Unit I: Clinical Preparation
Mental Health Nursing
2024

Mental Health Nursing
- Is a specialized area of nursing practice
- Employs both the science and art of nursing
  - Science
  - Art
- Found in nearly every nursing specialty

Psychiatric Nurses
- A common misperception regarding psychiatric nurses in acute care settings:
  - Because they "just talk," they lose their skills.
- First, therapeutic communication itself is a skill that people are not born with but must learn.
- Second, patients in the psychiatric unit often have complex health care needs.
- Medication management is an essential skill

Evolution of Mental Health Treatment
- Early Christian period (1-100 AD) → exorcisms, removal of bone from the skull
- 16th Century Asylums → Inhumane conditions
- 18th Century → More humanitarian view
- 19th-20th Century Asylums became overcrowded
  - Lobotomies, electro-convulsive shock therapy
- 1950's → Psychiatric drugs became available (Thorazine & Lithium)
- Institutionalization → negative outcomes
  - Social isolation
  - Few educated nurses & trained mental health providers

Deinstitutionalism
- 1965 → Release of patients confined to mental institutions into the community
  - Disorders could be easily treated
  - Symptoms would disappear
- The history of the care and treatment of the mentally ill represents an endless journey between two extremes:
  - Confinement in a mental hospital
  - Living in the community

Results of Deinstitutionalism
- Community Mental Health Centers
  - Treatment of drug & alcohol addiction
- By the 1990's deinstitutionalization was considered a failure
- Jails & Prisons
  - 2 in 5 adults incarcerated in the state and federal prison system have a mental illness
  - 70% of youth in the juvenile justice system have a diagnosed mental illness
- Homelessness grew dramatically
  - 21.1% are seriously mentally ill
  - 45% have any mental illness

Contemporary Mental Health Care
- Recovery from mental illness is realistic and a world-wide goal
- Collaborative health care model
  - Partnership in recovery-oriented care

Client advocacy

Mental Health- Definition

Successful performance of mental functions, resulting in the ability to

- engage in productive activities
- enjoy fulfilling relationships
- adapt to change
- cope with adversity

It is the foundation of:

- thinking
- communication skills
- learning
- emotional growth
- resilience
- self-esteem

Factors affecting Mental Health

Attributes of Mental Health

Accurate appraisal of reality
Ability to love and experience joy
Think clearly

- Problem solve
- Use good judgment
- Reason logically
- Be creative

Ability to control one's own behavior
Capacity to deal with conflicting emotions
Ability to take responsibility for one's own actions

Children and Mental Health

Adverse Childhood Experiences (ACEs)

- Traumatic events that occur in childhood
  - Experiencing violence, Abuse, Neglect
  - Witnessing violence
  - Having a family member attempt or complete suicide
- The child's environment plays a role
  - Substance abuse, mental illness, divorce, incarceration

Three Types of ACEs

- Abuse
- Neglect
- Household dysfunction

Resilience

The process of adapting well in the face of

- adversity
- trauma
- tragedy
- threats
- significant sources of stress (family, relationship, health problems, work, and financial)

As much as resilience involves "bouncing back" from these difficult experiences, it can also involve profound personal growth.

How do we increase our resilience?
- Build your connections
  - Prioritize your relationships
  - Take care of yourself
  - Avoid negative outlets
  - Find your purpose
  - Accept change
  - Learn from your past

Trauma Informed Care
- Trauma is found in universally in mental health patients and is a contributor to:
  - Substance Abuse
  - Chronic Health Conditions
- Trauma occurs in many forms
  - Physical, Sexual, Emotional Abuse
  - War, Natural Disasters, Global Pandemics
- Shift your questioning
  - "What is wrong with you" → "What has happened to you"
- Avoid retraumatizing
- Open & collaborative relationship
- Patient-centered care

Trauma & Nurses
- Burnout & PTSD
  - 91% or RNs experience stress & anxiety since the pandemic began
  - COVID-19 pandemic
- MH Resources
  - Mindfulness
  - Code Lavender
    - Evidenced-based relaxation interventions
    - Does not prevent stress & burnout
    - "Psychological First Aid"
    - Evidence-informed approach

Definition – Mental Illness
- "Maladaptive responses to stressors from the internal or external environment, evidenced by thoughts, feelings, and behaviors that are incongruent with the local and cultural norms and interfere with the individual's social, occupational, or physical functioning."

