

PSYCHIATRIC NURSING:
Biological & Behavioral Concepts

*This book is dedicated
to my best friend
and remarkably encouraging husband,
Okon, who has supported me
throughout this great quest.*



PSYCHIATRIC NURSING:

Biological & Behavioral Concepts

DEBORAH ANTAI-OTONG,
MS, RN, CNS, PMHNP, CS, FAAN

Veterans Administration North Texas Health Care System
Dallas, Texas

Psychiatric Nursing: Biological & Behavioral Concepts
by Deborah Antai-Otong, MS, RN, CNS, PMHNP, CS, FAAN

Executive Director:
William Brottmiller

Executive Editor:
Cathy L. Esperti

Acquisitions Editor:
Matthew Kane

Developmental Editor:
Marjorie A. Bruce

Executive Marketing Manager:
Dawn F. Gerrain

Channel Manager:
Jennifer McAvey

Editorial Assistant:
Erin Silk

Technology Project Manager:
Laurie Davis

Technology Production Coordinator
Sherry McGaughan

Executive Production Manager:
Karen Leet

Art/Design Coordinator:
Connie Lundberg-Watkins

Project Editor:
Mary Ellen Cox

Production Editor:
Anne Sherman

COPYRIGHT © 2003 by Delmar Learning, a division of Thomson Learning, Inc. Thomson Learning™ is a trademark used herein under license.

Printed in the United States of America
1 2 3 4 5 XXX 07 06 05 04 03 02

For more information contact Delmar Learning,
5 Maxwell Drive, Clifton Park, NY 12065
Or find us on the World Wide Web at
<http://www.delmarhealthcare.com>

ALL RIGHTS RESERVED. No part of this work covered by the copyright hereon may be reproduced or used in any form or by any means—graphic, electronic, or mechanical, including photocopying, recording, taping, Web distribution, or information storage and retrieval systems—without written permission of the publisher. For permission to use material from this text or product, contact us by
Tel (800) 730-2214
Fax (800) 730-2215
www.thomsonrights.com

Library of Congress Cataloging-in-Publication Data

Psychiatric nursing: biological & behavioral concepts / [edited by] Deborah Antai-Otong.

p. ; cm.
Includes bibliographical references and index.

ISBN 0-7668-1712-1 (alk. paper)

1. Psychiatric nursing. 2. Behavior therapy. I. Antai-Otong, Deborah.

[DNLM: 1. Psychiatric Nursing—methods—Nurses' Instruction. 2. Behavior Therapy—Nurses' Instruction. WY 160 P97238 2003] RC440 .P7537 2003 610.73'68—dc21

2002072884

International Divisions List

Asia (Including India):
Thomson Learning
60 Albert Street, #15-01
Albert Complex
Singapore 189969
Tel 65 336-6411
Fax 65 336-7411

Australia/New Zealand:
Nelson
102 Dodds Street
South Melbourne
Victoria 3205
Australia
Tel 61 (0)3 9685-4111
Fax 61 (0)3 9685-4199

Latin America:
Thomson Learning
Seneca 53
Colonia Polanco
11560 Mexico, D.F. Mexico
Tel (525) 281-2906
Fax (525) 281-2656

Canada:
Nelson
1120 Birchmount Road
Toronto, Ontario
Canada M1K 5G4
Tel (416) 752-9100
Fax (416) 752-8102

UK/Europe/Middle East/Africa:
Thomson Learning
Berkshire House
1680-173 High Holborn
London WC1V 7AA
United Kingdom
Tel 44 (0)20 497-1422
Fax 44 (0)20 497-1426

Spain (includes Portugal):
Paraninfo
Calle Magallanes 25
28015 Madrid
España
Tel 34 (0)91 446-3350
Fax 34 (0)91 445-6218

NOTICE TO THE READER

Publisher does not warrant or guarantee any of the products described herein or perform any independent analysis in connection with any of the product information contained herein. Publisher does not assume, and expressly disclaims, any obligation to obtain and include information other than that provided to it by the manufacturer.

The reader is expressly warned to consider and adopt all safety precautions that might be indicated by the activities described herein and to avoid all potential hazards. By following the instructions contained herein, the reader willingly assumes all risks in connection with such instructions.

The publisher makes no representations or warranties of any kind, including but not limited to, the warranties of fitness for particular purpose or merchantability, nor are any such representations implied with respect to the material set forth herein, and the publisher takes no responsibility with respect to such material. The publisher shall not be liable for any special, consequential, or exemplary damages resulting, in whole or part, from the reader's use of, or reliance upon, this material.

Contents



List of Tables	xv
Contributors	xxi
Reviewers	xxii
Preface	xxxiii
Acknowledgments	xxv
About the Author	xxvi
Instructor and Student Supplements	xxvii
How to Use This Text	xxviii



Perspectives and Principles	1
Chapter 1 History of Psychiatric Nursing	3
The Evolution of Psychiatric-Mental Health Care	5
Psychiatric Nursing Education: Evolution of a Specialty	15
Trends in Psychiatric-Mental Health Nursing	18
Chapter 2 Concepts of Psychiatric Care: Therapeutic Models	25
Psychoanalytical Theory	28
Psychosexual Theory of Development	31
Social Theories	31
Interpersonal Social Theory	34
Attachment Theory	36
Behavioral Theories	38
Cognitive Theories	39
Neurobiological Theories	43
Systems Theory	50
Human Needs Theory	51

	The Wellness-Illness Continuum	52
	Stress-Adaptation Models	52
	Nursing Theories And Models	53
Chapter 3	Interfacing Biological-Behavioral Concepts into Psychiatric Nursing Practice	63
	History of the Biological-Behavioral Dichotomy	65
	Major Neurobiological Models	66
	Major Behavioral Models	69
	Integration of Brain and Behavior	69
	Major Paradigms of Psychiatric-Mental Health Nursing	72
	The Role of the Nurse	75
	Related Research	76
Chapter 4	Foundations of Psychiatric Nursing	81
	Mental Health Promotion: An Integral Aspect of Psychiatric-Mental Health Nursing	83
	The Mental Health-Mental Illness Continuum	85
	Classification of Mental Illness and Disorders	88
	Coping Mechanisms	91
	Coping and Adaptation across the Life Span	93
	Essential Qualities of the Psychiatric-Mental Health Nurse	96
	The Psychiatric-Mental Health Nurse as a Member of the Mental Health Team	98
	The Role of the Nurse	100
	The Nursing Process	100
Chapter 5	The Nursing Process	107
	Foundations of the Nursing Process	109
	The Nursing Process	111
Chapter 6	Therapeutic Communication	127
	Causative Factors of Communication Patterns	129
	Communication Theories	131
	Types of Communication	132
	Factors that Direct Communication Patterns	135
	Therapeutic Communication Techniques	138
	Nurse-Client Interaction: The Basis of the Nursing Process	142
	Evaluating Communication Using Process Recording	146
	Developing Self-Awareness of Communication Patterns	146
	Documentation Systems	147

Chapter 7	Cultural and Ethnic Considerations	151
	Overview of Culture and Behavior	153
	Culturally Bound, Mental Health, and Psychosocial Issues	156
	Ethnopsychopharmacology	158
	Critical Thinking and Cultural Competence	159
	The Role of the Nurse	159
	A Cross-Cultural Comparison of Family Resiliency in Hemodialysis Patients	163
Chapter 8	Legal and Ethical Considerations	167
	Legal Issues in Psychiatric Care: Historical Perspectives	168
	Ethics and Psychiatric Nursing	170
	Topics of Ethical Concern in Psychiatric Nursing Practice	174
	Defining Mental Illness	176
	United States Mental Health Laws	176
	Clients' Rights	183
	Somatic Therapies	187
	Future Issues Challenging Psychiatric Nurses	187
	2 Response to Stressors across the Life Span	193
Chapter 9	The Client with a Depressive Disorder	195
	Epidemiology	196
	Causative Factors	197
	Depressive Disorders across the Life Span	204
	Loss and Grief Issues	210
	Treatment Modalities	214
	The Role of the Nurse	216
	The Nursing Process	218
Chapter 10	The Client with a Bipolar Disorder	229
	The Bipolar Spectrum	232
	Epidemiology	239
	Cultural Considerations	240
	Causative Factors: Theories and Perspectives	240
	Bipolar Disorders across the Life Span	243
	Treatment Modalities	244
	Psychosocial and Behavioral Interventions	246
	The Role of the Nurse	249
	The Nursing Process	250



