BERGEN COMMUNITY COLLEGE

THE SCHOOL OF HEALTH PROFESSIONS

DEPARTMENT OF NURSING

NUR 285

LEVEL III

PSYCHIATRIC/ MENTAL HEALTH NURSING

COURSE OUTLINE

4 CREDITS

LECTURE: 4 HOURS PER WEEK

CLINICAL: 10 HOURS PER WEEK

CLINICAL CONFERENCE: 2 HOURS PER WEEK

Due to the COVID-19 pandemic, this course will be taught online Fall 2020

For use during Fall 2020 and Spring 2021 semesters only

Master Syllabus: Last revision date July 2020

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ALL POLICIES AND COURSE REQUIREMENTS ARE SUBJECT TO REVISION ON A SEMESTER BY SEMESTER BASIS. STUDENTS WILL BE NOTIFIED OF ANY REVISION(S) AT THE BEGINNING OF THE SEMESTER IN WHICH THE POLICY OR REQUIREMENTS IS/ARE TO BE IMPLEMENTED, DURING THE FIRST MEETING OF THE APPROPRIATE NURSING CLASS. CLINICAL TIMES ARE SUBJECTED TO CHANGE AT THE DISCRETION OF THE FACULTY AND CLINICAL FACILITY.

Note: Syllabi found on syllabi central is for information only. Individual course syllabi may be different.

COURSE DESCRIPTION

NUR-285, Psychiatric Mental Health Nursing is a third level course in the nursing sequence which focuses on adaptive and maladaptive psychosocial behaviors. Concentration is on the inter-and intrapersonal relationships for infants, children, adolescents, and adults. Students will use the nursing process in a variety of health care settings to assist individuals, families, and groups achieve optimal health.
4 lec. 12 lab, 7.5 weeks, 4 credits.
PREREQUISITES: NUR-281 & NUR282
CO-REQUISITES: BIO-104, SOC-101, and NUR-284
Note: Evening Program students must complete BIO-104 prior to Level III and must complete SOC-101 prior to Level I. Additional pre-requisites for Evening Program are: PSYCH 106, BIO109,209, WRITING 101,201

NUR285 Student Learning Outcomes

1. Applies Orem's Self Care Model of Nursing to individuals, families and groups experiencing psychosocial health problems (Solitude vs. Social Interaction, Normalcy).
2. Applies nursing care that reflects the developmental, socioeconomic, cultural, and spiritual capabilities of individuals, families, and groups.
3. Engages in therapeutic and professional communication techniques when interacting with individuals, families, and other health care team members
4. Selects nursing activities that support personal, professional, and educational development.
5. Behaves in a professional, ethical, and legal manner, effecting nursing practice in the current health care environment.
6. Applies skills in nursing care through the use of a variety of technological resources.
7. Utilizes pharmacological concepts in the classroom and clinical setting to correctly calculate drug and solution problems. Passes the Level III Pharmacological Math Computation Exam (PMCE) with a score of 100%.
8. Incorporates the principles of teaching in the care of individuals, families, and groups that meet the learner's needs.

Means of Assessment

The Student Learning Outcomes are assessed through various means of assessment, including but not limited to:

- Interactive lecture activity
- Group discussion
- Role Play Exercises
- Simulation Lab experience
- Field observations
- Audio-visual aids
- Gaming ,media, film
- Clinical performance: Acute setting,voluntary and involuntary admission
- ATI Practice Assessments, testing, and focused review
- Computer Assisted Instruction
- Assigned and self-directed readings
- Clinical Conference Case Studies: oral presentation with critique of relevant research articles
- Nursing Care Plan
- Process Recording
- Alcoholics Anonymous Meeting attendance and reflection paper
- PMCE
- Unit Exams

LEVEL REQUIREMENT

Passing a Pharmacological Math Computation Exam (PMCE) with a score of 100% is a level requirement. The PMCE will be given in the first course of each level. If the student does not attain the required 100% passing grade, he/she will be provided **two** retake opportunities **before clinical begins.** Failure to achieve a 100% in the PMCE will result in an "F" for the course in which the test was administered. Non-scientific calculators may be used at Level III. Those students who are repeaters must also take the exam during whatever section they enter.

NUR285 COURSE REQUIREMENTS

Unit Exams (3)…………………………………………………………………….. 75%

ATI Package: Final Exam, Practice Assessments, Remediation……………………… 5%

PMCE:

> Score of 100% must be achieved within 3 attempts prior to clinical in order for course work to proceed

Clinical Papers (20%):

> One Process Recording …………………………………………………………5%
> One Nursing Care Plan…………………………………………………………..5%
> One Clinical Conference Case Study……………………………………………..5%
> Alcoholics Anonymous (AA) Reflection Paper…………………………….......5%

All of the above clinical papers must follow the Department of Nursing rubrics. The rubric for each paper can be found on the course page on Moodle.

