

Psychiatric-Mental Health Nursing

Evidence-Based Concepts, Skills, and Practices

Wanda K. Mohr

EIGHTH EDITION



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Psychiatric–Mental Health Nursing

EVIDENCE-BASED CONCEPTS,
SKILLS, AND PRACTICES

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edition



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Preface

From the Author: *I would like the Preface of this edition to speak to instructors and students alike because the book was written for them. Hence the familiarity of my tone. This preface is written so that you can understand what I have tried to achieve.*

While the history of mental health research is at least 200 years old, the heavy work commenced during the 21st century. The biochemical, physiologic, pharmacologic, and structural features of the brain have been described and in many instances defined. So, too, have the basic perceptual, emotional, attention, and cognitive functions. The past few decades have seen an explosion of knowledge of the kind that pioneers such as Hildegard Peplau and Sigmund Freud never dreamed. For those of us who struggle to keep up with this new knowledge, every day brings new and exciting discoveries and challenges. Much more remains for us to learn.

In addition to this explosion of knowledge, the economics of health care have changed dramatically, and not always for the best. The interaction of new science and new economic pressures has contributed to an urgent need for psychiatric-mental health nurses to articulate a new paradigm for conceptualizing, teaching, and practicing this discipline. Over 10 years ago, the late Susan McCabe (2000) argued that psychiatric nursing was in danger of extinction unless the specialty let go of what may be historically interesting but no longer clinically relevant. She also emphasized the need to incorporate the new.

To some extent managed care and the marketplace have forced such change upon us. At the same time, we may have taken a step or two backward. In some ways, things have remained the same. By this, I mean that along with the biologic focus on mental health and mental illnesses, we may be in danger of sacrificing the psychosocial component of care. The rush for efficiency in care provision may contribute to clients and families feeling like they are receiving “short shrift.” State and local budgets are strained, leading to cuts in programs already historically underfunded. In addition, the ugliness of stigma continues to undermine efforts toward parity of care for people with mental illnesses. Unwitting “help” from the media continues to poison perceptions of the public regarding people who suffer from these devastating illnesses.

My ongoing vision for the eighth edition included the ongoing quest to let go of the old and articulate the new. I also wanted to begin sensitizing students to themselves, their attitudes, and the experience of mental illness, beyond the confines of the *DSM* and other guideposts for understanding

illnesses and their treatments. Certainly the book acknowledges historical figures who made immeasurable additions to the specialty, but it is important for students and instructors to understand that the text minimizes such information, and makes clear what practices are current and, more importantly, which are based in empirical research. We can learn enduring lessons from the past, but there are also concepts that are simply not able to be verified or researched and translated into an evidence base for practice. My aims for the eighth edition of *Psychiatric-Mental Health Nursing* are to focus on the evidence base for our specialty and to discuss rational practice. Rational practice may not always have much supporting research, because such studies may not be feasible or even ethical. An example might be the immorality of examining the noxious effect of physical restraint on clients; but we know from case reports that they are aversive and that they have resulted in injury and death. Other research may be possible, but also unethical, so the studies that we have may not meet the “gold standard” of Type I research. For example, we cannot withhold psychoactive medications from a client with psychosis to measure the effects of new drugs against no medication at all. Nevertheless, we can practice in a way that is targeted to the symptoms and needs of all clients.

In this edition, we made a deliberate decision to reference the *DSM* that was operational at the time of the textbook’s updating process. It may well be that the *DSM V* is the manual that supercedes the *DSM IV-TR* at the time of publication. We made this decision for a number of reasons. First, there was no guarantee that the *DSM V* would be published in 2012. Indeed the publication date had been moved forward several times. Secondly, and most important, the *DSM* is a psychiatric classification system that is a consensus document describing psychiatric conditions. The *DSM* categories are descriptions and not explanations. With the exception of assessment, they do not inform nursing care, or for that matter psychiatric care, and there are cultural limitations to the *DSM* categories. Seeing a need to move forward on updating research that was relevant to actual nursing care, the decision was made to retain the *DSM IV-TR* classification system. Most textbook authors in the field of nursing, psychiatric medicine, social work, and psychology were faced with this same decision, and no doubt it will be several years before the *DSM V* informs all current textbooks.

Clearly, the major conceptual approach to psychiatry in the 21st century is grounded in molecular biology. Thus, Chapter 2 explains concepts such as neuroplasticity and genetic expression. Because evidence is increasing that

“mental states” have their representation in brain neuronal anatomy and functioning, the text focuses on those psychotherapeutics with a solid grounding in the research literature.

In addition to focusing on the latest research in neurobiology, physiology, and psychopharmacotherapeutics, the textbook articulates service provision changes that have taken place, emphasizing the shift toward care of clients in their community settings and with their families. Discussions throughout give special consideration to portraying people suffering from mental illnesses and their families as human beings who are reacting normally to very stressful and overwhelming experiences. I have devoted much of an entire chapter to sensitize students to this kind of stress and suffering, as told by patients in their own words.

