

SOLUTIONS MANUAL

Contemporary
Psychiatric-Mental
Health Nursing

Third Edition



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Chapter 2

Psychiatric–Mental Health Nurses: Who Are They?

Learning Outcome 1

Apply knowledge of current practice and professional performance standards to the delivery of contemporary psychiatric–mental health nursing.

Concepts for Lecture

1. Psychiatric–mental health nursing promotes mental health through assessment, diagnosis, and treatment of human responses to mental health problems and psychiatric disorders (ANA, APNA, IPSN, 2007). It is a specialized area of nursing practice that employs theories of, and research on, human behavior as its science and the purposeful use of self as its art. Essential components include: health and wellness promotion through identification of mental health issues, prevention of mental health problems, care of mental health problems, and treatment of persons with psychiatric disorders (ANA, APNA, IPSN, 2007).
2. In 1973, the first standards of psychiatric–mental health nursing practice (ANA) serve as guidelines for providing quality care. These standards delineate psychiatric–mental health nursing roles and functions. ANA collaborated with the American Psychiatric Nurses Association (APNA) and the International Society of Psychiatric–Mental Health Nurses (IPSN) in 2000 and 2007 revisions.
3. Two sets of standards guide professional psychiatric–mental health nursing practice: Standards of Practice (see Box 2-1 in the textbook) and Standards of Professional

Performance (see Box 2-2 in the textbook).

4. Six standards of practice describe a competent level of nursing care organized around the nursing process:
 - a. Standard 1: Assessment—collects comprehensive health data pertinent to the client’s health or situation.
 - b. Standard 2: Diagnosis—analyzes data to determine diagnoses or problems, including level of risk.
 - c. Standard 3: Outcomes Identification—identifies expected outcomes for a plan individualized to the client or to the situation.
 - d. Standard 4: Planning—develops a plan that prescribed strategies and alternatives to attain expected outcomes.
 - e. Standard 5: Implementation—implements the plan.
 - i. Standard 5A: Coordination of Care
 - ii. Standard 5B: Health Teaching and Health Promotion
 - iii. Standard 5C: Milieu Therapy
 - iv. Standard 5D: Pharmacologic, Biologic, and Integrative Therapies
 - v. Standard 5E: Prescriptive Authority and Treatment (APRN only)
 - vi. Standard 5F: Psychotherapy (APRN only)
 - vii. Standard 5G: Consultation (APRN only)
 - f. Standard 6: Evaluation—evaluates progress toward attainment of expected outcomes.
5. The nine standards of professional performance within the Standards of Practice describe a competent level of behavior in professional role activities:

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- a. Standard 7: Quality of Practice—systematically enhances the quality and effectiveness of nursing practice.
 - b. Standard 8: Education—attains knowledge and competency that reflect current nursing practice.
 - c. Standard 9: Professional Practice Evaluation—evaluates one’s own practice in relation to the professional practice standards and guidelines, relevant statutes, rules, and regulations.
 - d. Standard 10: Collegiality—interacts with and contributes to the professional development of peers and colleagues.
 - e. Standard 11: Collaboration—collaborates with clients, families, and others in the conduct of nursing practice.
 - f. Standard 12: Ethics—integrates ethical provisions in all areas of practice.
 - g. Standard 13: Research—integrates research findings into practice.
 - h. Standard 14: Resource Utilization—considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing services.
6. Standard 15: Leadership—provides leadership in the professional practice setting and the profession.

Suggestions for Classroom Activities

- Given the ANA definition of psychiatric–mental health nursing (treatment of human responses to mental problems or psychiatric disorders), ask students to list examples of human responses psychiatric–mental health clients might exhibit and thus would be areas for nursing care.
- Lead a class discussion asking students to identify specific nursing actions and situations that demonstrate implementation of the standards of professional performance.
- Ask students to go to the ANCC link within the ANA Web site and report on the two levels of certification for the psychiatric–mental health nurse.
- Ask students to go to the ANA or APNA Web sites and find the links where the Psychiatric–Mental Health Nursing Standards of Practice can be found.

Suggestions for Clinical Activities

- Ask students to compare their current nursing practice with the Psychiatric–Mental Health Nursing Standards of Practice in order to identify areas of strength and areas for needed improvement. Ask students to write an individualized plan to strengthen areas needing improvement.
- During postconference, ask students to compare specific individual nursing actions or behaviors during the clinical experience with the behaviors and actions as outlined in the Psychiatric–Mental Health Nursing Standards of Practice and ANA’s definition of psychiatric–mental health nursing.
- Ask students to compare and contrast the role and responsibilities of the psychiatric–mental health nurse in a variety of practice settings: hospital, home, clinic, community mental health center, etc. .