COURSE EVALUATION

A. **Theory Grade** – The theory grade will consist of three (3) unit exams one (1) clinical conference facilitation with critique of evidenced based practice research article, one (1) written paper, one (1) NCP, one (1) Process Recording, and one (1) ATI standardized exam and preparatory package which includes (2) practice assessments with remediation .
In order to pass the course, the cumulative average of the 3 unit exam grades must be a 77.45% "C+" **or greater; completion of ATI package is mandatory.** The clinical conference presentation and AA Reflection Paper grades may enhance a grade but **WILL NOT** be used to meet the minimum test grade average requirement of 77.45%.
Students may review exams during scheduled times **prior** to the next exam to pass NUR-285.

Any grade below a "C+" will be an "F". (Refer to Nursing Student Handbook.)

Clinical Conference Facilitation …………………………………5%
AA Reflection Paper……………………………………………….5%
Process Recording………………………………………………..5%
Nursing Care Plan………………………………………………...5%
Exam # 1…………………………………………………………...25%
Exam # 2…………………………………………………………...25%
Exam # 3……………………………………………………………25%
ATI Final, Practice Assessments, Remediation………………..5%
TOTAL:………………………………………………………100%

ATI Guidelines:
Best practice use: ATI package is worth 5% of theory grade. This includes the standardized final exam (cumulative), 2 practice assessments, and remediation, which totals a maximum of 10 points. See breakdown below.

TWO MENTAL HEALTH PRACTICE ASSESSMENTS: **4 points**

Complete Practice Assessment A. Remediation: • Minimum 1 hour Focused Review on initial attempt
• For each topic missed, complete an active learning template and/or identify three critical points to remember. ** Complete Practice Assessment B. Remediation: • Minimum 1 hour Focused Review on initial attempt • For each topic missed, complete an active learning template and/or identify three critical points to remember. **Remediation**: **2 points** (as above)

STANDARDIZED PROCTORED ASSESSMENT
**Level 3 = 4 points
Level 2 = 3 points
Level 1 = 1 point
Below Level 1 = 0 points**

Total is tiered: 10/10 points; 9/10 points; 7/10 points; 6/10 points. This score is 5% of your final grade.

FORMAT FOR CLINICAL CONFERENCES

- Students will be grouped according to their clinical site assignment and each group will select a topic Case Study. This is a small group project with oral and audio-visual presentation that includes a comprehensive care plan for a selected case study. Case study topics include but are not limited to Substance Use Disorders, Major Depressive Disorder, Suicide, Bipolar Disorder.

- Faculty will lecture on the selected topics (See Case Study tab on the course page in Moodle) for the first hour of conference to highlight key/salient points.

- Students from each clinical group will use the remaining class time to discuss case studies.

- All students are responsible to prepare for the case study presentation and will be expected to <u>actively participate</u> each week. **Clinical Conference is required as part of clinical. <u>Absence from a clinical conference will be counted as a clinical absence.</u>**

- Students from each clinical group will be responsible to facilitate the discussion on the case study and will be graded on their ability to facilitate class work. Each team member is expected to participate. **See grading rubric on Moodle.**

- Each presenting team group will select a topic-relevant evidence-based research article (RCT and above) for critique. Guidelines and grading rubric are located on the course page in Moodle. The article should be approved by faculty prior to the Clinical Conference.

B. <u>Course Grading:</u>

Students must receive a theory grade or 77.45% and a Satisfactory (Pass) on the Clinical Evaluation of Clinical Performance Record in order to pass this course.

<div align="center">

A = 89.45 – 100
B+ = 85.45 – 89.44
B = 81.45 – 85.44
C+ = 77.45 – 81.44
Must receive a C+ or above to pass
C = 73.45 – 77.44
D = 69.45 – 73.44
F   = 69.44 AND BELOW

</div>

"C", "D", "F", and "W" grades or below are unsuccessful grades and are considered attempts. Successful completion of a nursing course requires a 77.45 (C+) or above

C. **Clinical Grade**:

The clinical component of NUR 285 will have a final rating of either **Pass** or **Fail**. A failure rating in the clinical practice will be assigned an "F" grade for the course regardless of the achievement in the theory component.

Exceptional circumstances for clinical absences may be reviewed by the clinical instructor, team, and Program Director at the request of the student.

