

**BERGEN COMMUNITY COLLEGE  
THE SCHOOL OF HEALTH PROFESSIONS  
DEPARTMENT OF NURSING**

**NUR 285**

**LEVEL III**

**PSYCHOSOCIAL / MENTAL HEALTH NURSING**

**COURSE OUTLINE**

**4 CREDITS**

**LECTURE: 4 HOURS PER WEEK**

**CLINICAL: 10 HOURS PER WEEK  
CLINICAL CONFERENCE: 2 HOURS PER WEEK**

**FOR USE DURING THE FALL 2011 and  
SPRING 2012 SEMESTERS ONLY**

## NUR 285, Psychosocial /Mental Health Nursing

**COURSE DESCRIPTION**

NUR 285, Mental Health Nursing is a third level course in the nursing sequence which focuses on adaptive and maladaptive psychosocial behaviors. Concentration is on the inter- and intrapersonal relationships for infants, children, adolescents and adults. Students will use the nursing process in a variety of health care settings to assist individuals and families achieve optimum health.

4 lec., 12 lab., 7.5 weeks, 4 credits.

PREREQUISITES: NUR-281 and NUR-282.

CO-REQUISITES: BIO-104, SOC-101, and NUR-284.

**COURSE OBJECTIVES**

1. Applies Orem's Self Care Model of Nursing to individuals, families and groups experiencing psychosocial health problems (Solitude vs. Social Interaction, Normalcy).
2. Incorporates principles of growth and development in the provision of nursing care to individuals, families and groups at risk for or experiencing psychosocial health deviations (Solitude vs. Social Interaction, Normalcy).
3. Analyzes communication processes when interacting with individuals, families and groups at risk for or experiencing psycho-social health deviations (Solitude vs. Social Interaction, Normalcy).
4. Integrates biological, psycho-logical, sociological, cultural, spiritual and economic factors that influence the health of individuals, families and groups at risk for or experiencing psychosocial health deviations (Solitude vs. Social Interaction, Normalcy).
5. Incorporates goals and activities that support the student's personal, professional and educational development. (Solitude vs. Social Interaction, Normalcy).
6. Adheres to professional, ethical and legal standards effecting nursing practice in the current health care environment, when providing care to individuals, families and groups at risk for or experiencing psychosocial health deviations (Solitude vs. Social Interaction, Normalcy).
7. Integrates a variety of technological resources in the provision of nursing care to individuals, families and groups with psychosocial health deviations (Solitude vs. Social Interaction, Normalcy).
8. Demonstrates critical thinking by reasoning, analyzing, synthesizing, and evaluating information from which conclusions are drawn and problems are solved when caring for when caring for individuals, families and groups at risk for or experiencing psychosocial health deviations (Solitude vs. Social Interaction, Normalcy).
9. Utilizes pharmacological concepts in the clinical and classroom setting to correctly calculate drug and solution problems for those individuals with mental health problems. Passes the Level III Pharmacology Math Computation Exam (PMCE) with a score of 80% or higher. (Safety)
10. Incorporates principles of teaching and learning principles in the care of individuals, families and groups at risk for or experiencing psychosocial health deviations (Solitude vs. Social Interaction, Normalcy).

### **TEACHING/LEARNING ACTIVITIES**

Lecture	Computer Assisted Instruction
Group Discussion	Field Observations
Audio Visual Aids	Community Mental Health Centers
Clinical Practice: Acute, Voluntary and Involuntary Units	Assigned and Self-Directed Readings Clinical Conference Case Studies

### **LEVEL REQUIREMENT**

Passing a Pharmacological Math Computation Exam (PMCE) with a score of 80% is a level requirement. The PMCE will be given in the first course of each level. If the student does not attain the required 80% passing grade, he/she will be provided two retake opportunities within the confines of that course. Failure to achieve an 80% in the PMCE will result in an "F" for the course in which the test was administered. Calculators may be used at Level III.