Chapter 11	The Client with an Anxiety Disorder	261
	Levels of Anxiety: Normal versus Abnormal Anxiety	263
	Epidemiology	265
	Cultural Factors	265
	Causative Factors: Perspectives and Theories	266
	Anxiety across the Life Span	273
	Treatment Considerations for the Client in Community and Home Settings	289
	The Role of the Nurse	290
	The Nursing Process	291
Chapter 12	The Client with a Somatization Disorder	305
	Somatoform Disorders	306
	Causative Factors: Theories and Perspectives	307
	Specific Somatoform Disorders	310
	Somatoform Disorders across the Life Span	317
	The Role of the Nurse	318
	The Nursing Process	319
Chapter 13	The Client with a Stress-Related Disorder	325
	Definitions	327
	Causative Factors: Theories and Perspectives	327
	Specific Psychobiological Disorders and Treatment Modalities	332
	Psychobiological Disorders across the Life Span	336
	The Role of the Nurse	337
	The Nursing Process	338
Chapter 14	The Client with Schizophrenia and Other Psychotic Disorders	345
	Overview of Schizophrenia and Other Psychotic Disorders	346
	Epidemiology and Prevalence	347
	Causative Factors: Theories and Perspectives	349
	Systems Involvement and Behavior	353
	Overview of Other Brain Disorders	354
	Schizophrenia and Other Psychotic Disorders across the Life Span	355
	Treatment Modalities	358
	The Role of the Nurse	360
	The Nursing Process	361
Chapter 15	The Client with a Personality Disorder	365
	Personality Disorders	367
	Causative Factors: Theories and Perspectives	370
	Neurobiological Theories	373
	Genetics	375

	Temperament	375
	The Role of Child Abuse	375
	Personality Disorder Issues across the Life Span	375
	Specific Personality Disorders and Treatment Modalities	382
	The Role of the Nurse	393
	The Nursing Process	394
Chapter 16	The Client with Delirium, Dementia, Amnestic, and Other Cognitive Disorders	407
	Cognitive Disorders across the Life Span	410
	The Role of the Nurse	431
	Collaboration	432
	Medical Diagnosis and Management	432
	The Nursing Process	434
Chapter 17	The Client with Attention-Deficit Disorder	447
	Epidemiology	449
	Causative Factors: Perspectives and Theories	449
	Historical Perspectives	451
	ADHD Symptoms across the Life Span	457
	Treatment Considerations for the Client in the Home and Community Settings	460
	The Role of the Nurse	462
	The Nursing Process	463
	Psychopharmacology	465
	Stimulant Medications	467
	Behavioral Interventions	470
Chapter 18	The Client with a Dissociative Disorder	481
	Epidemiology	484
	Causative Factors: Perspectives and Theories	484
	Dissociative Disorders across the Life Span	488
	Specific Dissociative Disorders	490
	Treatment Modalities	492
	The Role of the Nurse	493
	The Nursing Process	494
Chapter 19	The Client at Risk of Suicidal and Self-Destructive Behaviors	503
	Epidemiology	504
	Definitions	506
	Causative Factors	506
	Suicide Risk across the Life Span	514
	The Role of the Nurse	522

	The Nursing Process	523
	When a Client Commits Suicide	527
	Nursing Research	527
Chapter 20	The Client with a Substance-Related Disorder	533
	Historical Perspectives	535
	Substance Abuse in the Twenty-First Century	536
	Definitions and Overview	536
	Denial and Relapse	539
	Epidemiology	540
	Substance-Related Disorders: Theories and Perspectives	543
	Substances of Abuse and Dependence	547
	Substance-Related Disorders Across the Life Span Issues	557
	Treatment and Recovery	561
	The Role of the Nurse	564
	The Nursing Process	565
	Evaluation	573
Chapter 21	The Client with an Eating Disorder	583
	Definitions and Criteria	586
	Comorbidity Issues	590
	Causes of Eating Disorders: Theories and Perspectives	591
	Eating Disorders Across the Life Span	594
	Treatment Modalities for Eating Disorders	596
	The Role of the Nurse	600
	The Nursing Process	601
	Directions for Further Research	606
Chapter 22	The Client with a Sleep Disorder	611
	Biology and Physiology of Normal Sleep	613
	Epidemiology of Sleep Disorders	615
	Causative Factors: Theories and Perspectives	615
	Specific Sleep Disorders	619
	Developmental Perspectives	620
	Treatment Modalities	621
	The Role of the Nurse	624
	The Nursing Process	625
Chapter 23	The Client with a Sexual Disorder	631
	Third Sexual Revolution	633
	Definitions of Sexual Health	633

	The Nurse's Attitude toward Sexuality	634
	Human Sexuality	635
	Psychosocial Causes of Sexual Disorders	639
	Neurobiological Factors	642
	Stress and Coping Patterns	643
	Sexuality and Sexual Disorders across the Life Span	643
	Specific Sexual Disorders and Treatment Modalities	647
	The Role of the Nurse	650
	The Nursing Process	651
	Research on Sexual Issues Relevant to Psychiatric Nursing	655
Chapter 24	The Client Who Survives Violence	661
	Definitions and Incidence of Violence	663
	Causative Factors of Abuse: Theories And Perspectives	673
	Abuse and Violence across the Life Span	676
	Treatment Modalities	679
	Batterers Interventions	681
	The Role of the Nurse	681
	The Nurse's Role in the Legal System	682
	The Nursing Process	683
	Therapeutic Interventions	693
Chapter 25	Individual Psychotherapy	695
	Historical Perspectives	697
	Cultural Considerations	697
	Theories and Concepts of Individual Psychotherapy	697
	Individual Psychotherapy across the Life Span	702
	The Role of the Nurse	705
	The Nursing Process	706
Chapter 26	Group Therapy	715
	Historical Perspectives	717
	Cultural Considerations	720
	Therapeutic Factors of Group Therapy	720
	Advantages and Disadvantages of Group Therapy	721
	Types of Clients Appropriate for Group Therapy	722
	Group Therapy and Psychiatry	722
	Group Therapy: Theories and Perspectives	722
	The Role of the Nurse	726



	Groups that Focus on Stress-Related Issues	729
	Group Therapy across the Life Span	733
	Current Research on Group Therapies/Interventions	736
Chapter 27	Familial Systems and Family Therapy	743
	Characteristics of Familial Systems	745
	Theoretical Considerations	746
	Communication or Transaction Theory	749
	Cultural Considerations	750
	Evolution of Families across The Life Span	751
	The Role of the Nurse	756
	The Nursing Process	759
	Research and Familial Systems	763
Chapter 28	Psychopharmacologic Therapy	767
	The Human Genome and Pharmacology	769
	The Brain and Behavior	770
	Neuroanatomical Structures Relevant to Behavior	770
	Neurophysiology and Behavior	772
	Pharmacokinetic Concepts	775
	Factors That Influence Drug Intensity and Duration	776
	Cultural Considerations	778
	Psychopharmacologic Therapeutic Agents	779
	Psychopharmacologic Therapy across the Life Span	804
	The Role of the Nurse	807
	Treatment Adherence	808
	Legal and Ethical Issues	809
Chapter 29	Electroconvulsive and Complementary Therapies	817
	Historical Aspects of Biological Therapies	819
	Electroconvulsive Therapy	821
	Life Span Issues	825
	The Role of the Nurse	826
	The Nursing Process	827
	Other Biological Therapies	832
	Complementary Therapies	835
	Nursing Research and Biological Therapies	836
Chapter 30	Crisis Intervention Management: The Role of Adaptation	841
	Crisis	842
	Stress	843

	Adaptation	843
	Perspectives and Theories	843
	Crisis: The Role Of Adaptation	847
	Life Span Issues: Maturational Crises	850
	Families in Crisis	853
	The Role of the Nurse	853
	Disasters: Response to Massive Stress	854
	The Nursing Process	855
Chapter 31	Milieu Therapy/Hospital-Based Care	863
	Traditional Aspects of Milieu Therapy	864
	Concepts and Principles of Milieu Therapy in a New Era	865
	Milieu Therapy across the Life Span	871
	The Role of the Nurse	875
	The Nursing Process	876
Chapter 32	Home- and Community-Based Care	883
	The History of Community Mental Health	885
	Levels of Care in Community Mental Health	886
	Community Mental Health Centers	887
	Community Mental Health across the Life Span and Special Populations	889
	Social Issues in Community Settings	890
	The Role of the Nurse	892
	The Nursing Process	893
Chapter 33	Psychosocial Care in Medical-Surgical Settings	901
	Clients' and Their Families' Psychosocial Responses in the Medical-Surgical Setting	903
	Specific Medical Conditions in the Medical-Surgical Setting: Life Span Issues	908
	The Role of the Nurse	915
	The Nursing Process	915
	Research in Medical-Surgical Settings	916
	4 Advancing Psychiatric Nursing Practice	921
Chapter 34	Psychiatric Consultation-Liaison Nursing	923
	History of PCLN Practice	924
	Philosophy of PCLN Clinical Practice	925
	Preparation for PCLN Practice	926
	The PCLN In The Health Care Delivery System	927
	The Consultation Process	930