Knowing from experience how frightening and frankly “off-putting” the word “theory” can be, I hope that students will be empowered by the down-to-earth discussion of theory and theoretical frameworks in Chapter 3. Ever mindful of the strong role of the therapeutic alliance, the text conceptualizes psychotherapy as a process of learning new thinking and new behaviors, rather than as a “talking cure,” thereby taking the mystery out of it and placing it in understandable terms for students who can in turn de-mystify it to clients. We are past the point in our specialty in which simply “talking” in the absence of hard work on the part of clinician and client can be seen as moving forward the healing and recovery enterprise.

For every silver lining there seems to be a dark side. The exciting new knowledge presented in this book represents a revolution in the arena of the behavioral sciences, one that is analogous to the revolution that came about in orthopedics with the development of radiology. But we live in an era in which scientific advances frequently make even the most recent scientific books and journals dated soon after their publication. Our team recognizes that what was written may have been timely when we wrote it but may be out of date in a decade, given the explosion of knowledge in the field. This underscores the importance and indispensability of reading and keeping abreast of new publications and new editions of texts as they are published.

This brings up another important point. Our team listened carefully to what our readers said about references. At the end of each chapter there are references; all of which are as up to date as we could possibly make them. Sadly, in many areas of research, the nursing voice has been absent and the production of knowledge is dominated by other professions. This is a problem that should be rectified but one that must also be acknowledged. As a result, the research presented in this text has been taken from the medical, psychology, sociology, or social work literature. As many scholarly nursing writings as possible have been included. My intent is to refer to the actual primary source study itself. By primary source I mean the research itself, and not a textbook that interprets the original study. Moreover, the references include the most relevant studies available regardless of what discipline conducted the research. I firmly believe in a journey that includes all disciplines collaboratively moving forward

to help clients. This approach transcends disciplinary boundaries and is client focused.

In other instances, there may appear to be “old” references, which need to be examined for their context. For example, the landmark U.S. Surgeon General’s report on the nation’s mental health is almost a decade old at this writing. Sadly, it is the only one that we have to date. Likewise, some references are many decades old. In these instances they represent seminal works that may stand as classics in the field, or simply reflect that no further work has been done in the field, because the research community may feel no need to replicate that which has been repeatedly replicated. Or, such as in the case of the Zimbardo and Rosenhan landmark studies discussed in Chapter 8, they simply could not be replicated in the present research environment.

I also wanted to underscore that in writing this book, our team has made every effort to make it readable and user friendly. Keeping in mind that we have an ever growing immigrant population (Dr. Mohr among them), we avoided inaccessibility and the use of idioms to the extent possible, without sacrificing necessary disciplinary terminology. In addition, each chapter is infused with cultural content that reflects the rich diversity of the United States in the third millennium.

Researching and writing this textbook was both tedious and exhilarating. I was struck by the complexity of the emergent knowledge but at the same time excited by its possibilities. My reading highlighted the intricacies of the human condition and made me very aware of how specialized psychiatric–mental health nursing can be. This awareness gave rise to the urgency for providing these vulnerable clients with competent caregivers. It also underscored the importance for this nursing specialty to survive and thrive.

Organization of the Eighth Edition

The Table of Contents emphasizes key foci of the curriculum and logically integrates chapters focused on essential aspects of core nursing care. The current edition contains eight units:

- Unit I, *Foundational Concepts in Psychiatric–Mental Health Nursing*, contains material basic to the study of psychiatric–mental health nursing. Topics include the introduction to the field, neurobiology, conceptual frameworks, evidence-based practice, and legal and ethical issues.
- Unit II, *Client Care Considerations*, presents content on culture and spirituality—core elements of each person that nurses must consider during all interactions and care delivery.
- Unit III, *The Nurse–Client Relationship*, emphasizes the heart of psychiatric–mental health nursing—the therapeutic relationship between the giver and the recipient of care. Topics include values, attitudes, self-awareness, the nursing process, interviewing, mental health assessment, mental status examination, therapeutic communications

- and relationships, and working within multidisciplinary teams.
- Unit IV, *Conceptual Bases of Treatment*, explores current methodologies of care and treatment. Chapters focus on therapies and nursing interventions for individuals, groups, and families; psychopharmacology; integrative (complementary and alternative) modalities; and somatic therapies.
 - Unit V, *Settings for Care*, addresses similarities and differences across settings for psychiatric–mental health nursing. Individual chapters focus on inpatient settings, community/home environments, and forensic psychiatric nursing.
 - Unit VI, *Psychiatric Disorders*, outlines the core features of the most common psychiatric disorders within the following groups: sleep, anxiety, somatoform, dissociative, sexual, personality, eating, depressive, bipolar, thought, substance use, and cognitive. In addition to reviewing aspects of these disorders, including their prevalence, origins, signs and symptoms, and evidence-based treatment approaches, each chapter also contains detailed sections focusing on nursing care and interventions, using a nursing process framework.
 - Unit VII, *Psychiatric Emergencies*, includes those situations that require directed, acute interventions from nurses and other health care providers: anger, aggression, violence, abuse, and suicide. The unit also contains a chapter on crisis intervention as a methodology for emergencies, including the burgeoning threats of terrorism and campus violence.
 - Unit VIII, *Special Populations*, focuses on key mental health concerns and variations in psychiatric nursing care associated with targeted groups: children and adolescents, older adults, those who are homeless, and clients with medical illnesses.