### **COURSE REQUIREMENTS**

Two process recordings (P/F)  
Two Care Plans (P/F)\* See note under grading  
80 NCLEX-RN Success Questions (P/F)  
One Clinical Conference Case Study Facilitation  
with One Evidenced Based Practice Research Article (graded)

**All NCP and PR must follow the Department of Nursing Rubrics and the rubric is to be submitted with completed work**

\*Grading Policy for Nursing Careplan:

If a 3.7 or > is earned on the first Nursing Careplan, the student may be Exempt from NCP #2

If > 3.3 but < 3.7 is earned on the first Nursing Careplan, the careplan will be returned for resubmission with corrections. If NCP#1 grade is < 3.3 resubmission will include the addition of a second nursing diagnostic statement.

**COURSE EVALUATION**

- A. Theory Grade – The theory grade will consist of one (1) clinical conference facilitation/evidenced based practice research article, bibliographic summary of EBP research article, two (2) written tests and a written final exam. **In order to pass the course, the cumulative average of the 3 exam grades must be a 75% "C+" or greater.** The clinical conference presentation and evidenced based practice research article grades may enhance a grade but **WILL NOT** be used to meet the minimum test grade average requirement of 75%. Students may review exams during scheduled times prior to the next exam to pass NUR-285.

Any grade below a "C+" will be an "F". (Refer to Nursing Student Handbook.)

Clinical Conference Facilitation/ Evidenced Based Research Practice Article	=	5%
Exam 1	=	30%
Exam 2	=	30%
Final Exam	=	35%
Total		100%

\* See Clinical Conference Guidelines

- A = 89.5% and above
  - B+ = 84.5 to 89.4%
  - B = 79.5% to 84.4%
  - C+ = 74.5% to 79.4%
  - F = 74.4% and below
- (Refer to Student Handbook)

- B. Clinical Grade - In order to pass clinical, the final grade must reflect an average of **3.0 (75%)** or greater on all areas of the clinical evaluation. A student who receives a cumulative grade of less than **3.0 (75%)** on all areas will not pass the clinical component and will receive a final grade of "F" in the clinical nursing course regardless of the theory grade. **Note: clinical grades are NOT rounded up on the clinical evaluation tool.** Attendance is a part of the scoring of the clinical grade. In the category regarding professional behaviors, the following rules apply:

1. No absences = rating of 4
2. One absence = rating of 3
3. Two absences = rating of 2 and a make-up assignment
4. Three absences = rating of 1 and failure of course

Exceptional circumstances for clinical absences may be reviewed by the clinical instructor, team and Program Director at the request of the student.

- C. Attendance Policy - Attendance will be taken at each class, clinical and clinical conference. Students are required to attend ALL clinical laboratory and clinical conferences or be in jeopardy of receiving a failing clinical grade. Absence(s) from clinical conference are considered a clinical absence. Assignments will be given for more than one absence. (Refer to Student Handbook.)

**REQUIRED TEXT**

Townsend, Mary C. Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice, F.A. Davis, 2009 6th Ed. ISBN-13: 978-0-8036-1918-9

**Optional:** Mary C. Townsend. Nursing Diagnoses in Psychiatric Nursing: Care Plans and Psychotropic Medications, 8th Edition. ISBN-13: 978-0-8036-2506-8

- Online Resources via [www.DavisPlus.fadavis.com](http://www.DavisPlus.fadavis.com)

Unit I	Introduction to Psychosocial/Mental Health Nursing
Unit II	Universal Self Care Requisite: Solitude vs. Social Interaction. Maintaining quality and balance for development of autonomy and social relations that promote self care.
Unit III	Universal Self Care Requisite: Normalcy Develop and maintain a realistic self concept and promote actions to foster integrity of self care.