D. **Clinical Experience:**

The clinical experience is designed to enhance classroom learning and provide an additional dimension to the course. Clinical experiences will be held at various sites, mostly in acute care settings. At the start of each semester you will be given the opportunity to submit your clinical site preference and clinical groups will be arranged in an attempt to meet everyone's needs.
Once we begin field work it is important to remember that you are representing Bergen Community College when you are present at the clinical site. A clean, groomed appearance and demeanor is expected, which will allow you to represent the profession of nursing.
More information on clinical experience and expectations will be provided by each clinical instructor.

E. **Attendance Policy:**

Attendance will be taken at each class, clinical, and clinical conference. **Students are required to attend ALL clinical laboratory and ALL clinical conferences or be in jeopardy of receiving a failing clinical grade. Absence(s) from clinical conference are considered a clinical absence.**
Attendance at all scheduled clinical experiences is mandatory.

Students who obtain an excused absence are required to make up such absences. An incomplete grade will be submitted until a makeup is completed. The makeup for the absence will be at the discretion of the faculty member and the Associate Dean of Nursing.

Excused absences will only be accepted with documentation for personal illness or personal emergency situations. In an exceptional circumstance, an assignment may be given for a clinical absence. (Refer to Student Handbook.)

Failure to adhere to the above will result in a course failure.

See signed contract.

F. **Exam reviews**

Exams will be available for review with faculty for two weeks after test. Students who want to review their tests must make an appointment via email or Moodle.

G. **Disability Statement**

It is the policy of Bergen Community College to create inclusive learning environments where all students have maximum opportunities for success. To that end, BCC recognizes that students with documented physical, emotional, medical or learning disabilities may require accommodations to meet their learning potential.

Accommodations are mandated by the Rehabilitation Act of 1973, the Americans with Disabilities act of 1990 (ADA), and the Amendment Act of 2008 state, "No otherwise qualified individual with disabilities in the United States… shall solely by reason of his/her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination or harassment under any program or activity receiving Federal financial assistance."

The Office of Specialized Services (OSS) serves to both determine and document what reasonable accommodations may be needed for the student. However, it is the responsibility of the student to identify him/herself and request assistance from the OSS office and to provide the instructor as well as the Office of Testing Services (Room S-127) with a list of accommodations approved by the OSS office every semester.

If you have a disability or suspect that you have a disability, your first step is to contact the Office of Specialized Services in Room L-115 (201-612-5270) and www.bergen.edu/oss. Appropriate accommodations will be generated based upon evidence of documented disability. Please be aware that students with disabilities are responsible for meeting the same standards for mastery of course content as students without disabilities.

Reasonable accommodations include but are not limited to:
Extended time on tests
Assistive/adaptive technology (JAWS, KURZWEIL, CCTV)
Assistance in arranging for a sign language interpreters and C-print captionists
Recorded text
Reader and/or Scribe
Peer note-takers
Books in alternate format
Calculator use (4-function) for remedial math placements

It is the student's responsibility to inform the instructor of the need for accommodations at the start of the semester.

NUR 285 Student Course Agreement

I have read and understood ALL clinical and class requirements for NUR 285 as set forth in the syllabus. In particular, I have been informed of the following policy to obtain a passing grade in NUR 285.

Theory Grade-The theory grade will consist of Clinical Conference Case Study Small Group Project, Nursing Care Plan, Process Recording, AA Meeting Attendance and Reflection Paper, ATI Practice Test, ATI Comprehensive and 3 unit exams. **In order to pass the course, the cumulative average of the objective test grades must be 77.45% "C+" or greater.** The ATI Practice and focused review, ATI comprehensive, Clinical Conference & Care Plan grade, and all other clinical papers will be computed only if a passing grade is achieved on the objective tests.

I understand that no clinical absences are allowed including clinical conference days as scheduled on your course schedule. An absence from clinical will result in the inability to evaluate the student's clinical performance and the
inability to meet clinical objectives resulting in a clinical failure.

Name (Please Print):_____

Signature: _____

Date: _____

Townsend, Mary C. and Morgan, Karyn I. (2018) <u>Psychiatric Mental Health Nursing, Concepts of Care in Evidence-Based Practice</u> F.A. Davis, 9th Ed.

<u>Davis Edge (2018):</u> purchase of the textbook gives students' access to Davis Edge, an online resource tool to enhance learning and apply and assess critical components of Psychiatric Mental Health content. Students also have access to interactive learning scenarios ,case studies, and adaptive quizzes.