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Learning Outcome 2

Compare and contrast the differences and similarities among the roles of the psychiatric–mental health nurse and other members of the mental health team.

Concepts for Lecture

1. The basic level psychiatric–mental health nurse (PMH) may have received basic nursing preparation in a diploma, associate degree, or baccalaureate program and is a generalist who works in a specialized setting. The PMH nurse provides nursing care through the nurse–client relationship and has major responsibility for the milieu. Nurses at this level may seek certification as generalists through ANA’s American Nurses Credentialing Center (ANCC).
2. The advanced practice registered nurse in psychiatric–mental health (APRN-PMH) is a licensed registered nurse who is academically prepared as a clinical nurse specialist or a nurse practitioner at the master’s or doctorate degree level in the specialty of psychiatric–mental health nursing. APRN-PMH may seek certification at the advanced level through ANCC and use the initials CS (certified specialist).
3. The PMH nurse, an integral part of the mental health team, is most likely to have an overall view of the client’s situation. Role definitions that were traditionally assigned to specific disciplines have become increasingly blurred. Mental health services are provided by a variety of professionals. (See Table 2-1 in the textbook.)
 - a. The psychiatric–mental health nurses are responsible for the nursing care of mental health clients; has major responsibility for the milieu.
 - b. The psychiatrist is responsible for diagnosis and treatment of persons with mental disorder.

- c. The clinical psychologist performs psychotherapy; plans and implements programs of behavior modification; and selects, administers, and interprets psychological tests.
- d. The psychiatric social worker helps clients and families cope more effectively, identifies appropriate community resources, and may perform counseling and psychotherapy.
- e. The marriage and family therapist provides psychotherapy to couples and families.
- f. The occupational therapist uses manual and creative techniques to elicit desired responses, teaches self-help activities, and helps clients prepare to seek employment.
- g. The recreational therapist plans and guides recreational activities to provide socialization, healthful recreation, and desirable experiences.
- h. The creative arts therapist uses art, music, dance, and literature to facilitate interpersonal experiences and increase social responses and self-esteem.
- i. The psychosocial rehabilitation worker teaches clients practical, day-to-day skills for living in the community and provides case management services.

Suggestions for Classroom Activities

- Ask students, either individually or in small groups, to choose a member of the mental health team and then lead a discussion of the specific activities and responsibilities of the respective team member.
- Provide students with a clinical situation and ask a group of students to role-play the perspective and contributions of each member of the mental health team.

Suggestions for Clinical Activities

- Ask students to interview a member of the mental health team regarding educational

preparation and the respective roles and responsibilities as mental health services are delivered.

- Ask students to identify areas where certain roles and responsibilities are shared among various members of the mental health team. Are the shared roles within the scope of practice? Are they effective?

Learning Outcome 3

Analyze the factors that influence the success with which the mental health team achieves collaboration among its members and with clients and their significant others.

Concepts for Lecture

1. Partnering in cooperation and collaboration with others toward a common goal makes the best use of the different abilities of mental health team members so that the client and family receive the most effective service available. Inappropriate competition hinders goal achievement and may be destructive. Partnership with clients and families ensures informed consumers of mental health services.
2. According to game theorists, team members can be:
 - a. Maximizers (those interested only in their own gain) who jeopardize the client's welfare.
 - b. Rivalists (those interested only in defeating their partners) who jeopardize the client's welfare.
 - c. Cooperators (those interested in helping both themselves and their partners) who facilitate the work of the mental health care team by demonstrating respect and

recognizing the importance of individual members. Self-exploration and self-assessment, through reading and dialogue with other nurses and team members, can help embrace a spirit of cooperation.

3. Lessons on Collaboration (See Box 2-3 in the textbook):
 - a. Know your own reality: your values, biases, and goals.
 - b. Value diversity and turn differences into assets.
 - c. Acknowledge that conflict is natural and develop skill with conflict resolution.
 - d. Recognize your own power base and share it with others.
 - e. Master interpersonal communication skills and processing skills.
 - f. Approach collaboration as lifelong learning.
 - g. Place yourself in interdisciplinary situations whenever possible.
 - h. Appreciate that collaboration is often spontaneous.
 - i. Balance unity with autonomy—work neither exclusively as a team member nor in isolation.

Suggestions for Classroom Activities

- Ask students to develop a personal plan for adopting a wider range of assertive and collaborative behaviors in their professional life.
- Lead a classroom discussion of various communication techniques that enhance professional communication and collaboration.
- Ask students to identify decisions that the nurse should make independently and those that need to be made in collaboration with the mental health team.
- Ask students to identify personal values, biases, and cultural beliefs that might influence their effectiveness when collaborating with members of the mental health team and the variety of clients in mental settings.

