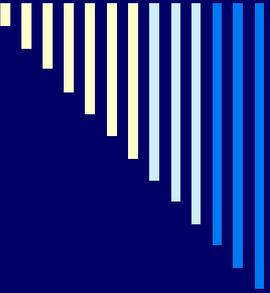


MENTAL HEALTH NURSING

23 Hours

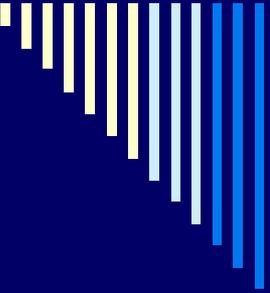
Presented by:

Mrs. Mary Elizabeth Pacuska, M.S.N.



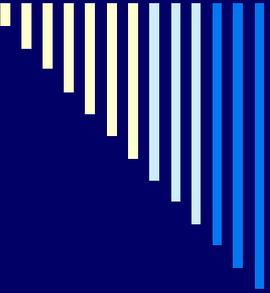
Requirements

- Attend Class
 - Read assigned text material
 - Participate in class projects and discussions
 - Complete assigned projects
-



Grading

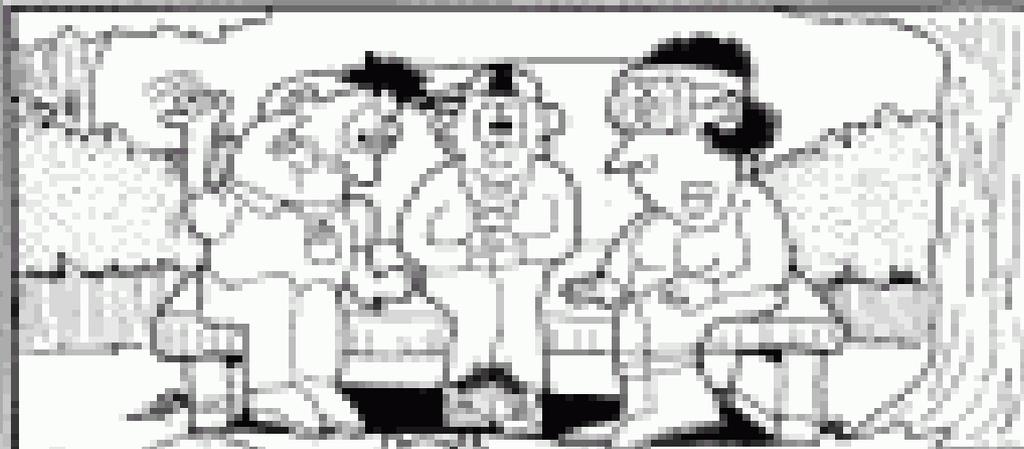
- Unit Examinations
 - Article Critique (Required)
 - Arnett Mental Health Exam and outline (Required)
-



Policies

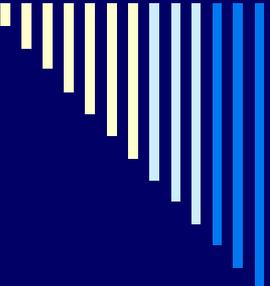
- All missed exams will be made-up on the following Tuesday afternoon
 - Maximum grade of 80% for all make-up exams
 - 1 point per day will be deducted for all late assignments
-

Strange Breed by Steve Langille
<http://www2.hk.net/~s4/strange/breed.htm>



I KNOW THEY'RE NUTS,
BUT I'M NOT THAT HUNGRY!

© 1998 STEVE LANGILLE

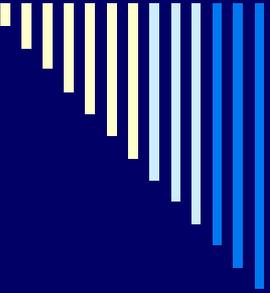


Introduction to Psychiatric Nursing

- Self-awareness:

 - ability to recognize nature of one's own attitude, emotions, and behavior

Do you have any prejudices about patients with psychiatric disorders?

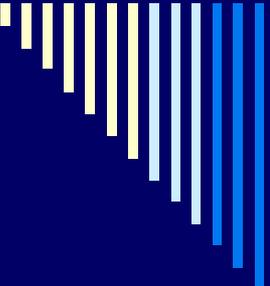


Mental Health

- State in which one is responsible, displays self awareness, is self directive, reasonably worry free, and can cope
 - Function in society, accepted in a group, and generally satisfied with their lives.
-

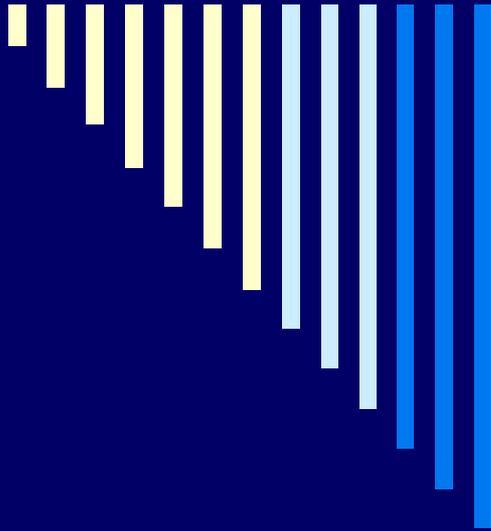


Some days all you can do is smile and wait for some kind soul to come pull your ass out of the bind you've gotten yourself into.



Factors Affecting Mental Health

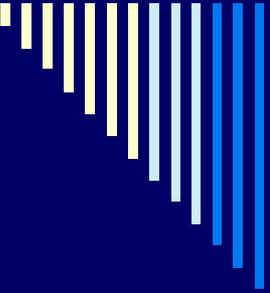
- Inherited Characteristics
 - Nurturing during childhood
 - Life Circumstances
-



Mental Health-Illness Continuum

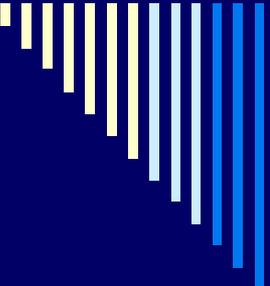
Stress

Anxiety



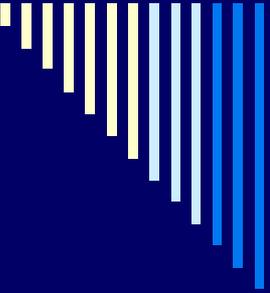
Ethics

- Standards of Care
 - Professionalism: Performing at the highest level of preparation we have achieved
 - Confidentiality
 - Responsibility
-



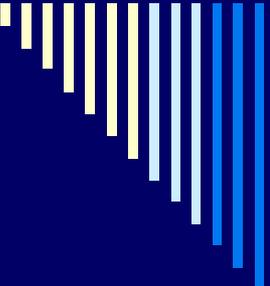
Standards of Care

- LPN Code of Ethics
 - Nurse Practice Act
 - Accuracy
 - Honesty
-



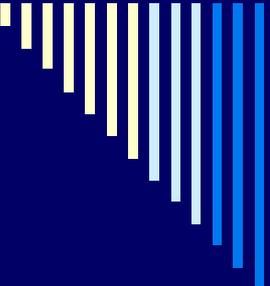
Confidentiality

- “being entrusted with private matters.”
 - Doctrine of Privileged information
 - Temptations
-



Responsibility

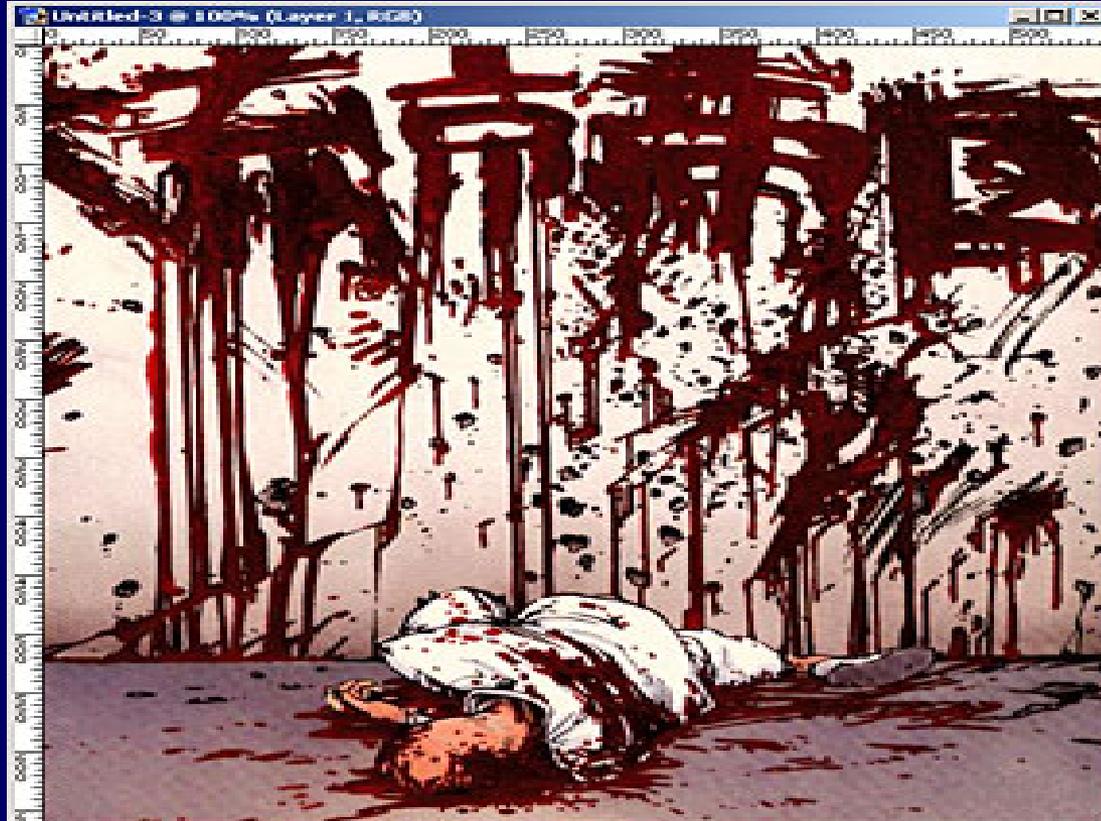
- “accountability”
 - Keeping personal lives in manageable state
 - Ability to work independently and honestly within scope of practice.
 - Responsibility to co-workers
-

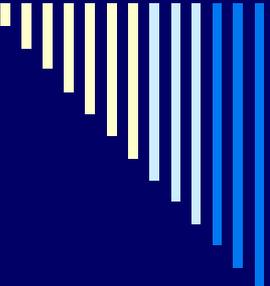


Legal Issues

- Good Samaritan Acts
 - Involuntary vrs. Voluntary commitment
 - Assault and battery
 - Failure of duty to warn
-

Forensic Psychiatry

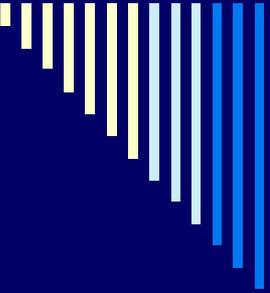




Forensic Nursing

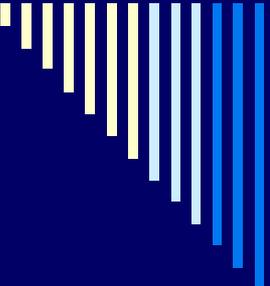


- SAFE nurse
 - Nurse coroners
 - Death investigators
 - Legal Nurse
Consultants
 - Nurse Attorneys
 - Forensic pediatric,
gerontologic,
psychiatric nurses
-



Sociocultural Influences

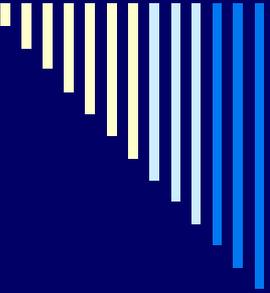
- Culture
 - Ethnicity
 - Economic considerations
 - Abuse
 - Poor parenting
-



Factors Affecting Mental Health Maintenance

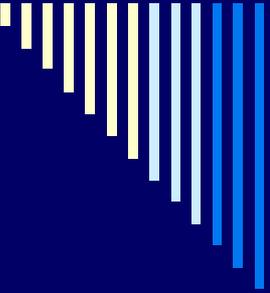
- Interpersonal Communication

- Ego Defense Mechanisms



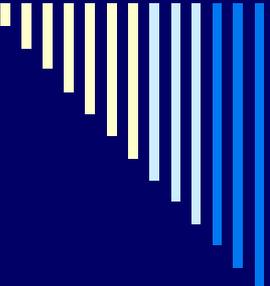
Communication

- Therapeutic communication: purposeful, language of it's own, trying to determine patients needs, requires “active or purposeful listening.”
-



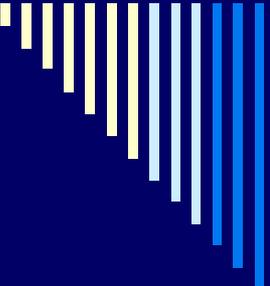
Defense Mechanisms

- “Unconscious, protective barriers used to manage instinct and affect in stressful situations.” Sigmund Freud
 - Used to reduce anxiety, protect self-esteem or sense of security
 - Therapeutic or pathological
-



Defense Mechanisms

- Response to stress is individualized
 - DM are part of the ego, based on the unconscious, but can appear very deliberate
 - Use of DM, for short time, can be helpful, allow psyche to put stress into perspective.
 - If then deals with problem: effective CM, if not effective, stress level rises
-



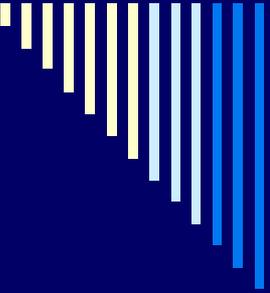
Coping and Defense Mechanisms

- Compensation
 - Conversion
 - Denial
 - Displacement
 - Dissociation
 - Projection
 - Rationalization
 - Reaction-formation
 - Regression
 - Restitution
 - Sublimation
-

Psychopharmacology

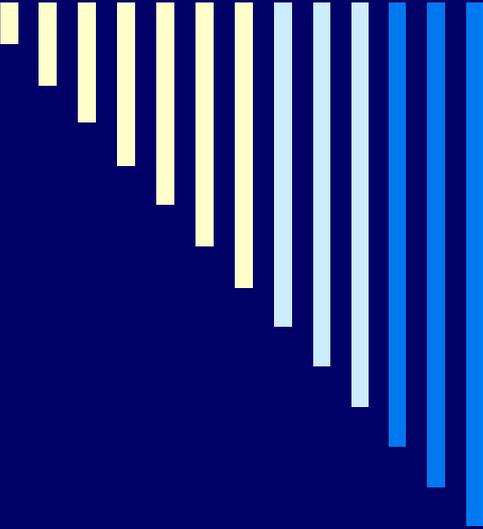
- ❑ Antipsychotics
- ❑ Antianxiety Agents
- ❑ Antidepressants
- ❑ Stimulants
- ❑ Mood Stabilizers
- ❑ Anticonvulsants
- ❑ Antiparkinson Agents





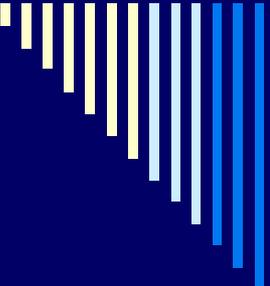
Treatment Modalities

- Milieu
 - Psychoanalysis
 - Cognitive Therapies
 - Counseling
 - Electroconvulsive Therapy
 - Complementary Therapies
 - Crisis Intervention
-



Therapeutic Milieu

An environment that is structured and maintained as an ideal, dynamic setting in which to work with clients, a safe physical surrounding. (Schultz and Videbeck)