Mental Health—Mental Illness Continuum

Prevalence rates
- The prevalence rate is the proportion of a population with a mental disorder at any given time
- 1 in 5 adults experience mental health conditions/ year
- Dual diagnosis/ co-occurring disorders
- Lifetime prevalence= 50%

Diagnostic and statistical manual of mental disorders (DSM-5)
- Official guidebook for categorizing and diagnosis psychiatric mental health disorders
- Used by: psychiatrists, psychiatric NPs, therapists,
- Guide for assessing, diagnosing, and planning care
- DSM-5 lists specific diagnostic criteria for each mental health disorder

Stigma

Stigmatization is the devaluing of a person because of a particular characteristic or illness

Stigma is a "collection" of:

Negative attitudes, beliefs, thoughts, and behaviors that influence the individual and general public.

Effects of Stigma

Avoiding healthcare

Low self esteem

Discrimination

Social distancing

An aspect of stigma that refers to the tendency of healthcare workers and others to avoid people with mental illness or addiction

Hallucinations, neglect of self-care, and agitation can be challenging symptoms for clinicians to manage

Mental Health Theories & Therapies:

Freud's Psychoanalytic Theory

Personality structure

Id

Pleasure principle

Reflex action

Primary process

Ego

Problem solver

Reality tester

Superego

Moral component

Defense mechanisms

Freud believed that the self, or ego, uses ego defense mechanisms

Method of protecting self

Coping

Operate at an unconscious level

They can distort reality and make it difficult to have healthy adjustments and personal growth.

Name that defense mechanism

1. John was diagnosed with cancer and told he had 6 months to live but refuses to talk about his illness.
2. Sarah who is diagnosed with end stage liver cancer. She is always cheerful and happy.
3. Henry is angry with his boss. He goes home and yells at his wife.
4. A nurse with low self-esteem works double shifts so her manager will like her.
5. A nursing student becomes an ICU nurse because this is the specialty of an instructor she admires.
6. Mary, a nursing student, blames the teacher for her failing grade.
7. Susan has no memory of a mugging that happened yesterday.
8. Bobby decides not to think about his mom's cancer to study for a test.
9. Daniel cheated on his wife so he brought her flowers.
10. Matthew throws a temper tantrum, like a 5-year old, if he doesn't get attention from his wife.

Sullivan's Interpersonal Theory
- Focuses on interpersonal relationships
- People are driven by the need for interaction
- Loneliness is very painful
- The role of the nurse is very meaningful
- Developed the therapeutic milieu

Hildegard Peplau: Therapeutic nurse –patient relationship
- Role of the nurse: participant observer
- Four phases
  - Orientation- directed by the nurse, engages client
  - Identification- client works interdependently with the nurse
  - Exploitation- clients makes full use of services
  - Resolution- client no longer requires services

Behavioral Theories
- Behavior is learned through conditioning
- Behavioral modification → rewards adaptive behavior
  - A product of learning (conditioning)
  - If something is learned, it can be unlearned
  - Goal- condition to demonstrate more desirable ways of behaving
  - Reward & reinforce adaptive behavior

Maslow's Hierarchy of Needs: Humanistic Theory
- Human potential for development, knowledge attainment, motivation, and understanding
- Pyramid- basic needs on the bottom & self-fulfillment needs at the top.
- Basic needs must be met

The Mental Health Recovery Model
- The focus is not based on illness and disease but an emphasis on rehabilitation and recovery.
- Focus:
  - Encouraging supportive relationships
  - Empowering clients to realize their full potential and independence within their limitations of their illness
  - Managing symptoms, reducing psychosocial disability, and improving role performance
- Empower patients to realize their full potential

Cognitive Theory
- Introduced by Aaron Beck
- Depressed patients → patterns of negative thinking
- Cognitive Distortions
  - Irrational due to false assumptions and misinterpretations

Cognitive behavioral therapy
- The best approach
- Cognitive approach
- Behavioral approach
- Combining these two therapies allows for individuals to see how their thoughts, feelings, and behaviors fit together.

