

Contemporary Psychiatric— Mental Health Nursing

The Brain-Behavior Connection

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Preface

Carol A. Glod, RN, CS, PhD

I didn't set out to be a psychiatric nurse. I was raised during the feminist movement; new doors were opening and I could be anything that I wanted. With more options than my mother and her generation, I wasn't limited to traditional careers like teaching or nursing.

I began college as a biology major. But one summer, while doing cancer research, I realized that I was becoming bored with biochemistry. I longed for someone to talk to. It was then that I switched my major to nursing.

All nurses use a number of interpersonal and psychiatric nursing skills to help clients cope with their medical problems. Psychiatric nurses have a unique role: They promote the psychological health of individuals, families, and communities and help people deal with grief, crisis, or developmental difficulties. They also care for those with intractable illnesses such as schizophrenia, depression, and posttraumatic stress disorder. How they do that is part of what this book is about.

For years, experts believed that inadequate parenting and mothers who gave "mixed messages" contributed to mental illness. Then Congress declared the 1990s "The Decade of the Brain," sparking a biological revolution. Research dollars were dedicated to discovering biological and genetic markers and abnormalities in brain functioning and structure. Researchers found that like neurological conditions, psychiatric disorders may result from problems in the brain. This emphasis on the biological basis of psychiatric disorders led to new medications (psychopharmacology) and the treatment of psychiatric disorders with these agents (pharmacotherapy). Although some individuals have been helped dramatically, others continue to have intermittent or chronic mental health problems.

Psychobiology describes the interplay between biological and genetic makeup and life experience. Psychobiologists look at the synergism between the workings of the mind, the so-called psyche, and biology, particularly the structural and functional aspects of the brain. This framework has been refined into a new theoretical position that is called developmental or neural plasticity. It says that the brain, an organ that continues to develop well into adolescence, is shaped by both physical and psychological experiences that account for disturbances in thinking, emotions, and behavior.

We still know little about the actual psychological and

biological causes of psychiatric disorders. What is clear, however, is that they affect people's abilities to work, function, and relate to others. For psychiatric nurses, the challenge is to understand and balance the latest psychological and neurobiological developments. Just as important is the nurse's ability to recognize how illness affects the client's ability to attend school or work or remain connected to others in healthy, satisfying relationships. For example, knowing that schizophrenia can be inherited or that it is caused by some abnormality in the brain does little to help individuals or their families cope with the havoc the disease causes. For some clients, medications will control their symptoms, allowing them to live a more satisfying life in the community and pursue some of their interests. But, for others, medication may have little effect or have difficult and uncomfortable side effects.

Today, clients may be treated briefly in the hospital, but they receive the majority of psychiatric care in the community. Psychiatric nurses are trained at homeless shelters, community-based day programs, crisis centers, psychiatric home care agencies, and other community settings. This book explores community-based psychiatric nursing treatment based on the program offered at Northeastern University's Center for Community Health, Education, and Research (CCHERS—pronounced "cheers"). The program uses a comprehensive holistic model of care that is designed to be responsive to the needs of individuals, families, and the community. Every clinical course, including psychiatric nursing, is focused on providing health care in the community, where most treatment actually takes place. Students begin their nursing training in community health centers, which target vulnerable and underserved populations.

The first unit of this book discusses the theories that are the foundation for linking, or bridging, brain and behavior. It also focuses on the legal and ethical issues in the care of persons with psychiatric problems. In addition, assessing physical and psychological functioning, planning care, and effective therapeutic communication are addressed. The delivery of care in various settings, particularly the community, is emphasized.

Unit Two explores healthy psychological development. The classic theories from Piaget and Erikson are presented, as well as newer ones on the psychology of women. A com-

prehensive chapter on neuroanatomy and neurophysiology provides a basis for understanding the pathophysiology of psychiatric conditions and treatment. **Included is an eight-page color insert that illustrates the structural and functional aspects of the healthy and the unhealthy brain.**

Treatment of psychiatric problems ranges from medications to somatic therapies to many different types of psychotherapy, including so-called talk therapy. The third unit begins with an in-depth overview of the major classes of psychiatric medications. This section also reviews the latest advances in each of the major forms of psychotherapy, including cognitive-behavior therapy (CBT). Finally, the latest information on some controversial biological treatments, such as electroconvulsive therapy (ECT), psychosurgery, and phototherapy (light therapy) are discussed.

The fourth unit of this text details the nursing care of clients with major psychiatric disorders, generally following the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*. *DSM-IV* represents how all disciplines categorize psychiatric conditions. Each chapter contains the essential information on diagnostic criteria and descriptions of the illness. Clinical vignettes illustrate the clients' and their families' experiences with psychiatric illness. Clinical management tips and care plans help outline effective interventions. The latest treatments based on available research are presented along with research notes—descriptions of specific nursing and interdisciplinary research studies. For psychiatric nursing to move into the 21st century, we must learn and continually study why we do what we do and what works the best. The focus of caring for the client is also based on the continuum of psychiatric nursing care, from crisis centers to inpatient units to the community, where the bulk of treatment occurs. Contemporary psychiatric nursing means caring for clients and their families in the community, and with helping them mobilize community resources.

Nurses have a primary role in caring for vulnerable groups with community-based problems. Many of these clients do not have one disorder, but suffer from many psychiatric, medical, emotional, financial, and social problems. They present a special challenge to care providers in nonpsychiatric settings.

Unit Five addresses those conditions that cut across nursing specialties: abuse, violence, incarceration, grief, AIDS, severe and persistent psychiatric illness, and homelessness.

The book ends with a chapter on future trends that discusses how the present health care environment has affected treatment for those with mental disorders. The challenges and opportunities for psychiatric nurses in what is expected to be a time of continuing change are explored.

On the cover and throughout this book are contributions from the National Alliance for Research on Schizophrenia and Depression (NARSAD) Artworks. NARSAD Artworks provides art by and on behalf of mentally ill persons to promote their employment and recovery and to reduce the stigma associated with psychiatric disorders. NARSAD raises money that directly supports ongoing research of major mental illnesses. I am a beneficiary of their work. My NARSAD Young Investigator Award supports my research on sleep and activity disturbances in adolescents with depression and posttraumatic stress disorder. I am thankful for the direct support NARSAD has provided to my research career and feel privileged to be able to include such creative works of art in this text.

It is an exciting time for psychiatric research. New discoveries and technological advances point to the neurosciences as the foundation for understanding psychiatric disorders. The challenge, however, is to maintain a focus on the individual and the nurse-client relationship balanced against new knowledge about pathophysiology. Psychobiology and research in developmental plasticity of the brain offers important insights into the causes of mental illness and the care of those suffering from it.

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I am indebted to many people for helping the ideas in this book come together. First, I thank the many patients whom I have worked with over the years, who have shared their experiences with me and allowed me to learn about their illnesses and reactions along with them. Second, each of the contributors, nurses, psychiatrists, psychologists, and students generously gave their time, energy, and insight to provide the “latest and greatest” information. Writing has many rewards, yet also many challenges. I thank them for all of their hard work and patience as their chapters were revised and finessed into final form. Third, this book would not have been possible without the dedication and wisdom of the staff at F. A. Davis, particularly Joanne DaCunha, MSN, and Melanie Freely. They, too, generously gave their encouragement, advice, and time to help produce each chapter. We met as author and editors, but we have become good friends. Finally, this book would not have been begun or

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C.A.G.

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