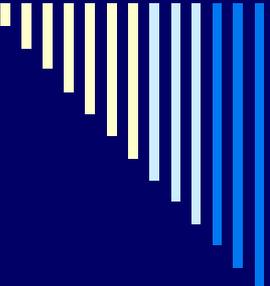


Behavior Modification

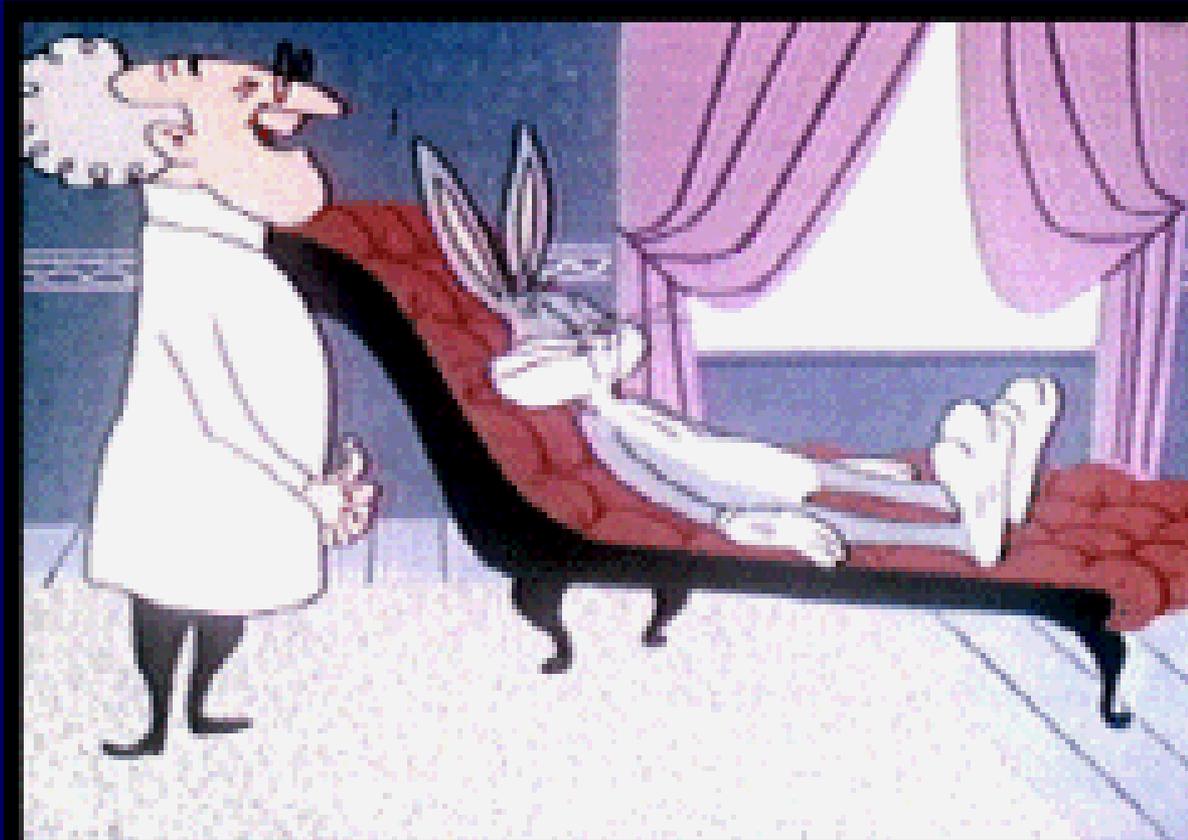
- Pavlov's theory of conditioning:
systematic desensitization

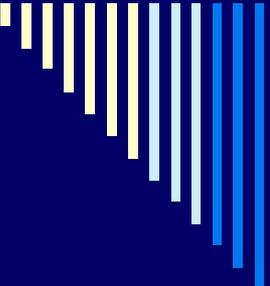


- Skinner's Theory of Operant Conditioning
good behavior rewarded, bad behavior,
reinforcers withheld
-



Psychotherapies

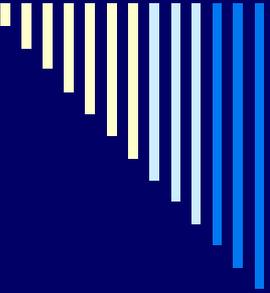




Psychotherapies

Goals:

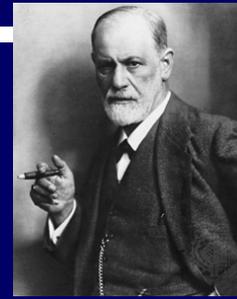
- ❑ Decrease patient's emotional discomfort
 - ❑ Increase patient's social functioning
 - ❑ Increase the ability of the patient to behave or perform in a manner appropriate to the situation.
-



Psychotherapies

- Psychoanalysis
 - Cognitive Therapies
 - Counseling
 - Electroconvulsive therapy
 - Crisis Intervention
 - Complementary/Alternative Therapies
-

Psychoanalysis



□ Free association

□ Hypnosis

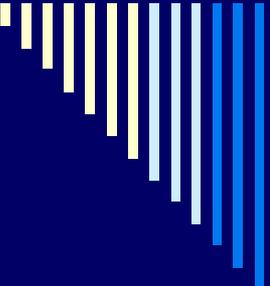
□ Dream analysis



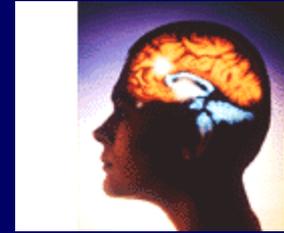
□ Catharsis

□ Behavior Modification





Cognitive Therapies

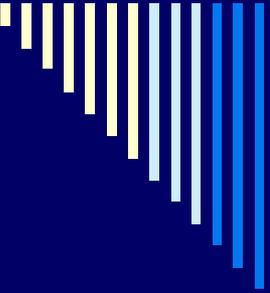


- Uses confrontation to rearrange maladaptive thinking
 - Depression and adjustment disorders
 - Rational-Emotive Therapy (RET):
release of controlled emotions)
-

Behavior Therapies

- Assertiveness Training
- Implosive Therapy (Flooding)
 - Virtual reality
- Limit Setting: reduces anxiety, minimizes manipulation





Individual Therapies

- Individual:

- Brief cognitive Therapy (problem solving)

- Behavior Therapy (modify symptoms)

- Brief Interpersonal Therapy (focus on relationships)

- Split-treatment Psychotherapy (dual diagnosis)

Group Therapy

- ❑ Decreased isolation
- ❑ Opportunities to help others
- ❑ Development of coping skills
- ❑ Decreased transference to therapist
- ❑ Open groups: no boundaries
- ❑ Closed groups: set rules



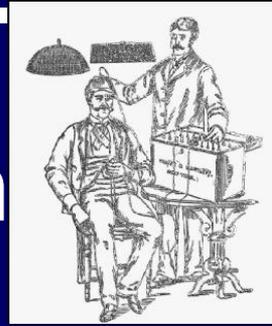
Therapies

□ Couple Therapy

□ Family Therapy



Electroconvulsive Therapy

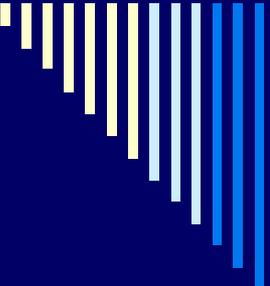


- Procedure: uses electric current to induce seizures
- Side Effects: headache, disorientation, memory disturbance
- Effects are cumulative
- Postictal Agitation
- Informed Consent

Complementary Therapies



- Acupressure/acupuncture
- Aromatherapy
- Homeopathy
- Hypnotherapy
- Imagery
- Biofeedback
- Herbs
- Meditation
- Reiki
- Reflexology
- Art/Music Therapy
- Pet Therapy
- Yoga

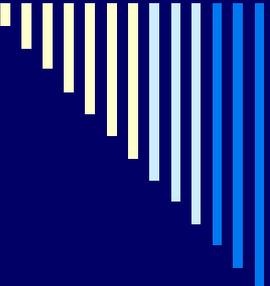


Crisis Intervention

□ Goal:

Decrease emotional stress, keep safe, assist in organization, return to higher level of functioning





Mental Health Alterations

Mental Health, the ability to:

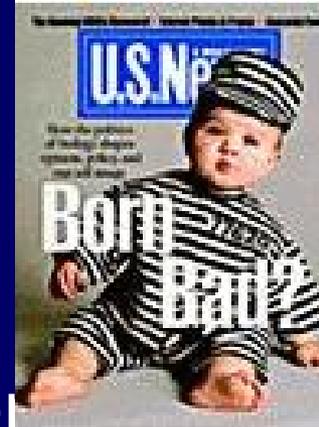
- ❑ be flexible
- ❑ be successful
- ❑ form close relationships
- ❑ make appropriate judgements
- ❑ solve problems
- ❑ cope with daily stresses
- ❑ have a positive sense of self

Mental illness:

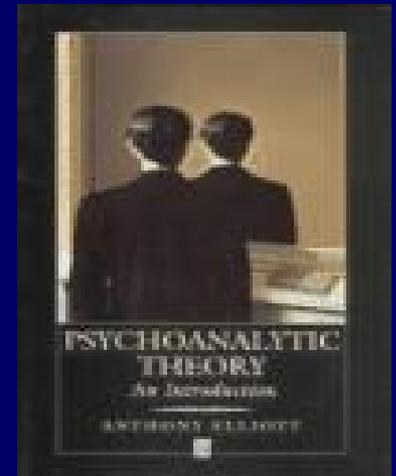
- ❑ Impairment of ability to think, feel, or make sound judgements
 - ❑ Difficulty or inability to cope with reality or to form strong personal relationships
-

Causes of Mental Illness

□ Nature vrs. Nurture



□ Psychoanalytic theory

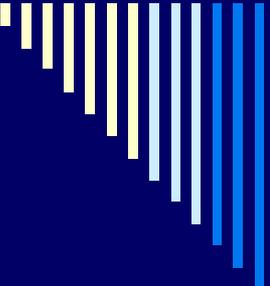


□ Psychobiologic theory

Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)



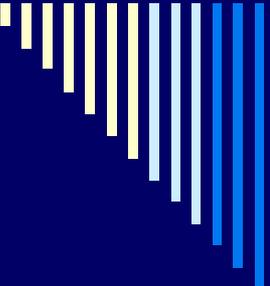
- ❑ Axis I: clinical disorders and delirium, dementia, and amnesia, and other mental disorders as the result of a general medical condition
- ❑ Axis II: personality disorders/mental retardation
- ❑ Axis III: General medical conditions
- ❑ Axis IV: Psychosocial and environmental problems
- ❑ Axis V: global assessment of functioning (GAF)



Global Assessment of Functioning (GAF)

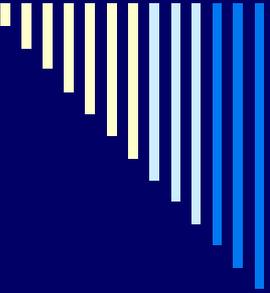
- Coded from 0-100

 - Psychological, social, and occupational functioning
-



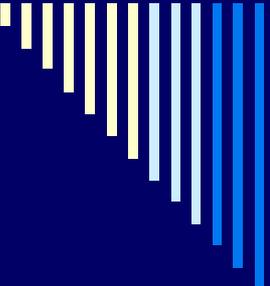
Example of DSM-IV Evaluation

- Axis I: 300.4 Dysthymic Disorder
 - 315.00 Reading Disorder
 - Axis II: No Diagnosis
 - Axis III: 382.9 Otitis Media
 - Axis IV: Victim of Child Neglect
 - Axis V: GAF= 53 (current)
-



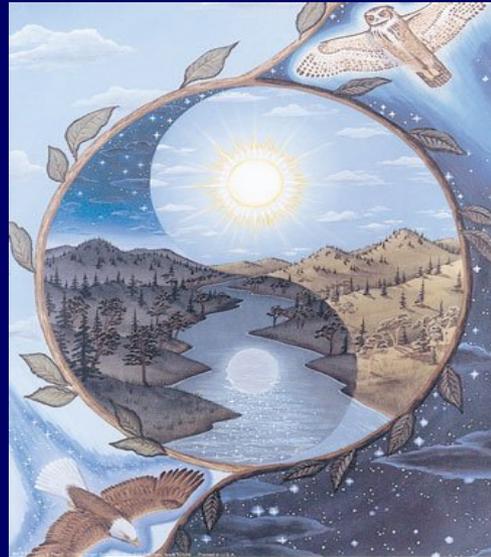
Assessment of Mental Health

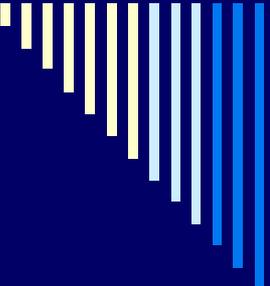
- Comprehensive
 - Focused
 - Screening
-



Comprehensive Assessment

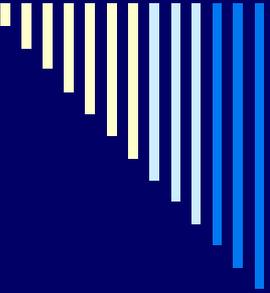
- Biologic
- Psychological
- Cultural
- Spiritual
- Social needs





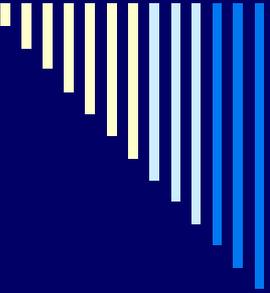
Focused Assessment

- Specific data regarding a particular problem
 - Used in crisis
 - Assess mood, affect and behavior
-



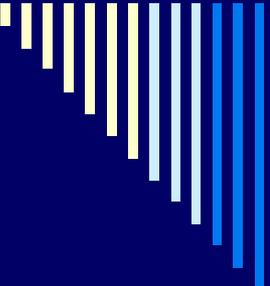
Screening Assessment

- Brief Psychiatric Rating Scale (BPRS)
 - Drug Attitude Inventory (DAI-10)
 - Hamilton Rating Scale for Depression (HRSD)
-



Collection of Data

- Appearance
 - Affect, Emotional State
 - Behavior, Attitude, Coping patterns
 - Communication and Social Skills
 - Content of Thought
 - Orientation
 - Memory
 - Intellectual ability
 - Insight
 - Spirituality
 - Sexuality
 - Neurovegetative Changes
 - Medical Issues
-



Appearance

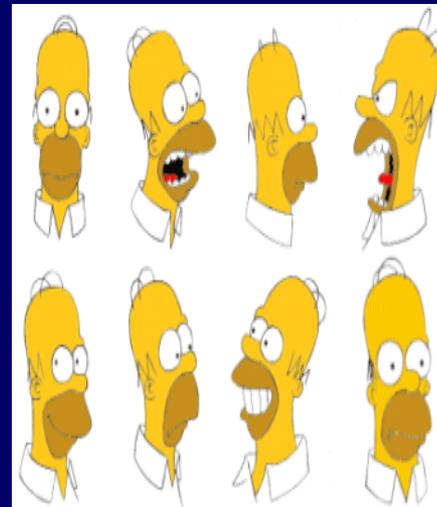
- Physical characteristics
- Peculiarity of dress
- Cleanliness
- Use of cosmetics

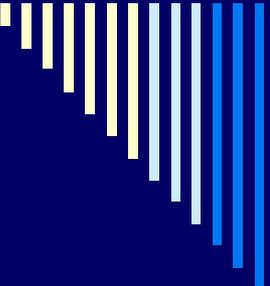


Affect

Outward manifestation of one's emotions:

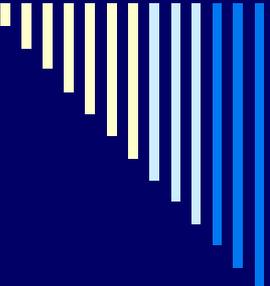
- ❑ Blunted
- ❑ Flat
- ❑ Inappropriate
- ❑ Labile