	The Nursing Process	936
	Consultation Process	942
	The Liaison Process	943
	PCLNS and the Research Role	944
	Future Trends and Issues	945
Chapter 35	Psychiatric Nursing Research	949
	Issues in Research	951
	Steps in the Scientific Research Process	952
	The Role of the Nurse	953
	Published Research	954
	Research across the Life Span	956
	Barriers to Psychiatric Research	958
	Quantitative and Qualitative Research in Psychiatric-Mental Health Nursing	958
	National Institute of Mental Health	959
	National Institute of Nursing Research	960
	Future Needs of Psychiatric Nursing Research	960
Chapter 36	The Future of Psychiatric Nursing	965
	The Role of Psychiatric Nursing in the New Era	967
	Leadership Skills in Psychiatric-Mental Health Nursing	967
	Trends and Directions for Research in Psychiatric-Mental Health Nursing	971
	Technological Advances in Neurobiology and Genetics	972
	Biological Psychiatry	972
	Partnerships in Health Care: Nurses, Clients, and Families	973
	Continuous Quality Improvement	974
	The Role of Stress, Coping, and Adaptation in Psychiatric-Mental Health Nursing Practice	975
	The Impact of Technology on Psychiatric-Mental Health Nursing Practice	976
	Promotion of Psychiatric-Mental Health Care across the Life Span	977
	Psychiatric Nursing's Role in Meeting National Care Goals	978
Appendix	NANDA Approved Nursing Diagnoses	985
Glossary	987
Index	I-1

List of Tables



Table 1–1	The Evolution of Psychiatric Nursing	8
Table 1–2	The Mental Health Movement—The Mid-Twentieth Century	12
Table 1–3	Milestones in Child and Adolescent Psychiatry	17
Table 2–1	Vaillant’s Four Levels of Defense Mechanisms	29
Table 2–2	Freud’s Stages of Psychosexual Growth and Development	32
Table 2–3	Erikson’s Eight Stages of Ego Development	33
Table 2–4	Stages of Development: Comparison of Freud’s, Erikson’s, and Piaget’s Theories	34
Table 2–5	Sullivan’s Stages of Healthy Interpersonal Development from Birth to Maturity	35
Table 2–6	Beck’s Common Cognitive Distortions	40
Table 2–7	Piaget’s Stages of Cognitive Development	42
Table 2–8	Important Neurotransmitters in Mental Illness	47
Table 2–9	Basic Concepts of Dunn’s Model of Wellness–Illness	52
Table 2–10	Peplau’s Model of Interpersonal Theory: Basic Concepts and Their Interrelationships	56
Table 3–1	Biochemical and Behavioral Responses to Stress	71
Table 3–2	Nursing Care Plan: The Client Experiencing Sensory–Perceptual Disturbances (Psychosis): Biological–Behavioral Client Outcomes	73
Table 4–1	Populations at Risk for Mental Illness	83
Table 4–2	Major Defense Mechanisms	86
Table 4–3	Examples of Coping Behaviors from the Jalowiec Coping Scale	87
Table 4–4	Organizational Framework for <i>DSM-IV-TR</i>	89
Table 4–5	Comparison of <i>DSM-III-R</i> and <i>DSM-IV</i>	90
Table 4–6	<i>Diagnostic and Statistical Manual of Mental Disorders</i> , 4th edition Revision (<i>DSM-IV-TR</i>) Multiaxial Format	91
Table 4–7	Roy’s Adaptation Model: Assumptions and Beliefs about the Human Organism	93
Table 4–8	Essential Qualities of Psychiatric Nurses	96
Table 4–9	Ehmann’s Empathy Process: The Client Who Has Experienced Trauma (Rape)	97
Table 4–10	The Client with Bipolar I Disorder (Most Recent Episode Depressed): Comparison of Nursing Diagnosis with <i>DSM-IV-TR</i> Diagnosis	102
Table 5–1	ANA Standards of Psychiatric-Mental Health Nursing Practice	109
Table 5–2	Psychosocial Assessment Tool	113
Table 5–3	Major Components of the Mental Status Examination	119
Table 5–4	Mini-Mental State Examination (MMSE)	120
Table 6–1	Communication with Clients across the Life Span	131
Table 6–2	Major Barriers to Active Listening	139

Table 6–3	Instructions for Process Recordings	146
Table 7–1	Worldview Perspectives	154
Table 7–2	Cultural Competence Clinical Guidelines	156
Table 8–1	Historical Overview of Legal Events in Psychiatric Care	169
Table 8–2	American Nurses Association Code for Nurses and Interpretive Statements	172
Table 8–3	Criteria for Involuntary Commitment	177
Table 9–1	Neurotransmitters Theoretically Involved in Mood Disorders	198
Table 9–2	Characteristics of Depression across the Life Span	205
Table 9–3	Diagnostic Criteria for Major Depressive Episode	206
Table 9–4	Diagnostic Criteria for Dysthymia	207
Table 9–5	Diagnostic Criteria for Melancholic Type	208
Table 9–6	Diagnostic Criteria for Seasonal Pattern	208
Table 9–7	Differentiating Characteristics of Depression and Dementia	209
Table 9–8	Manifestations of Normal Grief across the Life Span	212
Table 9–9	Risk Factors for Pathological Grief Reactions	214
Table 9–10	Information on Venlafaxine (EFFEXOR)	215
Table 10–1	Diagnostic Criteria for 296.0x Bipolar I Disorder, Single Manic Episode	232
Table 10–2	Diagnostic Criteria for 296.40 Bipolar I Disorder, Most Recent Episode Hypomanic	233
Table 10–3	Diagnostic Criteria for 296.4x Bipolar I Disorder, Most Recent Episode Manic	233
Table 10–4	Diagnostic Criteria for 296.6x Bipolar I Disorder, Most Recent Episode Mixed	234
Table 10–5	Diagnostic Criteria for 296.5x Bipolar I Disorder, Most Recent Episode Depressed	234
Table 10–6	Diagnostic Criteria for 296.89 Bipolar II Disorder	236
Table 10–7	Diagnostic Criteria for 296.7 Bipolar I Disorder, Most Recent Episode Unspecified	237
Table 10–8	Diagnostic Criteria for 301.13 Cyclothymic Disorder	237
Table 10–9	296.80 Bipolar Disorder Not Otherwise Specified	238
Table 10–10	Diagnostic Criteria for 293.83 Mood Disorder Due to . . . (Indicate the General Medical Condition)	238
Table 10–11	Diagnostic Criteria for Substance-Induced Mood Disorder	239
Table 10–12	Variations in Brain Structure and Impaired Functioning in Clients with Bipolar Disorder	241
Table 10–13	Comorbidity—Anxiety	243
Table 10–14	Comorbidity—Substance Abuse	243
Table 10–15	Top-Rated Choices for Initial Medications	244
Table 10–16	Commonly Used Mood Stabilizers, Usual Adult Doses and Therapeutic Serum Levels	245
Table 10–17	Antidepressants Used in Bipolar Disorder	246
Table 10–18	Current Atypical Antipsychotics	246
Table 10–19	Goals for the Client—Inpatient Setting	247
Table 10–20	Learning to Live with Bipolar Disorder	247
Table 10–21	Minority Clients and Barriers to Mental Health Care Use	248
Table 10–22	Common Nursing Diagnoses	250
Table 11–1	Specific Anxiety Disorders	264
Table 11–2	Global Manifestations of Anxiety Responses	265
Table 11–3	Compilation of Research Data of Common Biological Theories of Major Anxiety Disorders	269
Table 11–4	Symptoms of Post-traumatic Stress Disorder across the Life Span	277
Table 11–5	Primary Treatment Goals for Youth Experiencing Anxiety Disorders	279
Table 11–6	Symptoms and Prevalence of Primary Anxiety Disorders	281
Table 11–7	Anxiety-Reducing Techniques and Interventions	282