Theoretical Content	Teaching/Learning Activities
<p><b>UNIT I Introduction to Psychosocial/Mental Health Nursing</b></p> <p>A. Introduction and definition of USCR's: Solitude vs. social Interaction and Normalcy relating to Mental Health</p> <ol style="list-style-type: none"> <li>1. Explain the elements that contribute to mental health</li> <li>2. Discuss the History of psychosocial/ mental health care                             <ol style="list-style-type: none"> <li>a. Review trends, problems and goals to the delivery of mental healthcare and treatment of mental illness</li> <li>b. Discuss the significance of Mental Health: A Report to the Surgeon General</li> </ol> </li> <li>3. Outline the functions and levels of practice of psychiatric-mental health nurses</li> </ol> <p>B. Role of the nurse in psychosocial/ mental health care</p>	<p>Student Review: Healthy People 2010 Objectives Related to Mental Health <a href="http://www.healthypeople.gov">http://www.healthypeople.gov</a></p> <p>Chapter 2</p>

<ol style="list-style-type: none"> <li>1. Understanding Evidenced Based practice             <ol style="list-style-type: none"> <li>a. Define evidenced based care</li> <li>b. Identify the types of scientific evidence that constitute support for treatments and interventions.</li> <li>c. Explain the importance of evidenced based practice to nursing.</li> </ol> </li> </ol>	<p>Library Research Class                  Select, summarize and critique an Evidenced based research article</p>
<ol style="list-style-type: none"> <li>2. Utilizes Therapeutic COMMUNICATION Skills             <ol style="list-style-type: none"> <li>a. Describe the factors that influence the process of human communication</li> <li>b. Compare and contrast the importance of nonverbal and verbal communication.</li> <li>c. Incorporate the theories of human communication into interpersonal relationships with clients and their families.</li> <li>d. Identify the principles of therapeutic communication.</li> <li>e. Establish therapeutic relationships with clients in your clinical settings.</li> <li>f. Explain how the development of a therapeutic relationship works in other health care settings.</li> <li>g. Discuss the importance of self-awareness in the nurse-client relationship.</li> <li>h. Describe the phases of relationship development and the tasks within the phases.</li> <li>i. Understand the importance of a therapeutic nurse patient relationship.</li> <li>j. Compare and contrast defense mechanisms.</li> <li>k. Implement nursing strategies specified to each defense-oriented behavior listed.</li> </ol> </li> </ol>	<p>Chapter 7 , 8 , 9</p> <p>CAI: Therapeutic Counseling Session                  Establish a 1:1 Interaction with a client in an acute/day care setting.</p>
<p>C. Assessment of psychosocial health vs. mental illness; Universal and Developmental SCR's</p> <ol style="list-style-type: none"> <li>1. Define the components of the Psychosocial Assessment</li> <li>2. Describe the steps in conducting a Mental status exam.</li> <li>3. Describe the DSM-IV-TR multiaxial system.</li> <li>4. Demonstrate the DSM-IV-TR multiaxial system for making a psychiatric diagnosis.</li> </ol>	<p>Review Defense Mechanisms Chapter 2</p> <p>Conduct at least one Psychosocial Assessment inclusive of Mental Status Exam and DSM-IV-TR classification.</p> <p>Chapter 2 p. 23 and Appendix C</p> <p>Develop at least one Nursing Careplan based on the psychosocial assessment and document outcomes of care (See NCP rubric).</p>

**UNIT II Individuals Experiencing Psychosocial Health Deficits in meeting the USCR: Solitude vs. Social Interaction**

- A. Cultural Diversity in Mental Health Nursing
  - 1. Explain what it means to be a culturally competent nurse.
  - 2. Describe the role of the psychiatric-mental health nurse as culture broker.
  - 3. Describe the personal strategies you can use to develop cultural competence in your work with specific cultural groups.
  - 4. Identify the risk factors associated with mental disorders that affect the experience, expression, reporting, and evaluation of mental disorders among culturally diverse groups.
  - 5. Explain the natural history of disorder, including its four stages.
  - 6. Discuss when and how you would apply epidemiologic principles in your psychiatric-mental health nursing practice.
  