Behavior, Attitude and Coping Patterns

- Strange, threatening, suicidal, abusive
 - Unusual mannerisms
 - Friendly, fearful, angry , aggressive
 - Overactive or underactive
 - Ask how they normally cope with problems
-

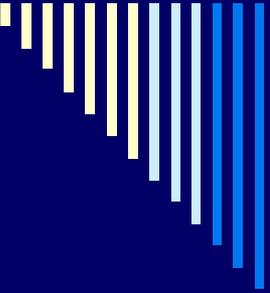


Communication



Impaired Communication:

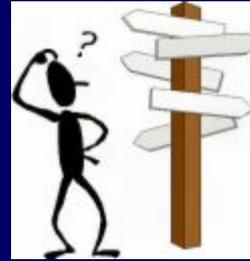
- ❑ Blocking – sudden stoppage
- ❑ Circumstantiality- unnecessary detail
- ❑ Flight of Ideas- ideas fragmented
- ❑ Perseveration- same verbal response
- ❑ Verbigeration- meaningless repetition of specific words or phrases
- ❑ Neologism- self invented
- ❑ Mutism- refusal to speak



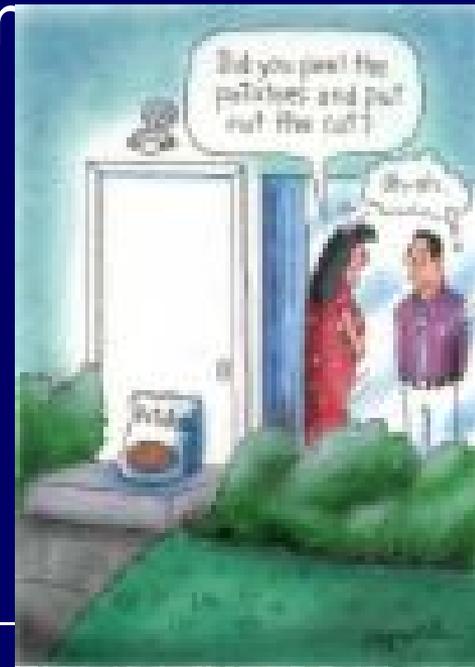
Content of Thought

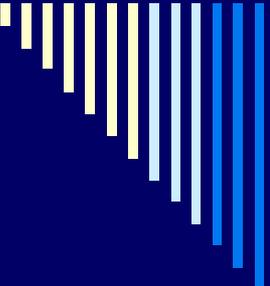
- Delusions: fixed false beliefs
 - Hallucinations: sensory perceptions without actual stimuli
 - Depersonalization: feeling of unreality, out of body sensation
 - Obsessions: insistent thoughts
 - Compulsions: insistent, repetitive, intrusive, and unwanted urges to perform acts
-

Orientation



- Person, place, time
- “Where they are, who they are, date?”
- Levels of orientation





Memory

- Ability to recall past experiences
 - Recent memory: recall immediate past-two weeks
 - Long-term memory: recall remote past
-

Intellectual Ability

Name past presidents

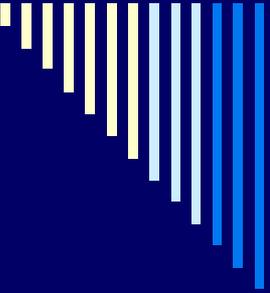


Simple math problems



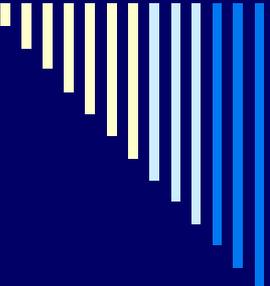
Evaluate abstract and concrete thinking





Insight

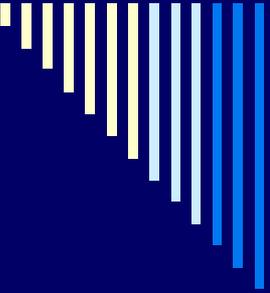
- Self-understanding
 - Do they consider themselves ill?
 - Do they understand what's happening?
-



Spirituality



- Clients beliefs, culture and religious culture
- Are beliefs and values helping or hindering client?

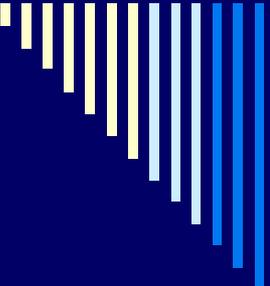


Sexuality

- Concerns about sexual identity, activity and function

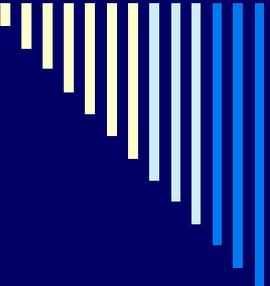


- Does client prefer male or female clinician to discuss concerns?
-

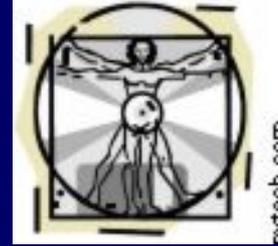


Neurovegetative Changes

- Changes in psychophysiologic functions: sleep patterns, eating patterns, energy levels, sexual functioning, bowel functioning
-



Medical Issues

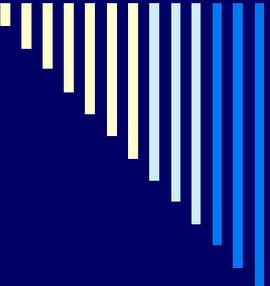


- Cardiovascular disease
 - Stroke
 - Parkinson's
 - Can impede medical treatment
-

Anxiety Disorders

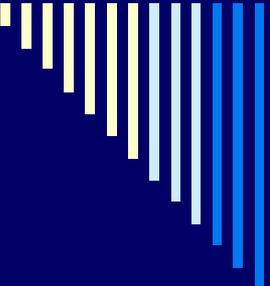


- Stress produces anxiety
- Anxiety: “the uncomfortable feeling of dread that is a response to extreme or prolonged periods of stress.”
- Mild, moderate, severe, or panic
- Free-floating anxiety
- Signal anxiety



Stress-related Medical Conditions

- Lowered immunity
 - Burnout
 - Headaches
 - Peptic Ulcers
 - Hypertension
 - Coronary Artery Disease
 - Asthma
-



Types

- Generalized Anxiety Disorder (GAD)
 - Panic disorder
 - Phobia
 - Obsessive-Compulsive Disorder
 - Post-traumatic Stress Disorder (PTSD)
-

Generalized Anxiety Disorder

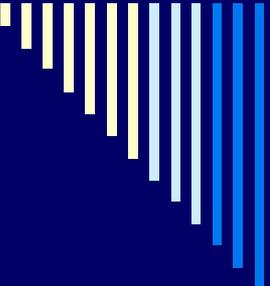


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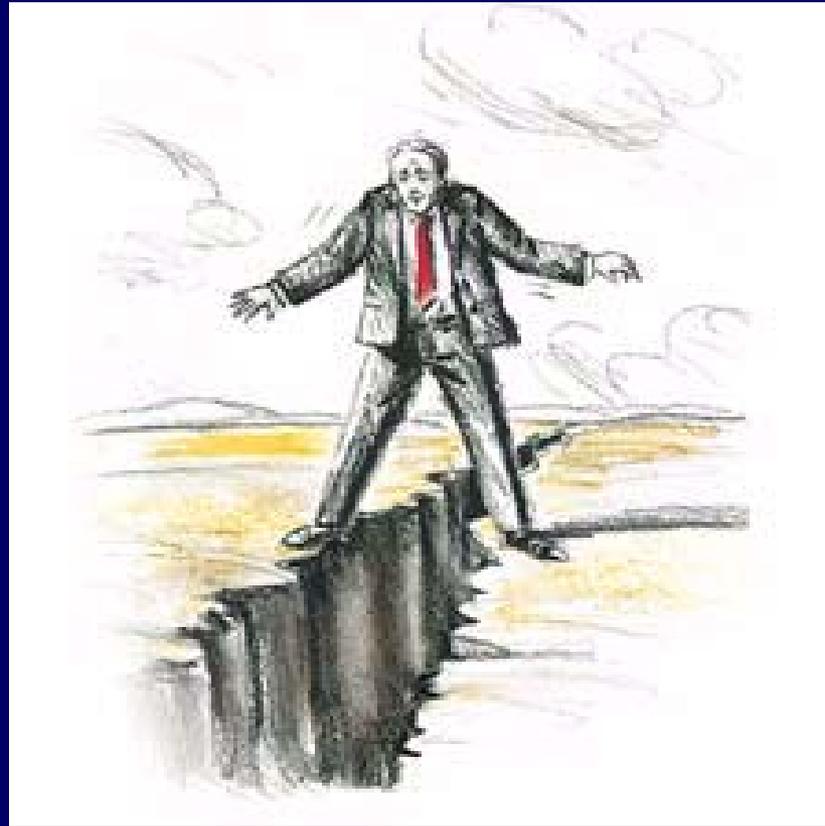
Generalized Anxiety Disorder

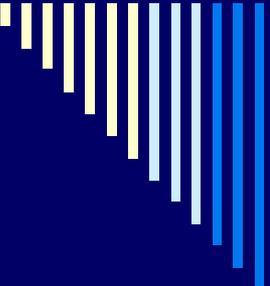


- DSM: related to 2 or more things and last 6 months
 - Symptoms: Most show 6 or more to be considered anxious
 - Behaviors: restlessness, fatigue, feeling on edge
- Symptoms:
 - muscle aches
 - shakes
 - palpitations
 - dry mouth
 - nausea
 - vomiting
 - hot flashes
 - chills
 - polyuria
 - difficulty swallowing



PANIC

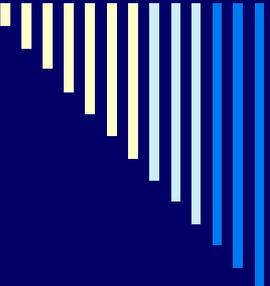




Panic Disorder (Panic Attack)

- ❑ A state of extreme fear that cannot be controlled
 - ❑ With or without agoraphobia
 - ❑ Episodes present quickly
 - ❑ DSM: at least 4 symptoms
- ❑ Symptoms:
 - ❑ Fear (usually of dying, losing control, or going crazy)
 - ❑ Dissociation (feeling that it's happening to someone else)
 - ❑ Nausea
 - ❑ Diaphoresis
 - ❑ Chest pain
 - ❑ Increased pulse
 - ❑ Shaking
 - ❑ Unsteadiness

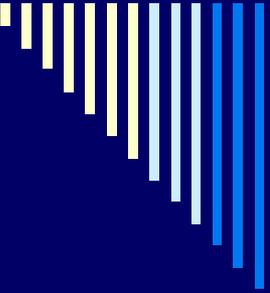




PHOBIAS



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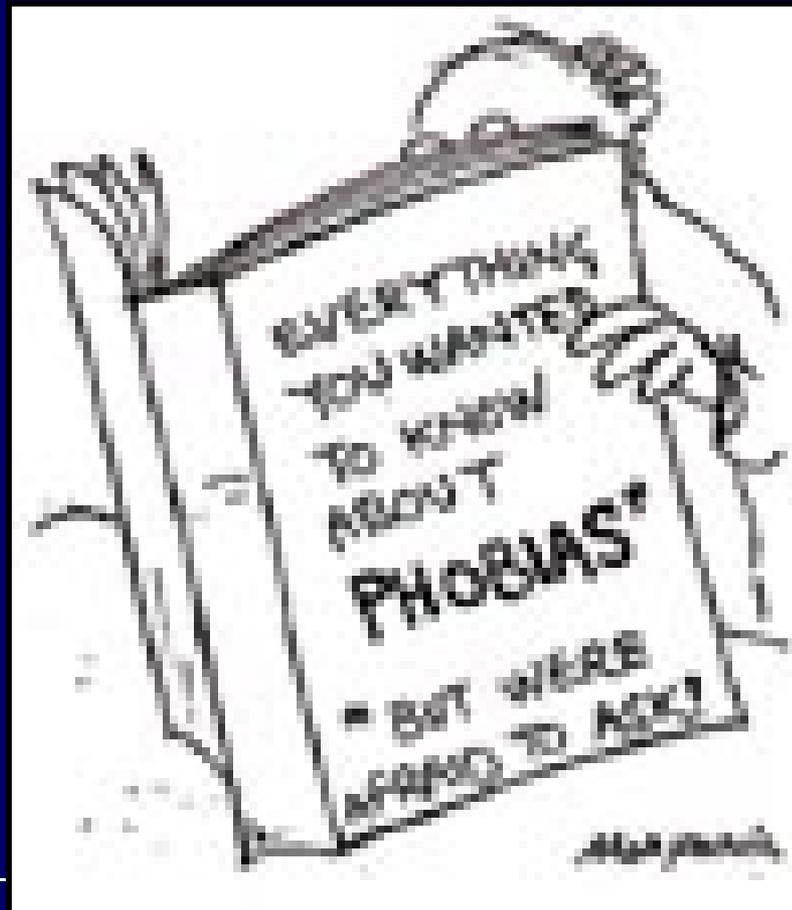


PHOBIAS

- Most common
- Phobia: irrational fear
- 700 different phobias
- Subcategories:
- agoraphobia
- social phobia
- simple phobia



PHOBIAS



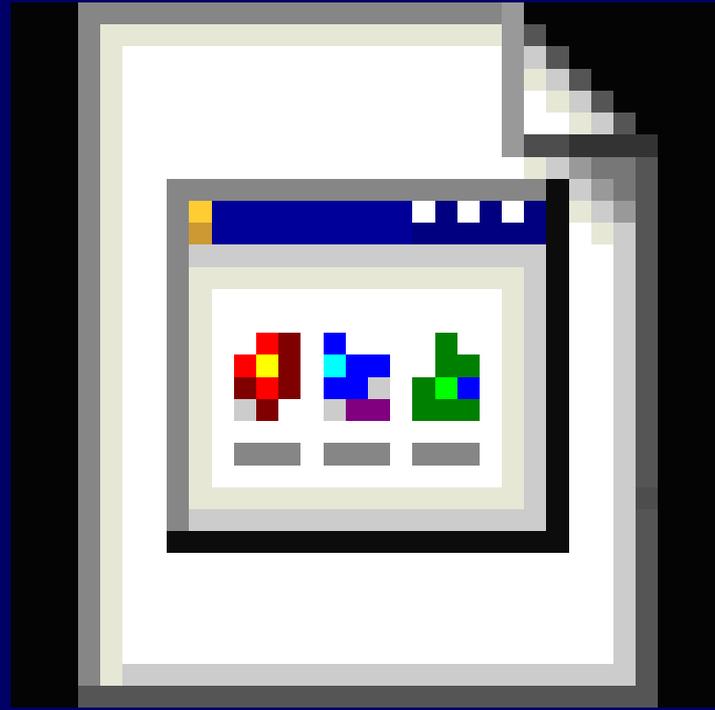
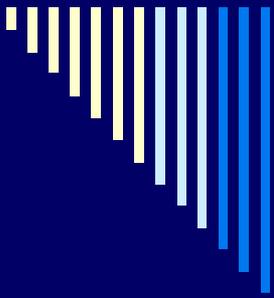
Obsessive-Compulsive Disorder

- Obsession: repetitive thought, urge or emotion



- Compulsion: repetitive act that may appear purposeful



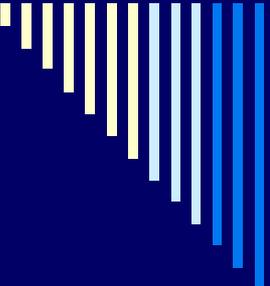


Monk.asx

Post-traumatic Stress Disorder

- Response to an unexpected emotional or physical trauma that could not be controlled.
- DSM: must have symptoms for at least one month
- Symptoms:
 - Flashbacks
 - Social withdrawal
 - feelings of low self-esteem
 - Changes in relationships
 - Irritability, anger, outbursts
 - Depression
 - Chemical dependency