Changes to the Eighth Edition

Given the importance of research and its everchanging impact on practice, this edition has been thoroughly updated with the most current research available. As already mentioned, that material is presented from primary as opposed to secondary sources. Several chapters that try to convey elements that I believe to be germane to all nurses, and that instructors and students indicated would be significant inclusions.

- Chapter 8, “Nursing Values, Attitudes, and Self-Awareness,” presents content that I particularly enjoyed writing for this edition. My aim was to help students reduce the uncertainty of entering a psychiatric–mental health setting and to present them with some interesting influential classic studies from the social psychology literature that might help them understand what they may encounter. Unfortunately, with the amount of nursing knowledge that students must absorb in school, they may not be

exposed to some literature that is useful in understanding phenomena encountered in mental health settings. Also unfortunately, disciplines do not often communicate to each other their important and landmark studies. Nor are nursing students often exposed to seminal studies of other disciplines. Space precluded me from discussing more than two, but I hope that it whets the students’ appetites to dig deeper into the literature of other fields as their work may generate many insights for the field of nursing.

- Chapter 10, “The Interview and Assessment Process,” reviews key elements of the mental health/mental status examination, which provides the foundation of all subsequent interactions with and care for clients.
- Chapter 18, “Somatic Therapies,” is concerned with the existing and emerging field of body-based, nonpharmacologic treatments, such as electroconvulsive therapy, phototherapy, and transcranial magnetic stimulation.
- Chapter 19, “Inpatient Care Settings,” explores key considerations and variations for care during psychiatric hospitalization at a time when hospitalization lengths have been severely truncated.
- Chapter 34, We included a separate chapter on suicide to address its association with several psychiatric disorders, such as depression, bipolar illness, personality disorders, and substance abuse. The chapter specifically addresses dangerous myths, such as those associated with suicide contracts that have been perpetuated by practice convention.
- Chapter 39, “Clients With Medical Illnesses,” speaks to the ubiquity of mental health issues throughout the spectrum of life and within the context of medical disorders. I recognize that not all students of this text will go on to be psychiatric–mental health nurses, which is why I conceived of this chapter. I hope that students will find the discussion useful, because whatever their ultimate specialty, they will generalize some of the material to other numerous disorders to which it applies.

The team decided early that we wanted to produce a textbook that was concise, current, and readable. We carefully edited for redundant material as well as for material that constituted a “nice to know” versus a “need to know.” I like to read books that I believe speak to me as an individual. This kind of writing is engaging and makes learning fun, so we strived for readability and student “friendly” writing. I would like each student to come away from each chapter with a feeling of comfort.

Features

In response to opinions from instructors and students about what would make for the most appealing and useful text, this edition has retained the following enhancements:

- **Evidence-Based Practice Spotlights.** More than 25 of these features throughout the book summarize validated studies and findings on topics of relevance. They also

supply implications for nursing practice to communicate to students “take-away” points for client care.

- **Evidence-Based Practice Summaries.** These tables compare and contrast levels of evidence for various interventions used to treat different disorders under discussion.
- **Case in Point.** These case studies present detailed client/family scenarios with integrated nursing care plans. Organized according to the steps of the nursing process, these cases include assessment findings; integrated NANDA, NIC, and NOC; examples of documentation; and follow-up to reflect a systematic approach to treatment. Many include photos to help students connect with the clients and families under discussion.
- **Case Vignettes:** More than 30 throughout the book with accompanying Reflection and Critical Thinking Questions pose realistic client scenarios and thought-provoking topics for exploration and discussion.
- **Understanding Biologic Foundations:** These features in selected chapters mix narrative and art to explain core biologic processes, neuroanatomy, neurotransmission, and pathophysiology. They help students better understand the connections between mind and body, cellular and organ functioning, and normal versus abnormal processes.
- **Cultural Spotlight:** These boxes in several chapters cover pertinent points relevant to understanding the cultural context of clients.