Optional Resources

Nussbaum, Abraham M.,MD. (2013) <u>The Pocket Guide to the DSM-5 Diagnostic Exam</u>, American Psychiatric Publishing

Pedersen,Darlene D. (2017) <u>Psych Notes Clinical Pocket Guide,</u> FA Davis, 5th ed.

Unit I	Introduction to Psychiatric/Mental Health Nursing
Unit II	Universal Self Care Requisite: Solitude vs. Social Interaction. Maintaining quality and balance for development of autonomy
Unit III	Universal Self Care Requisite: Normalcy Develop and maintain a realistic self-concept and promote Actions

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Theoretical Content	**Select Teaching/Learning Activities**
Unit I: **Basic Concepts in Psychiatric/Mental Health Nursing** Introduction and definition of USCR's: Solitude vs. Social Interaction and Normalcy relating to Mental Health 1. Discuss the concept of stress/stress adaptation 2. Mental Health and Mental Illness 3. Understand the mental health/illness continuum 4. Discuss the History of psych/ mental health care 5. Review theories, therapies, trends, problems, goals for the delivery of mental healthcare and treatment of mental illness 6. Milieu, cognitive, dialectical, behavioral therapies, and therapeutic groups (group dynamics) 7. Understand the concept of the Recovery Model 8. Discuss nursing interventions for the client in Recovery from mental illness 9. The 10 guiding principles of recovery (SAMHSA)	Student Review: Healthy People2020 Objectives Related to Mental Health http://www.healthypeople.gov **Read Townsend & Morgan, Chap. 1,2** **Read: Townsend & Morgan, Chp 12,18,19, 21** **Read: Townsend & Morgan,Chap10** www.samhsa.gov for Recovery Principles

10. Understanding evidence-based practice
11. Identify types of scientific evidence that
    Constitute support for treatments/ interventions.
12. Explain the importance of evidenced based
    Practice in nursing
    .

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https://youtu.be/lSvCgSDRMY0 for Evidence-
Based Practice

13. Discuss the significance of Mental Health:
    A Report to the Surgeon General

Student Review: Surgeon General Report
http://surgeongeneral.gov/library/mentalhealth/home.html

14. Utilizing the nursing process in PMH nursing

Read: Townsend & Morgan, Chapter 9
See: Nursing History & Assessment Tool, Box 9-1

Foundations: Concepts of Psychobiology

Read Townsend & Morgan, Chapter 3

15. Review the anatomy of the nervous system
16. Identify gross anatomical structures / functions of
    The brain
17. Discuss the role of neurotransmitters in human
    behavior
18. Describe the role of genetics in the development
    of Mental disorders
19. Identify diagnostic procedures used to detect
    biological functioning that may be a factor in
    mental disorders
20. Implications for PMH nurses: ensuring safety by
    Integrating knowledge of biological sciences with
    nursing

Psychopharmacology

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Read Townsend &Morgan, Chapter 4

21. Describe indications, actions, side effects, interactions,
    Dosing, and nursing implications for these classes:
    Anti-anxiety meds, antidepressants, mood-stabilizers,
    Antipsychotics, antiparkinsonian agents, sedatives,
    And agents to treat ADHD.

Clinical Activity: students will research assigned
medication classes and conduct patient teaching
on medications

22. Applying the nursing process in psychopharm
    therapy

Medication Assessment Tool, Box 4-1 in T & M

Relationship Development

Read: Townsend & Morgan, Chp. 7

23. Role of the nurse in psychosocial/ mental health
    Care
24. Describe the phases of the therapeutic nurse-
    Client relationship and the associated tasks
25. Understand the boundaries in the nurse-
    Client relationship
26. Understand the importance of a therapeutic nurse
    Patient relationship

CAI: Therapeutic Counseling Session: Establish
1:1 interaction with a client in an acute care setting

27. Discuss the importance of self-awareness in the
    nurse- client relationship

Therapeutic Communication Skills

Read Townsend & Morgan Chp. 8

28. Describe the factors that influence the process of
    Human communication
29. Identify the principles of therapeutic communication
30. Verbal vs. non-verbal
31. Therapeutic vs. non-therapeutic techniques
32. Discuss the therapeutic communication techniques

See: T & M, Table 8-2, and 8-3 pgs 152-156

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33. Compare and contrast the importance of nonverbal
    And verbal communication
34. Incorporate the theories of human communication
    into interpersonal relationships with clients/familie
35. Compare and contrast defense mechanisms.