- B. Stress/Anxiety
  - 1. Define anxiety and explain how stress affects an individual
  - 2. Identify the sources of anxiety.
  - 3. Describe the everyday methods people use to cope with stress and anxiety.
  - 4. Discuss common medical conditions with an onset or a course influenced by psychological and behavioral factors.
  
- C. Anxiety Disorders/Dissociative Disorders
  - 1. Explain what is meant by anxiety disorders and dissociative disorders.
  - 2. Describe the incidence and prevalence of anxiety disorders.
  - 3. Identify the symptoms of anxiety disorders.
  - 4. Explain the different types of anxiety disorders.
  - 5. Describe the theories that are helpful in understanding anxiety disorders and dissociative disorders.
  - 6. Compare and contrast both the common themes and distinctive characteristics of anxiety disorders with dissociative disorders.
  - 7. Design a plan of care for intervening into mild, moderate, severe, and panic levels of anxiety.
  - 8. Educate clients and their families about pharmacologic and nonpharmacologic measures for anxiety disorders and

Chapter 6 Culture

Chapters 1, 14

CAI: Anxiety

Class: Demonstrate stress reduction Exercises and write 1 week RX.

Chapter 30

Chapter 21 (Anxiolytics)

- dissociative disorders.
- 9. Identify the possible personal challenges in caring for clients with anxiety disorders and dissociative disorders.

Pre and post Conference  
 Clinical discussions on stress management techniques and/or conduct a client teaching exercise in stress reduction.

D. Somatoform Disorders

Chapter 31

- 1. Compare and contrast the biopsychosocial characteristics of various somatoform disorders.
- 2. Describe theories that aid in the understanding of somatoform disorders.
- 3. Distinguish between somatoform disorders, factitious disorders, and malingering.
- 4. Explain the importance of performing a thorough and comprehensive assessment of clients with somatoform disorders.
- 5. Identify the most common goals and treatments for clients with somatoform disorders.
- 6. Discuss possible personal challenges to professional practice when caring for clients with somatoform disorders.

**Nursing Care of Individuals Experiencing Dysfunctional Grieving or High Risk for Violence: Self Directed**

A. Mood Disorders

Chapter 29

- 1. Discuss the incidence and prevalence of mood disorders in the United States.
- 2. Discuss the biopsychosocial theories that contribute to the current understanding of mood disorders.
- 3. Compare and contrast the similarities and differences between major depressive disorder and bipolar disorder.
- 4. Explain the principles upon which the various biologic therapies for clients with mood disorders are based.
- 5. List the symptoms of mood disorders using criteria from the *Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition, text revision (DSM-IV-TR)*.
- 6. Demonstrate effective interventions with clients experiencing mood disorders.
- 7. Educate clients and their families about biologic treatment for mood disorders such as antidepressant medications and electroconvulsive therapy.
- 8. Assess personal feelings, values, and attitudes toward clients with mood disorders that may provide challenges to professional practice.

Recommended: Computer program: Care of the Suicidal Client-RN  
 Video: PBS series: "The Mind: Depression" (Library Media) QP356.M56 1988 pt. 6  
 CAI: Depression, Bipolar Disorder

Chapter 21 (Antidepressants and Mood Stabilizers)  
 Chapter 22 ( ECT)

- B. Suicide
  - 1. Explain the magnitude of suicide.
  - 2. Define suicide and suicidal behavior.
  - 3. Identify groups at risk for death by suicide.
  - 4. Identify the warning signs of suicide.
  - 5. Explain factors that contribute to suicidal risk.
  - 6. Implement an understanding of suicide prevention, assessment and safety promotion in the plan of care for clients with mood disorders.

