MERENESS'

ESSENTIALS OF PSYCHIATRIC NURSING

THIRTEENTH EDITION

Learning & Activity Guide

THIRD EDITION

Carol Ruth Lofstedt

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Learning & Activity Guide

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THIRD EDITION

THE C. V. MOSBY COMPANY

St. Louis • Baltimore • Philadelphia • Toronto 1990

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Designer: Susan E. Lane
Editing and production: CRACOM Corporation

THIRD EDITION

Printed in the United States of America
***International Standard Book Number* 0-8016-5300-2**

The C. V. Mosby Company
11830 Westline Industrial Drive, St. Louis, Missouri 63146

GW/D/D 9 8 7 6 5 4 3 2

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Preface

PURPOSE

The third edition of the *Learning and Activity Guide* has been designed with several goals in mind. First, because it articulates section by section, chapter by chapter with the thirteenth edition of *Mereness' Essentials of Psychiatric Nursing* by Cecelia Monat Taylor, this guide provides exercises and activities to enhance and reenforce the learnings set forth in that textbook. Second, the guide is designed to meet the educational needs of the beginning psychiatric nursing student. Third, the guide can also be useful to the graduate nurse who desires to review the theoretical bases for understanding mental health and mental illness, the tools of psychiatric nursing, and the care of emotionally ill individuals. Fourth, because the guide has been developed on the principle that learning occurs best when the student is actively, rather than passively, involved in the learning process, the guide strives to actively involve students in their own learning through the use of a variety of thoughtful and, I hope, interesting and stimulating exercises. Finally, with the increasing national concern that many students today are lacking in their ability to read, write, and communicate effectively, the exercises in the guide have been designed to use the skills of reading, writing, listening, and speaking. Gone are the days when these skills are the sole responsibility of one or two disciplines; it is the responsibility of all educators in all disciplines to reenforce what has been taught by our colleagues in the humanities. All students need multiple opportunities to read their texts, write their thoughts, share orally their ideas and feelings, and listen and respond to the contributions of others. The exercises and activites in the *Learning and Activity Guide* provide opportunities for students to use all these basic skills.

Although the third edition of the *Learning and Activity Guide* could enhance and enrich the learnings in any basic psychiatric nursing textbook, the guide is primarily designed to accompany the thirteenth edition of *Mereness' Essentials of Psychiatric Nursing* by Cecelia Monat Taylor. The guide subscribes to the belief set forth in that textbook that all nurses need a sound theoretical and experiential foundation in order to give purposeful and concerned care to emotionally ill individuals. It also recognizes that knowledge and skills that were once considered unique to psychiatric nursing have relevance to all areas of nursing; beginning

level practitioners should be encouraged to use such knowledge and skills in the care of all clients.

DESCRIPTION

Revisions in the third edition of the *Learning and Activity Guide* fall into two categories. First, there are revisions based on changes made in the textbook. Second, there are revisions made in the nature and number of exercises, activities, test items, and word games.

Changes in content and organization of the third edition of the guide reflect the changes in content and organization made in the thirteenth edition of the textbook. There are now five sections and 26 chapters in both books. The content of the sixth section that appeared in the previous edition has not been eliminated. The chapters on legal matters and current issues affecting psychiatric nursing have been revised and moved to Section One, The Context of Psychiatric Nursing Practice, where they help provide a foundation for all the content that follows. The exercises in this section focus the reader on treatment measures used through the centuries, the contemporary community mental health system, and the roles of the interdisciplinary mental health care team. In addition, exercises in this section review client rights and their nursing implications. They also encourage the reader to identify and discuss issues affecting the care of the mentally ill and the current practice and future of psychiatric nursing.