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Suggestions for Clinical Activities

- Ask students to observe the interaction and communication of various mental health team members within the clinical setting. Have students identify effective and less effective interactions and communication styles. Then ask students to role-play approaches that are more effective.
- During clinical conference, have students practice giving nursing information to the clinical group that is playing the role of the mental health team.
- Role-play a situation where two members of the mental health team disagree about a clinical situation.
- Ask students to identify examples of the mental health team collaborating with clients and significant others.

Learning Outcome 4

Describe how the role of the psychiatric–mental health nurse changed over the years from that of custodian to a multifaceted role.

Concepts for Lecture

1. The role of the psychiatric–mental health nurse has changed over the years from that of custodian to a multifaceted one, and practice settings have expanded from the hospital to communities.
2. Psychiatric–mental health nursing in the 19th century:
 - a. First school of nursing, Kaiserwerth, was founded in Germany in 1836.
 - b. Florence Nightingale organized the Saint Thomas Hospital school and stressed the

importance of an optimum environment for clients, and noted that the influence of nurses on clients goes beyond physical care and has psychological and social components.

- c. In the early 1870s, the first three American nursing schools opened in New York, Boston, and New Haven.
 - d. Linda Richards, “the first American psychiatric nurse,” developed better nursing care in psychiatric hospitals and opened the first American school for psychiatric nurses at McLean Psychiatric Asylum in Waverly, Massachusetts in 1880.
 - e. The prevailing thought was that nurses caring for clients with physical disorders should train in general hospitals and those caring for clients with mental disorders should train in psychiatric hospitals.
 - f. Psychiatric nurses, only employed in asylums, attended mainly to the physical needs of the clients and did not pursue interpersonal work with them. Much of psychiatric nursing practice was custodial, mechanistic, and directed by psychiatrists.
3. Development toward a more multifaceted role of psychiatric–mental health nurses in the 20th century. Events of 1900–1940:
- a. Ambiguity about professional psychiatric nursing roles characterized 20th century.
 - b. School of nursing at Johns Hopkins Hospital was the first to include a psychiatric nursing component in its curriculum (1913).
 - c. First psychiatric nursing text not written by a psychiatrist. *Nursing Mental Diseases* was written in 1920 by Harriet Bailey.

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- d. Mental hospitals were seriously understaffed during the years between the two world wars. In an effort to cope with understaffing, mental hospitals opened schools of nursing at an incredible rate.
 - e. In 1937, the National League for Nursing Education (now the National League for Nursing) recommended that psychiatric nursing content and clinical be a part of all basic nursing curricula. NLN begins to standardize and accredit psychiatric nursing education in single-focus psychiatric nursing schools.
4. The mid to late 20th century was a period of role clarification. Events of 1940–1990:
- a. Nurses began to assume increasing responsibility for educating nurses (1940s); the focus of psychiatric nursing activities continued to be kind, but custodial.
 - b. In the 1940s, psychiatric theory expanded to encompass the interpersonal and emotional dimensions of mental illness.
 - c. National Mental Health Act of 1946 is the most significant piece of legislation affecting the development of psychiatric–mental health nursing:
 - i. Initiated development of psychotherapeutic roles for nurses
 - ii. Provided for the establishment of the National Institute for Mental Health (NIMH)
 - iii. Provided funding for development of programs to train professional psychiatric personnel, including psychiatric nurses
 - iv. Support for psychiatric research, and assistance in developing mental health programs
 - d. Nursing for the Future (Brown, 1948) recommended elimination of single-focus schools for psychiatric nursing.

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- e. In 1955, NLN required psychiatric nursing coursework and clinical in nursing schools seeking accreditation.
- f. Hildegard Peplau published *Interpersonal Relations in Nursing* (1952), the first systematic theoretic framework in psychiatric nursing that delineated skills, activities, and roles and emphasized the interpersonal nature of nursing and the need for nurses to use psychodynamic concepts and counseling techniques.
- g. Gwen Tudor (Will) published in the journal *Psychiatry* and demonstrated that nurses can promote emotional growth in clients.
- h. Frances Sleeper advocated the use of psychiatric nurses as psychotherapists.
- i. Community Mental Health Centers Act of 1963 encouraged closing of large mental hospitals in favor of treatment in the community and encouraged the trend toward more expanded and specialized roles in psychiatric–mental health nursing. Clinical nurse specialists, prepared at the graduate level, began providing individual, group, and family psychotherapy and obtaining third-party reimbursement.
- j. Nurses began publishing psychiatric nursing journals and textbooks advocating the counseling role as the basis of psychiatric nursing:
 - i. *Perspectives in Psychiatric Care* (1963)
 - ii. *Journal of Psychiatric Nursing and Mental Health Services* (in 1981 changed its name to *Journal of Psychosocial Nursing and Mental Health Services*)
 - iii. *American Journal of Nursing*
 - iv. *Issues in Mental Health Nursing* (1979)