Chapter 18

Students Clinical Conference: "Nursing Intervention with the Suicidal Client" (See case study on Web CT)

**Nursing Care of Individuals Experiencing High Risk for Violence: Self Directed R/T Manipulative Behaviors or Directed at Others R/T Sociocultural Conflict.**

- A. Legal/ Ethical and Forensic Aspects of Mental Health Nursing
  - 1. Describe how psychiatric-mental health nurses can avoid indirectly contributing to the stereotypes associated with psychiatric diagnostic categories.
  - 2. Explain why psychiatric mental-health nurses need to be knowledgeable, about the mental health statutes and regulations in the state in which they practice.
  - 3. Compare admission and release procedures for voluntary admission and involuntary commitment.
  - 4. Deliver psychiatric-mental health nursing care in a manner that preserves and protects clients rights, dignity, and autonomy.
  - 5. Partner with clients and their families in developing psychiatric advance directives.
  - 6. Identify the acts for which psychiatric-mental health nurse can be held legally liable.
  - 7. Serve as a client advocate while assisting clients and families to develop skills for self-advocacy.

Chapters 5

**Nursing Care of Individuals Experiencing Ineffective coping and/or Denial**

- A. Substance Abuse
  - 1. Discuss the major theoretic explanations for substance-related disorders.
  - 2. Describe the population at risk for substance-related disorders.

Chapter 27

3. Explain how the physical, psychosocial, and withdrawal effects of the major categories of substance abuse manifest themselves.
4. Identify treatment approaches for the major categories of abused substances.
5. Discuss how the presence of both a substance-related disorder and a major mental disorder (such as schizophrenia) complicates nursing care.
6. Compare and contrast the short-term and long-term nursing intervention strategies for clients with substance-related disorders.
7. Identify the strategies for helping a client avoid relapse.
8. Discuss outcome criteria for clients who have substance-related disorders.
9. Assess your own feelings and attitudes about clients with substance-related disorders and how they may affect professional practice.

Students Clinical Conference: "Nursing Intervention With Individuals Experiencing Substance Abuse And Dependence" (See Case Study on Web CT).

CAI: Substance Abuse

B. Personality Disorders

1. Differentiate personality traits and styles from personality disorders.
2. Identify the characteristics common to all three clusters or major categories of personality disorders.
3. Compare the biopsychosocial characteristics of various personality disorders.
4. Identify clusters of personality disorders and the differentiating characteristics of their subtypes.
5. Explain the concepts that would help the psychiatric-mental health nurse apply the nursing process to the care of clients with personality disorders.
6. Manage the triad of manipulation, narcissism, and impulsiveness when demonstrated by clients with personality disorders.
7. Focus nursing intervention on a client's specific and unique response to the disorder.
8. Modify the possible effects of the nurse's positive and negative emotional responses to clients who have personality disorders.

Student review: DSM-IV TR Classifications/Axes Chapter 34

Pre and post conference clinical discussion on personal responses to behaviors associated with personality disorders

**UNIT III**  
**Individuals Experiencing Psychosocial Deficits in Meeting the USCR: Normalcy**

Nursing Care of Individuals with Altered thought processes and Altered Sensory-Perceptual Experiences R/T Changed Structure/Function of the Brain

- A. Thought Disorders/Schizophrenia
  - 1. Describe the central features of schizophrenia.
  - 2. Distinguish among the subtypes of schizophrenia.
  - 3. Compare and contrast the various biopsychosocial theories that address the possible causes of schizophrenia.
  - 4. Identify signs and symptoms of schizophrenia.
  - 5. Discuss the major nursing implications in caring for clients with difficult and chronic illnesses such as schizophrenia.
  - 6. Compare the benefits and risks of antipsychotic medications.
  - 7. Discuss the major nursing implications in supporting the families of persons with schizophrenia.
  - 8. Describe methods to prevent or minimize relapses in schizophrenia.
  - 9. Identify the personal characteristics you bring to the care of clients with schizophrenia that might cause you to distance yourself or fail to understand their experience and difficulties.
  
