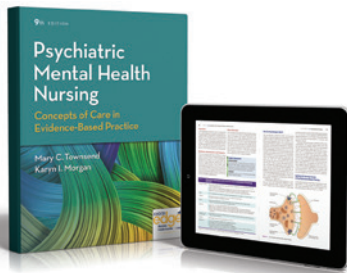


YOUR GUIDE TO



Psychiatric Mental Health Nursing

Everything you need to succeed...
in class, in clinical, on exams and on the NCLEX®



LEARNING

Your text provides the foundational knowledge you need to know.



APPLYING

DavisPlus features interactive clinical scenarios that show you how theory applies to practice.



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Davis Edge is the online Q&A review platform that evaluates your mastery of the material and builds your test-taking skills.

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Your text works together with DavisPlus and Davis Edge to make this often intimidating, but must-know content easier to master.

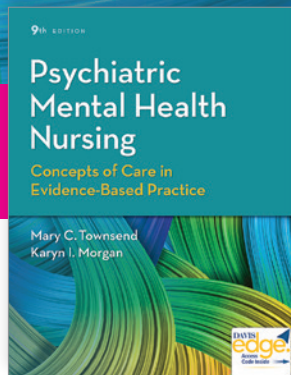
Don't miss everything that's waiting online to make learning less stressful...and save you time. Follow the instructions on the inside front cover to use the access code to unlock your resources today.



LEARNING

STEP #1

Build a solid foundation.



Therapeutic Communication Icon identifies helpful interventions and guidance on how to speak with your patients. Look for this icon in Care Plan sections.

Table 24-4 | CARE PLAN FOR THE CLIENT WITH SCHIZOPHRENIA

NURSING DIAGNOSIS: **DISTURBED SENSORY PERCEPTION: AUDITORY/VISUAL**

RELATED TO: Panic anxiety, extreme loneliness, and withdrawal into the self

EVIDENCED BY: Inappropriate responses, disordered thought sequencing, rapid mood swings, poor concentration, disorientation

OUTCOME CRITERIA	NURSING INTERVENTIONS	RATIONALE
Short-Term Goal <ul style="list-style-type: none">Client will discuss content of hallucinations with nurse or therapist within 1 week.	1. Observe client for signs of hallucinations (listening pose, laughing or talking to self, stopping in mid-sentence). Ask, "Are you hearing the voices again?"	1. Early intervention may prevent aggressive response to command hallucinations.
Long-Term Goal <ul style="list-style-type: none">Client will be able to define and test reality, reducing or eliminating the occurrence of hallucinations.	2. Avoid touching the client without warning him or her that you are about to do so.	2. Client may perceive touch as threatening and may respond in an aggressive manner.
	3. An attitude of acceptance will encourage the client to share the content of the hallucination with you. Ask, "What do you hear the voices saying to you?"	3. This is important to prevent possible injury to the client or others from command hallucinations.
	4. Do not reinforce the hallucination. Use "the voices" instead of words like "they" that imply validation. Let client know	4. It is important for the nurse to be honest, and the client must accept the perception as unreal before hallucinations can be eliminated.

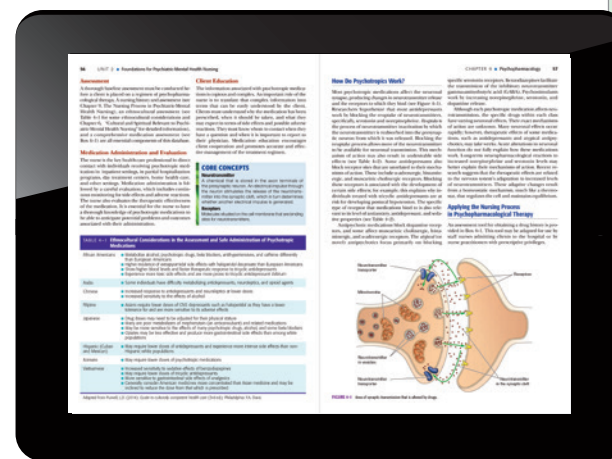
This goal may not be realistic for the individual with severe and persistent illness who has experienced auditory hallucinations for many years. A more realistic goal may be:
Client will verbalize understanding that the voices are a result of his or her illness and demonstrate ways to



Communication Exercises

1. Hal, a patient on the psychiatric unit, has a diagnosis of schizophrenia. He lives in a halfway house, where last evening he began yelling that "aliens were on the way to take over our bodies! The message is coming through loud and clear!" The residence supervisor became frightened and called 911. Hal tells the nurse, "I'm special! I get messages from a higher being! We are in for big trouble!"

Communication Exercises let you practice your communication skills with vignettes and questions that prepare you for clinical and practice.



A **FREE ebook** version of your text is available with each new printed book to make studying and reviewing easier. Use the access code on the inside front cover.



One of the Quality and Safety in Nursing Education (QSEN) criteria identified by the Institute of Medicine (IOM) (2003) stresses that the patient must be at the center of decisions about treatment (patient-centered care), and this type of assessment tool provides an opportunity to actively engage the patient in describing what medications have been effective or ineffective and identifying side effects that may impact willingness to adhere to a medication regimen.

Quality and Safety Education for Nurses (QSEN) activities and content, highlighted with a special icon, help you attain the knowledge, skills, and attitudes required to fulfill the initiative's quality and safety competencies.