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- v. *Archives of Psychiatric Nursing* (1987)
 - vi. *Journal of the American Psychiatric Nurses Association* (1990s)
 - k. A 1967 ANA position paper on psychiatric nursing endorsed clinical nurse specialists in the role of therapist in individual, group, family, and milieu work. By the mid-1970s, certification at both the generalist and specialist levels became the responsibility of the ANA.
 - l. In 1973, ANA published the first standards of psychiatric–mental health nursing practice to serve as guidelines for providing quality care. Now revised several times, the standards delineate psychiatric–mental health nursing roles and functions.
 - m. First nurse to play a major role in national mental health policy was Martha Mitchell who participated in the 1977 Commission on Mental Health.
 - n. Major shift in psychiatric nursing thinking occurred based on humanistic interactionism advocating negotiated goals between nurse and client, client advocacy, political sensitivity, caring, and compassion (Wilson & Kneisl, *Psychiatric Nursing*, 1979).
 - o. Major concerns in the 1980s included the decrease in the number of nurses selecting psychiatric nursing as a specialty and a shortage of clinical training funding.
 - p. Psychiatric nursing diagnoses were developed and incorporated into NANDA classification system in 1984.
5. 1990s—Decade of the Brain included:
- a. Integration of psychobiologic concepts with traditional practice

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- b. Psychiatric–Mental Health Nursing Psychopharmacology Project resulted in psychopharmacology guidelines
 - c. Political savvy in allocation of resources and health care reform:
 - i. Nursing roles in mental health care delivery
 - ii. Mental health promotion and mental illness prevention
 - iii. Case management
 - iv. Holistic perspective
 - v. Equitable access
 - 1. Development of outpatient services including private practice for nurses
 - 2. Outcome-based research
 - 3. Accurate image of psychiatric nursing
 - 4. Emphasis of the human aspect of mental health work
 - 5. Cultural diversity among psychiatric nurses
6. The new millennium (2000s):
- a. Revisions of the standards of practice of psychiatric–mental health nurses (ANA, APNA, ISPN) occurred.
 - b. There was a knowledge explosion in psychobiology: biologic foundations of behavior, genetics, psychopharmacologic agents with fewer side effects.
 - c. There is a renewed focus on the physical health problems of psychiatric clients, especially those living in the community.
 - d. A trend is the shift to primary care as a point of entry for psychiatric care.
 - e. A curriculum shift has occurred in graduate programs toward comprehensive

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health assessment, management of common physical health problems, and prescriptive authority for advanced practice nurses.

- f. Settings for psychiatric–mental health nursing continue to expand from hospitals and traditional settings to alternative and nontraditional settings.

Suggestions for Classroom Activities

- Break students into small groups. Ask each group to research key events during the emergence of psychiatric–mental health nursing presented in the text and report to the class.
- Ask students, either individually or in small groups, to develop a poster presentation explaining the impact of a key historical event on the emergence of psychiatric–mental health nursing.
- Ask students to postulate reasons for the decline of the number of nurses choosing psychiatric–mental health nursing as a practice specialty.
- Ask students to write a scholarly paper comparing and contrasting the practice of the psychiatric–mental health nurse during the 19th and early 20th centuries with the practice of today’s psychiatric–mental health nurse.
- If possible, ask students to review early psychiatric nursing texts that reflect a more custodial role of the psychiatric–mental health nurse.

Suggestions for Clinical Activities

- Since the mid-1970s, the number of residents in state mental hospitals has declined. Ask students to research their community to determine where these individuals currently live or are treated.

- Arrange a visit to a psychiatric hospital that has a rich history and review historical artifacts and documents giving a glimpse of the early role of the psychiatric–mental health nurse.
- If possible, ask an older, retired psychiatric nurse to describe psychiatric–mental health nursing practice as he or she remembers it either as a nursing student or as a practicing nurse.

Learning Outcome 5

Discuss the nursing theory concepts and principles that have shaped psychiatric–mental health nursing most directly.