- B. Cognitive Disorders
  - 1. Discuss the biopsychosocial theories that explain delirium, dementia, amnesic disorders, and other disorders.
  - 2. Differentiate among the various types of cognitive disorders.
  - 3. Explain the differences between delirium, dementia, and depression.
  - 4. Compare possible assessment findings in delirium and dementia.
  - 5. Compare and contrast the nursing interventions and their rationales for clients with delirium and dementia.
  - 6. Incorporate psychiatric-mental health nursing strategies that support optimal memory and cognitive functioning in the care of clients with cognitive disorders.
  - 7. Identify the difficulty caregivers may face when working with clients who have cognitive disorders.
  - 8. Discuss the personal feelings and

Chapter 28,  
 Chapter 21(Antipsychotics)

CAI: Disorientation, Severe Mental Disorders  
 Video: "Schizophrenia Undercover" (in class)

Pre and Post Conference clinical discussions on intervening with a psychotic client.

Chapter 26

Students Clinical Conference: "Nursing Intervention With Patients Experiencing Cognitive Disorders: Delirium and Dementia" (See Case

<p>attitudes that are likely to interfere with the psychiatric-mental health nurse's ability to care for cognitively impaired clients.</p>	<p>Study on Web CT)</p>
<p>C. ADHD and Autism Spectrum Disorder</p> <ol style="list-style-type: none"> <li>1. Discuss the key ideas in the biopsychosocial theories that aid in understanding the development of childhood psychiatric disorders.</li> <li>2. Explain the multicausal or interactive model of childhood mental illness.</li> <li>3. List the potential risk factors for childhood mental illness.</li> <li>4. Describe the signs and symptoms associated with each of the common psychiatric disorders of children.</li> <li>5. Discuss various therapeutic approaches when working with children and their families.</li> <li>6. Monitor the impact of psychopharmacologic agents on children at different developmental levels.</li> <li>7. Become aware of your own attitudes and behavior toward children/teenagers and their families with psychiatric illness and how they affect the therapeutic outcomes of your work with them.</li> </ol>	<p>Chapter 25</p>
<p>D. Grief and Loss</p> <ol style="list-style-type: none"> <li>1. Identify various events that could trigger a grief reaction.</li> <li>2. Discuss phases of grief according to leading theorists.</li> <li>3. Compare normal and maladaptive responses to loss.</li> <li>4. Describe cultural responses to grief.</li> <li>5. Discuss hospice care for the patient and their families.</li> </ol>	<p>Chapter 39</p>
<p><b>Nursing Care of Individuals Experiencing Anxiety/Fear R/T Abuse and/or Poor Coping Skills</b></p>	
<p>A. Violence and victims of Abuse</p> <ol style="list-style-type: none"> <li>1. Identify the dynamics of intimate partner violence and the nurse's role in recognizing, screening, and assisting its victims.</li> <li>2. Discuss the effects of maltreatment on child development.</li> <li>3. Identify the scope of elder abuse and key prevention strategies.</li> <li>4. Describe the biopsychosocial causes of abuse.</li> <li>5. Discuss the short-term and long-term effects on victims of rape and violence.</li> </ol>	<p>Chapter 36</p> <p>Student Clinical Conference: "Nursing Intervention with Victims of Abuse" (See Case Study on Web CT)</p>

6. Identify those at greatest risk for intrafamily physical and sexual abuse.
7. Identify the principles common to most treatment plans for victims of violence.
8. Apply the nursing process to the care of the trauma survivors.
9. Identify specific actions you could take to advocate for the reduction of family violence.
10. Discuss personal feelings and attitudes that may affect professional practice when caring for victims of rape or violence.

**Special Issues in MH Nursing**

- A. Sleep Disorders
  1. Explain normal changes in sleep across the lifespan.
  2. Discuss the significance of sleep deprivation with regard to social problems, medical conditions, and psychiatric disorders.
  3. Discuss at least two sleep disorders that are life threatening.
  4. Apply the nursing process to patients with sleeping disorders.
  