CBT Principles
- Emphasizes collaboration and active participation

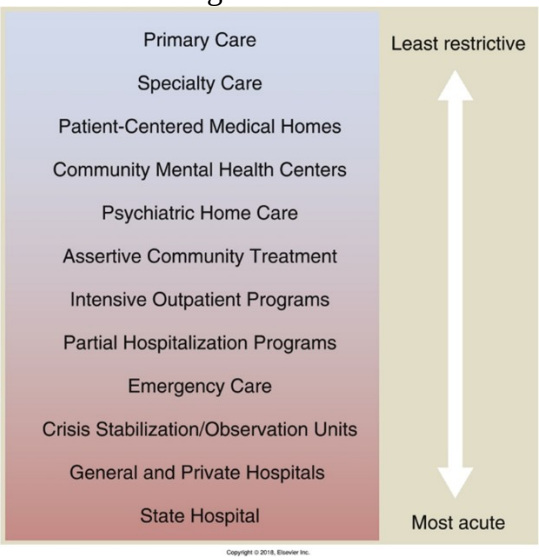
Goal oriented
Rooted in the here and now
Provides lifelong skills
Emphasized relapse prevention
Time –limited
Variety of techniques

Group Therapy

Interactions within a group can provide support or bring about desired change among individual participants.
Goal- To allow members to share common feelings and experiences and to learn alternative ways to solve problems.
Size of the group matters
Setting is important
Who should not attend group therapy?
Group Therapy
Benefits

More efficient
Cohesiveness
Interpersonal learning
Guidance
Instillation of hope

Treatment settings



Emergency Care

Primary goal → triage & stabilize
Issues → long wait times
Peer Recovery Support Specialist (PEER)

Inpatient care settings

General/ Private Hospitals
State Hospitals
Goals:

Develop short-term therapeutic relationship
Develop comprehensive plan of care
Administer medication
Monitor nutrition and self care

Provide health assessment and interventions
Offer structured socialization activities
Plan for discharge

Therapeutic Milieu
A healthy environment
Rights and responsibilities
Safe to test new behaviors and interact adaptively with others
The psychiatric-mental health nurse provides structures and maintains a safe and therapeutic environment in collaboration with patients, families, and other healthcare clinicians.
Within the therapeutic community setting, the client is expected to learn adaptive coping and interaction and relationship skills that can be generalized to other aspects of his or her life.
Goals
Increase client's self esteem
Decrease social isolation
Encourage appropriate social behaviors
Peer pressure
Inappropriate behaviors are dealt with as they occur
Democratic form of self government
Every interaction is an opportunity for a therapeutic intervention

Safety
Essential component of any inpatient setting
Protecting the patient, staff, and other patients
Safety needs on admission
Checking all personal property on admission
Monitor patients every 15 minutes
Monitoring visitation
Paper trash bags
Special door handles
Locked units

Suicide Precautions
Sitter within arms reach
Remove all ligature risks
Place patient in paper scrubs
Remove belongings
Patient must be visible at all times

Outpatient Care settings
Primary Health Providers
Specialized Psychiatric Care Providers
Goals:
Establish long-term therapeutic relationships
Develop a comprehensive plan of care
Encourage medication compliance
Involve support system
Psychiatric Disorders & Psychopharmacology

Psychopharmacology
Psychopharmacology is the primary biological treatment for mental disorders.
Administer medication safely

Make decisions about prn medication
Evaluate for therapeutic and adverse responses to medication

Overview: Medication categories

Antidepressants
- SSRI
- Tricyclic Antidepressants
- SNRI
- MAOIs
- Atypical Antidepressants

Mood Stabilizers
- Lithium
- Antiseizure
- Atypical Antipsychotics

Antipsychotics
- Conventional
- Atypical

Anxiolytics
- Benzodiazepines
- Atypical anxiolytics

Depression

Emotional disorder characterized by a sad or despondent mood.

Symptoms:
- Lack of energy
- Sleep disturbances
- Abnormal eating pattern
- Feelings of despair, guilt, hopelessness

Pharmacology- Depression

Selective serotonin reuptake inhibitors (SSRIs)	Fluoxetine (Prozac)
Serotonin-norepinephrine reuptake inhibitors (SNRIs)	Duloxetine (Cymbalta)
Atypical antidepressants	Bupropion (Wellbutrin)
Tricyclic antidepressants (TCAs)	Amitriptyline (Elavil)
Monoamine oxidase inhibitors (MAOIs)	Phenelzine (Nardil)

SSRI Side Effects:

Serotonin Syndrome:
- Caused by over-activation of serotonin receptors
- Too high a dose OR drug interaction
- Greatest risk = SSRI + MAOI
- Symptoms: confusion, fever, tachycardia, HTN, seizure
- Treatment: antihypertensives, antipyretic, cooling blanket, benzodiazepines

Special Considerations for MAOIs

- Tyramine combined with a MAOI can lead to:
- Hypertensive Crisis: anxiety, sweating, fever, seizure, severe HTN
- Tyramine can be in certain foods & medications (pseudoephedrine)
- Treatment: Treat the symptoms
- Foods with Tyramine:
  - Aged cheese
  - Cured, smoked, or processed meats
  - Pickled or fermented foods
  - Soybeans
  - Snow peas, fava beans
  - Dried fruits (raisins, prunes), overripe bananas or avocados
  - Alcoholic beverages: especially beer