Section Two, The Tools of the Psychiatric Nurse, no longer includes a chapter on psychotropic medications. This content has been essentially incorporated into the discussion on the care of individual clients in Section Four. Chapter 5, Principles of Psychiatric Nursing, has been developed out of material formerly covered in the chapter on self-awareness. Chapter 9, The Nursing Process, continues to provide a sound organizational basis for nursing practice. In addition to the NANDA Approved Nursing Diagnostic Categories (1988), the ANA Classification of Human Responses of Concern for Psychiatric Mental Health Nursing Practice, Draft IV-R (September 20, 1988) has been included in the revised edition of the textbook and the guide. Both formats are used throughout the guide to help the reader develop appropriate nursing diagnoses for individual clients. Several exercises in this section provide opportunities for the reader to achieve greater self-awareness as it applies to mental illness, psychiatric nursing, and the care of mentally ill persons. Other exercises use principles of psychiatric nursing, promote effective patterns of verbal and nonverbal communication, facilitate understanding of nurse-client interactions and the various roles and functions of the nurse, evaluate both the physical and socioemotional factors of the hospital environment, and apply the multiple phases of the nursing process to the care of persons with emotional problems. Clinical situations are introduced at this time to provide interest and reality.

Two new chapters: Chapter 13, Biological Factors Influencing Mental Health

and Mental Illness, and Chapter 14, Cultural Factors Influencing Mental Health and Mental Illness, have been included in Section Three, Theoretical Bases for Understanding Mental Health and Mental Illness. The addition of this content in the revised editions of the textbook and the guide reflects the increasing interest in the roles played by both biology and culture in the promotion of mental health and the development of mental illness. Chapter 11, Psychosocial Theories of Personality Development, has been revised significantly to include Piaget's stages of cognitive development. The exercises in this section provide readers with an opportunity to use general systems theory, the theory of stress and adaptation, and the psychosocial theories of Freud, Sullivan, Erikson, and Piaget as they apply to normal personality development. In addition, other exercises focus on the influence of anxiety and stress and biology and culture on mental health and mental illness.

Section Four, The Consumers of Psychiatric Nursing, focuses on adults, adolescents, children, the elderly, and the physically ill whose behavioral patterns have become dysfunctional. This section now includes content on the needs and care of persons with borderline personality disorder in Chapter 20, Individuals with Personality Disorders, of mentally retarded and emotionally ill children in Chapter 22, Populations at Risk: Children and Adolescents, and of individuals with autoimmune deficiency syndrome (AIDS) in Chapter 23, Populations at Risk: The Physically Ill. Exercises in this section use client situations extensively, although not exclusively, to utilize the tools of psychiatric nursing introduced in Section Two and to apply the theories covered in Section Three of the textbook to develop beginning understanding of the nature of various disorders and appropriate nursing care. A major focus is on use of the nursing process in carrying out therapeutic client care. Multiple opportunities to work with both the ANA and NANDA nursing diagnostic frameworks are provided. Exercises focusing on the use of psychotropic medications are included in the care of individuals with thought disorders, mood disorders, and anxiety disorders. A sample drug card format is provided to encourage readers to set up a personal drug file on their individual clients if they have not already done so. The need for continued self-awareness is emphasized throughout the section.

Section Five, Multidisciplinary Psychiatric Interventions, includes the care of persons in a crisis state as well as intervention in groups and in families. Material on the recognition and care of the abused child has been revised and expanded in Chapter 26, Family Theory and Intervention. Exercises in this section help the reader identify the phases and characteristics of a crisis state and provide a review of communication skills in a crisis interview, identify the phases of group development, differentiate between the characteristics of therapeutic and socialization groups, identify the roles individuals assume in group situations, review the nature of families in terms of their functions, dynamics, types, characteristics, and effectiveness.

FORMAT

All chapters of the *Learning and Activity Guide* begin with a brief introduction, contain a statement of purpose, and identify a series of objectives to be achieved by completing the exercises in the chapter. The introductory overview, as well as the narrative that accompanies some of the exercises, emphasizes material covered in the text and occasionally introduces new content. This has been done to create interest, to clarify, and to provide a foundation for exercises requiring additional information. This narrative is meant to supplement and enhance, not replace, the content presented in the textbook. The objectives structure the presentation of the exercises, the content of which follows the content of the text and has been selected for emphasis. Exercises vary in style, scope, and depth throughout the guide. At reader request, the number of case situations has been increased. Although the content of the text and the guide are organized in a logical, sequential fashion, no assumption is made that all the chapters will be read and, if read, will necessarily be read in the order in which they are presented. Therefore no effort has been made to develop exercises that are progressively more difficult in the final sections of the guide.