Table 11–8	Major Psychopharmacological Anxiolytic Agents	283
Table 11–9	Alternative and Complementary Therapies for Anxiety Disorders	295
Table 12–1	Cultural Expression of Somatization	309
Table 12–2	Diagnostic Criteria for Somatization Disorder	311
Table 12–3	Diagnostic Criteria for Conversion Disorders	313
Table 12–4	Diagnostic Criteria for Pain Disorder	313
Table 12–5	Diagnostic Criteria for Hypochondriasis	315
Table 12–6	Diagnostic Criteria for Body Dysmorphic Disorder	316
Table 13–1	Comparison of Successful Coping Traits and Illness Traits	331
Table 13–2	Therapeutic Measures for Stress-Related Illness	333
Table 13–3	Specific Psychophysiological Disorders	337
Table 13–4	Health Teaching for the Angry and Tense Client with a Psychophysiological Disorder	337
Table 14–1	Medical, Neurological, and Psychiatric Diseases That May Mimic Symptoms of Schizophrenia	347
Table 14–2	Major Types of Adult Schizophrenia	348
Table 14–3	Schizophrenia: Course of the Illness	349
Table 14–4	Diagnostic Tests: Children and Adolescents with a Suspected Psychotic Disorder	356
Table 14–5	Pervasive Developmental Disorders According to the <i>DSM-IV-TR</i>	357
Table 14–6	<i>DSM-IV-TR</i> Diagnostic Criteria for Schizophrenia	358
Table 15–1	Personality Disorders Organized By Cluster	368
Table 15–2	Available Prevalence Data for Personality Disorders	369
Table 15–3	Comparison of Healthy and Unhealthy Ego Functions	372
Table 15–4	Manifested Maladaptive Coping Behaviors Arising from Early Developmental Periods and Continuing across the Life Span	373
Table 15–5	Causes and Characteristics of Conduct Disorders	377
Table 15–6	Comparison of Symptoms: Schizoid and Schizotypal Disorders	384
Table 15–7	Typical Behaviors of Clients with Personality Disorders According to <i>DSM-IV-TR</i> Diagnostic Groupings and Suggested Interventions	394
Table 16–1	Physiological Age-Associated Changes	412
Table 16–2	Biological Theories of Aging	413
Table 16–3	Psychosocial Theories of Aging	413
Table 16–4	Losses/Changes with Age	414
Table 16–5	Factors Associated with the Development of Delirium	415
Table 16–6	Commonly Used Drugs Causing Delirium	416
Table 16–7	Causes of Mental Retardation	419
Table 16–8	Fetal Alcohol Syndrome: Patterns of Malformation	420
Table 16–9	Stages of Alzheimer's Disease	422
Table 17–1	<i>DSM-IV-TR</i> Diagnostic Criteria for Attention-Deficit Hyperactivity Disorder	453
Table 17–2	Historical Evolution of the Diagnosis of Attention-Deficit Hyperactivity Disorder	457
Table 17–3	Symptoms across the Life Span	458
Table 17–4	Medications Used in the Treatment of ADHD	468
Table 17–5	The American Academy of Pediatrics Guidelines for Diagnosis	469
Table 17–6	Patient Education Guide for the Client on a Stimulant Medication	469
Table 18–1	Operational Definition of Dissociation	483
Table 18–2	Medical and Other Psychiatric Diagnoses with Symptoms Similar to Those of Dissociative Disorders	486
Table 19–1	Clinical Factors of High Suicide Risk	505

Table 19–2	Cultural Factors Increasing the Risk of Suicide among Hispanic Females	510
Table 19–3	Prevalence and Causative Factors of Suicide across the Life Span	515
Table 19–4	Assessing the Suicidal Child: Major Concepts	516
Table 19–5	Legal Considerations Regarding the Suicidal Client	523
Table 20–1	<i>DSM-IV-TR</i> Diagnostic Criteria for Selected Substance-Related Disorders	537
Table 20–2	Selected Substances: Peak Time of Withdrawal Onset and Period of Detection	539
Table 20–3	Blood Alcohol Level (BAC) and Effects	548
Table 20–4	Medical Consequences of Alcoholism	548
Table 20–5	The Clinical Institute Withdrawal Assessment-Alcohol (CIWA-Ar) Tool	550
Table 20–6	The Twelve Steps of Alcoholics Anonymous	557
Table 20–7	<i>DSM-IV-TR</i> and the Older Adult with Alcohol Problems	560
Table 20–8	Routes and Effects of Major Classes of Abused Substances	567
Table 20–9	Secular Sobriety: How to Stay Sober	572
Table 21–1	Physiological Findings in Eating Disorders	587
Table 21–2	Mental Status Examination and Comorbid Psychiatric Conditions with Eating Disorders	591
Table 21–3	5-HT Dysregulation Hypotheses of Eating Disorders: Interaction of Stressors with Vulnerable 5-HT System	592
Table 21–4	Personality Factors	594
Table 21–5	Occurrence of Eating Disorders Throughout the Life Span	595
Table 21–6	Physiological Assessment in Eating Disorders	599
Table 21–7	How to Calculate Ideal Weight Using the Body Mass Index	600
Table 22–1	Non-rapid Eye Movement (NREM) Sleep Stages	614
Table 22–2	Common Medical Conditions, Psychiatric Disorders and Medications That Cause Insomnia	617
Table 22–3	Pharmacologic Agents Used to Treat Insomnia and Specific Medical Conditions	622
Table 22–4	Behavioral Rules for Good Sleep Hygiene	624
Table 23–1	Sexual Issues across the Life Span	643
Table 23–2	Sexual and Gender Disorders	647
Table 23–3	Medical Conditions That Affect Sexual Function	648
Table 23–4	Drugs That Affect Sexual Function	649
Table 23–5	Definitions of Paraphilia	649
Table 23–6	Comprehensive Sexual History	651
Table 23–7	Reports of Medical and Surgical Risk Factors in Women with Sexual Function Complaints	656
Table 24–1	Problems Related to Abuse or Neglect as Defined by <i>DSM-IV-TR</i>	663
Table 24–2	Forms of Child Physical Abuse	664
Table 24–3	Types of Neglect and Behaviors Indicating Neglect	666
Table 24–4	Types of Sexual Abuse Behaviors	667
Table 24–5	Immediate Effects of Abuse on the Child and Adolescent	677
Table 24–6	Effects of Abuse on the Family	679
Table 24–7	Child Abuse: How the Nurse Fits into the Reporting and Intervention Process	683
Table 24–8	Guidelines for Assessing Physical Abuse of a Child	684
Table 25–1	Psychotherapies: Theoretical Approaches	698
Table 25–2	Behavioral Therapy Techniques	701
Table 25–3	Individual Psychotherapy across the Life Span	702
Table 25–4	Therapeutic Techniques	707
Table 26–1	Summary of Researchers' Contributions	717

Table 26–2	Yalom’s Therapeutic Factors for Group Therapy	721
Table 26–3	Summary of Characteristics of Group Leadership	728
Table 26–4	Nursing Diagnoses That May Be Applied to a Group as a Whole or to Individual Members within a Group	729
Table 26–5	Types of Groups, Their Purposes, and Examples	730
Table 26–6	Group Therapy across the Life Span	733
Table 26–7	Protocol for Planning and Evaluation of Nurse-Led Groups on Inpatient Units	738
Table 27–1	Major Family Structures	745
Table 27–2	Duvall’s Major Family Tasks	746
Table 27–3	Major Tasks of Stepfamilies	753
Table 27–4	Characteristics of Functional and Dysfunctional Familial Systems	755
Table 27–5	Evolution of the Family	756
Table 27–6	Components of Family Assessment in Structural Therapy	760
Table 28–1	Classes of Neurotransmitters	773
Table 28–2	Clinical and Pharmacokinetic Parameters of Antidepressant Medications	780
Table 28–3	Incidence of Adverse Effects for Antidepressants	781
Table 28–4	Symptoms Associated with Adverse Effects of Tricyclics and Related Antidepressants	782
Table 28–5	Clinical and Pharmacokinetic Parameters of Monamine Oxidase Inhibitor	785
Table 28–6	Symptoms Associated with Adverse Effects of Monamine Oxidase Inhibitors	785
Table 28–7	Clinical and Pharmacokinetic Parameters of Mood Stabilizers (Antimanic Agents)	786
Table 28–8	Adverse Effects Associated with Lithium Therapy	786
Table 28–9	Pharmacokinetic Properties of Antipsychotics	791
Table 28–10	Receptor Affinity for Antipsychotics	791
Table 28–11	Incidence of Adverse Effects for Antipsychotics	792
Table 28–12	Extrapyramidal Side Effects from Antipsychotic Medications	793
Table 28–13	Clinical and Pharmacokinetic Parameters of Extrapyramidal Side Effect Medications	795
Table 28–14	Adverse Effects Associated with Antiparkinsonian Medications for Extrapyramidal Side Effects (EPS)	795
Table 28–15	Adverse Effects Associated with Antipsychotics	796
Table 28–16	Abnormal Involuntary Movement Scale and Examination Procedure for Evaluating Tardive Dyskinesia	797
Table 28–17	Clinical and Pharmacokinetic Parameters of Antianxiety Medications	800
Table 28–18	Clinical and Pharmacokinetic Parameters of Sedatives and Hypnotics	803
Table 28–19	Adverse Effects Associated with Sedatives and Hypnotics	804
Table 28–20	Guidelines for Enhancing Medication Adherence	809
Table 28–21	Medications That Require That Postural Blood Pressure Be Taken	811
Table 29–1	Indications for Electroconvulsive Therapy	822
Table 29–2	Major Biological Responses to ECT	823
Table 29–3	Contraindications to ECT	823
Table 29–4	Medication Interactions with ECT	826
Table 30–1	Maturational Crises: Erikson’s Eight Stages of Development	844
Table 30–2	<i>DSM-IV-TR</i> Concepts on Bereavement	846
Table 31–1	Milieu Elements and Interventions across the Life Span	872
Table 32–1	Partial Hospitalization across the Life Span	888
Table 32–2	Hospice Care Issues across the Life Span	891
Table 32–3	Education Programs Provided by Community Mental Health Centers	892
Table 33–1	Dos and Don’ts for Coping with the Angry Client	904

