Student Name: Cassie Sanders
Assessment Name: Remediation Mental and Behavioral Health
Semester: Spring 2024

Instructions:
1. Download the report from your ATI product for the assessment you are completing this remediation template for
2. The report will be broken down into three (3) aspects:
   a. Categories
      i. These categories mimic the NCLEX-RN categories and include the following:
         1. Management of Care
         2. Safety and Infection Control
         3. Health Promotion and Maintenance
         4. Psychosocial Integrity
         5. Basic Care and Comfort
         6. Pharmacological and Parenteral Therapies
         7. Reduction of Risk Potential
         8. Physiological Adaptation
   b. Subcategories
   c. Topics
3. Complete the template on the following page by doing the following:
   a. Main Category
      i. Subcategories for each main category
         1. Topics for each subcategory → these will be the content areas you will be remediating on
            a. Provide three (3) critical points to remember for each topic → these will come from the Focused Review module(s) within your ATI product
   b. ==*__NOTE: You must remediate on all subcategories AND topics within the main categories listed under the "Topics to Review" section of the ATI report for this assessment.__*==
4. In the event you need additional space within the table, please add rows into the table to accommodate this
   a. In the event, you need less space within the table than what is provided, you may delete those rows from the table to accommodate this OR put "N/A" → There may be main categories that you don't have to remediate on and that is OK – you can either delete the table OR put "N/A"
5. An example is provided below:

SAMPLE Main Category: Management of Care
SAMPLE Subcategory: Case Management
SAMPLE Topic: Anemias: Discharge Teaching for a Client Who is Recovering from Sickle Cell Crisis
• SAMPLE Critical Point #1: Anemia is the abnormally low amount of circulation RB, Hgb concentration, or both.
• SAMPLE Critical Point #2: When a patient is going through sickle crisis, the nurse should monitor oxygen saturation to determine a need for oxygen therapy.
• SAMPLE Critical Point #3: A patient should have their hemoglobin checking in 4 to 6 weeks to determine efficacy.
Proctored ATI Grading Scale –   **RN Pediatric Health 2023**

Level 3= 90 points

- *Remediation = 10 points:*
- *Minimum 1-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. <u>Must be a full sentence, not just bullet points.</u>*

Level 2 = 80 points

- **Remediation = 10 points:**
- *Minimum 2-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. <u>Must be a full sentence, not just bullet points.</u>*

Level 1 = 70 points

- **Remediation = 10 points:**
- *Minimum 3-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. <u>Must be a full sentence, not just bullet points.</u>*

Below Level 1 = 60 points

- **Remediation = 10 points:**
- *Minimum 4-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. <u>Must be a full sentence, not just bullet points.</u>*

6. Once the template is completed ***and*** at least the minimum remediation time has been completed within the Focused Review module(s) in ATI, upload the template to the corresponding dropbox in E360.
7.

Main Category: Management of Care
Subcategory:Psychobiologic Disorders

Topic: Personality Disorders
- A client who has a personality disorder demonstrates pathological personality characteristics including impairments in self-identity/self-direction and interpersonal functioning.
- The maladaptive behaviors of a personality disorder are not always perceived by the individual as dysfunctional, and some areas of personal functioning can be adequate.
- Personality disorders often co-occur with other mental health diagnoses (depression, anxiety, and eating and substance use disorders).

Topic: Risk Factors
- Clients who have personality disorders often have comorbid substance use disorders, and can have a history of nonviolent crimes, including sex offenses.
- Psychosocial influences (childhood abuse or trauma), and developmental factors with a direct link to parenting.
- Biological influences include genetic and biochemical factors

Topic: Expected findings
- Clients who have personality disorder exhibit one or more of the following common pathological personality characteristics
- Inflexibility/maladaptive responses to stress
- Inability to emotionally connect in social and professional relationships

Subcategory: The 10 personality Disorders
Topic: Cluster A (odd or eccentric traits)

- Paranoid: characterized by distrust and suspiciousness toward others based on unfounded beliefs that others want to harm, exploit, or deceive the person
- Schizoid: Characterized by emotional detachment, disinterest in close relationships, and indifferent to praise or criticism; often uncooperative
- Schizotypal: Characterized by odd beliefs leading to interpersonal difficulties and eccentric appearance, and magical thinking or perceptual distortions that are not clear delusions or hallucinations.

