepinephrine, and serotonin at the synapse. Drugs inhibiting the action of monamine oxidase have an antidepressant effect.

#### D. Therapy

Diagnostic aids such as CT scans, EEGs, laboratory studies, radiographs, history of present illness, history of familial incidences of disorders, physical examination, and behavior observations are used to determine areas of dysfunction. Drugs that effect change in the neurobiological system are prescribed, and changes are monitored. There is some evidence that people with psychiatric disorders do not receive adequate drug treatment.<sup>14</sup>

### Stress-Adaptation Approach

Emphasizes the role of stress in the increased incidence of illness. Illness is viewed as a human reaction pattern to stress or maladaptation.

#### A. Theoretical basis

1. Risk factors are associated with the development of mental disorder. Various writers continue to identify these risk factors, which include prematurity, poor diet, chromosomal disorders, accidents, and racial discrimination.
2. Life events that are stressors and contribute to development of crises include death of a spouse, divorce, and marital separation. There remains controversy of how stress mechanisms affect a person. If a person receives adequate support, the risk of illness is less.
3. Crisis exists when a person is unable to cope with a threat and experiences an increase in anxiety; he tries other coping mechanisms and the problem is resolved. If the problem is not resolved, the anxiety increases and a variety of symptoms can emerge, such as suicidal and homicidal thoughts, somatic symptoms, confusion, depression, isolation, and nonproductivity. Crises can be divided into three groups: maturational (*e.g.*, transition into

- retirement), situational (*e.g.*, loss of a job), and adventitious (*e.g.*, earthquake).
4. Competence of a person in adapting to crisis affects adaptation process.
    - a. A person makes a cognitive appraisal of the stressor. A situation can be viewed as a challenge by some, a catastrophe by others, and so on.
    - b. Many coping behaviors, mechanisms, and strategies exist and are classified in various ways.
    - c. Vaillant offers a hierarchy of ego defenses based on the Grant Study of Adult Development.<sup>15</sup>
      - (1) Psychotic mechanisms: denial, distortion, delusional projection.
      - (2) Immature ego defenses: fantasy, projection, passive aggression, hypochondriasis, acting out.
      - (3) Neurotic ego defenses: intellectualization, repression, displacement, dissociation, reaction formation.
      - (4) Mature ego defenses: sublimation, altruism, suppression, humor, anticipation.
  5. The presence of a social support assists a person in problem-solving and offers sustenance during a crisis period.

## B. Therapy

Focus is on establishing a working relationship with the client, problem identification and steps in resolution, support of coping strategies, enhancement of self-esteem, anticipatory guidance, and preventive interventions (*e.g.*, assisting a mother in parenting techniques). For further discussion, see the section on ineffective individual coping in Chapter 4.

## Psychodynamic Approach

Emphasizes the influences of intrapsychic forces on observable behavior. *Illness* is defined in terms of behavior disorders that originate in conflicts occurring before 6 years of age among the id, ego, superego, and/or environment. Anxiety is then experienced as a result of these conflicts. Excessive use of mental defense mechanisms leads to serious behavioral disturbances.

### A. Theoretical basis

1. Freud is recognized as the founder of the psychoanalytic school of thought.
2. Psychic activity is influenced by two drives: sexual and aggressive.
3. The psyche is divided into levels of consciousness.
  - a. *Conscious*—The awareness of self and environment that occurs when a person is awake.
  - b. *Preconscious*—Contains memories and thoughts that are easily recalled.
  - c. *Unconscious*—Contains memories and thoughts that ordinarily do not enter consciousness.
4. Structural aspects of the psyche are
  - a. *Id*—The part containing instinctual drives and impulses. The ego and superego develop from the id.

- (1) *Pleasure principle*—The id seeks immediate release from tension or pleasure and avoids displeasure without regard for consequences.
- (2) *Primary process thinking*—Mental activity of the id characterized by a collapse of time periods and by images mistaken for reality, occurring naturally in infants and during dreams and in some mental illnesses.
- b. *Ego*—The part that assists the psyche in relating to the environment through such functions as memory and thinking and in resolving psyche conflicts. One of the more important functions is reality testing (the ego's function in sorting perceptions coming from the id and from the environment). Its primary growth period is 6 months to 3 years of age. It is the "I."
- (1) *Reality principle*—States that the ego tends to delay satisfaction by accommodation to situational factors.
- (2) *Secondary process thinking*—Mental activity of the ego characterized by reason, logic, and differentiating among people, situations, and things.
- c. *Superego*—The part that evaluates thought and actions, rewarding the good and punishing the bad.
- 5. *Anxiety*—An automatic response occurring when the psyche is flooded with uncontrollable stimulation.
  - a. *Signal anxiety, or reality anxiety*—A type of anxiety produced by the ego in anticipation of danger, such as loss of a loved one or disapproval of superego.
  - b. *Moral anxiety*—Type of anxiety from overwhelming feelings of guilt or shame about an act or thought.
  - c. *Neurotic anxiety*—Type of anxiety in which impulses from the id, such as aggressive or sexual impulses, threaten to overpower the ego.

## B. Psychosexual stages of development

These stages are crucial because they are periods during which unconscious conflicts among id, ego, and superego develop. Fixation, or arrest of development, at any stage may occur as a result of excessive gratification or deprivation.

- 1. *Oral stage* (birth to 1½ years)
  - a. The infant obtains relief from biological and psychological tensions through his mouth and lips.
  - b. Learns to depend on external objects.
  - c. Sucks, swallows, takes in, bites, chews, spits, and cries.
  - d. Experiences a warm, trusting, and dependent pattern of relating.
  - e. Gratifies needs and begins to delay immediate satisfaction.
  - f. Ego development begins primarily through the process of identification.
  - g. Problems and/or traits related to oral stage: over-dependency, clinging behavior, pessimism, optimism, narcissism (self-love), "world-owes-me-a-living" attitudes, alcoholism, smoking, overeating, drug addiction, refusal to eat, vomiting, gullibility.