Additionally, several well-received and dynamic features from the previous edition have been retained, with revisions as appropriate:

- **Learning Objectives.** This bulleted list highlights the main ideas for students to know or accomplish after reading the chapter.
- **Key Terms.** Each chapter begins with a list of key terms. The terms are bolded in a special color upon first appearance in the chapter with accompanying definitions. The Glossary also provides definitions.
- **Checkpoint Questions.** Found at key points for review within each chapter, these questions ask students to provide quick answers to ensure rapid recall and understanding of essential content.
- **Think About It.** Each chapter contains one or more of these exercises that encourage application and interpretation of client scenarios based on core content explored in the text.
- **Challenging Behaviors.** This feature presents scenarios that many in mental health find challenging and troublesome and details how expert psychiatric nurses can meet those challenges.
- **Therapeutic Communication.** This feature provides sample dialogues to assist nurses in understanding effective versus ineffective communication. Reflection and Critical Thinking at the end help students make choices and interpret why certain communication styles succeed or fail for clients with psychiatric problems.

- **Client-Centered Education.** These boxes contain client- and family-focused teaching points and related resources (Web, organizations, books, etc.) for the condition under discussion.
- **Nursing Spotlight.** These boxes describe important guidelines, approved practice standards, and other key nursing-focused components relevant to care.
- **Assessment Tools.** This designation has been given to relevant boxes and tables that present commonly used checklists, mechanisms for testing, and other documents for evaluating aspects of clients.
- **Reviewing and Applying Your Knowledge.** Each chapter ends with a section for students to process their knowledge and to apply what they have learned.
- **Chapter Summary.** Bulleted lists of key points correspond with the chapter’s learning objectives to ensure full understanding and continuity.
- **Study Questions.** These practice tests with questions in NCLEX-style formats test students’ comprehension of the chapter’s content.
- **Critical Thinking Questions.** These exercises challenge students to expand their thinking about issues discussed within each chapter.

Photography and Art

Recognizing the power of visual appeal, we have included illustrations and graphics that we hope will please. We have woven art and photography throughout the book to illustrate crucial points and assist visual learners to understand symptoms, interventions, biologic mechanisms, and differences and similarities in clients. The visual emphasis is in line with the needs and characteristics of today’s student population. It also is a key element of new features, such as the aforementioned “Understanding Biologic Foundations” and the case studies.

Teaching Learning Package

thePoint (<http://thepoint.lww.com>), a trademark of Wolters Kluwer Health, is a Web-based course and content management system providing every resource that instructors and students need in one easy-to-use site. Advanced technology and superior content combine at thePoint to allow instructors to design and deliver on- and off-line courses, maintain grades and class rosters, and communicate with students. Students can visit thePoint to access supplemental multimedia resources to enhance their learning experience. They can also check the course syllabus, download content, upload assignments, and join an online study group.

For instructors, a wealth of information can be found at thePoint, all designed to make teaching easier:

- **Pre-Lecture Quizzes,** made up of five True/False and five Fill-in-the-Blank questions, are meant to be given at the beginning of class and help evaluate whether students are keeping up with the reading and the material it covers.

- Assignments, broken into four types—written, group, clinical, and Web—and organized by learning objective, provide opportunities for in- or after-class activities.
- Discussion Topics, also organized by learning objective, allow students to critically think through scenarios and discuss their ideas with other students.
- Guided Lecture Notes organize the chapter objective-by-objective and provide references to appropriate PowerPoint slides and figures from the text.

In addition, thePoint package includes an online eBook so students and instructors can search their text electronically.

Student Resources

The accompanying free student resources on thePoint include exciting and instructive learning tools, including such assets as our popular Clinical Simulations and Movie Viewing Guides:

- Clinical Simulations: These interactive case studies, focusing on the acutely manic phase, major depressive disorder, and paranoid schizophrenia in the acutely psychotic phase, help students gradually take theory and apply it through practice—without the fear and intimidation that can accompany students fresh from the classroom.
- Movie Viewing Guides: Helping students recognize disorders in “everyday” life, Movie Viewing Guides ask students to view characters in movies as psychiatric clients, and, again, take some of the fear and intimidation out of client contact, all while becoming more and more familiar with such interactions as well as possible diagnoses.
- Psychotropic Drug Monographs: Often a difficult portion of any mental health–psychiatric student’s workload, psychotropic drug monographs provide students with information on drugs specific to their area of study.

Also included are a Spanish-English audio glossary, an interactive tutorial that walks students through the alternate-format questions on the NCLEX, and journal articles that offer the most recent research organized by chapter.

Wanda K. Mohr, PhD, RN, FAAN

McCabe, S. (2000). Bringing psychiatric nursing into the 21st century. *Archives of Psychiatric Nursing*, 14(3), 109–116.



Dedication and Acknowledgments

I would like to acknowledge and dedicate this book to my family. I could not have achieved what I have without my husband, Brian, whose confidence in me and ceaseless cheerleading gave me the energy and self-assurance to reach even higher than the last time. My children and their spouses are a continuing source of joy and add to the fullness of my life.

I also dedicate this book to the National Alliance for the Mentally Ill (NAMI) who work tirelessly against stigma

and on behalf of research and education. As mental health consumers and family members, they have taught me valuable lessons about the devastation of mental illness and the courage of those who suffer from it.

An effort such as this book is made possible by the hard work of dozens of people, the chapter authors, as well as the Editorial, Production, and Marketing teams at Wolters Kluwer.



