

Behavior Health
Proctored ATI Remediation Template

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Assessment Name:

Semester:

Main Category: Management of Care

Subcategory: Case Management

Topic: Substance Use and Addictive Disorders: Creating a Discharge Plan for a Client Who Has Alcohol Use Disorder

- Group therapy can be beneficial for patients who have similar diagnosis they can meet in an outpatient setting or within mental health residential facilities.
- Teach cognitive behavioral techniques to help maintain sobriety and create feelings of pleasure from activities other than using substances or from process addictions.
- Assist the patient to develop communication skills to communicate with coworkers and family members while sober.

Subcategory: Ethical practice

Topic: Creating and Maintaining a Therapeutic and Safe Environment: Identifying Countertransference

- Counter transference occurs when a healthcare team member displaces characteristics of people in their past onto a client.
- Behaviors of countertransference could be a nurse overly identifies with a client, a nurse competes with the client, or a nurse argues with a client an example would be a nurse can feel defensive and angry with the client for no apparent reason if the client reminds them of a friend who often elicited those feelings.
- Nursing implications for counter transference, a nurse should be aware that clients who induce very strong personal feelings can become objects of counter transference.

Topic: Legal and Ethical Issues: Priority Action for Client Refusing Treatment

- Clients have the right to an informed consent and the right to refuse treatment.
- Autonomy is the clients right to make their own decisions however the client must accept the consequences of those decisions. The client must also respect the decisions of others.
- The nurse can use seclusion or restraints without first obtaining a provider's written prescription if it's an emergency situation if this emergency treatment is initiated the nurse must obtain a written prescription within a specified period of time usually 15 to 30 minutes.

Subcategory

Main Category: Health Promotion and Maintenance

Subcategory: Aging Process

Topic: Medications for Children and Adolescents Who Have Mental Health Issues: Medication for Attention-Deficit Hyperactivity Disorder

- Medications include central nervous system stimulants, selective reuptake inhibitors, tricyclic antidepressants, Alpha 2 adrenergic agonists, 8 typical antipsychotics, and selective serotonin reuptake inhibitors.

- Methylphenidate is a select prototype medication for ADHD.
- These medications raise the level of norepinephrine and dopamine into the central nervous system.

Subcategory: Health Promotion and maintenance

Topic: Neurocognitive Disorders: Risk Factors for Delirium

- Risk factors for delirium include physiological changes including neurologic changes such as Parkinson's disease and Huntington's disease. Metabolic changes such as hepatic renal failure fluid and electrolyte imbalances and nutritional deficiencies.
- Other risk factors for delirium include older age, multiple comorbidities, severity of disease, polypharmacy, intensive care units, Surgery, aphasia, restraint use, change in client environment.
- Other risk factors are HIV/AIDS, surgery, and substance use or withdraw.

Main Category: Psychosocial Integrity

Subcategory: Coping Mechanism

Topic: Care of those who are dying and or grieving: maladaptive grief response.

- In chronic or prolonged grief maladaptive response is difficult to identify due to the varying lengths of time required by clients to work through the stages and tasks of grief
- as a nurse you should initiate referral for psychotherapy for a client who is having maladaptive grief response
- Chronic or prolonged grief can result in the client's inability to perform activities of daily living.

Topic: Crisis management: assessing personal coping skills.

- A crisis is considered an acute, time limited event usually lasting four to six weeks at which the client experiences an emotional response that cannot be managed with the client's normal coping mechanisms.
- Some medications that are used are antianxiety medicines such as diazepam, And other antidepressants such as bupropion or fluoxetine.
- Crisis intervention is designed to provide rapid assistance for individuals or groups who have an urgent need care is directed at the resolution of the immediate problem causing a crisis. The initial task of the nurse is to remove a sense of safety for the client and protect the client by assessing the client's potential for suicide or homicide.

Subcategory: Behavioral Interventions

Topic: Personality disorders: establishing client goals

- Developing A therapeutic relationship is often challenging due to the client's distrust or hostility towards others. Feelings of being threatened or having no control can cause the client to act out toward the nurse.
- A firm yet supportive approach and consistent care will help build the therapeutic nurse client relationship.
- limit setting and consistency are essential with clients who are manipulative, especially those who have borderline or antisocial personality disorders

Subcategory: Crisis Intervention

Topic: anger management: intervention for a client who is exhibiting aggression

- Anger is a normal feeling it's an emotional response to frustration as perceived by the individual. It can be positive if there's truly an unfair or wrong situation that needs to be righted but must be expressed in a healthy manner. Anger becomes negative when it's denied, suppressed, or expressed inappropriately such as using aggressive behavior.
- Aggression, whether in action or behavior, results in a verbal or physical attack. Violence is an act that is goal directed with the intent of harming a specific person or object. Inappropriately expressed anger can become hostility or aggression.
- Despite the potential for anger and aggression among individuals who have mental illness, it is

important to know that clients who have a mental illness are more likely to hurt themselves than to express aggression against others.

Subcategory: Mental Health Concepts

Topic: eating disorders: evaluating the effectiveness of treatment for a client who has anorexia nervosa

- Promote cognitive behavioral therapies such as cognitive reframing, relaxation techniques, journal writing, and desensitization exercises.
- Monitor the client's vital signs, intake and output, and weight two to three pounds a week is medically acceptable. This would be establishing realistic goals for weight loss or gain.
- Manage share the client for maintenance of appropriate exercise and closely monitor the client during and after meals to prevent purging, which can necessitate accompanying the client to the bathroom.

