PSYCHATRIC MENTAL HEALTH NURSING

SECOND EDITION

ELLEN H. JANOSIK JANET L. DAVIES

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SECOND EDITION

ELLEN H. JANOSIK, R.N., M.S.

Associate Professor Emeritus Alfred University Alfred, New York

Adjunct Professor Roberts Wesleyan College Rochester, New York

JANET L. DAVIES, R.N., PH.D.

Director of Nursing St. John's Home Rochester, New York

Adjunct Assistant Professor University of Rochester Rochester, New York



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The selection and dosage of drugs presented in this book are in accord with standards accepted at the time of publication. The authors and publisher have made every effort to provide accurate information. However, research, clinical practice, and government regulations often change the accepted standard in this field. Before administering any drug, the reader is advised to check the manufacturer's product information sheet for the most up-to-date recommendations on dosage, precautions, and contraindications. This is especially important in the case of drugs that are new or seldom used.

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CONTRIBUTORS

DAVID F. BARTON, R.PH., M.S.

MARY L. BELENCHIA, R.N., M.S.N.

SANDRA A. CHENELLY, R.N., M.S.

CHERYL L. COX, R.N., PH.D.

SUE C. DELAUNE, R.N., M.S.

KAREN L. FONTAINE, R.N., M.S.N.

LOY W. HAMANN, R.N., M.S.

MICHELLE HARDMAN, R.N., M.S.

LINDA VASANT LEON, PH.D.

BARBARA S. MASIULIS, R.N., M.S.

KATHLEEN A. POWERS, R.N., ED.D.

BARBARA SMULLEN, R.N., ED.D.

MARY S. TURNER, R.N., M.S., C.S.

A. PETER ZIARNOWSKI, PH.D.

In preparing the first edition of this text the objective of the authors was to offer a specialized book with the broad perspective that psychiatric mental health nursing requires. We also hoped to write a well-organized text that presented relevant theories and concepts in a meaningful way. It seemed important to avoid ambiguity, clarify confusion, explain apparent contradictions, and demystify what is perhaps the most profound nursing speciality. The generous acceptance of the first edition by educators, students, and practitioners indicated that we achieved some success in meeting our goal. In addition we have benefitted from the comments of colleagues and others who recognized the special features of our book and suggested improvements.

In the few years that elapsed between the first and second editions, nursing theory has flour-ished and expanded greatly. Nursing theory has been integrated throughout the book to demonstrate the impressive and far-ranging contributions being made by nurse theorists and investigators to health related issues. Because nurses need to appreciate the implications and value of research, the authors have included in this edition a research abstract for each chapter.

The number of chapters has increased from twenty-four to twenty-six. The previous chapter on community theory and practice is now presented in two separate chapters because of expanded content. One community chapter deals with the health care delivery system; the second community chapter deals with transcultural issues. The changing composition of contemporary American society and contemporary socioeconomic trends seemed to demand a separate chapter on transcultural issues.

Two strong forces operate within the health care system: the impulse toward cost containment and the impulse toward quality control. The strength of these forces, which sometimes appear to oppose one another, caused us to devote a separate chapter to each .

As in the first edition, the framework of holistic interaction across the life-cycle span is used to explain adaptive and maladaptive alterations manifested by individuals, families, and communities as they function throughout the life cycle. Consistent with prevailing philosophy in nursing, the medical model is neither emphasized nor ignored, but is recognized as part of health care. Exclusion of any valid framework or therapeutic modality from the repertoire of nurses would be unrealistic. Holistic nursing draws upon numerous biopsychosocial approaches to total health care. Nursing actions may be independent or interdependent; those actions that require collaboration with other disciplines are interdependent. Attention to the three levels of prevention means that contributions from various interdependent disciplines be acknowledged, and if appropriate, utilized in ways appropriate to nursing process.

As educators and clinicians, the authors have found students to be more receptive to information that is placed near related content rather than fragmented or isolated. Somatic interventions, for example, are more easily understood when taught in the context of the particular alteration for which they are used. Therefore, in this text nursing approaches and interventions are placed in the appropriate chapter. The authors interpret decision making as a collaborative process between the nurse and the client, and have tried not to patronize students by presenting sim-

plistic or mechanical explanations of complex processes. Wherever possible, the authors have attempted to show students the "why" of psychiatric nursing before moving on to the "how." This is in keeping with the belief that the practice of psychiatric mental health nursing must build on a strong theoretical foundation.

Nursing process is essential to professional nursing practice and its importance cannot be overstated. Therefore, the evolution of nursing process is traced and its current directions are described so that students and practitioners can recognize the growing scientific base of nursing theory and process. The authors interpret the nursing process as a scientific tool and a humanistic art. Human functioning takes place at multiple levels that are interdependent and reciprocal as people strive to meet universal needs for biological integrity, security, individuation, self-esteem, and fulfillment. Adaptive and maladaptive patterns of functioning exist on a continuum; altered patterns of functioning do not necessarily represent extremes but movements toward or departures from optimum health. Martha Rogers described the goal of nursing process as the 'repatterning' of human functioning in order to promote optimum health. Consistent with this viewpoint, the authors present patterns of holistic interaction, alterations in patterns, and responsive nursing actions. In this edition, as in the first, the contributions of nurse theorists mingle with those of theorists from other disciplines; the strengths and weaknesses of their ideas are noted, and their applicability compared.