Table 33–2	Dos and Don'ts for Coping with the Demanding Client	905
Table 33–3	Kubler-Ross's Five Stages of Grief Applied to the Medical–Surgical Client	907
Table 33–4	Role of Spirituality in Coping	907
Table 34–1	Psychiatric Consultation-Liaison Nurse (PCLN) Specialty Evolution: A Chronological Overview	926
Table 34–2	Roles of PCLNs: Specialties and Subspecialties of Current Practitioners	927
Table 34–3	Phases of the Consultation Process	930
Table 34–4	Lippitt and Lippitt's Consultation Model	930
Table 34–5	Components of Consultation, Assessment, and Diagnosis	932
Table 34–6	Types of Consultation	933
Table 34–7	Indications for Direct Versus Indirect Method of Consultation in Psychiatric Consultation-Liaison Nurse (PCLN) Practice	935
Table 34–8	Responsibilities of Consultee and Consultant	935
Table 34–9	Types of Consultee Resistance	942
Table 34–10	Guidelines for Self-Care Plan	943
Table 34–11	Liaison Process Activities	943
Table 35–1	Steps in the Scientific Research Process	952
Table 35–2	Studies on Chronic Mental Illness: 1990–2000	955
Table 35–3	Psychiatric Nursing Research across the Life Span Published Studies	957
Table 35–4	Quantitative and Qualitative Research Characteristics	959
Table 35–5	Research Questions for Psychiatric Nursing across the Life Span	961
Table 36–1	Deming's 14 Points for Total Quality Management	975
Table 36–2	Priority Areas for America: Healthy People 2010	979

Contributors



Holly Berchin, MSN, RN, CS

Kent State University School of Nursing, Kent, Ohio
University of Akron College of Nursing, Akron, Ohio
Chapter 21 The Client with an Eating Disorder

Susan Beyer, MSN, APRN, BC, LCDC

Psychiatric Nurse Practitioner in private practice, Austin, Texas
Chapter 20 The Client with a Substance-Related Disorder

Johnnie Bonner, MS, RN, PCNS

VA North Texas Health Care System, Dallas, Texas
Chapter 31 Milieu Therapy/Hospital-Based Care

Margaret Brackley, PhD, RN, CS

The University of Texas Health Science Center at San Antonio
School of Nursing, Department of Family Nursing Care, San Antonio, Texas
Chapter 3 Interfacing Biological-Behavioral Concepts into Psychiatric Nursing Practice
Chapter 23 The Client with a Sexual Disorder
Chapter 36 The Future of Psychiatric Nursing

Martha D. Buffum, RN, DNSc, CS

Associate Chief, Nursing Service for Research Department of Veterans Affairs Medical Center, San Francisco, California
Assistant Clinical Professor, Department of Community Health Systems School of Nursing, University of California, San Francisco, California
Chapter 26 Group Therapy

Christine Grant, PhD, RN

Psychiatric Mental Health Nursing, University of Pennsylvania, Philadelphia, Pennsylvania
Chapter 24 The Client Who Survives Violence

James R. Goodwin, RN, MNsc, CS

Central Texas Veterans Health Care System, Waco, Texas
Chapter 12 The Client with a Somatization Disorder

Geri R. Hall, PhD, ARNP, FAAN

Associate Clinical Professor, Advanced Practice Nurse, Director of Masters Program, University of Iowa, College of Nursing, Iowa City, Iowa
Chapter 16 The Client with Delirium, Dementia, Amnesic, and Other Cognitive Disorders

Ada Lynn Hendricks, FNP, CS, APN, ARNP, MSN

Care Coordinator, Baptist-Lutheran Hospital, Kansas City, Missouri
Chapter 8 Legal and Ethical Considerations

Sheryl A. Innerarity, RN, PhD, FNP, BC

Assistant Professor for Clinical Nursing, University of Texas at Austin, Austin, Texas
Chapter 22 The Client with a Sleep Disorder
Chapter 33 Psychosocial Care in Medical-Surgical Settings

Linda Lewin, MSN, RN, CS

Senior Staff Nurse, New York Presbyterian Hospital, Payne Whitney Clinic, New York, New York
Chapter 9 The Client with a Depressive Disorder

Laura Smith McKenna, RN, MS, DNsc

Assistant Professor, School of Nursing, Samuel Merritt College, Oakland, California
Chapter 24 The Client Who Survives Violence

Erika Madrid, DNsc, RN, CS

Associate Clinical Professor, Department of Community Health Systems, School of Nursing, University of California, San Francisco, California
Chapter 26 Group Therapy

Vicki Hines Martin, PhD, RN, BC

Assistant Professor, University of Louisville, School of Nursing, Louisville, Kentucky
Chapter 10 The Client with a Bipolar Disorder

Rose M. Nieswiadomy, PhD, RN

Professor Emerita, Texas Woman's University, Denton, Texas
Chapter 35 Psychiatric Nursing Research

Hope Titlebaum Quallo, MS, RN, CS

Clinical Associate, University of Rochester, Department of Psychiatry, Adult Ambulatory Clinic, University of Rochester Medical Center, Rochester, New York
Chapter 21 The Client with an Eating Disorder

Joy A. Riley, DNsc, RN, CS

Lecturer, Indiana University School of Nursing, Indianapolis, Indiana
Schizophrenia Treatment and Rehabilitation (STAR), Inc., Indianapolis, Indiana
Chapter 28 Psychopharmacologic Therapy

Martha Bledsoe Sanford, PhD, RN

Associate Professor, Baylor University, School of Nursing, Dallas, Texas
Chapter 2 Concepts of Psychiatric Care: Therapeutic Models

Jacqueline Stolley, PhD, RN, CS

Professor, Trinity College of Nursing, Moline, Illinois
Chapter 16 The Client with Delirium, Dementia, Amnesic, and Other Cognitive Disorders

Deborah V. Thomas, EdD, MSN, ARNP, CS

Advanced Nurse Practitioner in Psychiatric, Mental Health in private practice, Louisville, Kentucky
Chapter 10 The Client with a Bipolar Disorder

Barbara Jones Warren, PhD, APRN, BC

Associate Professor of Clinical Nursing, The Ohio State University College of Nursing, Columbus, Ohio
Chapter 7 Cultural and Ethnic Considerations
Chapter 14 The Client with Schizophrenia and Other Psychotic Disorders
Chapter 32 Home- and Community-Based Care

Frances Sommers Wasserman, APRN, BC

Nurse Practitioner, Department of Veterans Affairs North Texas Health Care System, Dallas, Texas
Chapter 6 Therapeutic Communication

Michele L. Zimmerman, MA, APRN, CS, BC

Avery Finney Psychotherapy Associates, Norfolk, Virginia
Associate Professor Emeritus School of Nursing, Old Dominion University, Norfolk, Virginia
Chapter 21 The Client with an Eating Disorder

Reviewers



Deanah Alexander, RN, MSN, PMHNP, CB

Instructor
West Texas A&M University
Canyon, Texas

Barbara Mathews Blanton, MSN, RN, CARN

Assistant Clinical Professor of Nursing
Texas Women's University
College of Nursing
Dallas, Texas

Jeri L. Brandt, PhD, RN

Professor of Nursing
Nebraska Wesleyan University
Lincoln, Nebraska

Teresa S. Burckhalter, MSN, RN-C

A.D.N Faculty
Technical College of the Lowcountry
Beaufort, South Carolina

Marybeth A. Gillis, MSN, RN

Assistant Professor
Elmira College
Elmira, New York

Jeanne B. Kozlak, RN, MSN, CNS

Professor of Mental Health Nursing
Humboldt State University
Arcata, California

Valerie Levi, PharmD

Assistant Professor of Pharmacy Practice
Texas Tech School of Pharmacy
Dallas, Texas

Susan McCabe, EdD, RN, CS

Associate Professor
East Tennessee State University
Johnson City, Tennessee

Ann Peden, ARNP-CS, DSN

Associate Professor
University of Kentucky
College of Nursing
Lexington, Kentucky

Jane Poynter, RN, BSN, MSN

Professor of Nursing
Yuba College
Marysville, California

Dawn M. Scheick, MN, RN-CS

Associate Professor, Psychiatric-Mental Health Nursing
Alderson-Broadus College
Philippi, West Virginia

Linda S. Smith, MS, DSN, RN

Assistant Professor
Oregon Health & Science University
Klamath Falls, Oregon

E. Monica Ward-Murray, RN, MA, EdM, EdD

Assistant to the Dean for Research/Assistant Professor
North Carolina A&T State University
Greensboro, North Carolina

Barbara Jones Warren, PhD, RN, CS

Associate Professor
The Ohio State University, College of Nursing

Preface



The plethora of scientific data from technological advances in neurochemistry, neuroimaging genetics, and pharmacology provide a plausible explanation for complex psychiatric disorders. In today's world of expanded scientific data, clients and their families have a sense of hope and encouragement concerning their level of functioning and quality of life. Psychiatric nurses are in unique positions to understand these scientific data and integrate them into holistic, quality, and evidence-based health care. In addition to a wealth of scientific technology and advances in biology, genetics, and psychopharmacology, the publication of the *Surgeon General's 1999 Report on Mental Illness* has also revolutionized psychiatric care.