The third edition of the guide continues to present multiple test items at the end of each chapter, allowing readers to check out their understandings before proceeding to another chapter. All items have been reviewed and revised to reflect changes in the textbook. Many new items have been added, and the total number of items in each chapter has been increased.

Each of the five sections concludes with several word games and section exercises. Persons familiar with word puzzles will probably recognize most of these types of games, even though some of the names may be unfamiliar, and some variations may exist in the form. Word Search and Cross Hatch word games provide readers with an opportunity to familiarize themselves with vocabulary used in the respective sections; Fill-Ins involve the defining of specific terms; Quote-a-Crostics test and reenforce content in a specific section and at the same time introduce the readers to pertinent quotations from fictional or nonfictional works. Once the Quote-a-Crostics are solved, the quotation, its source, and its author will be revealed, and the reader may be encouraged to read further in these works. Logic Problems provide opportunities to use problem-solving techniques inherent in the nursing process. Added to the third edition of the guide are several matching exercises that primarily review the contributions made by leaders to the fields of psychiatry and psychiatric nursing.

In addition to the answers to the test items and solutions to the word games and section exercises, the Appendix contains suggested responses to the chapter activities and exercises. These were added to the second edition of the guide at the request of readers. However, I continue to advocate that the text be read first and the exercises completed next, either independently or discussed in small groups. Finally, the reader's responses can then be compared with the responses in the Appendix and discrepancies checked out with the textbook.

The Index has been completely revised and updated. It primarily identifies the content of the exercises in the chapters and should be helpful to anyone who wishes additional practice in selected areas that are threaded throughout the guide, such as communication skills, nursing process, nursing action, and self-awareness.

I wish to acknowledge all the friends, family members, and colleagues who expressed interest in the progress of the manuscript. Special thanks are extended to my friend and colleague, Dr. J. Mae Pepper, Professor and Chairperson, Department of Nursing, Mercy College, Dobbs Ferry, New York, for her encouragement and support throughout various stages of the development of the manuscript.

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Contents

1 The mental health delivery system and health care team

INTRODUCTION

"This chapter traces the treatment of mentally ill individuals from prehistoric times to the present in the belief that an appreciation of the history of the treatment of mentally ill persons can aid in understanding the contemporary system of mental health delivery."*

Although mentally ill persons have sometimes been revered and treated with sympathy, acceptance, and compassion, more often than not they have been misunderstood, rejected, and exploited. In prehistoric times, for example, tribal rites were commonly used in an effort to alter bizarre behavior. In the early Greek and Roman eras, as well as during the Middle Ages, both humane and harsh treatments were carried out. During the sixteenth and seventeenth centuries mentally ill persons were often imprisoned and displayed for public ridicule. It was not until the eighteenth and nineteenth centuries that political and social reforms began to impact on their care in a positive way.

In the United States, prior to the American Civil War, moral treatment was popular in certain sections of the country. It emphasized humane, individualized care of mentally ill individuals in homelike surroundings. But as the number of persons requiring care for mental problems increased, moral treatment was replaced by custodial care. Although custodial care provided a protective environment for the control of deviant behaviors that were disrupting and disturbing to the families of mentally ill persons and to the communities from which they came, treatment was not a major priority. Mental illness was viewed as a stigma, and mentally ill people were again perceived as sources of embarrassment and persons to be hidden away and forgotten. Large mental institutions, some housing thousands of persons, grew up. They were often located in remote, rural areas, and little effort was made to help hospitalized persons and their families maintain ties. The phenomenon of institutionalization was prevalent as isolation from family and community encouraged hospitalized individuals to adapt to and accept the role of patient and resist efforts to be returned to the community.