Treatment

Psychopharmacology:

- **Antianxiety:**
benzodiazepines, or
Atarax, Catapres,
Zoloft
- **Antidepressants:**
MAOI's or lithium
carbonate

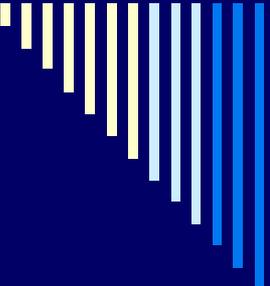
- Counseling
individualized:
individual therapy,
group, and
systematic
desensitization
 - Hypnosis, imagery,
relaxation exercises,
biofeedback
-

Antianxiety and Hypnotics

- Antianxiety: treat daytime anxiety
- Hypnotics: treat insomnia

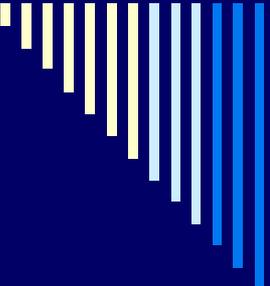


"I'm On Vacation"



Nursing Interventions

- ❑ Maintain a calm milieu
 - ❑ Maintain open communication
 - ❑ Observe for signs of suicidal thoughts
 - ❑ Document any changes in behavior
 - ❑ Encourage activities
-



Critical Thinking

- When the physician leaves the room, Tommy's mother begins to cry, "What did he just say? What am I suppose to do? What did I do wrong that Tommy got this?"
 - What will you tell her?
 - What will you explore with her?
 - Write three nursing diagnoses for Tommy
 - Complete a nursing process with these diagnoses
-

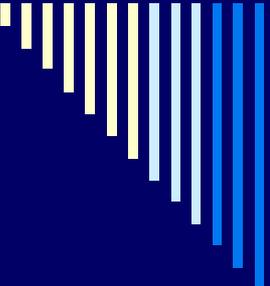


Mood Disorders

(Affective Disorders)

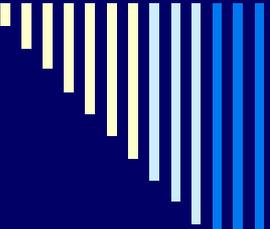


- ❑ Disorders in which people experience extreme changes in mood (emotions) and affect (outward expression of mood).
- ❑ Affects all ages, ethnic groups, and socioeconomic groups
- ❑ Twice as many woman as men
- ❑ Sadness becomes depression when it lasts 2 years or more.



Types

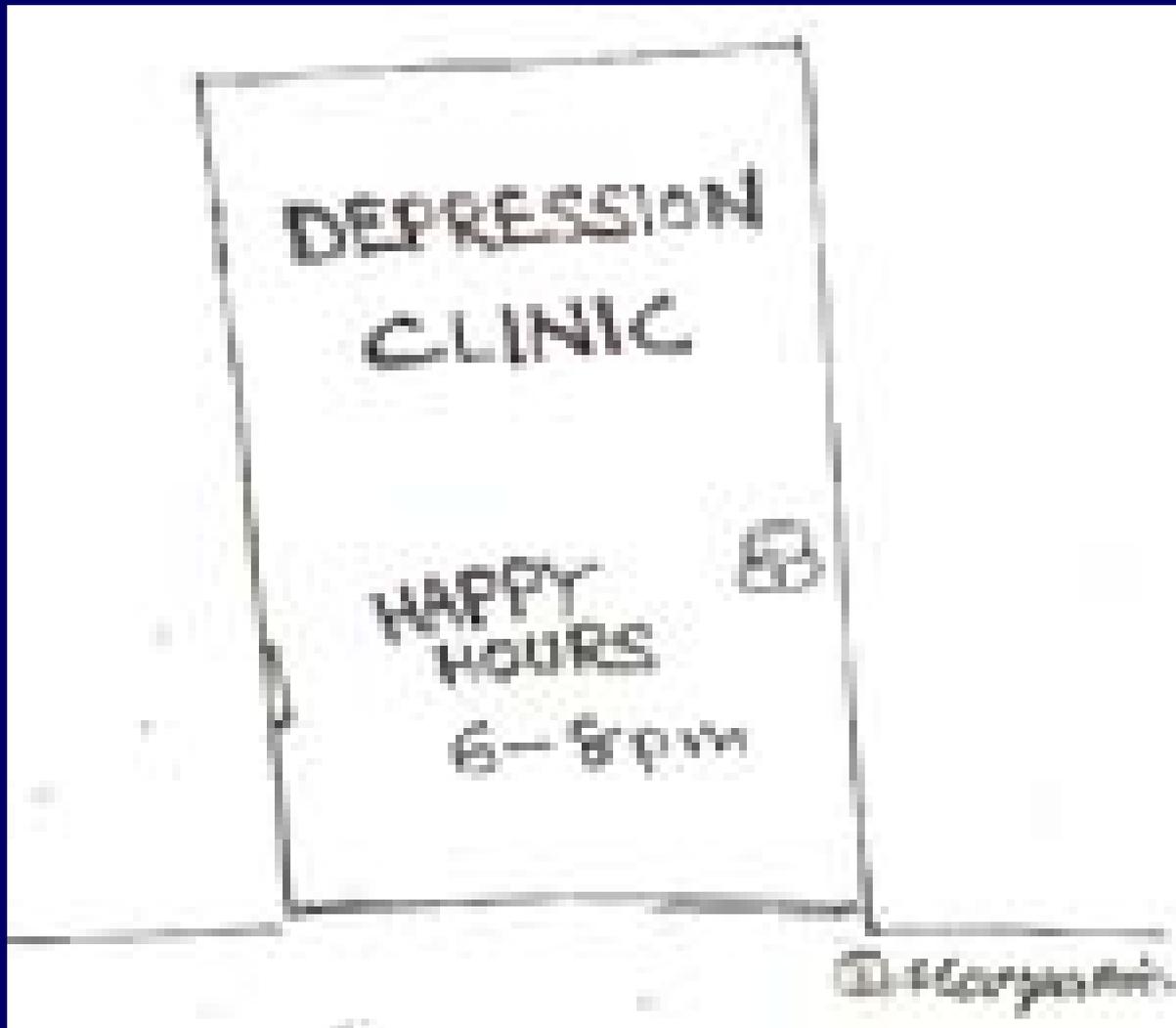
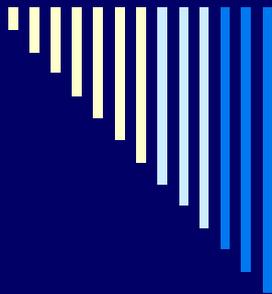
- Major Depression
 - Dysthymic Depression
 - Bipolar Depression
 - Melancholia
-

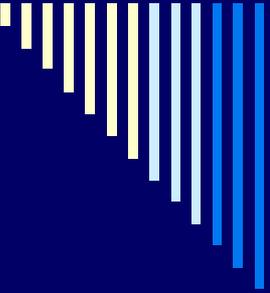


Major Depression

Symptoms:

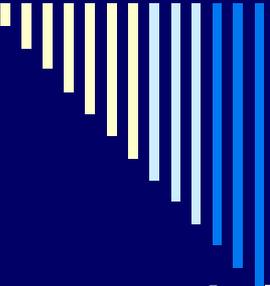
- Sad mood
 - Loss of pleasure in usually pleasurable things
 - No hallucinations or delusions and four of the following for at least two consecutive weeks:
 - weight loss or gain
 - sleep pattern disturbance
 - increased fatigue
 - increased agitation
 - increase or decrease in normal activity
 - feelings of guilt or worthlessness
 - decreased ability to think, remember or concentrate
 - suicidal thoughts
-





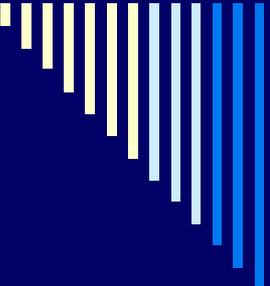
Dysthymia

- Severe depression for at least 2 years for adults and at least 1 year for adolescents and younger children.
 - Not considered as severe as major depression.
-



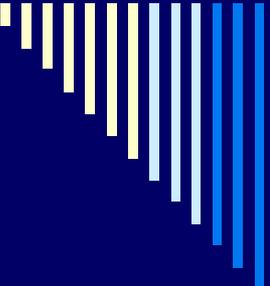
Symptoms

- A low or depressed mood that lasts the greater part of every day for a 2-year period
 - No mania
 - No major depression
 - No other psychotic disorders
 - No organic findings
 - Seeming to have little or no interest in surroundings
 - Anhedonia
-



Symptoms (Continued)

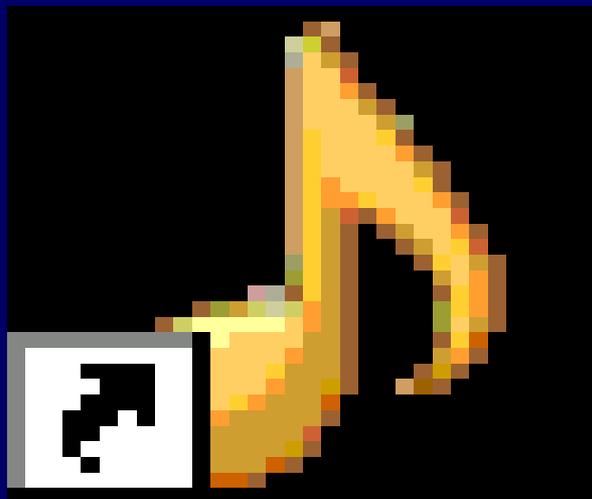
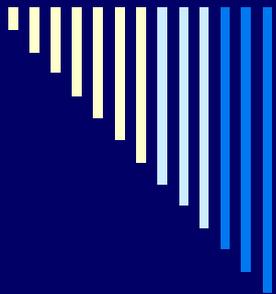
- DSM-IV: at least 2 of the following
 - Overeating or undereating
 - Insomnia or hypersomnia
 - Low energy or low self-esteem
 - Difficulty making decisions
 - Feelings of hopelessness
-



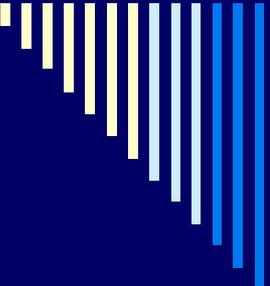
Bipolar Depression

(Manic-Depressive Disorder)

- 2 Million Americans
 - Condition in which both extreme mania (extreme elation or agitation) and extreme depression exist
 - Tend to cycle
 - Change from depression to manic phase drastic and obvious
-

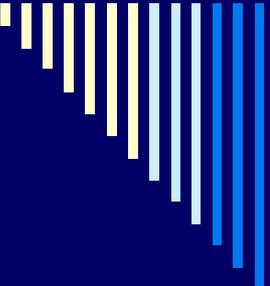


Bipolar.Ink



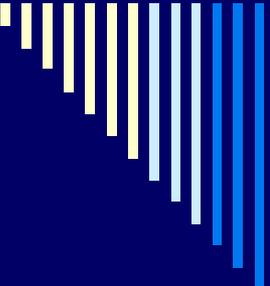
Hypomania

- Similar to mania but not as severe
 - Hard to describe
 - Need to assess extreme of mood changes, length of time in each mood, frequency of cycling, and other symptoms.
-



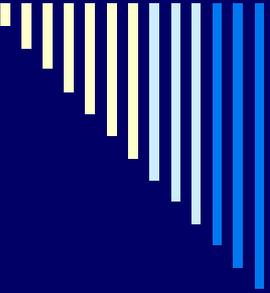
Symptoms of Mania

- ❑ Excessive highs
 - ❑ Sustained period of different than normal behavior
 - ❑ Increased energy, activity, restlessness, racing thoughts, and rapid talking.
 - ❑ Decreased need for sleep
 - ❑ Unrealistic beliefs in one's abilities and powers
 - ❑ Extreme irritability and distractibility
 - ❑ Uncharacteristically poor judgement
 - ❑ Increased sexual drive
 - ❑ Abuse of drugs
 - ❑ Obnoxious, provocative, or intrusive behavior
 - ❑ Denial that anything is wrong
-



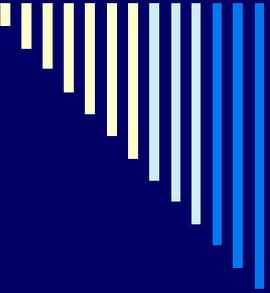
Signs of Depression

- ❑ Persistent sad, anxious or empty mood
 - ❑ Feelings of hopelessness or pessimism
 - ❑ Feelings of guilt, worthlessness, or hopelessness
 - ❑ Loss of interest or pleasure in ordinary activities, including sex
 - ❑ Decreased energy, a feeling of fatigue or being slowed down
 - ❑ Difficulty concentrating, remembering, making decisions
 - ❑ Restlessness or irritability
 - ❑ Sleep disturbances
 - ❑ Loss of appetite and weight loss or weight gain
 - ❑ Chronic pain or other persistent bodily symptoms that are not caused by physical disease
 - ❑ Thoughts of death or suicide, suicide attempts
-



Melancholia

- Generally over 45 years
 - Women more than men
 - “Empty nest syndrome”
 - Symptoms more somatic
 - Anorexia and sleep disturbances common
 - Hypochondriasis
 - No cure or relief of depression
-

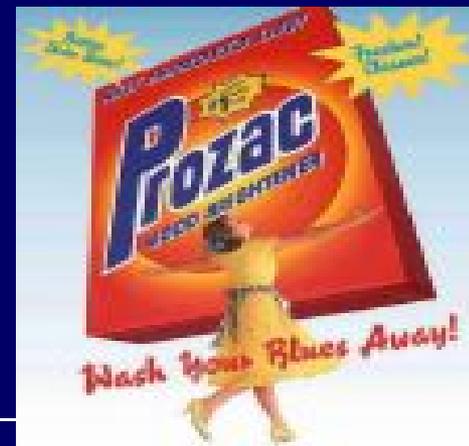


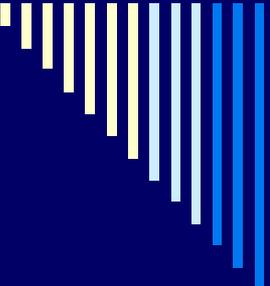
Medical Treatment

- Lithium
 - Antidepressants
 - Psychotherapy
 - Electroconvulsive therapy (ECT)
-

Antidepressants

- Selective Serotonin Reuptake Inhibitors (SSRI)
- Tricyclic Atypical
- Monoamine Oxidase Inhibitors

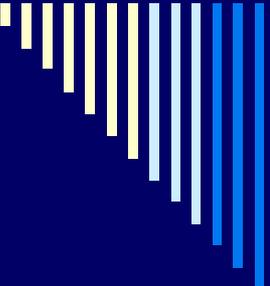




Adjuncts

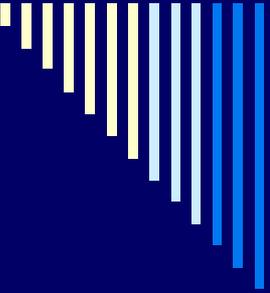
- Anticonvulsants

 - Antiparkinsonism Agents
-



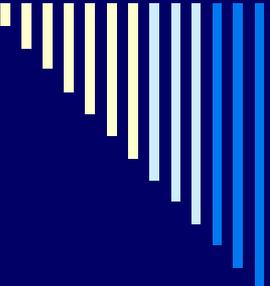
Monoamine Oxidase Inhibitors (MAOI's)

- ❑ Multiple drug and food interactions
 - ❑ Few Side Effects: orthostatic hypotension
 - ❑ Avoid foods with tyramine: aged mature cheese, (cheddar, blue, Swiss)
 - ❑ Smoked/pickled meats, fish, poultry (herring, sausage, corned beef, salami, pepperoni, pate)
 - ❑ Yeast extracts
 - ❑ Red wines
 - ❑ Fava beans
-



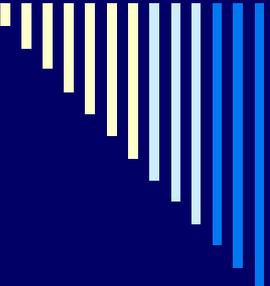
Atypical Antidepressants

- 2nd Line therapy
 - Wellbutrin, Effexor, Desyrel etc...
 - Careful with comorbid medical conditions
 - Avoid alcohol
 - Weight gain, sexual side effects
-



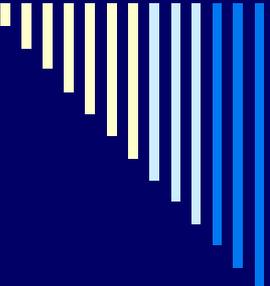
Tricyclic

- ❑ Effective in 85% (2-3 weeks for effectiveness)
- ❑ Begin to feel mood elevation in a few days
- ❑ Also for agoraphobia, personality disorders, OCD, Panic disorder
- ❑ Pamelor, Tofranil, Sinequan, Norpramin
- ❑ SE: dry mouth, blurred vision, tachycardia, urinary retention, constipation
- ❑ Dangerous SE: agranulocytosis, jaundice, increased seizures, prolonged AV conduction



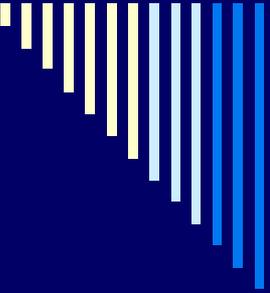
SSRI's

- 1st line
 - relatively safe, broad spectrum
 - Block uptake of serotonin by nerve terminal, boosts number of neurotransmitters and helps carry signal between nerve cells.
 - Caution with anticoagulants
 - Celexa, Lexapro, Prozac, Paxil, Zoloft
- Side Effects: GI, tremor, insomnia, dry mouth, nervousness, weight loss, somnolence, sweating and sexual dysfunction.