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Contents

ONE Foundational Concepts in Psychiatric–Mental Health Nursing 1

CHAPTER 1

Introduction to Psychiatric–Mental Health Nursing 1

Wanda K. Mohr

MENTAL HEALTH 2

- Elements of and Influences on Mental Health 2
- Mental Health as a National Priority 3

MENTAL ILLNESS 3

- The Mental Health–Illness Continuum 4
- Incidence and Prevalence 4
- Etiology 7
- Diagnosis 7
- Prevention and Treatment 9

PSYCHIATRIC–MENTAL HEALTH NURSING 15

- Nursing Process and Standards of Care 15
- Levels of Practice 15
- Guiding Principles 16
- The Role of the Psychiatric Nurse as a Team Member 16
- Development of Appropriate Client Care Skills 17

CHAPTER 2

Neuroscience: Biology and Behavior 20

Wanda K. Mohr

NEUROANATOMY AND NEUROPHYSIOLOGY 21

- Neurons 21
- Central Nervous System 27
- The Role of Genetics 32

OTHER TOPICS IN NEUROSCIENCE 34

- Memory, Repetition, and Learning 34
- Circadian Rhythm 34
- Neuroimaging Techniques 35
- Psychoneuroimmunology 35

CHAPTER 3

Conceptual Frameworks and Theories 41

Wanda K. Mohr

THEORIES: WHO CARES AND SO WHAT? 42

THEORIES OF HUMAN BEHAVIOR 43

- Psychoanalytic or Psychodynamic Theory 43
- Behavioral Theory 46
- Cognitive Theory 49
- Humanistic Theory 51
- Interpersonal Theory 51
- Biopsychologic Theory 52
- Sociocultural Theory 52

TOWARD A COMPREHENSIVE, MULTIDISCIPLINARY UNDERSTANDING OF PSYCHOPATHOLOGY 54

- The Emergence of Mental Illness 55
- Nursing Applications: Assessing Multiple Systems 55
- Implications and Criticisms 56

CHAPTER 4

Evidence-Based Practice 59

Wanda K. Mohr

SCIENCE 61

- Principles of the Scientific Method 61
- Types of Scientific Evidence 62

PSEUDOSCIENCE 63

- Pseudoscience Versus Science 63
- Myths 66
- Quackery 66
- The Dangers of “Junk Science” 68
- The Dangers of Pseudoscience: Attachment Therapy 69

IMPLICATIONS FOR PROFESSIONAL NURSES 70

THE FUTURE OF MENTAL HEALTH AND PSYCHIATRIC NURSING 71

CHAPTER 5

Legal and Ethical Aspects 75

JoAnn Pietro

LEGAL ISSUES IN PSYCHIATRIC–MENTAL HEALTH

NURSING 76

- Nurse Practice Acts and the Expanding Role of Nursing 76
- Malpractice 77
- Legal Counsel 78
- Basic Rights of Clients Receiving Psychiatric Nursing Care 78
- Evolving Legal Rights 83
- Client Status and Specific Legal Issues 84
- Legal Issues and Special Client Populations 85

ETHICAL ISSUES IN PSYCHIATRIC–MENTAL HEALTH

NURSING 86

- Bioethical Principles in Psychiatric Nursing Practice 88
- Nursing Ethics in Community Mental Health 89
- Boundaries in Ethical Nursing Care 89

TWO Client Care Considerations 93

CHAPTER 6

Culture 93

Wendy Umberger and Mary Huggins

CULTURE 94

- Changing Demographics and Cultural Awareness 94
- Culturally Competent Health Care 96

- Variability and Vulnerability 99
- Ethnopharmacology 100
- Traditional Medicine 100
- Accessibility 100
- Racial Bias 101
- Religious and Spiritual Influences 101

SOCIOCULTURAL VARIATIONS IN RESPONSE TO MENTAL

HEALTH CARE 102

- Hispanic and Latino(a) Clients 102
- Black Americans 103
- Native Americans 105
- Asian and Pacific Islanders 107
- Middle Eastern Clients 108
- Eastern Europeans 108

CULTURALLY COMPETENT AND CONGRUENT NURSING

CARE 110

- Essential Skills 110
- Phases of Transcultural Nursing Knowledge 111
- Transcultural Assessment 111
- Building Cultural Awareness 112
- Cultural Self-Awareness 112

EVIDENCE-BASED PRACTICE 112

CHAPTER 7

Spirituality in Psychiatric Care 116

Wanda K. Mohr

SPIRITUALITY, RELIGION, AND MENTAL HEALTH 117

- Definitions 117
- Importance of Spirituality and Religion in North America 118
- Health-Related Attitudes and Philosophies 118
- Positive Effects of Spirituality and Religion 118
- Negative Effects of Religion and Spirituality 120
- Mental Illness 120