Bipolar

- Characterized by episodes of depression alternating with episodes of mania
  - Depression- lacking energy, inability to concentrate, difficulty sleeping, feelings of despair, lack of interest
  - Mania- grandiosity, decreased need for sleep, pressured speech, flight of ideas, distractibility

Pharmacology- Bipolar

- Mood stabilizers: Lithium
  - Narrow therapeutic window (0.8-1.4 mEq/L)
  - S/E weight gain & fine hand tremor
- Antiseizure drugs
  - valproic acid- S/E thrombocytopenia
  - Lamotrigine- S/E Steven Johnson Syndrome (SJS)
  - Carbamazepine- S/E agranulocytosis
- Atypical antipsychotics: aripiprazole, quetiapine, risperidone

Schizophrenia

- A type of psychosis characterized by abnormal thoughts and thought processes
- Positive Symptoms
  - Add on to normal behavior
- Negative Symptoms
  - Take away from normal behavior

Pharmacology- Schizophrenia

Conventional (1st generation) antipsychotics

- Chlorpromazine
- Haloperidol
- Thioridazine

S/E: Extrapyramidal: Acute Dystonia/ Pseudoparkinsons

Atypical (2nd generation) antipsychotics

- Aripiprazole (Abilify)
- Clozapine (Clozaril)
- Risperidone (Risperdal)

S/E Metabolic: Weight gain/ hyperglycemia/ dyslipidemia

Anxiety

- Anxiety disorders include:
  - Generalized anxiety disorder
  - Panic disorder
  - Obsessive-compulsive disorder
  - Social anxiety disorder
  - Post-traumatic stress disorder
- Over 19 million Americans are diagnosed with anxiety every year
- Illnesses that commonly coexist with anxiety are depression, eating disorders, and substance abuse
- Physical manifestations: palpitations, tachycardia, SOB

Pharmacology- Anxiety

- Benzodiazepines
  - Lorazepam (Ativan)
  - Alprazolam (Xanax)
  - Diazepam (Valium)
- Atypical Anxiolytic
  - Buspirone

Substance Use Disorder

- Alcohol withdrawal syndrome
  - Peaks after 24 to 48 hours
  - Symptoms continue for 5-7 days
- Treatment
  - Lorazepam
  - Multivitamin/ B12/ Folic Acid
  - Thiamine
- Seizure Precautions
- The clinical institute assessment from alcohol scale (CIWA)

Substance Use Disorder

- Opiates (heroin & oxycodone)
  - Overdose → Naloxone (Narcan)
  - Withdrawal → Irritability, agitation, insomnia, yawning, runny nose, hot/cold sweats , severe muscle aches, abdominal cramping
    - 1-12 hours after use
    - Peaks 3-5 days
    - Lasts 1-4 weeks
  - Clinical Opiate Withdrawal Scale (COWS)
  - Treatment → Methadone

The Nursing Process
- Uses a problem-solving approach
- Quality client care
- Foundation of the standards of practice
  - *Psychiatric-Mental Health: Scope and Standards of Practice*
- Continuous & Ongoing process

Nursing Assessment
- Holistic Approach to Care
- Patient Centered Care
- Primary vs. Secondary Source

Psychiatric Nursing Assessment: Goals
- Establish rapport
- Identify current problem
- Physical assessment
- Risk factors
- Mental status
- Psychosocial status
- Goals for treatment
- Plan of care
- Documentation

Mental Status Examination
- Personal information
  - Age
  - Gender
  - Marital status
  - Religious preference
  - Race & ethnicity
  - Employment
  - Living arraignments
  - Screening Tools
- Appearance
  - Grooming and dress
  - Level of hygiene
  - Pupil dilation or constriction
  - Facial expression
  - Height, weight, nutritional status, presence of body piercings, tattoos, scars
  - Relationship between appearance and age
- Behavior
  - Excessive or reduced body movements
  - Peculiar body movements
  - Abnormal movements
  - Level of eye contact
- Speech
  - Rate: slow, rapid, normal
  - Volume: loud, soft, normal
  - Disturbances
- Mood
  - Affect
  - Mood

- Disorders of the Form of Thought
  - Thought process
  - Thought content
- Perceptual disturbances
  - Hallucinations
  - Illusions
- Cognition
  - Orientation
  - Level of consciousness
  - Memory
  - Attention
  - Abstraction
  - Insight
  - Judgment
- Ideas of Harming self or others
  - Suicidal or homicidal history and current thoughts
  - Presence of a plan
  - Means to carry out the plan