Simulation Lab Experience:
View videos of student/"patient" interactions

**Review Defense Mechanisms (pg19)
& Erikson (pg.269) in Townsend & Morgan**

36. Assessment of psychosocial health vs. mental
    illness; Universal and Developmental SCR's
37. Define the components of the Psychosocial
    Assessment (Nursing History & Assessment)
38. Describe the steps in conducting a mental status
    exam. (MSE)
39. Compare and contrast the DSM- 5 system with
    The nursing diagnosis system

Clinical Activity: Conduct a Psychosocial
Assessment and include the
Mental Status Exam
(**see T & M, Appendix C-6,7**)
Develop a Nursing Care Plan from
the above assessments

Unit II:

**Individuals Experiencing Psychosocial Health Deficits
In meeting the USCR: Solitude vs. Social Interaction**

Cultural & Spiritual Concepts in PMH Nursing

Townsend & Morgan, Chp 6

40. Explain what it means to be a culturally competent
    Nurse
41. Identify client's spiritual and cultural needs

42. Identify the risk factors associated with mental d/o
    that affect the experience, expression, reporting, and
    evaluation of mental disorders among culturally diverse
    groups.
43. Apply the nursing process in the care of
    Individuals from various culture groups and with
    Individual cultural and spiritual needs
44. Develop self-awareness, including biases in caring
         For and understanding different cultures

Class: Complete cultural/ spiritual
self-evaluation tool

Ethical and Legal Issues in PMH Nursing

Townsend & Morgan, Chp.5

45. Discuss ethical principles and apply to a situation
46. Describe ethical issues relevant to PMH Nursing
47. Understand the ethical decision-making model
48. Patient Rights, Dignity, and Autonomy with
    application to clinical situations
49. Discuss legal issues relevant to PMH nursing
50. Duty to warn –Tarasoff's Law
51. Informed consent; Restraints and Seclusion
52. Hospitalization for PMH: voluntary, involuntary, and
    Emergency commitments
53. Partner with clients and their families in developing
    psychiatric advance directives
54. Identify the acts for which psychiatric-mental health
    nurse can be held legally liable
55, Serve as a client advocate while assisting clients
    And families to develop skills for self-advocacy.

ANA's Code of Ethics – pg87
Case study, pg 91, Box 5-2

Unit II, cont'd

Anxiety and Obsessive Compulsive Disorders	**Read: Townsend & Morgan, Chap. 27**

56. Compare the underlying pathology for each disorder
57. Describe the incidence and prevalence of anxiety/
    OCD disorders

    CAI: Anxiety .
    Class: Demonstrate stress
    Reduction exercises

58. Identify the symptoms of anxiety/OCD disorders.
59. Explain the different types of anxiety/OCD disorders.
60. Describe the theories that are helpful in understanding
    Anxiety/OCD disorders.
61. Compare and contrast both the common themes and
    distinctive characteristics of anxiety/OCD disorders.

62. Understand the levels of anxiety: mild, moderate,
    severe, and panic, and identify nursing interventions
    each level

    Class: Locate one standardized
    rating scale and discuss in class

63. Educate clients and their families about
    pharmacologic and non-pharmacologic measures for
    anxiety/OCD disorders, dissociative disorders.
64. Identify the possible personal challenges in caring for
    clients with anxiety disorders.

Trauma, Stress Related, Dissociative and Somatoform Disorders	**Read: Townsend & Morgan, Chapter 28,29, 38**

65. Distinguish between somatic symptom disorders,
    Factitious disorders, and malingering.
66. Explain the importance of performing a thorough and
    Comprehensive assessment of clients with somatic
    symptom disorders.
67. Formulate nursing diagnosis and goals for somatic
    symptom disorders
68. Discuss possible personal challenges to professional
    practice when caring for clients with somatic symptom
    disorders.
69. Compare and contrast the biopsychosocial character-
    istics of trauma, somatoform, and dissociative disorders.
70. Describe theories that aid in the understanding of
    trauma and dissociative disorders.
71. Identify the most common goals and treatments for
    Clients with trauma and dissociative disorders.
72. Formulate nursing diagnosis and goals for behaviors
    associated with trauma and dissociative disorders
73. Discuss possible personal challenges to professional
    practice when caring for clients with traumatic stress
    disorders.