The *Surgeon General's 1999 Report on Mental Illness* has become one of the most significant contributions to psychiatry over the past 50 years. This extensive report focuses on holistic psychiatric care, parity in mental health services, culture, spirituality, research, theory, and the importance of integrating evidence-based biologic and psychotherapeutic interventions into treatment planning. In addition, it emphasizes the importance of mental health care that focuses on the needs of the client, families, and communities. It has become a template for this era of psychiatry, and it is relevant in promoting psychiatric nursing care for clients presenting with various psychiatric disorders.

The conceptual framework of this book integrates a holistic, developmental, and adaptation model that reflects the continuum of health throughout the life span. The continuum of mental health depicts complex and rapid neurobiological development during the prenatal period and the normalcy of aging. Psychiatric nurses play crucial roles in mental health promotion and maintenance. Advances in neurobiological and genetic research and in psychopharmacology offer extensive evidence that supports the importance of holistic health care. Because mental health is a dynamic process, holistic mental health care requires nursing care that synthesizes biological, psychosocial, cultural, and spiritual concepts. These concepts have profound impact on human behavior and adaptation primarily by promoting restoration and health maintenance of vital adaptive processes.

As nurses in vast practice settings face the growing population of persons with various mental disorders, under-

standing their experiences requires that nurses recognize the bases of their symptoms. With understanding, holistic health care can be implemented. Analyzing the client's symptoms begins with a collaborative process that conveys respect, care, and empathy. As the client moves along the mental health continuum and life span, efforts to reduce symptoms, facilitate function, and improve quality of life are high priorities. This challenge and the need to synthesize holistic concepts into psychiatric treatment planning identified the need for a textbook that integrates these nursing concepts. *Psychiatric Nursing: Biological and Behavioral Concepts* was written to fulfill this need.

The purpose of this textbook is to help students integrate concepts of holistic nursing, adaptation, and human responses across the life span. Moreover, it integrates advances in biologic, genetic, neuroimaging, psychosocial, life span, cultural, and spiritual concepts and the principles of complex processes that give rise to various psychiatric disorders. Psychiatric nurses and students will find the refreshing approach of this textbook both informative and meaningful to the care of the client with a psychiatric disorder.

This textbook also provides the nurse with an extensive discussion of adaptive and maladaptive responses to stressors and their impact on the mental health-mental illness continuum. Likewise, the emphasis on holistic nursing care that integrates neurobiological, psychosocial, and cultural influences makes this textbook an excellent resource for psychiatric nurses and students seeking to understand psychiatric disorders and treatment planning.

Additional features include its focus on the role of the nurse in diverse clinical settings such as hospital-based, medical-surgical, home health, and community-based care. As students explore the diverse roles of the nurse in psychiatric care, they will also discover their roles in providing therapeutic care to their clients. Emphasis on client teaching, research, critical thinking, and myths to overcome will enhance their appreciation of the client experiencing various psychiatric disorders. They will be able to work with clients and their families to help them cope with the long-term effects of psychiatric disorders.

Overall, the unique features of this textbook provide students and clinicians with a comprehensive approach to holistic psychiatric nursing care.

ORGANIZATION

Psychiatric Nursing: Biological and Behavioral Concepts consists of 4 units and 36 chapters. Each unit provides a refreshing approach to psychiatric nursing, beginning with Unit 1, which covers the basic concepts of psychiatric nursing, and ending with Unit 4, which focuses on the unique roles of the psychiatric nurse, including psychiatric consultation-liaison nurse and researcher. Because mental health is dynamic, the role of psychiatric nursing must continue to evolve and reflect the needs of clients, families, groups, communities, and societies.

Unit 1, Perspectives and Principles, provides an overview of psychiatric-mental health nursing, encompassing the history and delineation of the discipline. Chapter 3 depicts the interrelationship of the concepts presented and their role in adaptation and maladaptation across the life span. Next, the major principles of psychiatric nursing are discussed. Chapters focus on the nursing process, the nurse-client relationship, cultural attitudes concerning mental health and psychiatric care, and legal and ethical considerations involving psychiatric nursing care.

Unit 2, Response to Stressors across the Life Span, includes the role of the nurse in working with clients experiencing psychiatric disorders, developmental considerations involving the condition, and integration of holistic principles (biologic, psychosocial, cultural, and spiritual influences). Each discussion includes diverse and holistic interventions. This unit also discusses caring for clients who survive violence, sexual problems, suicide, and other self-injurious behaviors. Controversial diagnoses such as fibromyalgia and chronic fatigue syndrome are discussed in Chapter 12, The Client with a Somatization Disorder, as related disorders because some of their unexplained symptoms are similar to somatoform disorders.

Unit 3, Therapeutic Interventions, provides a discussion of treatment modalities, including individual, family, group, and psychopharmacologic therapies, psychosocial rehabilitation, crisis intervention and management, health education, and electroconvulsive and complementary therapies. The unit also includes a discussion of various care settings such as hospital-based care, home- and community based care, and medical-surgical care.

Unit 4, Advanced Psychiatric Nursing Practice, analyzes the specific roles of psychiatric nursing in general practice as well as specialty areas such as psychiatric consultation liaison nursing. The place of research in psychiatric nursing has been an integral part of this book. It concludes with a general framework for developing psychiatric nursing skills in the context of advances in the specialty and profession.

SPECIAL FEATURES

Competencies—open each chapter and delineate expected learning outcomes.

Key Terms—introduce and define key terms for each chapter. In addition, they guide the learner in understanding key concepts relevant to each chapter.

Critical Thinking—displays are found in each chapter to facilitate analysis and implementation of concepts related to various client situations.

Research Abstract—provides important scientific studies relevant to each chapter. They also provide implications for psychiatric nursing and application to practice.

Myths—relating to specific mental disorders are included to provide a greater understanding of the misinformation surrounding the disorders. This content also dispels myths that often interfere with objective mental health care.

In the News—provide newsworthy items that enhance the learning process. Nurses can learn to focus on articles concerning mental health and gain a greater understanding of the public's view.

Considerations for the Caregiver—offer suggestions to help caregivers manage the day-to-day needs of the client experiencing a psychiatric disorder as well as manage the effects of the disorder on family members.

My Experience—is a feature crucial to understanding the client's experience. Each display offers the client's perspective concerning his or her mental illness as a means of promoting empathy and objective health care.

Clinical Examples—enhance the student's understanding of various mental disorders.

Case Studies and Nursing Care Plans—provide a learning exercise that enables the student to apply the nursing process and relevant concepts to client situations.

Study Questions—in each chapter provide questions that facilitate critical thinking skills.

Suggestions for Clinical Conferences—are activities that promote critical thinking skills and opportunities to enhance understanding of diverse psychiatric disorders and student experiences.

Resources/Web Activities—at the end of each chapter enhance students' awareness of the resources and organizations involved in various psychiatric conditions and professional development for students.

References and Suggested Reading—at the end of each chapter are current and provide a means for students to enhance their understanding of various psychiatric disorders.

Acknowledgments



Completing this book is remarkable! The inspiration to embark on this incredible endeavor arises from the incredible support and encouragement from my family, colleagues, friends, and editors.

My appreciation for their support is enormous. I want to acknowledge some remarkable people. First, I want to express a special thanks to my wonderful mother and friend, Gladys, who has always inspired me to nurture and tap into my inner strengths.

Second, a special thanks goes to my colleagues and friends who made writing this book fun and exciting. Their contributions underscore their commitment and expertise in psychiatric-mental health nursing.

Third, a very special dedication to the memory of my sister, Gloria, whose love of life continues to inspire me.

Finally, a special recognition of my editor, Marge Bruce, whose supportive attitude and knowledge enhanced the completion of this text.

About the Author



Deborah Antai-Otong's contributions to psychiatry are vast and encompass clinical and educational domains. She has extensive experience as a psychotherapist, specializing in psychiatric emergencies, women's issues concerning depression, anxiety disorders, early childhood trauma, addictive disorders, and couples and marital therapy. Her practice experiences vary, from being a crisis therapist in a community-based mental health center to developing and implementing an Employee Support Program at a large health care system. Her present responsibilities include crisis intervention, brief psychotherapy, and relapse prevention. In her present practice, she also develops and coordinates an interdisciplinary Critical Incident Team that provides services to employees and their immediate families involved in traumatic or critical incidents. She is also a mental health provider at a community-based outpatient clinic and provides client-centered medication management and psychotherapy to veterans and their families.

A prolific author and speaker, Deborah has contributed numerous articles to referred nursing and medical journals. She has also authored an array of book chapters to textbooks ranging from clinical topics to professional development in advanced-practice psychiatric-mental health nursing. She is the author and coauthor of several textbooks and educational videos. Deborah is also a media consultant and has developed and presented nearly 100 educational videos that are broadcast to more than 2000 health care facilities globally. She currently serves on numerous national committees, including present chair of the Veterans Health Administration's Advanced-Practice Nursing Council, a Commission on Certification with the American Nurses Credentialing Center, and on the National Association of Clinical Nurse Specialists' Board of Directors.