Screening Tools
- CAGE
- AUDIT
- Hamilton
- SAD PERSONS
- SAFE-T
- SBIRT

Diagnosis
- Data from the assessment is analyzed
- Diagnoses and potential problem statements are formulated and prioritized
- Nursing Diagnoses → the problem or unmet need

Patient Outcomes
- Maximum level of patient health
- Realistic
- Evaluates Nursing Interventions
- For clinical use short term outcomes
- Patient-centered

Interventions
- Evidence-based interventions for achieving the outcome criteria are selected
- Must be in priority order
- Top priorities in Mental Health: Establish Trust/ Rapport & Safety
- Realistic and Individualized

Implement
- Coordination of Care
- Health Teaching and Health Promotion
- Milieu Therapy

Evaulate

Measures progress toward attainment of expected outcomes.
Often neglected
Ongoing
Revisions to the nursing process may occur

Nursing Process Case Study

Sam is presented through the emergency department to the psychiatric unit of a major medical center. He was taken to the hospital by police, who were called by department store security personnel when Sam frightened shoppers by yelling loudly to "imaginary" people and threatening to harm anyone who came close to him.

On the psychiatric unit, Sam keeps to himself and walks away when anyone approaches him. He talks and laughs to himself and tilts his head to the side, as if he were listening to something. When the nurse attempts to talk to him, he shouts, "Get away from me! I know you are one of them!" He picks up a chair, as if to use it for protection.

Sam's appearance is unkempt. His clothes are dirty and wrinkled, his hair is oily and uncombed, and there is an obvious body odor about him. The physician admits Sam with a diagnosis of schizophrenia and orders Thorazine and Cogentin on both a scheduled and prn basis.

Nursing Process Case Study

- Highlight 4 pieces of information from the assessment data that would be significant to nursing.
- List appropriate nursing diagnoses from analysis of the data identified in question 1.

- Provide outcome criteria for the four nursing diagnoses.

- Describe appropriate nursing interventions to achieve the outcome criteria.

Therapeutic communication

Effective Communication Skills for Nurses

The goals of the nurse in the mental health setting are to help the patient:

Feel understood and comfortable.
Identify and explore problems relating to others.
Discover healthy ways of meeting emotional needs.
Experience satisfying interpersonal relationships.

nurse–patient relationship

The first connections between the nurse and patient are to establish an understanding that the nursing relationship is:

Safe, confidential, reliable, and consistent.
Conducted within appropriate and clear boundaries.

Therapeutic communication

The nurse-client relationship is the foundation on which psychiatric nursing is established.

Benefits

Feeling safer
Higher satisfaction

- Increased recovery rates
- Improved compliance

Therapeutic communication
- Saying the wrong thing
- Will this be harmful to the patient?
- Factors that affect communication
  - Personal Factors
    - Depression → slowed thinking and speech
    - Anxiety → decreased concentration
    - Mania → inability to concentrate
  - Environment Factors
    - Physical factors
  - Relationship Factors
    - Level of equality

The Therapeutic Nurse-Client Relationship
- Goals and the problem-solving model
  - Weigh benefits and consequences of each alternative.
  - Help client select an alternative.
  - Encourage client to implement the change.
  - Provide positive feedback for client's attempts to create change.
  - Help client evaluate outcomes of the change and make modifications as required.

Therapeutic & nontherapeutic aspects
- Therapeutic Relationship
  - Facilitating (therapeutic communication)
  - Assisting patient in:
    - Alternative problem solving
    - Developing new coping skills
  - Helping
  - Promoting independence
  - Focusing on patient's problems
  - Encouraging behavioral changes
- Nontherapeutic Relationship
  - Blocking
  - Does not assist patient in:
    - Alternative problem solving
    - Developing new coping skills
  - Controlling
  - Promoting dependence
  - Focusing on nurse's needs
  - Enabling negative behaviors

Nonverbal Communication
- 90% of all communication
- Components of nonverbal communication
- Physical appearance and dress
- Body movement and posture
- Touch
- Facial expressions

- Eye behavior

nurse–patient relationship
- Empathy
  - Is “temporarily living in the other’s life.”
- Empathy vs. sympathy
  - In empathy, we understand the feelings of others.
  - In sympathy, we feel the feelings of others; objectivity is lost.
- Genuineness
  - Self-awareness of one’s feelings occurs; develops the ability to communicate when appropriate.
- Positive regard
  - Displays respect; has the ability to view another person as worthy.

transference and countertransference
- Role and boundary blurring are often a result of unrecognized:
  - Transference
    - Person unconsciously and inappropriately displaces (transfers) those emotional reactions that originated from significant figures in childhood onto another individual. The patient may say, “You remind me of _____.”
  - Countertransference
    - Tendency of the nurse to displace feelings related to people in his or her past onto a patient.
    - Frequently, the patient’s transference to the nurse evokes countertransference feelings in the nurse.