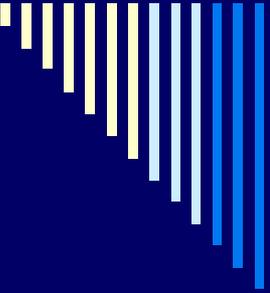
Nursing Interventions

- Patience, patience, patience!!!!
 - Monitor lithium level
 - Honesty
 - Consistency
 - Activity
 - Nutrition
 - Communication
 - Monitor for **suicidal ideation** and implement **suicide precautions**
-



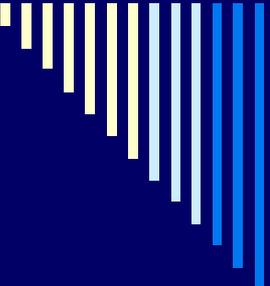
Personality Disorders

- A maladaptive behavior that results from ineffective personality development. Affects the way one interprets and fits in the world we live in.
 - Seldom seen for treatment
 - Originate in early childhood
 - Due to overuse of defense mechanisms
-



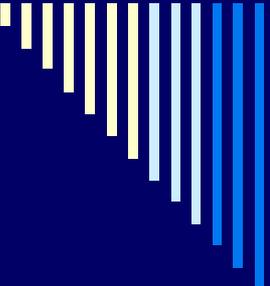
Antisocial Personality Disorder

- http://wps.prenhall.com/chet_kneisl_contemporary_1/0,7601,680172-,00.utf8.html

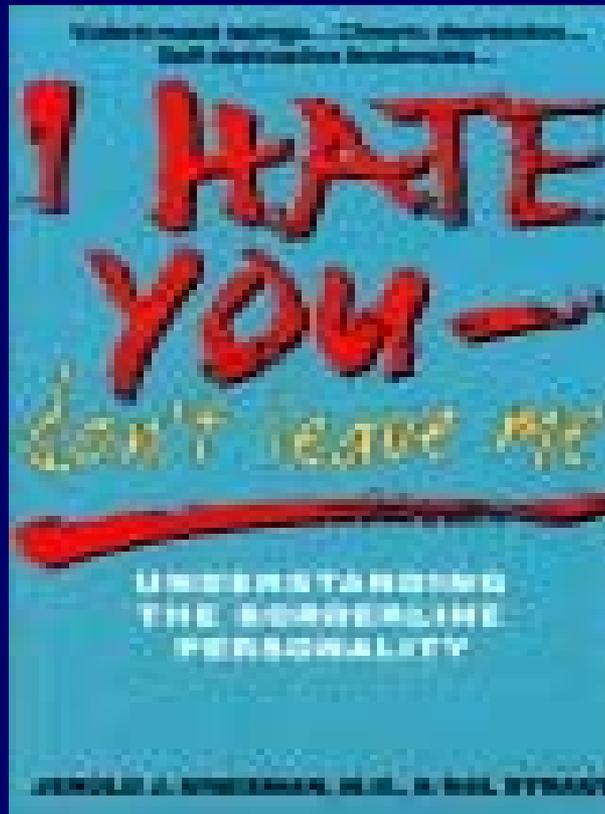


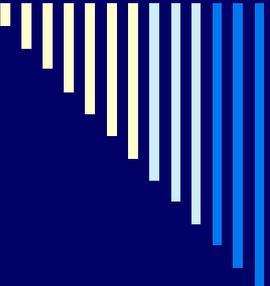
Types

- Borderline Personality Disorder
 - Paranoid
 - Schizoid
 - Dependent
 - Narcissistic
 - Passive-Aggressive
 - Antisocial/Sociopathic
-



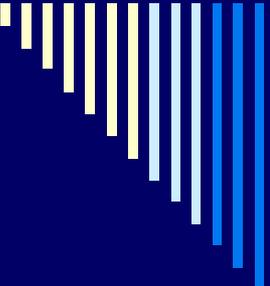
BORDERLINE PERSONALITY DISORDER





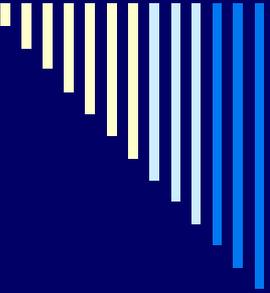
Borderline Personality Disorder

- ❑ Common, more frequent in females
 - ❑ Behavioral responses are unpredictable
 - ❑ Moods unstable, uncertain of sexual preference or self-concept
 - ❑ Substance abuse, suicidal tendencies
 - ❑ Anhedonia
 - ❑ Feel bored and empty
 - ❑ Etiology may be ineffective nurturing by parents
 - ❑ Conflicts between love/hate, abandonment/domination, dependency/detachment
-



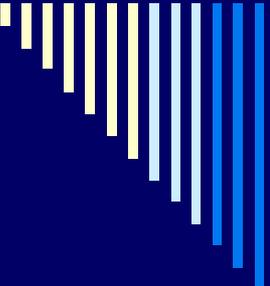
Paranoid Personality

- ❑ Suspiciousness and mistrust
 - ❑ May seem “normal”, but feel treated unfairly
 - ❑ Prone to filing lawsuits
 - ❑ Difficulty maintaining eye contact
 - ❑ Take themselves very seriously
 - ❑ Cold and calculating in relationships
 - ❑ Take comments and events very seriously
 - ❑ Don't confuse with Paranoid Schizophrenia: no hallucinations or delusions
 - ❑ Familial
-



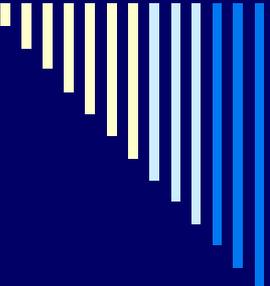
Schizoid Personality Disorder

- ❑ Don't want involvement in interpersonal or social relationships
 - ❑ Due to ineffective and unemotional parenting
 - ❑ Described as "loners"
 - ❑ Very engrossed in books
 - ❑ Intellectual and successful in careers
 - ❑ Appear shy and introverted
 - ❑ Respond in very serious, factual manner that is pleasant but not warm or inviting
-

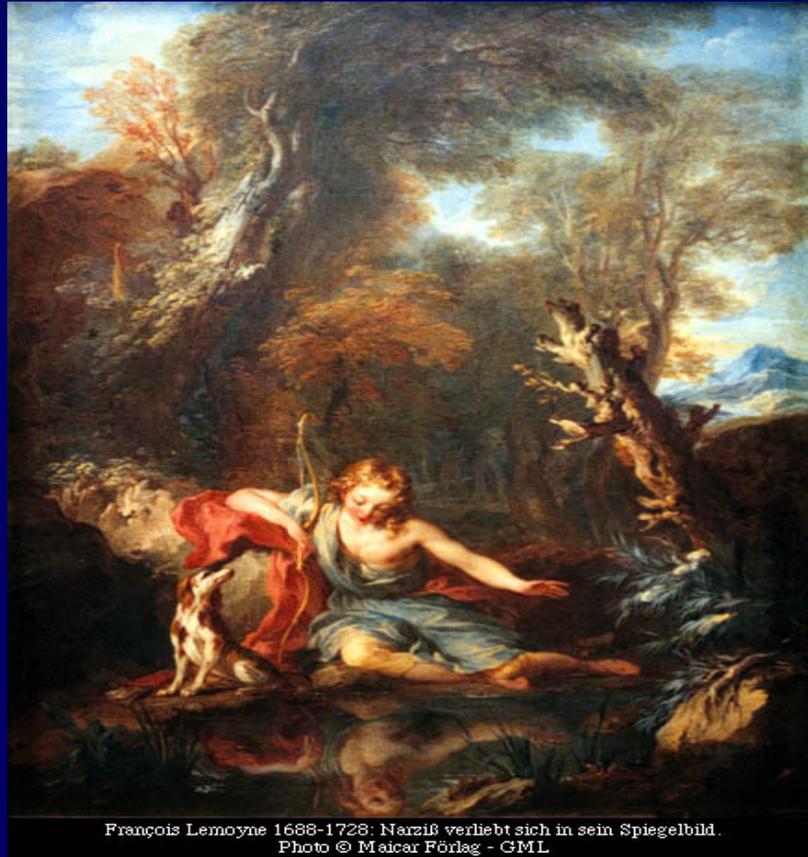


Dependant Personality Disorder

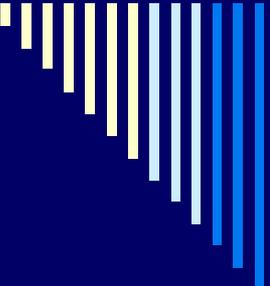
- ❑ DSM: A pervasive pattern of dependent and submissive behavior.”
 - ❑ Want others to make decisions for them
 - ❑ Feel inferior, suggestible, feelings of self-doubt
 - ❑ Avoid responsibility
 - ❑ Try to satisfy and please others
 - ❑ Inordinate amount of fear
-



NARCISSISTIC PERSONALITY DISORDER

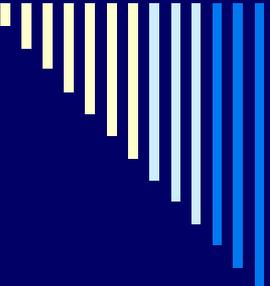


François Lemoyne 1688-1728: Narziß verliebt sich in sein Spiegelbild.
Photo © Maicar Förlag - GML



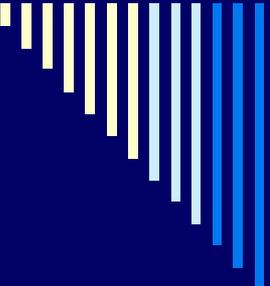
Narcissistic Personality Disorder

- Almost opposite of schizoid
 - Exaggerated impression of themselves
 - self-centered and self-important
 - Friends chosen according to how good they make narcissist feel
 - Seem to take criticism lightly; actually repressing deep feelings of anger and resentment
-



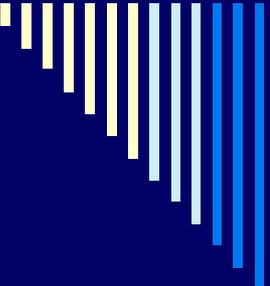
Passive-Aggressive Personality Disorder

- ❑ Presents with passive type behavior
 - ❑ Procrastinators
 - ❑ Pouty and irritable when given task they don't want to do
 - ❑ Forget to do things when asked
 - ❑ Undermine the success of group activity by not doing their share
 - ❑ Always excuses for why they didn't do what they were suppose to
 - ❑ Result of ineffective parenting
 - ❑ Parents too overbearing, authoritarian and inflexible
-



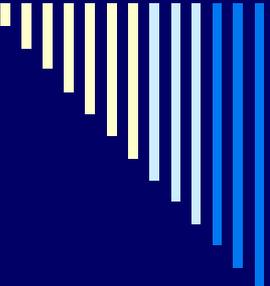
ANTISOCIAL PERSONALITY DISORDER





Antisocial/Sociopathic Personality Disorder

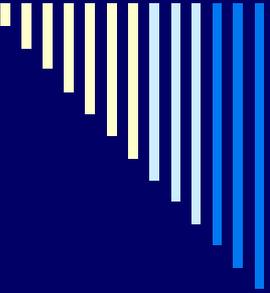
- ❑ Causes the greatest amount of trouble for society
 - ❑ Requires immediate self-gratification
 - ❑ Often in trouble with the law
 - ❑ Difficulty handling frustration and anger
 - ❑ Seldom feel affection, loyalty, remorse, or guilt
 - ❑ High risk for substance abuse
 - ❑ Family with few or inconsistent rules, no guidelines for appropriate social behavior
 - ❑ Inability to feel or show affection
 - ❑ Usually gregarious, intelligent and likable
 - ❑ Very serious maladaptive behavior: serial killers
 - ❑ Manipulative in treatment
-



PSYCHOPATH TED BUNDY

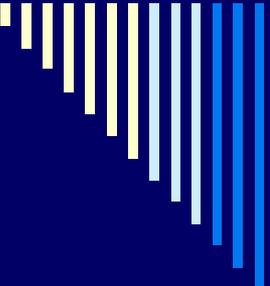


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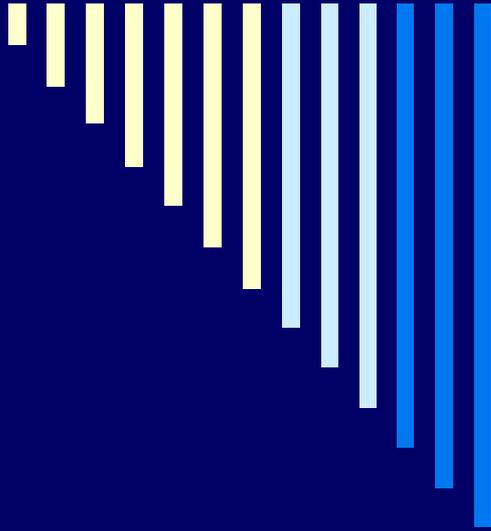
Medical Treatment

- ❑ Often don't perceive they have a problem, rarely hospitalized
 - ❑ Often leave treatment when confronted with problem
 - ❑ Psychotherapy, individual and group, or cognitive
 - ❑ Therapy long; stop and start
 - ❑ Most will not improve
 - ❑ Medications; Prozac
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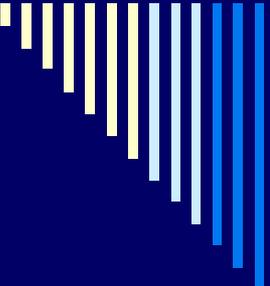