Deborah's contributions extend beyond psychiatric nursing and encompass the nursing profession as evidenced by her most prestigious recognition and honor as a 2002 Fellow in the American Academy of Nursing.

Instructor and Student Supplements



At Delmar Learning, we are committed to providing the nursing instructor with all the appropriate materials necessary to prepare for class, deliver lectures, and evaluate student progress. We also offer students valuable resources to practice and apply their knowledge to succeed in comprehending subject matter. Below are descriptions of both instructor and student tools that accompany *Psychiatric Nursing: Biological & Behavioral Concepts*.

ELECTRONIC CLASSROOM MANAGER

(0-7668-1713-X)

PowerPoint Presentation

Focusing on the major themes from the textbook, this created presentation goes beyond key points and provides a solid base for adopters to customize unique lectures. Images may be included in the presentations and can be imported through the use of Delmar's Image Library.

Image Library

Many of the valuable images from this textbook are available as teaching tools, enabling instructors to insert illustrated examples into PowerPoint presentations for classroom lecture or to create transparencies.

Computerized Test Bank

The creation of quizzes and tests is a breeze with the most intuitive Computerized Test Bank available. A variety of question types that number in the thousands can be found in each one of these resources, including challenging multiple choice and true-false. Instructors can codify questions based on difficulty level, scramble question order so no two students have the "exact" test, and create electronic "take-home" quizzes with Internet-based examination capability. The program even allows instructors to create their own questions to expand the memory bank.

ON-LINE COMPANION

<http://www.delmarhealthcare.com>

Instructor's Guide

Organized by chapter, editable, and printable, this standard resource is available on-line as a convenient Microsoft Word® document. Key Terms and definitions, Instructional Strategies, critical thinking questions, and suggested answers are offered here.

Conversion Grids

Delmar Learning recognizes how busy life can be for a nursing instructor. To make life a little easier, Conversion Grids have been formulated that demonstrate how to adjust one's syllabus and course notes from the instructor's current textbook to *Psychiatric Nursing: Biological and Behavioral Concepts*. Grids can be accessed via link from the Electronic Classroom Manager, or through <http://www.delmarhealthcare.com>.

Curriculum Guides

Learn about the latest and greatest print and electronic nursing education materials with Delmar Learning's Curriculum Guides. This tool offers brief descriptions of our products and order information for our growing suite of popular resources.

STUDENT STUDY GUIDE

(1-4018-1507-3)

Reinforcing the major concepts presented in the textbook, each chapter of the Student Study Guide includes a Reading Assignment, Exercises and Activities, and a Self-Assessment Quiz. Resources are provided for further investigation.

PSYCHIATRIC NURSING CLINICAL COMPANION

(1-4018-1508-1)

Key information regarding major disorders comprises the *Psychiatric Nursing Clinical Companion*. The reader will find symptoms, causes, and treatment for each category of disorders found in the text chapters, and each entry is specially designed for appropriate nursing care.

How to Use This Text

The content presentation is designed to engage the reader on a variety of levels. The following suggests how you can maximize the numerous features of the text to gain a broad understanding of psychiatric nursing and competence in its practice.

Client Teaching

Hypochondriasis

Hypochondriasis is a psychiatric disorder that affects the lives of millions of people. A major symptom of hypochondriasis involves believing that one has a serious disease and experiencing varying levels of fear and anxiety.

Major symptoms include:

- Misinterpretation of physical sensations as though they represent serious illness
- These symptoms and associated anxiety are real to the client who is not faking
- Sensations often focus on physical sensations and intense anxiety

What should you do?

- Believe the client's experience (e.g., sweating, racing heart, stomach distress, and dizziness)
- Provide reassurance that these symptoms do not indicate a serious illness
- Understand that their condition does not wear or normally respond to medical interventions
- Recognize that if these symptoms persist the often result in chronic physical disabilities

Treatment of hypochondriasis often involves:

- Working with the primary care provider to discern indications for medical interventions
- Mental health treatment is helpful in dealing the client's continuous focus on serious medical conditions. A specific approach involves help the client understand the basis of feelings/fears and related anxiety
- If the client has other psychiatric disorders, such as major depression or anxiety disorders, treatment may involve medications to eliminate symptoms and/or psychotherapy to improve coping skills and behaviors

◀ **Client Teaching**

Effective communication is a key nursing responsibility. This feature provides the tools for you to inform clients about their care, understand their condition, weigh treatment options, and promote health. Use this as a guide to advise clients in a clinical setting.

▼ **Clinical Example**

Exposure to practical situations accelerates the learning process. This feature offers you the opportunity to observe a typical clinical example, with assessment and treatment information.

Common Myths about Post-traumatic Stress Disorder (PTSD)

MYTH	FACT
1. PTSD is an adult psychiatric disorder.	1. Although adults may most likely seek treatment for PTSD, this serious anxiety disorder can occur at any age, including childhood and adolescence. The experience of significant childhood trauma often produces enduring effects and contributes to symptoms in adulthood. An increasing number of literature implicates childhood victimization or maltreatment, especially physical and sexual abuse, in the etiology of PTSD (Goenjian et al., 1995; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Widom, 1999).
2. Exposure to trauma or a disaster always predicts PTSD.	2. PTSD is not an inevitable consequence of exposure to a traumatic event or disaster. Several factors contribute to development of PTSD. First are the nature and intensity of the stressor or event. PTSD is likely to result from trauma or disaster if there are no available resources to assist in debriefing, and if there is a pre-morbid history of psychiatric problems. It is less likely to occur in the event of immediate emotional support and interventions that promote expression of feelings, thoughts, and responses arising from the event. Pre-morbid adaptive coping skills along with debriefing also promote emotional healing and resolution of the stressor. Current literatures results regarding exposure to trauma or disaster and predictability of PTSD. (Bremner, 1999; Bremner & Brett, 1997; Bremner, Southwick, Darnell, & Charney, 1996; Shalev, Peri, Carnetti, Schreiber, 1996)
3. Because of comorbid disorders that often accompany PTSD, making a differential diagnosis is critical to safe and appropriate treatment. PTSD is commonly misdiagnosed. The nurse and other health care providers must consider PTSD in clients with chronic pain disorders, mood disorders, and personality disorder (AL).	3. Because of comorbid disorders that often accompany PTSD, making a differential diagnosis is critical to safe and appropriate treatment. PTSD is commonly misdiagnosed. The nurse and other health care providers must consider PTSD in clients with chronic pain disorders, mood disorders, and personality disorder (AL).

CLINICAL EXAMPLE

THE CLIENT WITH AGORAPHOBIA

John is afraid of open spaces and crowds. His psychological appraisal of these situations is that they are frightening and threatening. His biological responses include increased heart rate, shortness of breath, diaphoresis, dry mouth, lightheadedness, and bouts of confusion. Behavioral responses are avoidance of crowds, social isolation, and possibly suicidal gestures. John seeks psychiatric therapy for agoraphobia. Treatment strategies include biological interventions with a benzodiazepine, such as lorazepam (Ativan), and psychotherapeutic interventions, such as cognitive-behavioral therapy and desensitization.

◀ **Common Myths**

Because there are many common misconceptions surrounding mental health, it is important to identify and dispel them. Pay close attention to the myths and corresponding facts surrounding disorders. You may be surprised by what you learn.

Considerations for the Caregiver of the Client Experiencing Depression

If a family member is depressed, encourage him or her to get an accurate diagnosis and appropriate treatment. Learn as much as you can about depression and how it influences a person's thoughts, behavior, and mood. Learn how to communicate with the depressed person in a helpful way. Avoid comments like "Cheer up," "Snap out of it," "Oh, it's not so bad," or "I know—I've felt the same way myself." Don't give advice like "Just try a little harder," "What you need is a vacation," "What you need is regular exercise."

Focus on being a good listener and convey empathy and understanding. "I can see you are really suffering. I wish there was something I could say to make you feel better." It's okay that you can't do everything you used to. One day you will again. But for now take some time and concentrate on your health. If there is anything you need just ask."

Don't respond to his/her irritability with bad temper. The irritability is part of the illness and responds better to brief withdrawal on your part. Engage in neutral conversation as much as possible and avoid constant talking about depression. Allow the depressed person to be alone if he wishes. Only if you believe him to be suicidal should you insist he not be alone.

If you feel the person is suicidal, or if he states he is, ask about it in detail, inquiring about his feelings, his plans, his access to a means for suicide. If you feel there is a risk, contact his health care provider and stay with him/her.

Continue with your own life. You'll be in much better shape to help if you stay physically and emotionally healthy. Make time to get away and do things you enjoy.

Talk to others who can help you cope, friends, family, clergy, a therapist. Families need to talk about the problems of living with someone who is ill.

National Foundation for Depressive Illness, Inc. (NAFDD) has resources for family members and referrals to local support groups and professionals who specialize in the treatment of depression. Contact the National Alliance for the Mentally Ill (NAMI) at <http://www.nami.org>
 Helpline: (800) 950-NAMI
 Advocate, 200 N Glebe Road Suite 1015
 Arlington, VA 22203-3754

(Used with permission from National Alliance for the Mentally Ill [NAMI]).