Effective Communication Skills
- Use of Silence
- Active Listening
  - Observing the patient’s nonverbal behaviors & verbal message
  - Providing feedback
- Clarifying Techniques
  - Paraphrasing: “in other words you are saying…” or “was I correct in saying…”
  - Restating
  - Reflecting: “you sound as if you have had a really hard time lately”
  - Exploring: “tell me more” or “give me an example of…”
- The “What if” question
  - Helps the patient imagine thoughts, feelings, and behaviors they may have in a certain situation
  - “What if you could go back and change…. What would you do differently”
  - “If you had 3 wishes, what would you wish for?”
- The “Miracle question”
  - If you woke up one morning (a miracle happened) and your problem went away, what would be different & how would your life change?

Nontherapeutic Techniques
- Asking excessive questions
  - Conveys a lack of respect
- Giving approval or disapproval
- Advising
- Asking “why” questions
- Using “you” statements

Positive or negative?

Consistency
Pacing
Rewarding positive behavior
Listening
Comfort
Balancing control
Inconsistency
Unavailability
Mutual avoidance
Lack of self-awareness
Addressing negative behavior

The Clinical Interview

Nurse uses communication skills and active listening to better understand a patient's situation & to plan care.

Nurse provides the opportunity for the patient to reach specific goals and to:

Feel understood and comfortable.
Identify and explore problems relating to others.
Discuss healthy ways of meeting emotional needs.
Experience a satisfying interpersonal relationship.

Preparing for the Interview

Permit the patient to set the pace.

Setting

Enhance feelings of security.

Seating

Ensure ease of communication.

Introductions

Making introductions

Address confidentiality

Initiating the interview

Open-ended questions

"Where should we start?"
"Tell me what's been going on with you"

Offering general leads

"go on"

Making statements of acceptance

"I understand"

What to Avoid

Do Not:

Argue
Give false reassurance
Probe about sensitive areas
Try to sell the patient on accepting treatment

Try to:

Focus on the patient's perspective
Make observations of the patient's behavior
Focus on nonverbal communication
Help the patient come up with pros & cons
Helpful Guidelines
Speak briefly.
When you do not know what to say, say nothing.

When in doubt, focus on feelings.
Avoid giving advice.
Avoid relying on questions.
Note nonverbal cues.
Keep the focus on the patient.

Therapy Example
- What did the therapist do well?
- Did the therapist say anything that was not therapeutic?
- What therapeutic techniques were used?
- What non-therapeutic techniques were used?

Interactions with Selected Behaviors
- Violent Behavior
  - Stay out of striking distance
  - Change the topic if a patient's behavior is escalating
  - Call for assistance if patient is losing control
  - Move the patient to a quiet area and observe
  - Offer a physical outlet
  - Offer PRN medication

Interactions with Selected Behaviors
- Hallucinations (hearing voices that others do not)
  - Initially try to understand what the voices are saying or telling the person to do.
  - Assessment of the hallucination
  - Thereafter, do not focus on the hallucination
- Interactions with Selected Behaviors
- Delusions (a distortion in thought content)
  - Clarify reality of the patient's experience and feelings of fear
  - Avoid being drawn into the conversation regarding content of the delusion
  - Never argue or reason with the patient
  - Careful monitoring

De-Escalation Techniques
- Respond early to aggressive behaviors
- Ensure the patient knows they are in a safe place
- Assess personal safety & pay attention to the environment
  - Leave the door open
  - Ensure you have a quick exit if needed
  - Never turn your back when a patient is angry
  - Leave the room if the behavior is out of control
- Appear calm and in control
- Speak softly
- Display genuineness and concern
- Set clear and consistent limits
- Sit next to the patient
- Listen carefully and clarify when needed
- Avoid overreacting

Crisis Intervention

Definition of Crisis

A sudden event in one's life that disturbs homeostasis, during which usual coping mechanisms cannot resolve the problem.
Acute
Time-limited phenomenon