- B. Patients with Medical Illnesses
  1. Identify the effects of medical illness on mental health.
  2. Explain the term medical mimics as well as the nurses' role relative to them.
  3. Explain how a medical condition might contribute to psychiatric complications or symptoms.
  4. Describe nursing implications for patients with psychiatric and nonpsychiatric illnesses.

Chapter 21 (Sedative-Hypnotics)

Read Chapter 20 in Foundations of Psychiatric Mental Health Nursing: A Clinical Approach, Vacarolis and Halter, 6th Edition, Saunders

Read Chapter 31 in Foundations of Psychiatric Mental Health Nursing: A Clinical Approach, Vacarolis and Halter, 6th Edition, Saunders

**Nursing Care of Individuals Experiencing Disturbance in Body Image**

- A. Eating Disorders
  1. Discuss the role of culture and biology in the development of eating disorders.
  2. Distinguish among the various eating disorders.
  3. Explain how psychological and social pressures can influence the course of eating disorders.

Chapter 33

4. Compare and contrast the various theories for the causes of eating disorders.
5. Assess individual and family problems of clients with eating disorders.
6. Partner with clients and their families in both the prevention and treatment of eating disorders.
7. Identify the intermediate goals in the treatment of clients with eating disorders and their families.
8. Describe the methods to prevent eating disorders.

CAI: Anorexia Nervosa  
 Video: "Eating Disorders: The Hunger Within"  
 RC552.E18E38 1996

B. Sexual Disorders

Chapter 32

1. Discuss personal values and biases regarding sexuality and sexual behaviors.
2. Conduct a sexual history.
3. Describe at least three sexual disorders and describe their treatment.
4. Discuss variations in sexual orientation.

**Unit III**

**Nurse Care of Individuals/Families with Altered Family Processes R/T Crisis and/or Dysfunctional Communication. Crises/Crisis Intervention**

A. Crisis Intervention

Chapter 13

1. Describe the types of maturational and situational crises a person can experience.
2. Explain why a crisis is a turning point in a person's life.
3. Trace the sequence of a crisis and determine its significance for the nursing care of a client in crisis.
4. Incorporate an understanding of the origins of a crisis, risk factors, and balancing factors during the assessment phase of crisis management.
5. Identify three possible crisis intervention modalities for a person in crisis.
6. Incorporate the ABC's of crisis counseling in a plan of care for a client in crisis.
7. Provide Psychoeducation for clients and families who are disaster victims.
8. Analyze personal feelings and attitudes that may affect professional practice when caring for clients in crisis.

B. Family Intervention

Chapter 11

1. Describe families and their dynamics in terms of relationships, associations, and connections.
2. Carry out a family assessment.

3. Partner with clients and their families in recognizing when family interventions or family therapy are appropriate.
4. Incorporate an understanding of family processes in promoting and maintaining an individual's health.
5. Develop a genogram.

### **FORMAT FOR CLINICAL CONFERENCES**

1. Faculty will lecture on the selected topics (Suicide, Substance Abuse, Victims of Abuse and Cognitive Disorders) for the first hour of conference to highlight key/salient points.
2. Students from individual clinical groups will use the remaining hour to discuss case studies.
  - a. All students are responsible to prepare for the case study presentation and will be expected to actively participate each week.
  - b. Students from each clinical group will be responsible to facilitate the discussion on the case study and will be graded on their ability to facilitate class work. **See grading rubric on web ct.**
  - c. Each student from the presenting team is expected to hand in an evidence based research article summary and critique that pertains to the topic of presentation for that case study. (Please see Evidenced Based Research article handout)

### RECOMMENDED READINGS AND AV'S

#### INTRODUCTION:

All textbook readings are required and information will be incorporated into test questions. You are expected to read widely in accordance with course content & clinical needs. You are urged to use the table of contents & index of your text. Finally, you are encouraged to read widely in other psychiatric nursing texts as well as in esoteric journals. e.g. Journal of Psychosocial Nursing, Perspectives in Psychiatric Nursing, American Journal of Nursing, etc.