▲ **Considerations for the Caregiver**

Mental illness often affects the families of those afflicted in a serious way. Listening, empathizing, and providing encouragement to family members and caregivers is all part of professional nursing care. Use this feature as a reminder to care for families as well as to understand the proper techniques for doing so.

Critical Thinking

1. During a discussion with Mary, a 21-year-old client, the nurse notices that she blames everyone but herself for present and past difficulties, including the nurse. She confronts the nurse and tells her that she is just like all the others who dislike her. Which of the following indicates that the nurse has self-awareness concerning responses to the client?

- "The client lacks insight into her illness, and this is not a personal attack on me."
- "The client is blaming me, and I need to defend myself and others."
- "There is little hope for this client, and I will distance myself from her in the future."
- "The client reminds me of my younger sister, and I need to let her know who is in charge."

2. Which of the following response to this situation *does not* reflect self-awareness?

- "Although I have strong feelings about this client, I need to maintain a nurse-client relationship."
- "I must defend myself, because she needs to know that I really care."
- "I am having a difficult time dealing with my feelings and discuss my feelings with my coworkers."
- "I am very upset and I know that I am responsible for my own feelings."

◀ **Critical Thinking**

This feature was created to foster analytical thought in clinical situations and promotes active problem solving. As you read through the chapters, consider the questions posed and provide responses. Discuss your responses with other students and faculty to promote the exchange of ideas.

In The News

Erosion of Parental Rights

Thomas, K. (2000, August 8). Parents pressured to put kids on drugs: Courts, schools force Ritalin use, *USA Today*.

The courts have historically sided with parents in their decision-making capacity regarding treatment of their children in nonemergencies; however, a recent legal trend pits the courts against parents by ruling that the children must be medicated against the parents' wishes. Cases in which divorced parents disagree over treatment are not new and have been brought before the courts. Yet in two recent cases in New York State, parents acting in agreement were ordered by the court to give their children medication for attention deficit hyperactivity disorder. In one of the cases both parents agreed to take their child off medication because of side effects. The other is the first known case in which teachers sought and were granted a court ruling to force a child on medication despite both parents' objections.

In the News

National events, legislation, and research findings are continually changing the environment in which you will practice. Digest the recent newsworthy stories and think about how they might impact nursing care. Have you read or viewed any other recent media item that would fall under this category?

My Experience

It is important for the nurse not to become disconnected from the thoughts and feeling of their patients and clients. People experiencing mental illness speak about their conditions within this feature. Take the opportunity to read through these vignettes as a reminder of the clients within your care.

My Experience with Panic Disorder (The Client Speaks)

Sometimes when I am driving alone or in the car with my husband, I get this real warm "rush all over my body" and begin sweating. I feel like I have run a mile, because my heart seems to be racing really fast. I become short winded, dizzy and lightheaded, and a little confused. I can hardly talk and feel like I am going to "pass out."

I try not to disturb my husband when he is driving and usually do not complain. Sometimes he looks over at me because I am quiet and asks, "what is wrong." Many times I tell him that I am all right even though I can hardly talk or breathe. I feel very scared during these periods and sometimes feel like I am "going to die," but I know that this lasts only a little while.

When I feel like this, I begin to breathe very slowly

Research Abstract

Evidence-based findings help define nursing practice and mold nursing behavior. This feature emphasizes the significance of clinical research to the profession and illustrates the correct format to write an abstract for a research project. Take particular note of the implications included within each study.

RESEARCH ABSTRACT

EXPRESSING HEALTH EXPERIENCE THROUGH EMBODIED LANGUAGE

Liehr, P., Takahashi, R., Nishimura, C., Frazier, L., Kuwajima, I., & Pennebaker, J. W. (2002). *Image Journal of Nursing Scholarship*, 34, 27-32

Study Problem/Purpose

The purpose of this study was to describe embodied language for Japanese older adults who suffered a stroke or cardiac disease within the previous 12 months.

Method

Blood pressure measurements and spoken words were recorded simultaneously when 17 subjects with cardiac disease and 20 subjects with strokes were asked to describe their personal health experiences for 4 minutes. Language data (life stories or descriptors of health expression) were analyzed with word analysis software, which was tape recorded and transcribed and translated from Japanese to English by a single interpreter. A second interpreter, also fluent in Japanese and English, also reviewed these data.

Findings

Data from the Japanese older adults (n = 37) ranging in ages from 60 to 89 years of age, average age of 75.1

exhibited higher blood pressure after talking than those with cardiac relationships between word use and blood pressure readings, findings also demonstrated the unity and pursuit of meaning when

Suggestions for Clinical Conferences

Nurses must practice their skills to become adept professionals. Following each chapter are suggestions for you to gain experience in the field. You will be called upon to assess clients and plan interventions. Work with your instructor to identify those opportunities.

SUGGESTIONS FOR CLINICAL CONFERENCES

1. Select an adolescent or older adult client with bipolar disorder. Identify the mood disturbance and behavioral changes that were present during the episode of bipolar disorder. Identify which signs and symptoms were typical and which ones were not according to the age group.
2. Discuss the history of a client with bipolar disorder. Identify if any family members of that client have experienced depression or mania and how many family members could be identified.
3. Select a client with bipolar disorder who has significant others with whom the client routinely interacts. Identify communication issues that might be improved by psychoeducation. Plan an intervention that might be appropriate and how it would be evaluated.

A study between Japanese and American researchers, suggest the note a greater understanding of life-threatening experiences on communication, both in terms of body language or descriptors. It offers psychiatric nurses opportunities to work with diverse cultural health.

Resources

Gathering numerous materials on a given subject will give you a rounded perspective of the topic. Contact information for government agencies, non-profit organizations, and associations are listed here, as well as Internet Activities for detailed research. Utilize these contacts to learn more about specific areas of mental health.

RESOURCES

Please note that because Internet resources are sensitive in nature and URL addresses may be deleted, searches should also be conducted offline.

Internet Resources

1. Over the past decade, bioethics centers have proliferated, including those associated with universities and medical schools as well as freestanding centers. Do an Internet search of bioethics centers and:
 - a. Locate any bioethics centers in your area.
 - b. Explore the types of ethical issues they discuss on their Web site.
 - c. Investigate the types of graduate programs that are available in the field of bioethics.
2. Search the Internet to find a listing of your state and federal representatives and senators. See what, if any, bills are being introduced that relate to mental health issues.

<http://www.ncbi.nlm.gov/entrez/query.fcgi>
Bioethicsline—a PubMed database for reviewing the literature for bioethical literature available on-line through the National Library of Medicine
<http://www.imhl.com> Institute of Mental Health Law

Other Resources

Kennedy Institute of Ethics
37th and O Streets, NW
Washington, DC 20057
(202) 687-8099
E-mail: medethx@georgetown.edu

The Hastings Center
21 Malcom Gordon Road
Garrison, NY 10524-5555
(914) 424-4040
E-mail: mail@thehastingscenter.org

Midwest Bioethics Center
1021-1025 Jefferson Street
Kansas City, MO 64105
(800) 344-3829
E-mail: bioethic@midbio.org

SUMMARY

- Bipolar disorder is a recurrent mood disorder featuring one or more episodes of mania or mixed episodes of mania and depression.
- Bipolar disorder manic episode is characterized by impulsivity, racing thoughts, and hyperthymia.
- Bipolar disorder affects 1 to 1.5 percent of the general population in the United States, affecting equal numbers of males and females.
- There are many theories related to the etiology of this disorder, including psychological, developmental, and neurobiological theories. Research findings indicate that individuals with bipolar disorder exhibit variations in brain structure and impaired brain function.
- Figure 10-7 is a summary of factors influential in the development of bipolar disorder. Bipolar disorder occurs in children and the elderly and is frequently misdiagnosed in both populations.
- There are three major categories of psychotropic

- medications used in the treatment of this disorder: antidepressants, mood stabilizers, and antipsychotics.
- In the acute phase of the disorder, the focus of treatment is safety, limit setting, and stabilization.
- For most people, bipolar disorder is lifelong; therefore treatment considerations must always be based on identification and use of available resources for the client and the family.
- In caring for the client with bipolar disorder, the generalist nurse is responsible for assessing basic physical and mental status, maintaining the client's safety, monitoring medication response and side effects, educating the client and significant others about the client's condition and its treatment, identifying culturally appropriate community resources, and coordinating the plan of care with the multidisciplinary team.
- The advanced-practice psychiatric nursing roles most often employed with clients with bipolar (or other) disorders include diagnosis, treatment (including various modes of psychotherapy), and prescribing medications.

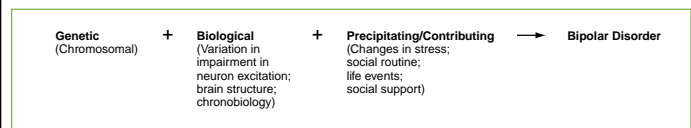


Figure 10-7 Summary of known factors influential in the development of bipolar disorder