Topic: Cluster B (dramatic, emotional, or erratic traits)
- Antisocial: Characterized by disregard for others with exploitation, lack of empathy, repeated unlawful actions, deceit, failure to accept personal responsibility; evidence of conduct disorder before age 15, sense of entitlement, manipulative, impulsive, and seductive behaviors; nonadherence to traditional morals and values; verbally charming and engaging
- Borderline: Characterized by instability of affect, identity, and relationships, as well as splitting behaviors, manipulation, impulsiveness, and fear of abandonment; often self-injurious and potentially suicidal; ideas of reference are common; often accompanied by impulsivity
- Histrionic: Characterized by emotional attention-seeking behavior, in which the person needs to be the center of attention; often seductive and flirtatious

Topic: Custer C (anxious or fearful traits; insecurity and inadequacy)
- Avoidant: Characterized by social inhibition and avoidance of all situations that require interpersonal contact, despite wanting close relationships, due to extreme fear of rejection; have feelings of inadequacy and are anxious in social situations.
- Dependent: Characterized by extreme dependency in a close relationship with an urgent search to find a replacement when one relationship ends
- Obsessive-compulsive: Characterized by indecisiveness and perfectionism with a focus on orderliness and control to the extent that the individual might not be able to accomplish a given task

Main Category: Safety and Infection Control

Subcategory:Legal and Ethical Issues

Topic: Legal and ethical issues
- A nurse who works in the mental health setting is responsible for practicing ethically, competently, safely, and in a manner consistent with all local, state, and federal laws.
- Nurses must have an understanding of ethical principles and how they apply when providing care for clients in mental health settings.
- Nurses are responsible for understanding and protecting client rights.

Topic: Legal rights of clients in the mental health setting
- Clients who have a mental health disorder diagnosis or who are receiving acute care for mental health disorder are guaranteed the same civil rights as any other citizen.
- Some legal issues regarding health care are decided in court using a specialized civil category called a tort. A tort is a wrongful act or injury committed by an entity or person against another person or another person's property. Torts can be used to decide liability issues, as well as intentional issues that can involve criminal penalties (abuse of a client).
- The Mental Health Parity and Addiction Equity Act of 2008 requires insurance coverage for mental

illness. The parity act, or state of equality, requires that coverage for mental health treatment must be considered and reviewed as any other medical treatment.

Topic: Ethical issues for clients in the mental health setting
- In comparison to laws, statutes, and regulations (enacted by local, state, or federal government), ethical issues are philosophical ideas regarding right and wrong.
- Nurses are frequently confronted with ethical dilemmas regarding client care (bioethical issues).
- The nurse can also experience situations where there will be a conflict between two or more courses of action, known as an ethical dilemma. The nurse should respond to these situations using the bioethical principles.

Main Category: Health Promotion and Maintenance

Subcategory: Traditional nonpharmacological therapies

Topic: Group and family therapy
- Therapy is an intensive treatment that involves open therapeutic communication with participants who are willing to take part in therapy. Although individual therapy is an important treatment for mental illness, group and family therapies are also a part of the treatment plan for many clients in a mental health setting.
- Leaders guide group and family therapy, and they can employ various leadership styles. Democratic leadership supports group interaction and decision making to solve problems. In group settings, more than one client can be involved. Groups offer each client opportunities for growth and a feeling of belonging. Laissez-faire leadership progresses without any attempt by the leader to control the direction. In autocratic leadership, the leader completely controls the direction and structure of the group without allowing group interaction or decision making to solve problems.

- Examples of group therapy include stress management, substance use disorders, medication education, understanding mental illness, and dual diagnosis groups.

Topic: Group therapy
- **Group process** is the verbal and nonverbal communication that occurs during group sessions, including how the work progresses and how members interact with one another.
- **Group norm** is the way the group behaves during sessions, and, over time, it provides structure for the group. For example, a group norm could be that members raise their hand to be recognized by the leader before they speak. Another norm could be that all members sit in the same places for each session.
- **Hidden agenda**: Some group members (or the leader) might have goals different from the stated group goals that can disrupt group processes. For example, three members might try to embarrass another member whom they dislike.

Topic: Group membership

- A **homogeneous group** is one in which all members share a certain chosen characteristic (diagnosis or gender). Membership of heterogeneous groups is not based on a shared chosen personal characteristic. An example of a heterogeneous group is all clients on a unit, including a mixture of

men and women who have a wide range of diagnoses.
- **A subgroup** is a small number of people within a larger group who function separately from the group.
- Groups can be open (new members join as old members leave) or closed (no new members join after formation of the group).