RELIGIOUS AND SPIRITUAL INTERVENTIONS IN MENTAL

HEALTH CARE 121

- Clarifying Values 121
- The Role of Clergy in Mental Health Care 121
- The Role of the Nurse in Mental Health Care 122

ETHICAL CONCERNS 126

THREE The Nurse–Client Relationship 131

CHAPTER 8

Nursing Values, Attitudes, and Self-Awareness 131

Wanda K. Mohr

FEAR OF MENTAL ILLNESS: STIGMA AT WORK 132

MYTHS AND MENTAL ILLNESS 133

UNDERSTANDING MENTAL ILLNESS: CLIENTS IN THEIR OWN WORDS 133

HURTFUL LANGUAGE 134

SITUATIONAL AND DISPOSITIONAL FACTORS IN CLINICAL SETTINGS 135

LABELING AND SOCIAL PERCEPTION 136

REALITY AND MENTAL HEALTH CARE: CHALLENGES FOR

NURSING 138

- Recommendations for Working with Clients 138
- Managing Stress and Burnout 138

CHAPTER 9

The Nursing Process in Psychiatric–Mental Health Care 143

Suzanne Perraud and Susan Breitenstein

STEPS OF THE NURSING PROCESS 144

- Assessment 144
- Nursing Diagnosis 147
- Planning 149
- Implementation 151
- Evaluation 153

DOCUMENTATION 154

CHAPTER 10

The Interview and Assessment Process 158

Karyn Morgan

PREPARATION 159

- Self-Awareness 159
- Review of the Client's History 160
- Setting Preparation 160

CONTENT OF THE ASSESSMENT 161

- Health History 162
- Physical Examination 168
- Mental Status Examination 170
- Safety Assessments 175
- Individualized Needs 176

RATING SCALES 178

SPECIAL CHALLENGES 179

- Age Group 179
- Communication Challenges 179

NURSE'S FOLLOW-UP 179

CHAPTER 11

Therapeutic Relationships and Communication 182

Catherine Deering

THERAPEUTIC RELATIONSHIPS 183

- Essential Elements 184
- Obstacles to Therapeutic Relationships 187
- Phases of the Therapeutic Relationship 189

THERAPEUTIC COMMUNICATION 192

- Theoretical Framework and Communication Model 193
- Listening 194
- Assertiveness 197
- Confrontation and Limit Setting 197
- Self-Disclosure 198
- Therapeutic Communication in Special Situations 199

CHAPTER 12

Working With the Multidisciplinary Team 204

Jeffrey Anderson, Kerry E. Brown, Catherine Johnson, Tara A. Mohr, Theodore A. Petti, Scott M. Reid and Patricia A. Troyanowski

PSYCHOLOGISTS 205

- Educational Background and Training 205
- The Role of School Psychologists 205
- Psychologists, Nurses, and Multidisciplinary Teams 208

OCCUPATIONAL THERAPISTS 208

- Educational Background and Training 209
- The Role of Occupational Therapists 209
- Occupational Therapists, Nurses, and Multidisciplinary Teams 210

PROFESSIONAL SOCIAL WORKERS	211
Educational Background and Training	211
The Role of Social Workers	212
Social Workers, Nurses, and Multidisciplinary Teams	213
PSYCHIATRISTS	214
Educational Background and Training	214
The Role of Psychiatrists	214
Psychiatrists, Nurses, and Multidisciplinary Teams	215
REGISTERED DIETITIANS	215
Educational Background and Training	216
The Role of Registered Dietitians	216
Registered Dietitians, Nurses, and Multidisciplinary Teams	216
ART THERAPISTS	217
Educational Background and Training	217
Role of the Art Therapist	217
Art Therapists, Nurses, and Multidisciplinary Teams	218
PROFESSIONAL CERTIFIED THERAPEUTIC RECREATION SPECIALISTS	219
Educational Background and Training	219
The Role of Recreational Therapists	219
Recreational Therapists, Nurses, and Multidisciplinary Teams	220
BENEFITS OF THE MULTIDISCIPLINARY APPROACH	220

FOUR Conceptual Bases of Treatment 223

CHAPTER 13

Individual Therapies and Nursing Interventions 223

Jan Dalsheimer

THERAPIES FOR INDIVIDUAL CLIENTS	224
Goals of Individual Therapy	224
Practitioners of Psychotherapy	224
Current Trends	225
Common Modalities	225
Integrative Approaches to Psychotherapy	234
Cultural Considerations in Psychotherapy	235
PSYCHIATRIC NURSING ROLES AND STRATEGIES FOR INDIVIDUAL CLIENTS	236
Basic-Level Psychiatric Nursing Care	236
Advanced-Level Therapeutic Nursing Interventions	239

CHAPTER 14

Groups and Group Interventions 245

Barbara Caldwell

GROUP PROCESS	246
Characteristics of Groups	246
Types of Groups	246
Group Norms	247
Group Leadership	247
Group Roles	251
Group Communication	252
Stages of Group Development	254
GROUP THERAPY	256
Advantages and Disadvantages	256
Therapeutic Factors of Group Therapy	256
Types of Therapy Groups	257