Nursing Interventions

- Unconditional positive regard
 - Trust
 - Limit setting
 - Communication
 - Role modeling
 - Safety/security
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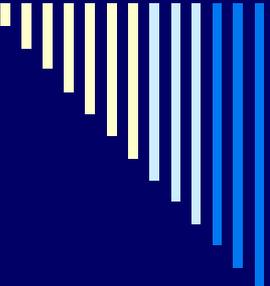


EXAM #2



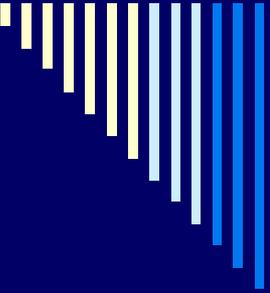
SHIZOPHRENIA





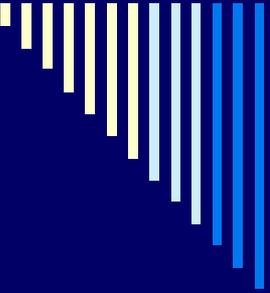
Schizophrenia

- “Split mind”
 - Named by Eugene Bleuler, Swiss Psychiatrist
 - Split between thoughts and feelings and reality
 - Begins about 16-25 years of age
 - 3 Million Americans
 - Insidious onset
 - Thought disorder
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Early Symptoms

- Quietness
 - Withdrawal
 - Grades drop
 - Change in personality
 - Change in relationships
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Bleuler's "4 A's"

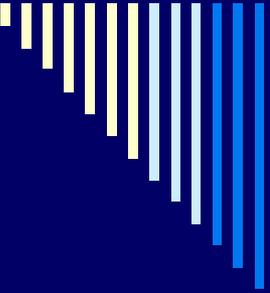
- Associative disturbance:

- Neologisms
- Rambling
- Revolving words

- Affect

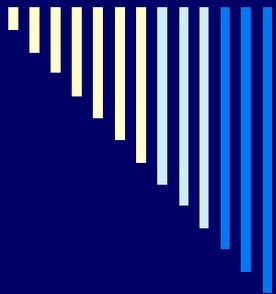
- Autism

- Ambivalence



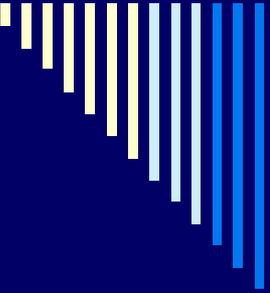
Prognosis

- ❑ Chronic, intermittent, acute psychotic episodes, progressive downhill course
 - ❑ Relapse rate as high as 60% in first 2 years
 - ❑ 12 year follow-up: 78% deterioration in functioning, 3% attempt suicide
 - ❑ Not curable
 - ❑ High incidence in Homeless
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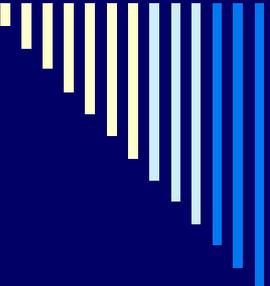
SCHIZOPHRENIC

[YouTube - Brooke on TV.url](#)



Characteristic Symptoms

- At least two of the following present for a significant portion of time during a one month period:
 - Delusions
 - Hallucinations
 - Disorganized speech
 - Grossly disorganized or catatonic behavior
 - Negative symptoms
 - Social/Occupational dysfunction
-



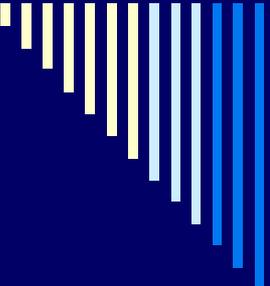
Categorization of Symptoms

Positive Symptoms

- Hallucinations
- Delusions
- Loose Associations
- Combativeness
- Hostility
- Paranoia

Negative Symptoms

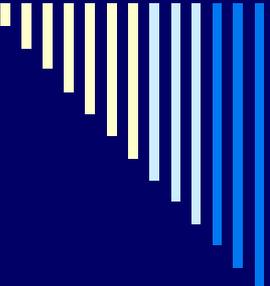
- Social & emotional withdrawal
- Apathy
- Flat affect
- Poor insight/judgement
- Amotivation
- Mutism or catatonia



Antipsychotics

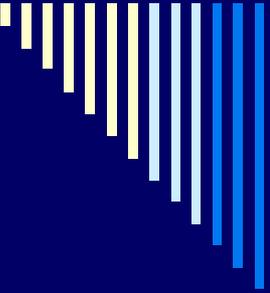
(Neuroleptics/Major Tranquilizers)

- Action: Acts on CNS. Main action is to block dopamine receptors. Dopamine, if overproduced, causes psychotic behavior.
 - Uses: Treatment of schizophrenia; other acute or chronic psychotic behavior that is violent or potentially violent.
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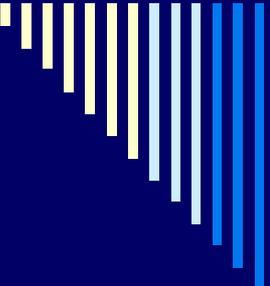
Antipsychotic Agents

- Treat most forms of psychosis
 - Schizophrenia
 - Schizoaffective disorder
 - Delusional disorder
 - Mood disorder with psychosis
-



Neuroleptics

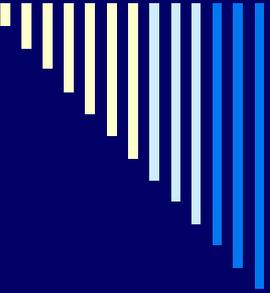
- Conventional antipsychotics
 - Typical antipsychotics
 - Produce neurologic adverse effects
 - Block activity of dopamine, in excess cause nerve impulses to transmit faster than norm, resulting in strange thoughts, hallucinations, and bizarre behavior.
-



“Typical” Neuroleptics

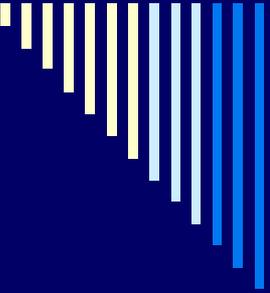
- Haloperidol (Haldol)

- Thiorodazine (Thorazine)



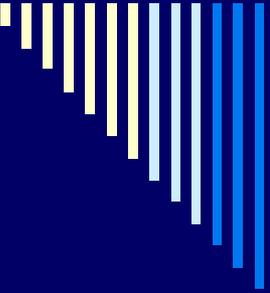
“Atypical” Neuroleptics

- ❑ Block activity of serotonin and dopamine
 - ❑ Used for + and – symptoms
 - ❑ Fewer neuro side effects
 - ❑ Risperidone (Risperdal)
 - ❑ Clozapine (Clozaril)
 - ❑ Olanzapine (Zyprexa)
 - ❑ Quetiapine (Seroquel)
-



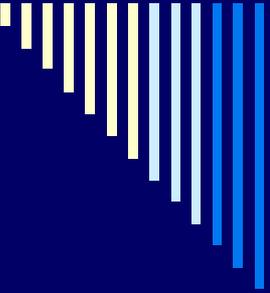
General Adverse Effects

- ❑ Anticholinergic: drowsiness, dry mouth
 - ❑ Skin reactions: urticaria, dermatitis, pigmentation
 - ❑ Photosensitivity
 - ❑ GI Upset
 - ❑ Orthostatic hypotension
 - ❑ Weight gain
 - ❑ Seizures
 - ❑ Alteration in sexual functioning and lowered libido
 - ❑ Alterations in lab and ECG results
-



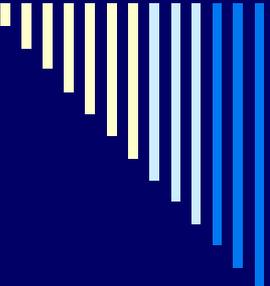
Neurologic Adverse Effects

- Extrapyrarnidal Syndrome (EPS):
 - Parkinsonism
 - akathesia
 - Tardive Dyskinesia
 - Neuroleptic Malignant Syndrome (NMS)
-



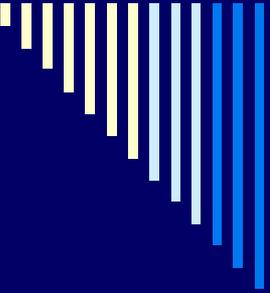
EPS

- Parkinsonism: 1-4 weeks
motor retardation, pill rolling, tremors,
masklike, salivation
 - Akathisia: 2 weeks after treatment
constant state of movement,
restlessness
-



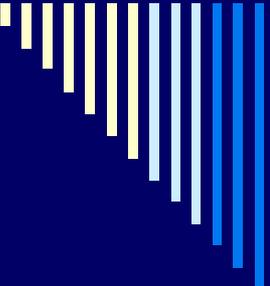
Tardive Dyskinesia

- Abnormal movements
 - Anytime 5% 1st 10 years
50% 10-20 years
 - Tongue protrusion, cheek puffing,
involuntary movements of extremities
and trunk
-



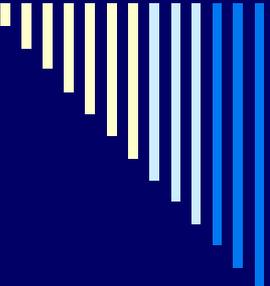
NMS

- Can occur anytime
 - Hyperpyrexia, severe muscle rigidity, altered consciousness, alterations in BP, elevated CPK % WBC
 - Medical Emergency, STOP drug!
-



Nursing Implications

- ❑ Pre Medicating, BP, CBC, liver function and vision screening
 - ❑ Give antacids 2 hours before or 1 hour after
 - ❑ Give at bedtime if possible to assist sleep
 - ❑ Observe for adverse reactions
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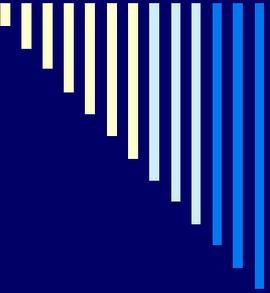
Common Antipsychotics

Phenothiazines:

- Thorazine
- Mellaril
- Trilafon
- Stelazine
- Prolixin

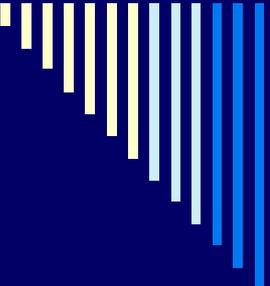
Nonphenothiazines:

- Navane
 - Haldol
 - Loxitane
 - Clozaril
-



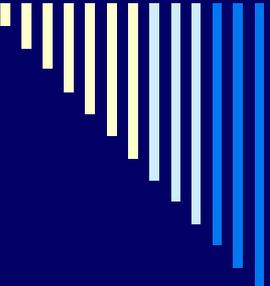
Adjunctive Medications

- Lithium: improve mood, psychosis, and excitement
 - Benzodiazepines: for insomnia and anxiety
 - Propranolol: for akathisia or chronic aggression
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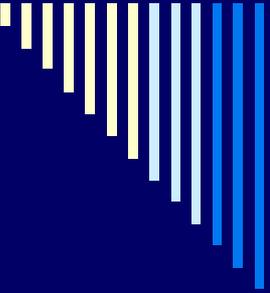
Extrapyramidal Side Effects (EPS)

- ❑ **Pseudoparkinsonism**: decreased movement, muscle rigidity, resting hand tremor, mask-like face, drooling, shuffling gait. (Treatment: Decrease dose, antiparkinsonian agents)
- ❑ **Akathisia**: Can't sit still, constant pacing, inner restlessness. (Treatment: Decrease dose, change drug, beta-blocker)
- ❑ **Dystonia**: spasms of neck, back, tongue, or other muscles. (Usually in first 5 days , Cogentin)



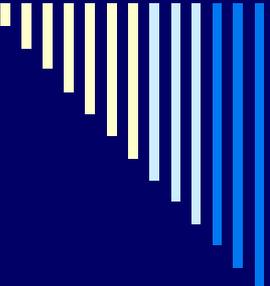
Tardive Dyskinesia

- ❑ Hyperkinetic abnormal movements of lips, tongue, face, neck, trunk, and limbs.(chewing, sucking, or licking movements, frowning and constant blinking)
 - ❑ From prolonged antipsychotic therapy
 - ❑ Usually after 5 years, 70% patients over 10 years of treatment.
 - ❑ Irreversible
 - ❑ Prevention and early detection
-



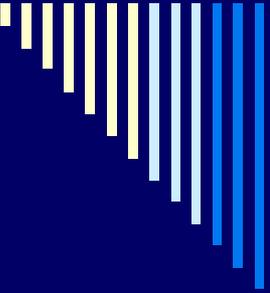
Neuroleptic Malignant Syndrome (NMS)

- Rapidly progressive syndrome (24-72 hours)
 - Fever, tachycardia, labile B/P, respiratory distress, arrhythmias, altered levels of consciousness, rigidity, elevated WBC and CPK
 - Any time, any dose
 - Discontinue drug, supportive Rx
 - Medical emergency
-



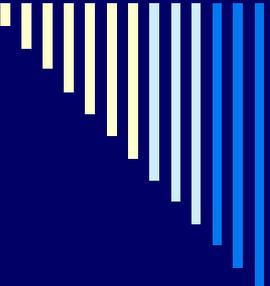
Definitions

- Delusion: fixed, false beliefs that cannot be changed by logic.
 - Hallucinations: false sensory perceptions that can affect any of the five senses
 - Illusions: mistaken perceptions of reality
-

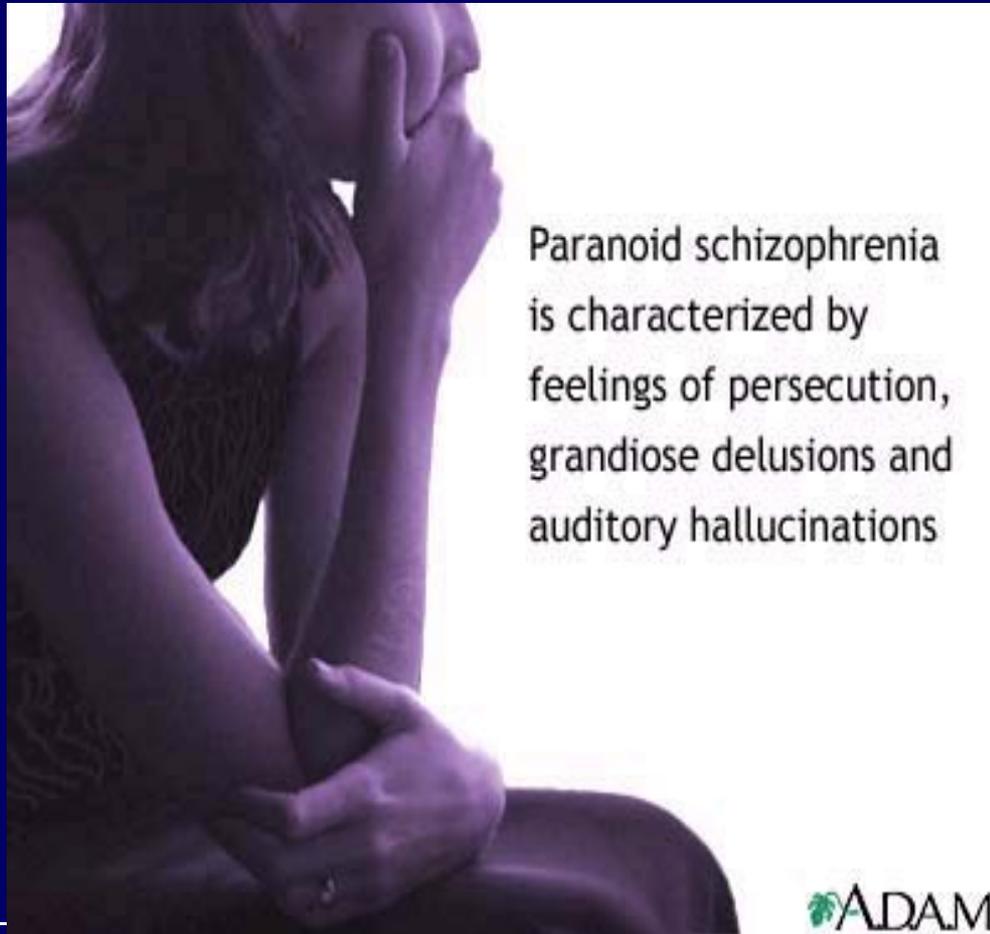


Types

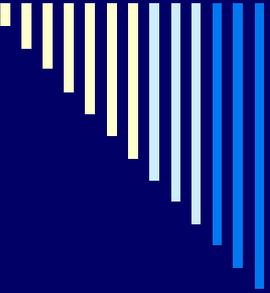
- Paranoid
 - Disorganized
 - Catatonic
-