**Nursing Care of Individuals Experiencing
Dysfunctional Grieving or High Risk for Violence,
Self-Directed**

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Mood Disorders: Depressive and Bipolar   Read: Townsend &Morgan, Chapters 25, 20 (ECT)

74. Discuss the incidence and prevalence of mood d/o
    in the United States.
75. Discuss the biopsychosocial theories that contribute to
    The current understanding of mood disorders.
76. Discuss epidemiology statistics relevant to Depressive
    And Bipolar Disorders
77. Describe various types of depressive disorders
78. Compare and contrast the similarities and differences
    between major depressive disorder and bipolar disorder.
79. Explain the principles upon which the various biologic
    therapies for clients with mood disorders are based.
80. Describe the symptoms associated with depressive d/o   **Julia's Story:**
81. Demonstrate effective interventions with clients   https://youtu.be/a1Y1ocyudjs
    depressive disorders, MDD.
82. Educate clients and their families about biologic
    Treatment for mood disorders such as antidepressant
    medications and electroconvulsive therapy (ECT)
83. Discuss indications, mechanisms of action, risks
    ,nursing implications for clients having electroconvulsive
    therapy
84. Assess personal feelings, values, and attitudes toward
    clients with mood disorders that may provide challenges
    to professional practice
85. Discuss epidemiology of Bipolar Disorder   **Read Townsend & Morgan, Chapter 26**
86. Identify pre-disposing factors in the
87. Compare and contrast signs and symptoms of Bipolar I
    And Bipolar II Disorders
88. Use the nursing process to formulate nursing diagnoses
    and develop goals of care for clients experiencing a
    manic episode
89. Discuss various modalities relevant to treatment of
    Bipolar disorder

Grief and Loss   **Read: Townsend & Morgan, Chapter 37**

90. Identify various events that could trigger a grief reaction.
91. Discuss phases of grief according to leading theorists.
92. Compare normal and maladaptive responses to loss.
93. Describe cultural responses to grief.
94. Discuss hospice care for the patient and their families

Suicide: **Read: Townsend & Morgan, Chp. 17**
95. Explain the magnitude of suicide.
96. Define and differentiate self-harm from suicidal   **Clinical Conference: Suicide**
     behaviors   Case Study on Moodle
97. Describe groups at risk for suicide
98. Identify the warning signs of suicide.
99. Explain factors that contribute to suicidal risk.
100.Implement an understanding of suicide prevention,
    assessment and safety promotion in the plan of
    care for clients with mood disorders.

Nursing Care of Individuals Experiencing Ineffective Coping And/or Denial

Promoting Self-Esteem	**Read: Townsend & M, Chapter 15**

101. Identify components of self-esteem
102. Describe influences on the development of self-esteem
103. Apply the nursing process for clients with disturbances In self-esteem

Substance- Related Abuse Disorders	**Read: Townsend & Morgan, Chp. 23**
	Clinical Conference: Substance-Related Disorders (case study on Moodle)

104. Discuss the major theoretic explanations for Substance-related disorders.
105. Describe the population at risk for substance-related Disorders
106. Explain how the physical, psychosocial, and with-drawal effects of the major categories of substance abuse manifest themselves.
107. Identify treatment approaches for the major categories of abused substances.
108. Discuss how the presence of both a substance-related disorder and a major mental disorder (such as schizophrenia) complicates nursing care.
109. Compare and contrast the short-term and long-term nursing intervention strategies for clients with substance-related disorders.
110. Identify the strategies for helping a client avoid relapse.
111. Discuss outcome criteria for clients who have substance-related disorders.
112. Assess your own feelings and attitudes about clients with substance-related disorders and how they may affect professional practice.

Personality Disorders	**Read: Townsend & Morgan, Chapter 32**

113. Differentiate personality traits and styles from personality disorders
114. Identify the characteristics common to all three clusters or major categories of personality disorders.
115. Compare the biopsychosocial characteristics of various personality disorders.
116. Identify clusters of personality disorders and the differentiating characteristics of their subtypes.
117. Explain the concepts that would help the psychiatric -mental health nurse apply the nursing process to the care of clients with personality disorders.
118. Manage the triad of manipulation, narcissism, and impulsiveness when demonstrated by clients with personality disorders.
119. Focus nursing intervention on a client's specific and unique response to the disorder.
120. Modify the possible effects of the nurse's positive and negative emotional responses to clients who have personality disorders.

Unit III:

Individuals Experiencing Psychosocial Deficits in Meeting The USCR: Normalcy

Nursing Care of Individuals with Altered Thought ProcessesAnd Altered Sensory-Perceptual Experiences R/TChanged Structure/Function of the Brain

Schizophrenia/ Schizophrenia Spectrum Disorders	**Read: Townsend & Morgan, Chp. 24**

121. Describe the central features of schizophrenia.
122 .Compare and contrast the various biopsychosocial
    theories that address the possible causes of schizophrenia.
123.Identify positive and negative signs and symptoms of
    schizophrenia.
124. Discuss the major nursing implications in caring for clients with
    difficult and chronic illnesses such as schizophrenia.
125. Compare the benefits and risks of antipsychotic medications.
126. Discuss the major nursing implications in supporting the
    families of persons with schizophrenia.
127. Describe methods to prevent or minimize relapses and
    promote recovery in schizophrenia.
128. Identify the personal characteristics you bring to the care of
    clients with schizophrenia that might cause you to distance
    yourself or fail to understand their experience and difficulties.