NURSES AND GROUP PROCESS AND THERAPY 260

Group Process and Therapy in Nursing Education	260
Group Process and Therapy in Nursing Practice	261

CHAPTER 15

Families and Family Interventions 265

Wendy Lewandowski

FAMILY THEORIES AND MODELS 266

Family as a System	266
Family Development	267
Role of the Family	268
Family and Stress	269
Strengths Perspective With Families	270

NURSING ASSESSMENT WITH FAMILIES 270

Structural Assessment	270
Developmental Assessment	271
Functional Assessment	271
Cultural Considerations	271

NURSING INTERVENTIONS 273

Cognitive Interventions	273
Affective Interventions	273
Behavioral Interventions	273

FAMILIES OF CLIENTS WITH MENTAL ILLNESS 274

Family Burden	274
Iatrogenic Burden	276
Families as a Population at Risk	277
Family Consultation	277
Family Empowerment	278
Family Education	279
Psychotherapy and Medication	280

CHAPTER 16

Psychopharmacology 284

Mary D. Moller

THE FOOD AND DRUG ADMINISTRATION

DRUG-APPROVAL PROCESS 285

Clinical Trials	285
Special Considerations with Psychotropic Agents	285

PHARMACODYNAMICS 286

Neurons and Neurotransmission	286
Receptor–Pharmacology Spectrum	286
Refractoriness	288
Efficacy and Potency	288
Rule of 5s	288
Effect of Medications on Neurons	288
Effects of Medications on Synapses	289

PHARMACOKINETICS 290

Absorption	290
Distribution	291
Metabolism	292
Elimination	292

MAJOR CLASSES OF PSYCHOTROPIC

DRUGS 293

Antidepressants	293
Mood Stabilizers	302
Anxiolytics	305
Antipsychotic (Neuroleptic) Agents	308
Stimulant and Nonstimulant Cognitive Enhancers	315
Memory and Cognition Enhancers	316