In organizing the text, the authors have used a unified and internally consistent format. The book is divided into five parts. Part I presents an overview of psychiatric mental health nursing that covers historical and contemporary issues and that emphasizes the role expansion and current ramifications of psychiatric mental health nursing. Chapters in Part I also encourage student awareness of collaborative data collection, nursing diagnoses, assessment, problem identification, and resolution. Although approved nursing diagnoses continue to be subject to refinement, they are extensive enough to facilitate documentation and communication. Moreover, nursing diagnoses are compatible with the multiaxial classification of DSM-III-R. Students using this text can learn how each diagnostic method augments and enriches the other. Out of the discussion of assessment and nursing diagnoses, guidelines for nursing care plans emerge. In addition to general explanations of how to compile a nursing care plan, the authors have provided a number of generic or standardized care plans that employ nursing diagnoses and are oriented toward the nursing process. The generic care plans are not blueprints but rather offer guidance in the formulation of plans for specific clients.

Part II, titled "Holistic Interactional Patterns," deals with adaptive and maladaptive alterations that human beings engage in as they respond to internal and external demands. The chapters in Part II examine altered patterns of functioning in a way that permits such alterations to be regarded in terms of nursing diagnoses as well as psychiatric diagnoses. Nursing diagnoses evolve from systematic, thorough data collection, followed by recognition and identification of problematic patterns of functioning. The nursing diagnoses then direct the planning and implementation of nursing interventions, along with ongoing evaluation.

Each of the chapters in Part II contains dynamic and clinical explanations of the alterations being discussed. Biological, psychological, and social treatment approaches are included in each chapter. For example, the chapter on altered patterns of mood and affect includes discussions of antidepressants, electroconvulsive therapy, cognitive therapy, and lithium therapy while the chapter dealing with altered patterns of thought and perception contains material on antipsychotic medications—their therapeutic effects, side effects, and related nursing responsibilities.

Part III comprises two chapters concerned with maturational and situational alterations in functioning. The chapter on maturational tasks and challenges presents the theories of Piaget and Kohlberg, among others. The chapter on situational alterations looks at crises that are not maturational and therefore cannot be anticipated. Organizationally, this section follows the life cycle span of individuals and families.

Part IV examines various therapeutic approaches. Each chapter begins with a theoretical rationale for a specific approach, contrasts the strengths and weaknesses of the approach, and views the approach in the context of the nursing process and nursing role.

Part V addresses current issues in psychiatric mental health nursing. Here the authors present content related to the nurse's responsibility, not only to the client but also to the profession, to the health care system, and to the community. The need for nurses to be enlightened consumers of research, to refute or validate findings, and to participate in clinical and laboratory investigation is emphasized.

The organizational features of the book that enhance its usefulness include its:

Emphasis on holistic interaction across the life cycle

Unified, internally consistent organization (for example, the concept of altered patterns of adaptation fits neatly into nursing diagnoses by patterns of alteration)

Clinical content placed in the relevant chapters

Integration of nursing diagnoses with DSM-III-R

Integration of nursing diagnoses with nursing process

Integration of nursing theory and nursing process throughout

Clinical examples and clinical vignettes for every chapter

Nursing care plans for each clinical example Content outline for every chapter

Topical Research Abstract for every chapter, including nursing implications for research findings

Summary for every chapter

Review questions for every chapter

Comprehensive glossary

Appendices: Nursing Diagnoses by Patterns of

Alteration DSM-III-R

Review of Psychotropic Drugs and Nursing Considerations

An instructor's manual is provided. Its organization is based on the premise that learning should take place in the cognitive, affective, and psychomotor domains. For cognitive learning, each chapter of the manual contains a brief outline of the textbook content for the corresponding chapter. The affective/psychomotor section of each manual chapter includes suggestions for introducing related topics that may lead to affective or attitudinal change. It also presents ideas for

role playing and checklists to encourage self-evaluation as well as to assess such activities as films and simulated interviews. If time pressures are too great, some of the affective/psychomotor activities can be assigned as homework or can be adapted to the clinical conference that is an important part of courses in psychiatric mental health nursing.

The manual contains a bank of test questions that instructors may wish to adapt for the evaluation of their students. The test bank is also available on MICRO-PAC®, a test-authoring software package compatible with IBM-PC® and Apple II® series computers.

The authors wish to acknowledge their indebtedness to a number of people without whom their task might not have been accomplished. Foremost among them is James Keating, our executive editor, whose unfailing good humor and faith in the project encouraged us when confidence lagged. We are also indebted to all the individuals and families we encountered over the years in the course of our clinical practice who shared their joys and tribulations with use and paid us the high compliment of allowing us to help. Our students have assisted us by expressing with clarity and frankness their reactions to various educational material included in the book.

The statements made in this work represent the opinions of the respective authors and contributors and do not necessarily reflect the views of the institutions or agencies with which they are affiliated.

Finally, the authors are sensitive to the use of sexist pronouns. Where possible, plural nouns and pronouns have been used. In those instances where the use of plural wording would cause ambiguity or awkwardness, the authors have used gender pronouns alternately.

Ellen H. Janosik Janet L. Davies

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