Clinical Conference: Schizophrenia
  (Case Study on Moodle)

129.**Neurocognitive Disorders**   **Read: Townsend & Morgan, Chapter 22**
130.Discuss the biopsychosocial theories that explain delirium,
    dementia, amnesic disorders, and other disorders.
131.Differentiate among the various types of cognitive disorders.
132.Explain the differences between delirium, dementia, and
    depression.
133.Compare possible assessment findings in delirium and
    dementia.
134.Compare and contrast the nursing interventions and their
    rationales for clients with delirium and dementia.
135.Incorporate psychiatric-mental health nursing strategies that
    support optimal memory and cognitive functioning in the care
  of clients with cognitive disorders.
136.Identify the difficulty caregivers may face when working with
    clients who have cognitive disorders.
137.Discuss the personal feelings and attitudes that are likely to
    interfere with the psychiatric-mental health nurse's ability to
  care for cognitively impaired

Clinical Conference: Dementia
  (Case Study on Moodle0

View: Experience 12 minutes in
 Alzheimer's Dementia:
 https://youtu.be/LL_Gq7Shc-Y

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Nursing Care of Individuals Experiencing Anxiety/Fear R/T Abuse and/or Poor Coping Skills

Violence and Victims of Abuse/Anger & Aggression Mgmt	**Read: Townsend & Morgan, Chp. 16, 35,14**

138. Identify the dynamics of intimate partner violence and the nurse's role in recognizing, screening, and assisting its victims.
139. Discuss the effects of maltreatment on child development.
140. Identify the scope of elder abuse and key prevention strategies.
141. Describe the biopsychosocial causes of abuse.
142. Discuss the short-term and long-term effects on victims of Rape and violence.

143. Identify those at greatest risk for intra-family physical and sexual abuse.
144. Identify the principles common to most treatment plans for victims of violence.
145. Apply the nursing process to the care of the trauma survivors.
146. Identify specific actions you could take to advocate for the reduction of family violence.
147. Discuss personal feelings and attitudes that may affect professional practice when caring for victims of rape or violence.

Clinical Conference: Victims of Abuse
(Case Study on Moodle)

Nursing Care of Individuals Experiencing Disturbance in Body Image

148. **Eating Disorders**   **Read: Townsend & Morgan, Chapter 31**
149. Discuss the role of culture and biology in the development of Eating Disorders
150. Distinguish among the various eating disorders.
151. Explain how psychological and social pressures can influence the course of eating disorders.
152. Compare and contrast the various theories for the causes of eating disorders.
153. Assess individual and family problems of clients with eating disorders.
154. Partner with clients and their families in both the prevention and treatment of eating disorders
155. Identify the intermediate goals in the treatment of clients with Eating disorders and their families

156. Describe the methods to prevent eating disorders.

Issues Related to Human Sexuality & Gender Dysphoria   Read: Townsend & Morgan, Chapter 30

157. Discuss personal values and biases regarding sexuality and sexual behaviors.
158. Conduct a sexual history.

159. Describe at least three sexual disorders and describe their treatment.
160. Discuss variations in sexual orientation.

Nursing Care of Individuals/Families with Altered Family Processes R/T Crisis and/or Dysfunctional Communication. Crises/Crisis Intervention

Crisis and Crisis Intervention   Read: Townsend & Morgan, Chapter 13

161. Describe the types of maturational and situational crises a Person can experience
162. Explain why a crisis is a turning point in one's life   17

View: Conflict De-Escalation Techniques
https://youtu.be/ONo203FATwM

163. Trace the sequence of a crisis and determine its significance
     For the nursing care of a client in crisis
164. Incorporate an understanding of the origins of a crisis, risk
     Factors, and balancing factors during the assessment phase
     Of crisis management
165. Identify three possible crisis intervention modalities for a person
     In crisis.
166. Incorporate the ABCs of crisis counseling in a plan of care for   View: https://youtu.be/6B9Kqg6jFeI
     A client in crisis
167. Provide psychoeducation for clients and families who are
     Disaster victims
168. Analyze personal feelings and attitudes that may affect
     Professional practice when caring for clients in crisis