Crisis Intervention
What nurses and other health professionals do to assist those in crisis to cope
Interventions need to be broad, creative, and flexible

Characteristics of a Crisis
Occurs in all individuals
Precipitated by specific identifiable events
Crises are personal in nature
Acute and will be resolved
Potential for psychological growth or deterioration

Prevalence and Comorbidity
Factors that limit the ability to problem solve or cope include the presence of stressful life events such as:
Mental illness
Substance abuse
History of poor coping skills
Diminished cognitive abilities
Preexisting physical health problems
Limited social support network
Developmental and physical challenges
Resiliency

Roberts's Seven-stage Model of Crisis Intervention

Types of Crises
Three types of Crisis
Developmental Crisis
Situational Crisis
Adventitious Crisis
Pre-existing mental health problems
Individual is more prone to crisis
Individual is more vulnerable

Developmental Crisis
A process of maturation through each stage of life
New coping mechanisms are formed for each stage of life
Transition leads to increased anxiety until the person establishes new equilibrium

Situational Crisis
Arises from external rather than internal source
Unanticipated
Examples
Loss of job
Death of a loved one
Divorce
Common & most individuals will experience during their lifetime
Resolutions depends on:

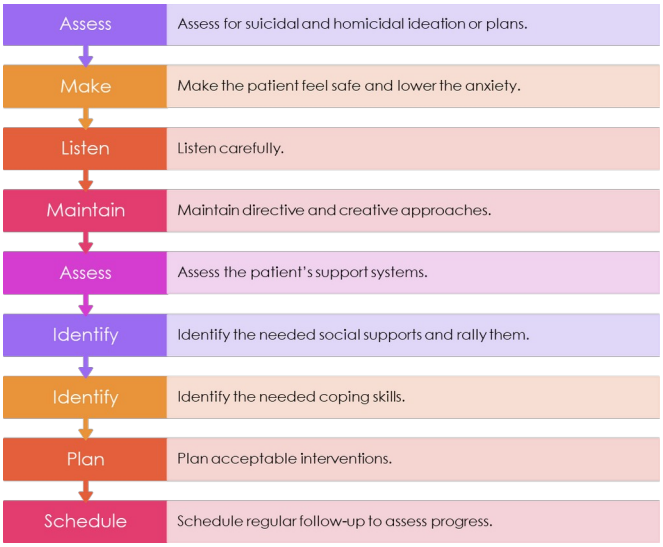
Support system
Resiliency
Emotional health

Adventitious
Crisis of Disaster
Appearing accidentally or unexpectedly and tend to catastrophic
Examples:
Natural disasters
Terrorist attacks
School shootings
Global pandemics- COVID-19

Phases of Crisis
Individuals experiencing a crisis will naturally use their normal coping skills.
If this is unsuccessful, different skills will be used.
Leads to frustration, anxiety, & disorganization

4 Distinct Phases of Crisis
Phases of Crisis
Phase 1
The individual is exposed to a precipitating stressor
Phase 2
Usual defense mechanisms fail; attempts at solving the problem begin
Phase 3
Problem solving attempts fail, anxiety increases to severe/ panic, fight or flight
Phase 4
Coping skills are exhausted, anxiety overwhelms the individual, suicidal behaviors may develop

Assessment and Interventions: Crisis



Assessing Patient's perception
Determining whether an event is a crisis
See the event through the eyes of the patient
Assess the individual/family's perception of the problem
The more clearly the problem can be defined, the better the chance that an effective solution will be found.

Assessing Situational Supports

- Assess the individual's support system
  - Determines available resources
  - Does the crisis involve important people
- Questions to ask:
  - To whom do you talk when you feel overwhelmed?
  - Whom can you trust?
  - Who is available to help you?

Assessing Coping Skills

- Evaluate the individual's level of anxiety
- What are their usual coping mechanisms?
  - Healthy vs. unhealthy
- Questions to ask:
  - What do you usually do to feel better?
  - Did you try it this time? If so, what was different?
  - What helped you through difficult times in the past?

Assessment Guidelines

- Psychiatric treatment/ hospitalization?
- Can the patient identify the precipitating event?
- Does the patient understand situation supports?
- Identify the patient's usual coping skills.
- Determine the religious and cultural beliefs.