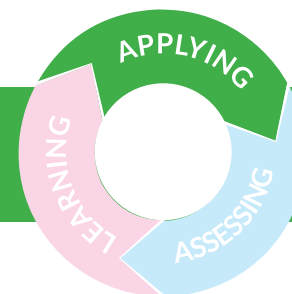
MOVIE CONNECTIONS

I Never Promised You a Rose Garden (schizophrenia) • *A Beautiful Mind* (schizophrenia) • *The Fisher King* (schizophrenia) • *Bennie & Joon* (schizophrenia) • *Out of Darkness* (schizophrenia) • *Conspiracy Theory* (delusional disorder) • *The Fan* (delusional disorder)

NEW! "Real People. Real Stories" features interviews with patients to bring their experiences to life.



Movie Connections list films that demonstrate the conditions and behaviors you may not encounter in clinical.



APPLYING

STEP #2

Practice in a safe environment.

Clinical Scenarios on www.DavisPlus.com walk you through the nursing process with client summaries, multiple-choice questions with rationales, drag- and drop activities, and so much more.





ASSESSING



STEP #3

Study smarter, not harder.

Davis Edge is the interactive, online Q&A review platform that provides the practice you need to master course content and to improve your scores on classroom exams. Access it from a laptop, tablet, or mobile device for review and study on the go.

Practice Quiz 13 08-02-2016

Question 4. While caring for a client with borderline personality disorder, the nurse observes symptoms of posttraumatic stress disorder (PTSD). Which findings suggest PTSD? Select all that apply.

- ☐ 1. Intrusion
- ☒ 2. Avoidance
- ☐ 3. Hyperarousal
- ☒ 4. Euphoria
- ☐ 5. Xenophobia

4 of 5 Submit

Question 4. While caring for a client with borderline personality disorder, the nurse observes symptoms of posttraumatic stress disorder (PTSD). Which findings suggest PTSD? Select all that apply.

Course Topic: Personality Disorders | **Concept(s):** Mood; Self | **Cognitive Level:** Application [Applying]

- ☒ 1. Intrusion
- ☒ 2. Avoidance
- ☒ 3. Hyperarousal
- ☒ 4. Euphoria
- ☐ 5. Xenophobia

Rationale

Option 1: Intrusion is a posttraumatic symptom in which the client occasionally reexperiences the trauma. This finding supports the nurse's assumption.

Option 2: The client avoids places, activities, and people in order to avoid reexperiencing the traumatic event. This finding supports the nurse's assumption.

Option 3: Hyperarousal is the state in which the client has difficulty in sleeping and has difficulty in concentrating due to a traumatic experience. This finding supports the nurse's assumption.

Option 4: Euphoria is the state in which the client appears cheerful with an expansive mood. It is not a symptom of posttraumatic event; instead, it is a symptom of mania.

Option 5: Xenophobia is the condition in which the client has a fear of strangers. It is not a symptom of a posttraumatic event; instead, it is a symptom of anxiety.

Assignments are made by your instructor. Or, create your own practice quizzes to review before an exam.

Question 1. While communicating with a client, the nurse finds that the client spends more than 1 hour folding and arranging clothes five times a day. Which nursing intervention would be beneficial to the client in this situation?

Course Topic: Anxiety, Obsessive-Compulsive and Related Disorders | **Concept(s):** Cognition; Mood; Assessment; Critical Thinking | **Cognitive Level:** Application [Applying]

- ☐ 1. Distract the client with other activities.
- ☐ 2. Report to the primary health-care provider.
- ☒ 3. Discuss the triggers provoking this behavior.
- ☐ 4. Administer antianxiety medication to the client.

Rationale

Option 1: Distracting the client with other activities does not prevent ritualistic behaviors.

Option 2: The nurse should report to the primary health-care provider if the client's condition is painful and self-mutilating.

Option 3: The client should first learn to recognize the precipitating factors to avoid the anxiety. Therefore, the nurse should discuss the anxiety-provoking triggers with the client that precipitates the ritualistic behavior.

Option 4: Administering antianxiety medications provides relief from the immobilizing effects of anxiety.

Comprehensive rationales explain why your responses are correct or incorrect. Page-specific references direct you to the relevant content in *Psychiatric Mental Health Nursing*.

The Success Center offers a snapshot of your progress and identifies your strengths and weaknesses.

Success Center Tips for Success | Gradebook

Review Mode Feedback Report Practice Quiz

Practice Quiz Report

Success Level

Latest Practice Quiz

LATEST PRACTICE QUIZ:	SCORE:	SUCCESS LEVEL:
Practice Quiz 9 07-27	40% (Questions 2 out of 5)	1: Beginner

2016

Progress

AVG SCORE:	STRENGTHS:	WEAK AREAS:
71% (Questions 12 out of 48)	Personality Disorders	Crisis

Practice Quiz History

Feedback Report Success Center | Tips for Success | Gradebook

Create Practice Quiz On Weak Areas Course Topic

Strengths and Weaknesses will appear for a specific course topic or concept once you have answered a minimum of 10 questions in that area. Select to view by Course Topic or Concept from the drop down box above. Choose 'Create quiz on weak areas' above to begin creating a new quiz based on all weak areas.

Course Topic	Strength / Weakness	Number of Questions Answered	Success Level	Create Quiz
Anxiety, Obsessive-Compulsive and Related Disorders	Needs More Practice	10	1: Beginner	Create Practice Quiz
Bereaved Individual, Mental Health Nursing of	Needs More Practice	25	1: Beginner	Create Practice Quiz
Biological Implications	Strengths and Weaknesses will appear for a specific course topic or concept once you have answered a minimum of 10 questions in that area	6	1: Beginner	Create Practice Quiz

The Feedback Report drills down to show your performance in individual content areas. It's easy to create new practice quizzes that focus on your areas of weakness or to select the topics or concepts you want to study.