PARANOID SCHIZOPHRENIC

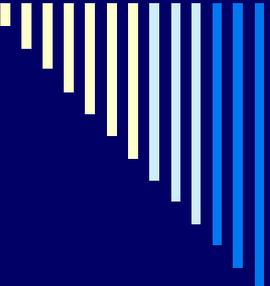


Paranoid schizophrenia is characterized by feelings of persecution, grandiose delusions and auditory hallucinations



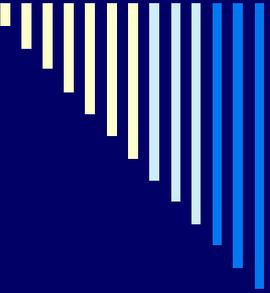
Paranoid

- Unusual **suspiciousness** (main symptom) and fear
 - Hostile and aggressive behavior
 - Also, catatonia, incongruent affect, and loose associations in speech
 - Delusions of persecution and grandeur
 - Voices common
-



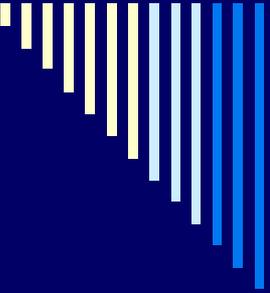
Disorganized

- ❑ Unusual behavior and facial contortions
 - ❑ Speech bizarre and incoherent
 - ❑ “word salad”
 - ❑ Inappropriate emotions
 - ❑ Disorganized auditory hallucinations
 - ❑ Most severe, poor prognosis
-



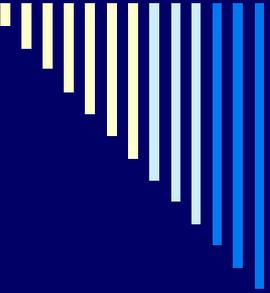
Catatonic

- ❑ Less frequent
 - ❑ Disturbed motor activity, vacillate between extreme rigidity and agitation
 - ❑ Rigid (catatonic stupor) not move for hours or days
 - ❑ Very suggestible
 - ❑ Echolalia
 - ❑ Echoprexia
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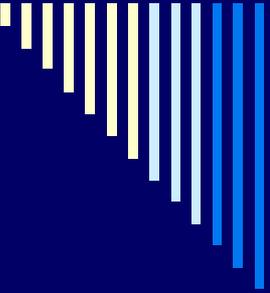
Nursing Interventions

- ❑ Never reinforce hallucinations, delusions, or illusions
 - ❑ Never whisper or laugh when patient cannot hear conversation
 - ❑ Avoid placing the patient in situations of competition or embarrassment
 - ❑ Trust
 - ❑ Milieu
 - ❑ Communication
-



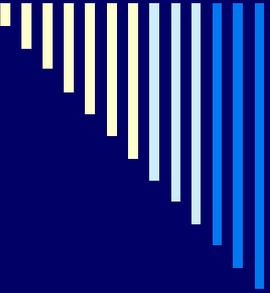
Somatoform Disorders

- Physical symptoms with no known organic cause
 - Rooted in unconscious mechanisms that develop to deny, repress, and displace anxiety
 - Dependent, emotionally needy, and frustrated, want to punish relatives
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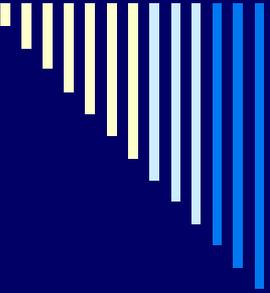
Types

- Conversion disorder
 - Hypochondriasis
 - Dysmorphophobia
 - Somatization disorder
 - Somatoform pain disorder
-



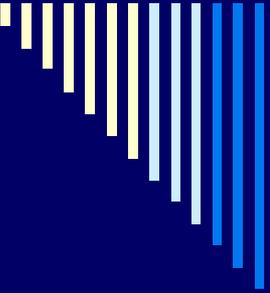
Conversion Disorder

- ❑ Due to overuse of conversion reaction
 - ❑ Paralysis and blindness
 - ❑ Very real to the patient
 - ❑ Symptom allows person to avoid unacceptable situation or extreme anxiety; dysfunction is relieving the anxiety (primary gain), (secondary gain) extra benefits from staying ill.
 - ❑ Malingering: conscious effort to avoid unpleasant situations, faking
-



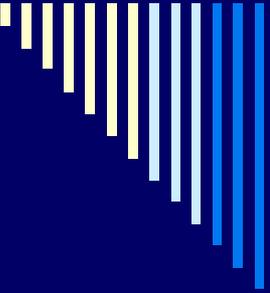
Hypochondriasis

- “Professional patients”
 - Worried about getting “it”
 - Intense fear of becoming seriously ill
 - Concerned they are not being taken seriously
-



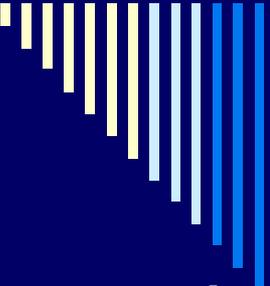
Dysmorphophobia

- Onset generally on teens through 30's
 - Excessive preoccupation with an imagined defect in one's physical appearance
 - Usually facial
 - Obsessive/compulsive behaviors
-



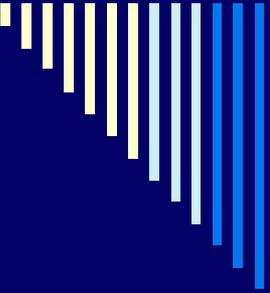
Somatization Disorder

- Onset about age 30
 - DSM: 35 symptoms
 - Must have 13 of the 35 symptoms
 - Frequent symptoms: free-floating anxiety, emotional turmoil expressed in physical symptoms, usually in loss of physical function, pain that changes location frequently, depression, suicidal ideation.
-



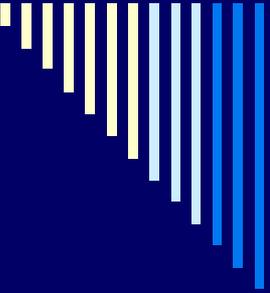
Somatoform Pain Disorder

- Any age, mostly in adolescence and early adulthood
 - women more than men
 - Possible hormonal interaction with neurochemicals
 - Level of pain not consistent with physical problem, does not change location
 - Psychalgia: emotional pain that manifests as physical pain
-



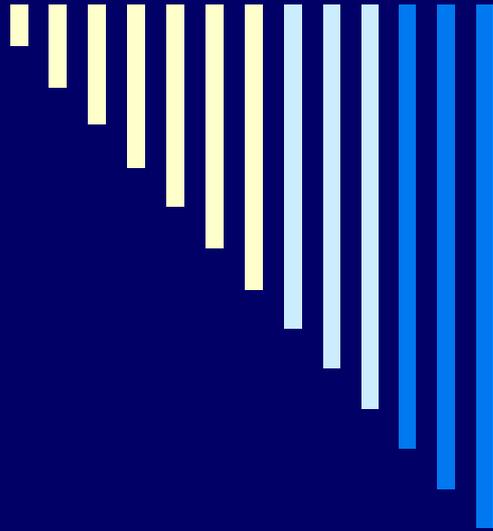
Treatment

- ❑ Often medical unit not psychiatric unit
 - ❑ Individualized
 - ❑ Stress management
 - ❑ Behavior modification
 - ❑ Medications used sparingly
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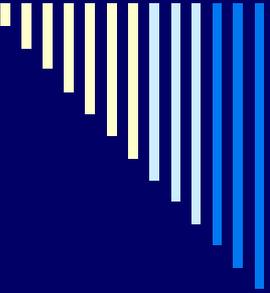
Nursing Interventions

- Communication skills: honesty and gaining trust
 - Therapy
 - Support
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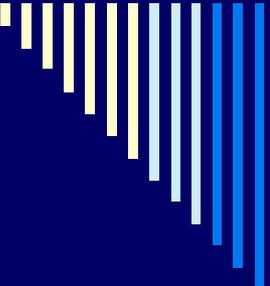
Substance-related Disorders





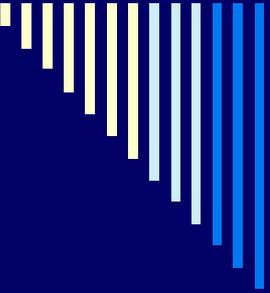
Definitions

- Addiction: physical dependence on a substance
 - Tolerance: ability to endure effects of a drug or need for more drug to produce “high”
 - Withdrawal: unpleasant physical, psychological, or cognitive effects from stopping or decreasing drug use
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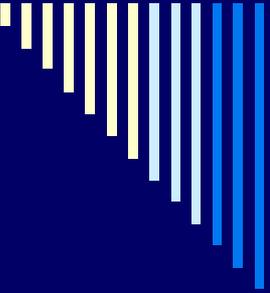
Substance Dependence

- ❑ **Must have three or more symptoms for 1 month or longer:**
 - ❑ Needs more substance at more frequent interval
 - ❑ Spends a lot of time obtaining substance
 - ❑ Gives up important social or professional functions to use
 - ❑ Has tried to quit at least once, but continues to obsess
 - ❑ Misuse or withdrawal symptoms interferes with job, family, social activities
 - ❑ Continues to use regardless of problems
 - ❑ Tolerance increases (50%)
 - ❑ Uses to avoid withdrawal symptoms
-



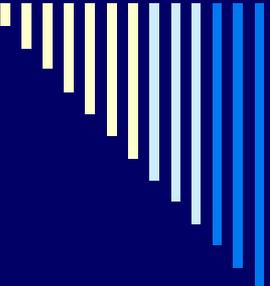
Substance Abuse

- ❑ **Mild**: 3 of symptoms, but social function minimally affected
 - ❑ **Moderate**: Symptoms between mild and severe
 - ❑ **Severe**: More than 3 symptoms with social impairment
 - ❑ **Partial Remission**: Over 6 months, some symptoms occurred
 - ❑ **Full Remission**: Over 6 months, no symptoms
-



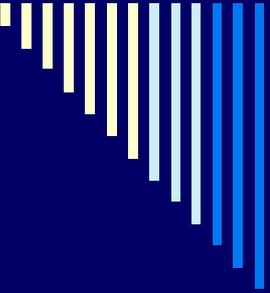
Codependency

- ❑ As serious as the use and abuse of substance
 - ❑ Significant others in family group begin to lose their own sense of identity and purpose and exist solely for the abuser
 - ❑ Takes away responsibility of user for their actions
-



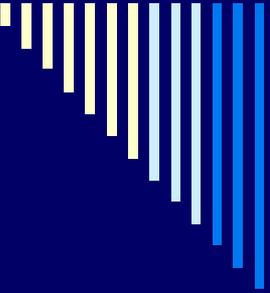
Alcohol Abuse

- 10-15 Million alcoholics in US
 - Decrease life expectancy by about 10-12 years
 - Increase in number of young and elderly alcoholics
 - Main defense mechanism used by alcoholics is denial
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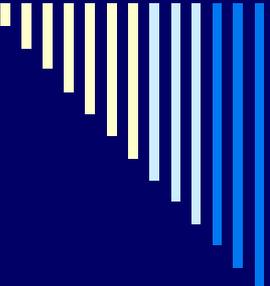
Alcohol Abuse

- ❑ Inability to cut down or stop, (Daily Use)
 - ❑ Binges that last 2 days or more
 - ❑ Blackouts
 - ❑ Impaired social function
 - ❑ Lasts 1 month or longer
-



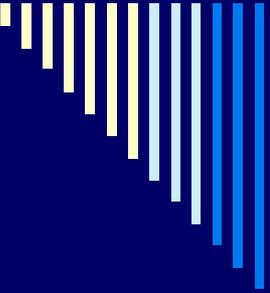
Treatment Modalities

- Alcoholics Anonymous
 - Rational Emotive Therapy
 - Psychoanalysis
 - Medication
-



Alcoholics Anonymous

- ❑ Most effective
 - ❑ Began 1935
 - ❑ Run by alcoholics
 - ❑ Main tenet : anonymity
 - ❑ Based on 12 step program
 - ❑ Al-Anon: family group
 - ❑ Alateen: for teenage children
 - ❑ Adult Children of Alcoholics
-

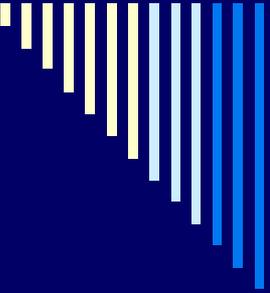


Rational Emotive Therapy

- Being used well
- With homework and practice can learn to think differently about:

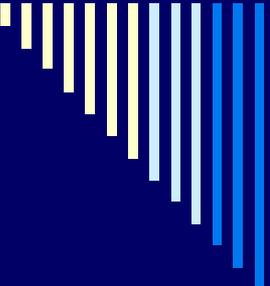
ABC's:

1. **A**ctivating event that lead to drinking.
 2. **B**elief system
 3. **C**onsequences of drinking less powerful
-



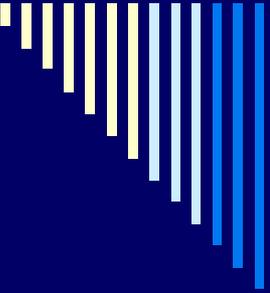
Psychoanalysis

- ❑ Very expensive
 - ❑ One-on-one therapy
 - ❑ Difficult with non-compliant clients
 - ❑ Therapy long
-



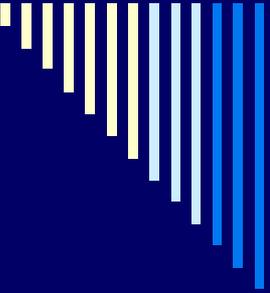
Medications

- Use with caution
 - Antidepressant and anti-anxiety classifications
 - Antabuse (disulfiram)
 - Aversive therapy
 - S.E: slurred speech, disorientation, personality changes, delirium, and impotence
-



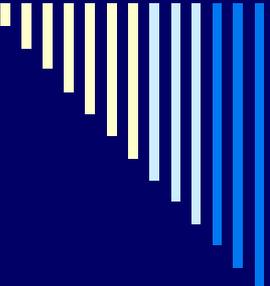
Delirium Tremors (DT's)

- ❑ Cut off from alcohol abruptly
 - ❑ Can be life-threatening
 - ❑ Sensory activity becomes hyper excitable
 - ❑ Visual hallucinations
 - ❑ Tremors
 - ❑ Tonic-clonic seizures
-



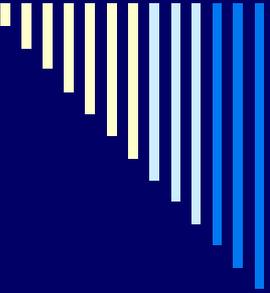
Nursing Care

- Honesty
 - Support
 - Group
 - Safety
 - Awareness of use of DM
 - “Tough love”
-