Planning & implementing

- Patient-centered care
  - As anxiety reduces the patient becomes more active in planning
  - Caring attitude, flexibility, active listening
  - Social support & building resilience
  - Patients may experience
    - Cognitive impairment
    - Behavioral changes
    - Emotional issues

Key Concepts of Crisis Intervention

1. A crisis is self-limiting and is usually resolved within 4 – 6 weeks
2. Resolution results in one of three levels:
   - Higher level of functioning
   - The same level
   - A Lower lever of functioning
3. The goal is to return the person to pre-crisis level of functioning
4. During a crisis, people are more open to outside intervention than they are at times of stable functioning
5. Deals with the person's present problem and resolution
6. Nurse takes an active, direct role
7. Early intervention increases chances for a good outcome

Ethical and Legal Considerations

Mental health laws

State specific
Review your state's code- search "mental + health + statutes + (your state)"
Ethics- right or wrong
Bioethics- ethical questions in health care

Admission & Discharge procedures
Voluntary Admission
Sought by the patient
Client has the right to request release

Admission & Discharge procedures
Involuntary Admission
Without the patient's consent
Mentally ill
Posing a danger to self or others
Gravely disabled
A legal hold
72 hours

Admission & Discharge procedures
Discharge Procedures: Depends on the patient's admission status
Conditional Release
Unconditional Release/ Discharge
Release Against Medial Advice (AMA)

Patient's rights under the law
All clients have the following rights:
The right to treatment
The right to refuse treatment
Exception to this right:
1. Serious mental illness
2. Ability to function is deteriorating/ exhibiting threatening behavior
3. Benefits of treatment outweigh the harm
4. Lacks capacity to make decisions
5. Less restrictive treatments have been unsuccessful
Right to informed consent
Patient has been provided with basic understanding of risks, benefits, and alternatives

Rights: restraint and seclusion
Restraints have a long history of abuse
Legislation & accreditation now maintain strict guidelines
Agitation, confusion, and combative behaviors
Least restrictive interventions/ environment must be used 1st:
Verbally intervene
Reduce stimuli
Active listening
Provide diversion
Offer PRN medications
Restraints can be physical or chemical
Chemical interventions are usually less restrictive than physical restraints
Haloperidol
Seclusion
Confining a patient alone
Preventing the patient from leaving

Quiet Room

Least restrictive environment

The "least restrictive restraint" is defined as the restraint that permits the most freedom of movement to meet the needs of the client.

Physical Restraints

Seclusion

4 Side Rails

Geri Chair with Tray Locked

2-point Restraints

4-point Restraints

Chemical Restraints

Lowest dose

Restraint use protocols

In an emergency, RN can apply restraints

Provider order within 1 hour

No more than 24 hours in restraints

Documentation every 15 minutes

Close monitoring

D/C at the earliest possible time

Rights and confidentiality

Confidentiality

Health Insurance Portability and Accountability Act

Exception to the rule

A duty to warn

Suspected child or elder abuse

The nurse is discussing client privacy and confidentiality with a new patient. Part of the discussion involves protecting the patient's confidentiality of records and communications. The nurse informs that in certain circumstances certain medical information may be released without consent. Which information can be released without the patient's consent? For each teaching point, place an "X" in the column to specify whether it is appropriate or not appropriate.

Teaching Points	Column A: Appropriate Information	Column B: Not Appropriate Information
1. Pertinent medical information can be shared in a life-threatening situation.		
2. Medical information can be released to a family member.		
3. In some states, the nurse can be called on to testify in cases in which the medical record is used as evidence.		
4. The medical record can be provided to an employer for support of a work-related absence.		
5. In most states, information can be released in situations for which the patient is at risk for harm of self or others.		
6. Medical information can be shared if the nurse suspects that the patient's spouse is abusive.		

Laws

- Nurses in the psychiatric setting should understand:
  - Unintentional torts
  - Intentional torts
    - Assault
    - Battery
      - False imprisonment

Laws on reporting child, disabled, elder abuse

- Required to report suspected abuse
- Child Abuse
  - Maltreatment of a child or teen
  - Resulting in risk of serious injury or death
  - Emotional, sexual, physical
- Child neglect
  - Failure to provide basic needs for the child (physical, medical, educational)
  - Poor nutrition, inadequate clothing, poor access to education
- Elder abuse
  - Physical or emotional
  - Overmedicating or withholding medications

Sexual Assault

- Any sexual act where the victim does not give consent
- Many assaults go unreported
- Nursing Actions:
  - Evaluation by a Sexual Assault Nurse Examiner (SANE)
    - Obtains samples for evidence
    - Ensure patient safety, comfort, & preserve evidence
    - Offer emotional support

Documentation

- Accurate & complete information
- Medical records used for Quality Improvement
- Specific & Objective
- Risk Management
- Legal
- Remember “if it wasn’t charted, it wasn’t done”