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*From Taylor CM: Mereness' essentials of psychiatric nursing, ed 13, St Louis, 1990, The CV Mosby Co, chap 1.

Four events contributed significantly to a change in the care of mentally ill people as we know it today: the development of the health care professions, the introduction of the therapeutic community concept, the discovery and use of psychotropic medications, and the evolution of the community mental health movement. During the last half of the nineteenth century four health care professions—psychiatric nursing, psychiatry, clinical psychology, and psychiatric social work—began to emerge and today make up the core mental health team. In the 1950s the therapeutic community concept, which provided hospitalized individuals with an opportunity to achieve a more constructive social adjustment, was introduced from England. Also at this time psychotropic agents, particularly the antipsychotic medications, were discovered. Hospitalized persons who were once thought to be hopeless responded to these medications. The medications helped them control their behavior and become more receptive to other treatment modalities, including milieu therapy and the "talking therapies" carried out by the members of the mental health team. The use of medications also facilitated the return of hospitalized individuals to the community and helped reduce the population in mental hospitals. These events probably paved the way for the community mental health movement of the 1960s and played a major role in the deinstitutionalization of many mentally ill people.

The exercises in this chapter are designed to help you better understand the interdisciplinary mental health care team, the contemporary mental health system within which it functions, and the historical background from which they both evolved.

OBJECTIVES

1. To identify the attitudes and treatment methods to which mentally ill people have been exposed from prehistoric times to the current day.
2. To list the general goals of a comprehensive community mental health program.
3. To describe the similarities in practice existing among all community mental health care centers.
4. To identify the roles and functions of the members of the mental health team.

EXERCISES

1 From prehistoric times to the present day, mentally ill persons have been exposed to a wide variety of attitudes and treatment methods, not all of which have been therapeutic. Listed below are twenty activities and seven eras in history. Identify the era in which each activity predominated by placing a check in the box in the appropriate column. The first one has been filled in to help you get started.

Activities	Eras in history						
	Prehistoric	Greek-Roman	Middle ages	16-17th centuries	18th century	19th century	20th century
Mentally ill individuals were:							
1. Treated with tribal rites.	☑	☐	☐	☐	☐	☐	☐
2. Abandoned in the wilderness and left to die.	☐	☐	☐	☐	☐	☐	☐
3. Exposed to fresh air, sunshine, and diverting activities.	☐	☐	☐	☐	☐	☐	☐
4. Purged, bled, whipped, starved, and chained.	☐	☐	☐	☐	☐	☐	☐
5. Exorcised of evil spirits by the laying on of hands.	☐	☐	☐	☐	☐	☐	☐
6. Confined in jails, dungeons, and almshouses.	☐	☐	☐	☐	☐	☐	☐
7. Exhibited to the public for ridicule and profit.	☐	☐	☐	☐	☐	☐	☐
8. Released from confinement in chains.	☐	☐	☐	☐	☐	☐	☐
9. Restrained in inhumane devices called tranquilizers.	☐	☐	☐	☐	☐	☐	☐
10. Relegated to the poorhouse and sold at auction.	☐	☐	☐	☐	☐	☐	☐
11. Housed in large, remote, self-supporting institutions.	☐	☐	☐	☐	☐	☐	☐
12. Provided with custodial care.	☐	☐	☐	☐	☐	☐	☐
13. Exploited as free labor in state institutions.	☐	☐	☐	☐	☐	☐	☐
14. Introduced to the treatment techniques of S. Freud.	☐	☐	☐	☐	☐	☐	☐
15. Exposed to reforms following the mental hygiene movement.	☐	☐	☐	☐	☐	☐	☐
16. Administered psychotropic agents.	☐	☐	☐	☐	☐	☐	☐
17. Exposed to milieu therapy and open-door policies.	☐	☐	☐	☐	☐	☐	☐
18. Cared for in community mental health centers.	☐	☐	☐	☐	☐	☐	☐
19. Treated with crisis-oriented therapy.	☐	☐	☐	☐	☐	☐	☐
20. Cared for by an interdisciplinary mental health team.	☐	☐	☐	☐	☐	☐	☐

2 List four general goals of a comprehensive community mental health program.

1. _____
2. _____
3. _____
4. _____

3 To achieve these goals, community mental health centers follow six similar practices. List these practices. The first one has been filled in to help you get started.