Main Category: Psychosocial Integrity
Subcategory:Psychobiologic disorders

Topic: Depressive disorders
- Depression is a mood (affective) disorder that is a widespread issue, ranking high among causes of disability.
- A client who has depression has a potential risk for suicide, especially if they have a family or personal history of suicide attempts, comorbid anxiety disorder or panic attacks, comorbid substance use disorder or psychosis, poor self-esteem, a lack of social support, or a chronic medical condition.

Topic: Common comorbidities
- Anxiety disorders; these disorders are comorbid in approximately 70% of clients who have depressive disorder. This combination makes a client's prognosis poorer, with a higher risk for suicide and disabliity
- Substance use disorders: Clients often use substances in an attempt to relieve manifestations of depression or self-treat mental health disorders.

Topic: Depressive disorders recognized by the DSM-5-TR
- **Major depressive disorder (MDD):** A single episode or recurrent episodes of unipolar depression (not associated with mood swings from major depression to mania) resulting in a significant change in a client's normal functioning (social, occupational, self-care) accompanied by at least five of the following specific clinical findings, which must occur almost every day for a minimum of 2 weeks, and last most of the day.
- **Seasonal affective disorder (SAD):** A form of depression that occurs seasonally, usually during the winter, when there is less daylight. Light therapy is the first-line treatment for SAD.
- **Persistent Depressive Disorder:** A milder form of depression that usually has an early onset (in childhood or adolescence) and lasts at least 2 years for adults (1 year for children). Persistent depressive disorder contains at least three clinical findings of depression and can, later in life, become major depressive disorder.

Main Category: Pharmacological and Parenteral Therapies
Subcategory:Psychobiologic disorders

Topic: Substance use and addictive disorders
- Substance use disorders are related to alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives/hypnotics/anxiolytics, stimulants, tobacco, and other (or unknown) substances.
- A substance use disorder involves repeated use of chemical substances, leading to clinically significant impairment during a 12-month period. Non-substance-related disorders (behavioral/process addictions) include gambling, sexual activity, shopping, social media, and Internet gaming.
- Substance use and addictive disorders are characterized by loss of control due to the substance use or behavior, participation that continues despite continuing associated problems, and a tendency to relapse back into the substance use or behavior.

Topic: factors
- The defense mechanism of denial is commonly used by clients who have problems with a substance use or addictive disorder. For example, a person who has long-term tobacco use might say, "I can quit whenever I want to, but smoking really doesn't cause me any problems." Frequently, denial prevents a client from obtaining help with substance use or an addictive behavior.
- Risk factors: Genteics, adolescent population related to developing decision-making, judgment, and self-control skills
- Protective factors: positive support, social relationships, and self-esteem. Caregiver involvement in child and adolescent activities. Availability of community resources and programs.

Topic: population specific considerations
- The rate of substance use is highest in clients who are 18-25 years of age.
- The younger the person is at the time of initial substance use, the higher the incidence of developing a substance use disorder.
- Cocaine use is decreased among adolescents. However, about half of adolescent population report access to marijuana.

Main Category: Reduction of Risk Potential

Subcategory: Traditional nonpharmacological therapies

Topic: Brain stimulation therapies
- Brain stimulation therapies offer a nonpharmacological treatment for clients who have certain mental health disorders. Brain stimulation therapies include electroconvulsive therapy (ECT), repetitive transcranial magnetic stimulation (rTMS), vagus nerve stimulation (VNS), and deep brain stimulation (DBS).

Topic: Electroconvulsive therapy
- ECT uses electrical current to induce brief seizure activity while the client is anesthetized. The exact mechanism of ECT is still unknown. One theory suggests that the seizure activity produced by ECT can enhance the effects of neurotransmitters (serotonin, dopamine, and norepinephrine) in the brain.
- Potential diagnoses: Major depressive disorder, schizophrenia spectrum disorders, acute manic episodes
- Contraindications; There are no absolute contraindications. However, the nurse should assess for medical conditions that place clients at higher risk of adverse effects.

Topic: Considerations
- Procedural care; the typical course of ECT treatment is two to three times a week for a total of 6-12 treatments for depression
- Medication management: thirty minutes prior to the beginning of the procedure, an IM injection of atropine sulfate or glycopyrrolate is administered to decrease secretions that could cause aspiration and to counteract any vagal stimulation effects (bradycardia).
- Memory loss and confusion: Short-term memory loss, confusion, and disorientation occurs immediately following the procedure can persist for several hours. Clients have retrograde amnesia which is the loss of memory of events leading up to the procedure and have no memory of the procedure. Memory loss can persist for several weeks. Whether ECT causes permanent memory loss is controversial, but most clients fully recover from any memory deficits.