CHAPTER 17

Integrative Therapies 333

Connie S. Heflin

NCCAM'S CATEGORIES OF PRACTICE 334

PSYCHIATRIC CONDITIONS AND INTEGRATIVE

THERAPIES 338

Anxiety Disorders 338

Mood Disorders 338

Schizophrenia and Other

Thought Disorders 343

Addictive Disorders 343

Cognitive Disorders 344

INTEGRATIVE CARE: INCORPORATING CAM INTO

EVIDENCE-BASED NURSING PRACTICE 344

Importance of Assessment 344

Ethical, Legal, and Research-Oriented Obligations 344

CHAPTER 18

Somatic Therapies 348

Wanda K. Mohr

ELECTROCONVULSIVE THERAPY 349

Pretreatment Evaluation 349

Procedure 349

Indications 350

Mechanism of Action 350

Side Effects 350

Nursing Role and Care 350

MAGNETIC SEIZURE THERAPY 351

PHOTOTHERAPY 351

TRANSCRANIAL MAGNETIC STIMULATION 351

VAGUS NERVE STIMULATION 353

TRANSCRANIAL DIRECT CURRENT STIMULATION 353

DEEP BRAIN STIMULATION AND OTHER

PSYCHOSURGERIES 354

SIX Settings for Care 357

CHAPTER 19

Inpatient Care Settings 357

Sherri Melrose

INPATIENT CARE CRITERIA AND VARIATIONS 358

Levels of Care 358

Types of Settings 358

NURSING ROLES IN INPATIENT CARE

MANAGEMENT 359

Admission 359

Therapeutic Strategies 361

Documentation and Reporting 364

Transfers 364

Discharge 364

CHAPTER 20

Community and Home Psychiatric Care 368

Jeffrey A. Anderson and Mary Huggins

COMMUNITY MENTAL HEALTH 369

Evolution 369

Levels of Prevention 370

COMMUNITY SUPPORT SYSTEMS 371

Components of a Community Support System 371

Community Support Programs 372

Public Policy and Trends 375

COMMUNITY PSYCHIATRIC NURSING 377

PSYCHIATRIC HOME CARE 378

Services 378

Principles 378

Goals 379

Funding and Eligibility 379

Psychiatric Home Care Nurses 380

CHAPTER 21

Forensic Psychiatric Nursing 383

Wanda K. Mohr

FORENSIC SETTINGS 384

FACTORS CONTRIBUTING TO INCARCERATION 385

ALTERNATIVES TO INCARCERATION 385

CHARACTERISTICS OF THE FORENSIC POPULATION 386

Offenders With Mental Illness 386

Violent Offenders 386

Special Populations 386

Female Offenders 387

EFFECTS OF INCARCERATION

ON MENTAL HEALTH 388

CHARACTERISTICS OF FORENSIC PSYCHIATRIC

NURSES 389

Attitudes 389

Skills 389

SIX Psychiatric Disorders 401

CHAPTER 22

Sleep Disorders 401

Nancy S. Redeker and Beth Heaney

SLEEP 402

Physiology of Sleep 402

Purposes of Sleep 403

Influences on Sleep 404

SLEEP DISORDERS 408

Signs and Symptoms/Diagnostic Criteria 408

Psychiatric Comorbidity and Sleep 413

Interdisciplinary Goals and Treatment 415

CHAPTER 23

Anxiety Disorders 429

Geraldine Pearson

ANXIETY 430

The Continuum of Anxiety 430

Normal Versus Abnormal Anxiety 431

ANXIETY DISORDERS 432

Incidence and Prevalence 432

Etiology 432

Signs and Symptoms/Diagnostic Criteria 433

Comorbidities and Dual Diagnoses 439

Differential Diagnosis 439

Implications and Prognoses 439

Interdisciplinary Goals and Treatment 439

CHAPTER 24

Somatoform, Dissociative, and Sexual Disorders 454

Barbara Enright

- SOMATOFORM DISORDERS 455**
 Incidence and Prevalence 455
 Etiology 455
 Signs and Symptoms/Diagnostic Criteria 455
 Comorbidities and Dual Diagnoses 458
 Implications and Prognosis 458
 Interdisciplinary Goals and Treatment 459

- DISSOCIATIVE DISORDERS 468**
 Incidence and Prevalence 469
 Etiology 469
 Signs and Symptoms/Diagnostic Criteria 469
 Comorbidities and Dual Diagnoses 470
 Interdisciplinary Goals and Treatment 471

- SEXUAL DISORDERS 474**
 Etiology 474
 Signs and Symptoms/Diagnostic Criteria 474
 Interdisciplinary Goals and Treatments 476
 Nursing Assessment 479
 Nursing Interventions 481

CHAPTER 25

Personality Disorders 490

Melissa Garno

PERSONALITY 491

OVERVIEW OF PERSONALITY

- DISORDERS 491**
 Incidence and Prevalence 491
 Etiology 491
 Signs and Symptoms/Diagnostic Criteria 492
 Comorbidities and Dual Diagnoses 498
 Implications and Prognosis 499
 Interdisciplinary Goals and Treatment 500

NURSE'S SELF-CARE 509

CHAPTER 26

Eating Disorders 514

Susan Decker

EATING DISORDERS: DEFINITION

- AND TYPES 515**
 Incidence and Prevalence 515
 Etiology 516
 Signs and Symptoms/Diagnostic Criteria 518
 Comorbidities and Dual Diagnoses 520
 Implications and Prognosis 521
 Interdisciplinary Goals and Treatment 521

CHAPTER 27

Depressive Disorders 541

Pamela E. Marcus

OVERVIEW OF DEPRESSIVE ILLNESS 542

- Incidence and Prevalence 542
 Etiology 542
 Signs and Symptoms/Diagnostic Criteria 544
 Interdisciplinary Goals and Treatment 547

CHAPTER 28

Bipolar Disorders 559

Pamela E. Marcus

OVERVIEW OF BIPOLAR DISORDERS 560

- Incidence and Prevalence 560
 Etiology 560
 Signs and Symptoms/Diagnostic Criteria 563
 Implications and Prognosis 565
 Interdisciplinary Goals and Treatment 565

CHAPTER 29

Thought Disorders 584

Geraldine S. Pearson

SCHIZOPHRENIA AND OTHER THOUGHT

- DISORDERS 585**
 Incidence and Prevalence 585
 Etiology 586
 Signs and Symptoms/Diagnostic Criteria 589
 Comorbidities and Dual Diagnoses 595
 Differential Diagnosis 595
 Implications and Prognosis 595
 Interdisciplinary Goals and Treatment 596

CHAPTER 30

Substance Use Disorders 619

Melissa Garno

SUBSTANCE ABUSE AND DEPENDENCE 620

- Incidence and Prevalence 620
 Etiology 621
 Signs and Symptoms/Diagnostic Criteria 622
 Comorbidities and Co-occurring Disorders 633
 Implications and Prognosis 635
 Interdisciplinary Goals and Treatment 636

IMPAIRED NURSES 654

CHAPTER 31

Cognitive Disorders 660

Anita Amelia Thompson Heisterman

ETIOLOGIC AND DIAGNOSTIC CHALLENGES

- OF COGNITIVE DISORDERS 661**
DELIRIUM 662
 Incidence and Prevalence 662
 Etiology 662
 Signs and Symptoms/Diagnostic Criteria 662
 Implications and Prognosis 663
 Interdisciplinary Goals and Treatment 664

DEMENTIA 669

- Incidence and Prevalence 669
 Signs and Symptoms/Diagnostic Criteria 669
 Types of Dementia 671
 Implications and Prognosis 678
 Interdisciplinary Goals and Management 678

AMNESTIC DISORDERS 693

NURSE'S SELF-CARE 694