1. Provide comprehensive and continuous service to the consumer.
2.
3.
4.
5.
6.

4 Listed below are ten roles and functions of the members of the interdisciplinary health team, with the exception of the psychiatric nurse, whose roles and functions will be covered in Chapter 6. Identify which roles/functions are primarily associated with which team member by placing a check in the box in the appropriate column. The first one has been filled in to help you get started.

Roles and functions	Team members			
	Clinical psychologist	Psychiatric social worker	Psychiatrist	Activity therapist
1. Strives to meet both physical and emotional needs.	☐	☐	☑	☐
2. Prescribes medications and carries out somatic treatments.	☐	☐	☐	☐
3. Assesses familial, social, and environmental background.	☐	☐	☐	☐
4. Provides tools that promote nonverbal communication.	☐	☐	☐	☐
5. Makes a medical diagnosis.	☐	☐	☐	☐
6. Administers and interprets projective techniques to make a psychiatric diagnosis.	☐	☐	☐	☐
7. Provides work and/or recreational experiences.	☐	☐	☐	☐
8. Plans and implements follow-up care.	☐	☐	☐	☐
9. Emphasizes the concept of object relations in planning programs.	☐	☐	☐	☐
10. Engages in research and scholarly study of human behavior.	☐	☐	☐	☐

TEST ITEMS

DIRECTIONS: Select the *best* response. (Answers appear in the Appendix.)

1 Mental health care during the early Greek era was primarily carried out in the:

a Family.
b Temple.
c Almshouse.
d Prison.

2 The technique of "exorcising" evil spirits and demons from mentally ill persons as performed by holy men consisted of:

a Laying on of hands.
b Burning at the stake.
c Whipping.
d Bleeding.

3 Gheel, Belgium is *best* known as the:
   a Birthplace of St. Dymphna, the patron saint of the mentally ill.
   b Location of "Bedlam," a notorious lunatic asylum in the sixteenth century.
   c City where the first psychiatric institution was built.
   d Site of the first community-based center for the care of mentally ill individuals.

4 In the matter of reforms for the treatment of mental illness, Philippe Pinel was to France as the brothers Tuke were to:
   a Belgium.
   b Switzerland.
   c Germany.
   d England.

5 Reforms in the treatment of mentally ill people were instituted in the United States in the eighteenth century under the direction of:
   a Martha Mitchell.
   b Benjamin Franklin.
   c Dorothy Lynde Dix.
   d Thomas Kirkbride.

6 The "father of American psychiatry" was:
   a Sigmund Freud.
   b William Menninger.
   c Benjamin Rush.
   d Horace Mann.

7 The *first* treatment modalities called tranquilizers were:
   a Restraining devices.
   b Seclusion rooms.
   c Sulphur baths.
   d Psychotropic medications.

8 The syndrome of institutionalization refers to which one of the following?
   a Hospitalizing individuals against their will.
   b Maintaining individuals in hospitals until they are ready for discharge.
   c Promoting adaptation to hospitalization to the extent that individuals resist discharge.
   d Keeping individuals in institutions past the time when treatment is indicated.

9 Clifford Beers and his book *A Mind That Found Itself* impacted on the care of mentally ill people by:
   a Revealing the psychodynamics of mental illness.
   b Supporting the formation of community mental health centers.
   c Demonstrating a need for psychotropic drugs in the care of psychotic persons.
   d Bringing about reforms in the state hospital system of mental health care.

10 The Mental Health Act of 1946 was primarily responsible for funding the:
   a Development of community mental health centers.
   b Promotion of multidisciplinary psychiatric treatment teams.
   c Research and testing of psychotropic medications.
   d Construction of hospitals to accommodate increasing numbers of psychiatric patients.