Topic: eating disorders: identifying manifestations of anorexia nervosa

- The vital signs of someone experiencing anorexia nervosa could be low blood pressure with possible orthostatic hypotension, a decreased pulse and body temperature, or hypertension can be present in clients who have the binge eating disorder.
- A client can demonstrate high interest in preparing food but not eating it.
- A client can exhibit the need for an intense physical regimen.

Topic: neurocognitive disorders: findings associated with delirium

- Delirium has a rapid over a short period of time on set.
- Manifestations can include impairments in memory and judgment and the ability to focus and calculate which can fluctuate throughout the day.
- Disorientation and confusion often worsen at night and in the early morning.

Subcategory: Stress Management

Topic: stress management: evaluating a client's understanding of deep breathing exercises

- Breathing exercises are used to decrease rapid breathing and promote relaxation.
- A client will find breathing exercises go along with other things such as meditation which includes formal techniques as well as prayer for those who believe in a higher power.
- Breathing exercises also help promote progressive muscle relaxation.

Subcategory: Substance Use and Other Disorders and Dependencies

Topic: substance use and addictive disorders: identifying manifestations of acute toxicity

- An antidote for acute toxicity would be naloxone.
- Effects of acute toxicity could be increased drowsiness and sedation, agitation, slurred speech, and coordinated motor activity, disorientation, nausea, vomiting.
- Respiratory depression and decreased level of consciousness can be fatal.

Topic: substance use and addictive disorders: identifying manifestations of alcohol use withdrawal

- Manifestations of alcohol use withdraw could include abdominal cramping, vomiting, tremors, restlessness, and inability to sleep.
- Alcohol withdrawal delirium can occur two to three days after cessation of alcohol this is considered a medical emergency.
- Manifestations include severe disorientation, psychotic manifestations which are hallucinations, severe hypertension, cardiac dysrhythmias, and delirium. Alcohol withdrawal delirium can progress to death.

Main Category: Basic Care and Comfort

Subcategory: Non-Pharmacological Comfort Interventions (

Topic: Depressive Disorders: Recommendations to Decrease Social Isolation

- Depression is very common among clients over the age of 65, but the disorder is more difficult to recognize in older adult clients and can go untreated.
- Some clinical findings of depression that can look like dementia are memory loss confusion and behavioral problems such as social isolation or agitation.
- Communication is an important tool to help decrease social isolation. Communication relates therapeutically to the client who is unable or unwilling to communicate make time to be with the client even if they do not speak make observations rather than asking direct questions. Give the client sufficient time to respond when holding a conversation due to a possible delayed response give directions and simple concrete sentences because a client who has depression can have difficulty focusing on and comprehending long sentences.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Medications for Depressive Disorders

- Antidepressant medications are classified into five main groups tricyclic antidepressants, selective serotonin reuptake inhibitors, serotonin nor epinephrine reuptake inhibitors, Monoamine oxidase Inhibitors and atypical antidepressants.
- A combination of antidepressant medications can be required to alleviate all manifestations.
- You should monitor blood pressure and heart rate for orthostatic changes. Also, manifestations or adverse effects of medications for depressive disorders would be dry mouth, blurred vision, photophobia, urinary hesitancy or retention, constipation, and tachycardia.

Subcategory: Expected Actions/Outcomes

Topic: Medications for Bipolar Disorders: Evaluating Effectiveness of Mood Stabilizers

- A select medication for a mood stabilizer and the use of bipolar disorders is lithium carbonate.
- Lithium is used in the treatment of bipolar disorders.
- Lithium controls episodes of acute mania it helps to prevent the return of mania or depression and decreases the incidence of suicide.

Topic: Medications for Children and Adolescents Who Have Mental Health Issues: Evaluating Client Understanding of Methylphenidate

- Various medications are used to manage behavioral disorders and children's and adolescents. Parents should understand that pharmacological management is most effective when accompanied by techniques to modify behavior.
- Make sure the client knows to avoid abrupt cessation of the medication.
- If the patient develops psychotic manifestations such as hallucinations and paranoia, they need to know to report the manifestations immediately and discontinue the medication.

Main Category: Reduction of Risk Potential

Subcategory: Laboratory Values

Topic: Medications for Anxiety and Trauma- and Stressor-Related Disorders: Reportable Laboratory Results

- Assess baseline BUN and creatinine to help monitor kidney function renal toxicity is an effect of lithium.
- Monitor baseline blood sodium for signs of hyponatremia.
- Obtain the baseline T3 and T4 and TSH For hypothyroidism, as well as prothrombin time and INR levels to assess indications of bleeding and the need for dosage adjustments.

Topic: Medications for Bipolar Disorders: Monitoring Laboratory Results

- Bipolar disorder is primarily managed with mood stabilizing medications such as lithium carbonate but it can also be treated with certain antiepileptic medications.
- Assess baseline BUN and creatinine to help monitor kidney function renal toxicity is an effect of lithium.
- Monitor T3, T4 and TSH levels, for indications of hypothyroidism.
- Monitor the lithium level.