Family Intervention   **Read: Townsend & Morgan, Chapter 11**

169. Describe families and their dynamics in terms of relationships,
     Associations, and connections
170. Carry out a family assessment
171. Partner with clients/families in recognizing when family
     Interventions or family therapy is appropriate
172. Incorporate an understanding of family processes in
     Promoting and maintaining an individual's health
173. Develop a genogram

Special Populations in PMH Nursing
Children / Adolescents: **Read: Townsend & Morgan, Chapter 33**
174. Discuss the key ideas in the biopsychosocial theories that aid
     in understanding the development of childhood psychiatric
     disorders.
175 .Explain the multicausal or interactive model of childhood
     mental illness.
176. List the potential risk factors for childhood mental illness.
177. Describe the signs and symptoms associated with each of the
     common psychiatric disorders of children.
178. Discuss various therapeutic approaches when working with
     children and their families.
179. Monitor the impact of psychopharmalogic agents on children
     at different developmental levels.
180. Become aware of your own attitudes and behavior toward
     children/teenagers and their families with psychiatric illness
     and how they affect the therapeutic outcomes of your work
     with them

The Aging Individual   **Read: Townsend & Morgan, Chapter 34**
181. Describe the biopsychosocial aspects of aging
182. Describe problems of elder abuse/neglect
183. Apply the steps of the nursing process to the care of
     Aging individuals
184. Risk factors for aging individuals in development of
     Physical and/or mental illnesses

Military Families   **Read: Townsend & Morgan, Chapter 38**
185. Describe combat-related illnesses common to members
     And veterans of the US military
186. Describe symptoms associated with Post-Traumatic Stress
     Disorder(PTSD)
187. Apply steps of the nursing process to care of veterans with
     PTSD
188. Discuss variety of treatments available to clients with PTSD

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RECOMMENDED READINGS AND AV'S

INTRODUCTION:
All textbook readings are required and information not only from your textbook but also from lectures will be incorporated into test questions. You are expected to read widely in accordance with course content & clinical needs. You are urged to use the table of contents & index of your text. Finally, you are encouraged to read widely in other psychiatric nursing texts as well as in scholarly journals. e.g. Journal of Psychosocial Nursing, Perspectives in Psychiatric Nursing, American Journal of Nursing, etc.

COMPUTER PROGRAMS (College Laboratory) **B307 or L122**

A.   Health Soft computer discs: (2001)
    1.   Therapeutic Client Communication
    2.   Therapeutic Counseling
    3.   Care of the Client Experiencing Anxiety
    4.   Care of the Patient Experiencing Mania-RN
    5.   Care of the Client Experiencing Depression
    6.   Psychotropic Medication Administration Outpatient Unit
    7.   Care of the Suicidal Patient
    8.   Meeting Psychosocial Needs

B.   PDS – Psych Mental Health Concepts and Skills
    1. Severe Mental Disorders
    2. Substance Abuse

C.   NCLEX-RN Success

Professional Nursing Organizations Websites
American Psychiatric Nurses Association
http://www.apna.orghttp://www.apna.org/
International Society for Psychiatric Nurses
http://www.ispn-psych.orghttp://www.ispn-psych.org/
International Nurses Society on Addictions
http://www.IntNSA.orghttp://www.intnsa.org/http://www.intnsa.org/

Internet Resources for Mental Health and Substance-Related Disorders
Mental Health: A Report of the Surgeon General
http://www.surgeongeneral.gov/library/mentalhealth/toc.htmlhttp://www.surgeongeneral.gov/library/mentalhealth/toc.html
Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report

of the Surgeon General.
http://www.surgeongeneral.gov/library/mentalhealth/crehttp://www.surgeongeneral.gov/library/mentalhealth/cre
Mental Health Parity Act
http://www.cms.hhs.gov/hipaa/hipaa1/content/mhpa.asphttp://www.cms.hhs.gov/hipaa/hipaa1/content/mhpa.asphttp://www.cms.hhs.gov/hipaa/hipaa1/content/mhpa.asp
National Alcohol and Alcohol Abuse Association (NIAAA)
http://www.niaaa.nih.govhttp://www.niaaa.nih.gov/ National
Institute of Drug Abuse (NIDA)
http://www.nida.nih.govhttp://www.nida.nih.gov/ National
Institute of Mental Health (NIMH)
http://www.nimh.nih.gov/http://www.nimh.nih.gov/
Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.govhttp://www.samhsa.gov/

Additional WEBSITES:

    National Institute on Aging: www.alzheimers.org
    National Institute of Neurological Disorders and Stroke: www.ninds.nih.gov
    The Schizophrenic Homepage: www.schizophrenia.com
    The National Alliance for the Mentally Ill: www.nami.org
    Active Minds: www.activeminds.org

-End of Syllabus-