#### COMPUTER PROGRAMS (College Laboratory) **B307 or L122**

- A. Professional Development Software: Psych/Mental Health Nursing Concepts & Skills
  - 1. Mistrust
  - 2. Anxiety
  - 3. Crisis
  - 4. Depression and Elation
  - 5. Withdrawal and Regression
  - 6. Severe, Persistent Mental Disorders
  - 7. Disorientation & Sensory Misperceptions
  - 8. Substance Abuse
  
- B. Health Soft computer discs: (New 2001)
  - 1. Therapeutic Client Communication
  - 2. Care of the Client Experiencing Anxiety
  - 3. Care of the Patient Experiencing Mania-RN
  - 4. Care of the Client Experiencing Depression
  - 5. Psychotropic Medication Administration Outpatient Unit
  
- C. Psych/Mental Health computer disc series:
  - 1. The Client Who Is Hallucinating
  - 2. Clients Who Experience Delusions and Illusions
  - 3. The Client Who Is Socially Withdrawn
  - 4. Suicide Prevention: Part 1 - Adult Clients
  - 5. Suicide Prevention: Part 2 - Young Adults & Elderly Clients

\*Davis Plus online resources

- D. NCLEX-RN Success
- E. Anorexia
- F. Bipolar Disorders
- G. Anxiety
- H. Therapeutic Communication
- I. Therapeutic Counseling Session

#### VIDEOS – Library Media Center

- A. RC514.F85 1983 - Full of Sound and Fury: Living with Stages of Schizophrenia
- B. RC514.F7 1990 - Broken Minds (Frontline)
- C. RC454.4.P67 1990 - Panic
- D. RC537.D47 1995 - Depression
- E. RC523.A491 1992 - Alzheimer's Effects on Patients and Their Families

- F. RC523.A35 1985 - Alzheimer's Disease, Pt. 1
- G. RC523.A88 1990 - Caring for the Alzheimer's Resident: A Day in the Life of Mary Moore
- H. RC523.C3 1993 - Management in Caring for Residents with Alzheimer's
- I. RC539.D63 1996 - Depression and Manic Depression
- J. RC445.M43.B335 1996 - Back from Madness: The Struggle for Sanity
- K. RC552.E18 E38 1996 - Eating Disorders: The Hunger Within
- L. RC565.L37 1996 - Last Call: Alcoholism and the Family
- M. RC531.A59 1997 pt. 1 - Panic Attacks
- N. RC531.A59 1997 pt. 2 - Obsessive Compulsive Disorder
- O. RC531.A59 1997 pt. 3 - Self Harm
- P. RC531.A59 1997 pt. 4 - Post-Traumatic Stress Disorder
- Q. RC531.A59 1997 pt. 5 - Eating Disorders
- R. RC531.A59 1997 pt. 6 - Body Dysmorphic Disorder
- S. RC429.P75 1993 - Prisoners of Silence
- T. RC455.2 F35 D59 1995 - Divided Memories

WEB SITES: MEM ist 5

<http://www.psychtests.com>

<http://www.4nursingmanagers.com>

Center for Mental Health Services: <http://mentalhealth.samhsa.gov/>

National Institute of Mental Health: <http://www.nimh.nih.gov/index.shtml>

National Institute on Aging: [www.alzheimers.org](http://www.alzheimers.org)

National Institute on Drug Abuse: [www.nida.nih.gov](http://www.nida.nih.gov)

National Institute of Neurological Disorders and Stroke: [www.ninds.nih.gov](http://www.ninds.nih.gov)

The Schizophrenic Homepage: [www.schizophrenia.com](http://www.schizophrenia.com)

The National Alliance for the Mentally Ill: [www.nami.org](http://www.nami.org)

Active Minds: [www.activeminds.org](http://www.activeminds.org)

Please refer to web resources listed within many chapters of the textbook

Revised: June 2011