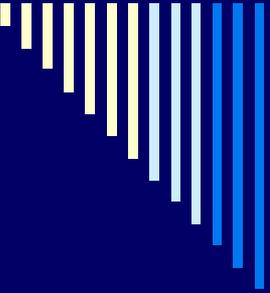
Drug Abuse and Dependence

- Caffeine
 - Nicotine
 - Marijuana
 - Cocaine
 - Crack
 - PCP
 - Prescription pain meds
 - Inhalants
-



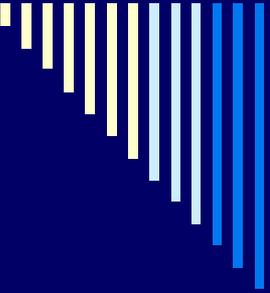
Barbiturates

- Mostly young users
 - Cheap oral or IV
 - IV use: sudden warm “rush”
 - Drug overdoses usually fatal
-



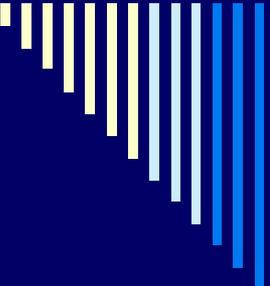
Benzodiazepines

- Often in combination with other drugs or alcohol
 - Valium
 - Not likely to produce an abuse in clients with no abuse history
-



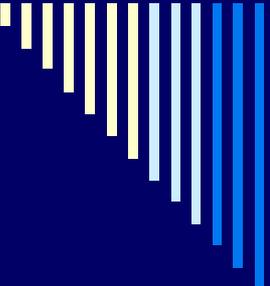
Opioids

- ❑ Derived from opium: heroin, codeine, hydromorphone; synthetic: Demerol, Darvon
 - ❑ Heroin- most widely abused, 400-600,000 addicts in U.S.
 - ❑ Men 3-1
 - ❑ Tolerance develops rapidly, overdose frequent
 - ❑ Death due to respiratory failure
 - ❑ Narcan (naloxone) narcotic antagonist
 - ❑ Withdrawal: 6-8 hours after last dose; myalgia, nausea, vomiting, diarrhea, diaphoresis, rhinorrhea, pupillary dilatation, hypertension, tachycardia, fever, chills (Gooseflesh)
-



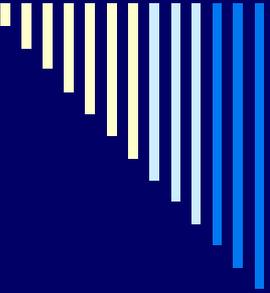
Methadone Treatment

- Treatment of choice for morphine
 - Synthetic opioid
 - Also addictive
 - Gradually withdrawal
-



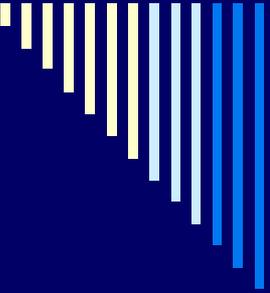
Cocaine

- ❑ “snow”, “coke”
- ❑ “crack”- processed from cocaine freebase for smoking
- ❑ Sniff, snort, inject or smoke
- ❑ No control over extent of use
- ❑ CNS stimulant
- ❑ Interferes with dopamine reabsorption
- ❑ Withdrawal symptoms: intense craving, hypersomnolent, fatigue, anhedonia, general malaise
- ❑ Swelling and inflammation of nasal passages, ulcerations
- ❑ Cocaine intoxication: extreme irritability, agitation, aggressiveness, impulsive sexual activity, manic excitement, (24 hours) “Crash”
- ❑ High doses lead to aggressive paranoid behaviors
- ❑ “Sudden Death” even with first use
- ❑ Depression with withdrawal
- ❑ Treatment: Cognitive behavioral therapy, hospitalization



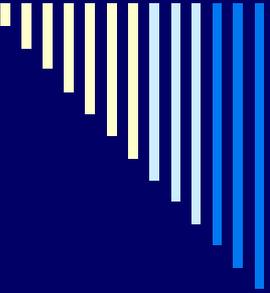
Phencyclidine (PCP)

- “angel dust”
 - Dangerous; status epilepticus, adrenergic crisis, respiratory failure.
 - Oral, IV, snorted or smoked
 - Hallucinogen with cholinergic, dopaminergic, opioid properties
-



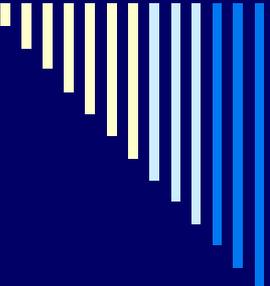
Club Drugs

- MDMA (Ecstasy)
 - Rohypnol
 - Gamma hydroxybutyrate (GHB)
 - Ketamine
-



Eating Disorders

- Anorexia Nervosa
 - Bulimia Nervosa
 - Morbid Obesity
-



Anorexia Nervosa

- “aversion to food”
- Usually in adolescent girls
- Negative feelings towards their mothers

Symptoms:

Excessive weight loss

Refusal to maintain normal weight

Intense fear of gaining weight

Obsessive thoughts

Excessive exercise

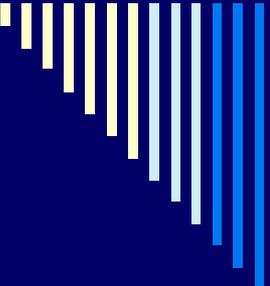
Shy, introvert

Perfectionist

Distorted body image

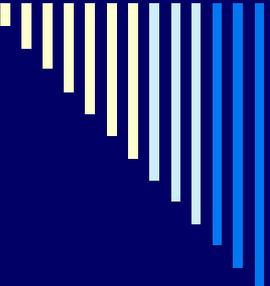
Amenorrhea

Insomnia



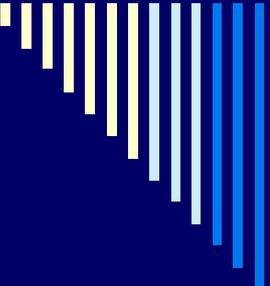
ANOREXIA





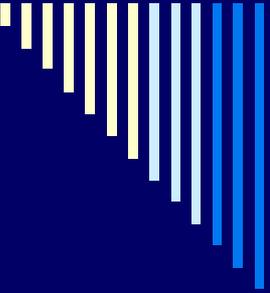
Bulimia Nervosa

- “binge eating”
 - Followed by forced vomiting
 - Adolescence
 - Binge-Purge
-



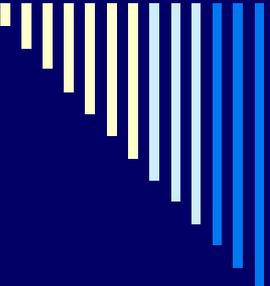
Symptoms

- ❑ Extreme dieting
 - ❑ Use and abuse of laxatives
 - ❑ Diuretics
 - ❑ Obsession with food and eating
 - ❑ Extreme sensitivity to body shape and weight
 - ❑ Poor self-concept
 - ❑ Suicidal ideation
 - ❑ Impulsiveness
 - ❑ Depression, guilt, worthlessness
 - ❑ Erosion of teeth enamel
-



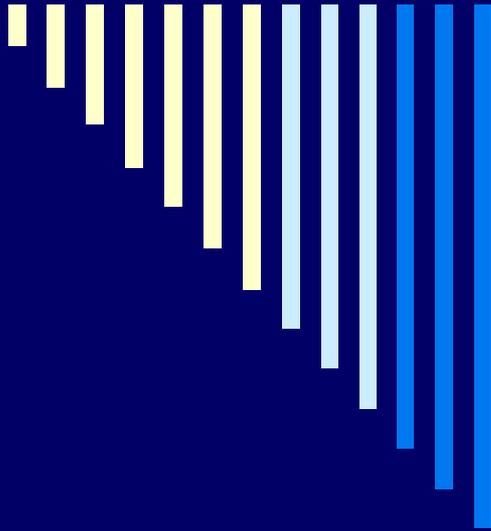
Morbid Obesity

- Obesity: body weight greater than 15% of ideal body weight
 - Morbid obesity: More than 100 pounds over ideal weight
 - Fixated at oral stage
-



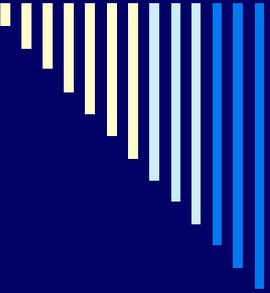
Medical Complications of Eating Disorders

- ❑ Electrolyte imbalances
 - ❑ Cardiac irregularities
 - ❑ Edema and dehydration
 - ❑ Gastrointestinal problems
-



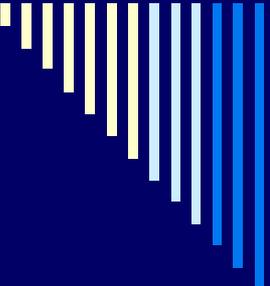
Suicide

Act of killing oneself purposely.



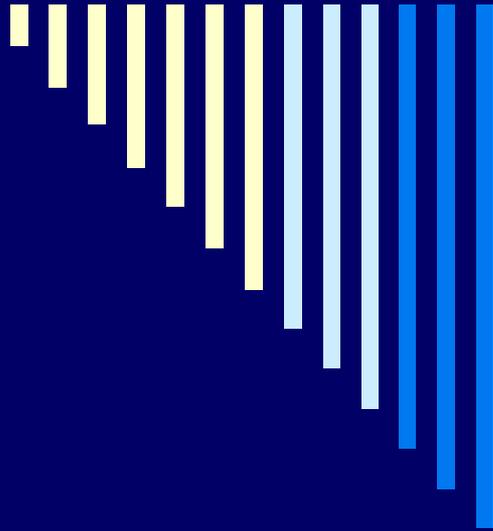
Statistics

- 39% of people over 65 attempt suicide
 - Third leading cause of death in adolescents
 - 250,000 suicide attempts annually, 30,000 succeed
 - Depression major cause
 - Men more violent; guns, hangings, cars, women; overdose
-

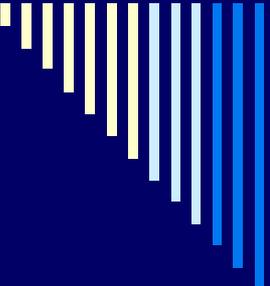


Signs and Symptoms

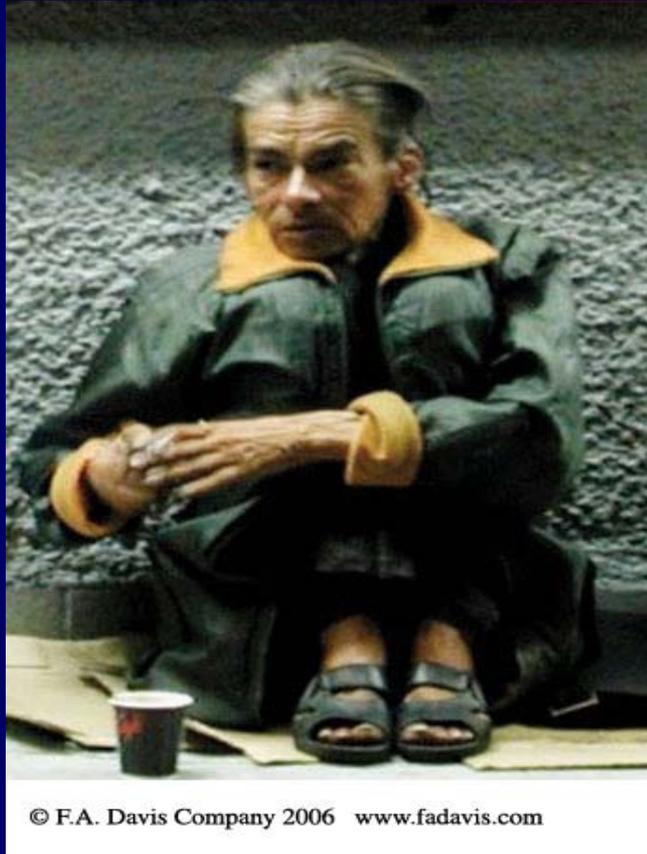
- Noticeable improvement in mood
 - Giving away personal items
 - Talking about death or has preoccupation
 - Difficulty sleeping
-

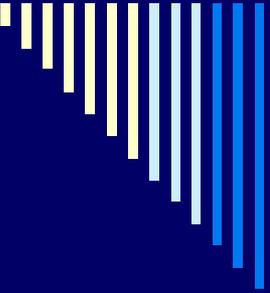


**Most dangerous
time is when
antidepressant
begins to work!
(4-6 weeks)**



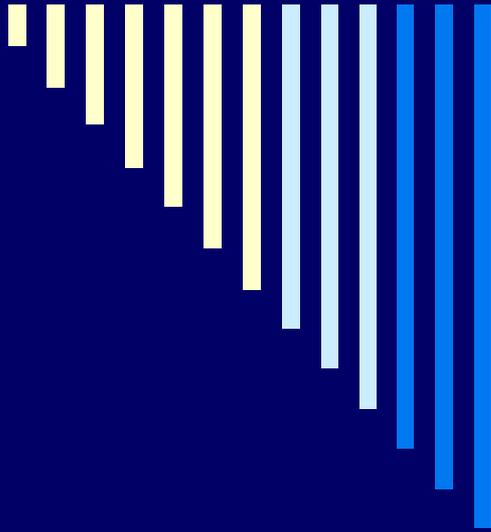
Homelessness





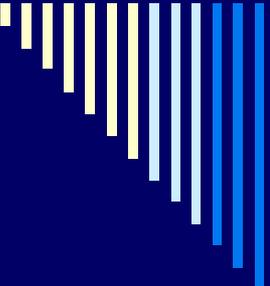
Statistics

- ❑ Not a mental illness
 - ❑ Many homeless have threat to mental health
 - ❑ Mentally ill 50% of homeless
 - ❑ 25-50% have a psychosis
 - ❑ 33-50% are alcoholics
 - ❑ Schizophrenia major problem
-



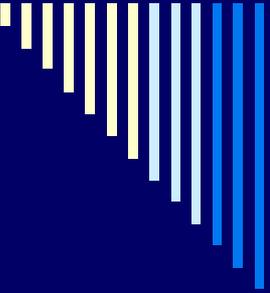
Dissociative Disorders





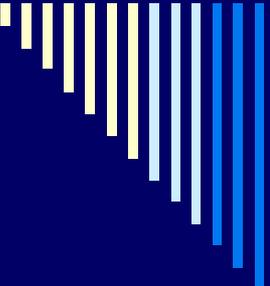
Dissociative Disorders

- Very rare
 - Ideas split off from personality and become buried in unconscious
 - Severe result of overuse of DM
 - Anxiety or severe psychological trauma
 - Develop new personality to separate from their severe emotional pain
-



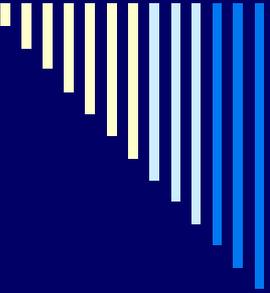
Types

- Psychogenic amnesia: sudden inability to remember personal information due to physical or psychological trauma
 - Psychogenic Fugue: more dramatic, leave town, new identity. Does not appear confused or disoriented.
 - Depersonalization Disorder: Usually under 40. Oriented to person, place and time, but perception of reality has changed. “Floating” or “Out of body”
-



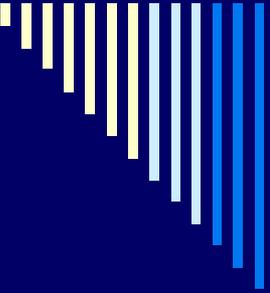
MULTIPLE PERSONALITY DISORDER





Multiple Personality Disorder

- 2 or more completely distinct personalities
 - Can be different
-



Nursing Care

- Monitor frequently
 - Safety
 - Medications
 - Communication
 - Contract
 - Crisis Intervention
-