Concepts for Lecture

1. Nursing theories assist nurses to organize assessment data, identify problems, plan interventions, generate goals and nursing actions, and determine and evaluate outcomes.
2. Early nursing theories perpetuate psychiatric–mental health nursing values of humanism, cultural competence, relevance of meaning, and empathy and empowerment in the nurse–client relationship.
 - a. Hildegard Peplau, “the mother of psychiatric nursing,” conceptualized the one–to–one nurse–client relationship with four phases: orientation, identification, exploitation or working, and resolution.
 - b. Dorothea Orem identified universal self-care requisites that included both physical and psychosocial human needs and focused on the client’s abilities to perform self-care to maintain life, health, and well-being.

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- c. Martha Rogers defined nursing as a holistic science of unitary human beings and identified principles of hemodynamics, the notions of life processes, change, and human–environmental interactions as central to nursing.
- d. Sister Callista Roy’s adaptation theory views people as psychosocial beings who are constantly faced with the need to adapt to internal and external demands.
- e. Ida Jean Orlando emphasized the importance of deliberative nursing action based on the meanings that are validated between the nurse and the client.
- f. Ernestine Wiedenbach developed theory around the client’s need for help, the validation of such need through client perceptions, and the nurse’s role in observing, assessing, exploring, and validating feelings, thoughts, and fears.
- g. Joyce Travelbee focused on the meaning in nurse–client interactions and explained sympathy, rapport, and suffering, and emphasized communication and stages of the nurse–client relationship.
- h. Paterson and Zderad urged that observations of the experience of nurses in practice should be the basis of nursing theory and incorporated an intersubjective transaction in which both the client and the nurse are present in the experience in an existential way. The freedom of human choice and responsibility are emphasized.
- i. Jean Watson’s theory of human caring emphasizes a helping–trusting relationship that incorporates the values of kindness, concern, love of self and others, and the ecology of the earth. Her theory further emphasizes sensitivity to self, values clarification, congruency, empathy, authenticity and genuineness, and the client’s expression of emotions, suffering, and emphasized communication and stages of

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the nurse–client relationship.

- j. Patricia Benner added to nursing’s understanding of caring by observing and interviewing nurses engaged in clinical practice in order to disclose the nature of clinical wisdom along with caring and comforting practices.

Suggestions for Classroom Activities

- Ask students to write their own philosophy of psychiatric–mental health nursing.
Compare and contrast it with the theories presented in this chapter.
- Ask students to develop a concept map examining the key concepts associated with a particular nursing theory that has significantly impacted psychiatric–mental health nursing.
- Ask students to develop a poster presentation of a particular nursing theory.
- Lead a brief discussion of each of the nursing theories, assisting students to identify specific nursing assessments, goals, interventions, and evaluations that are consistent with the respective theories.
- Ask students to go to the Web sites or homepages for the various nurse theorists that are outlined in this chapter, and research the major concepts of each theory.

Suggestions for Clinical Activities

- Either individually or in small groups, ask students to choose one nursing theory (presented in this chapter) and apply it to a client-care situation.
- Evaluate the mission, goals, values, and treatment practices of the clinical agency and compare these to the nursing theories presented in this chapter.

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Learning Outcome 6

Explain why you should be capable of functioning in all theories of care.

Concepts for Lecture

1. Nursing theorists, especially Peplau, have laid the foundation for concepts central to psychiatric–mental health nursing:
 - a. Differentiation of nursing from medicine with emphases on caring and comforting rather than curing
 - b. Emphasis on the importance of interpreting meaning
 - c. Focus on interaction between the nurse and the client
 - d. Advocacy for the humanistic and existential values of client dignity and nurse authenticity as crucial to quality of care
2. Nursing approaches associated with two or more different theories are often used in combination. This requires the nurse to be capable of functioning according to a number of theories of care, depending on which is best for the client, available resources, and limitations of the situation. Application of various theoretical frameworks fosters

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practice-oriented research and clinical judgments that can be articulated and taught to others. Research is a tool for developing nursing theory that synthesizes the most useful elements of previous theories.

Suggestions for Classroom Activities

- Using examples of client-care situations, ask students to identify which nursing theories might be most effective in the nurse's approach to the client.
- Ask students to write a scholarly paper explaining the value of nursing theories to the practice of psychiatric–mental health nursing.
- Lead a discussion on the value of nursing theories to the practice of psychiatric–mental health nursing.

Suggestions for Clinical Activities

- Ask students to correlate nursing actions and interventions during their clinical experience with the respective nursing theory or combination of theories.
- Ask students to identify specific nursing interventions that correlate with the various nursing theories as presented in this chapter.
- Ask students to present information from a research article that investigates the application of a nursing theory to clinical practice.