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
# Table of Contents

Course Description........................................................................................................2  
Student Learning Outcomes..........................................................................................2  
Teaching/Learning Activities..........................................................................................3  
Level Requirements.......................................................................................................4  
Course Requirements.....................................................................................................4  
Course Evaluation...........................................................................................................5  
Grading...........................................................................................................................6  
Clinical Experience.........................................................................................................7  
Disability Statement........................................................................................................7-8  
Student Course Agreement............................................................................................9  
Required Text..................................................................................................................10  
Course Units .................................................................................................................10-18
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 actively participate each week. Clinical Conference is required as part of clinical. Absence from a clinical conference will be counted as a clinical absence.

- 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. Course Grading:

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.

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

“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: ______________________________________________________
REQUIRED TEXT


Davis Edge (2018): 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


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

Theoretical Content

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)

Select Teaching/Learning Activities

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
   - https://youtu.be/LSvCgSDRMY0 for 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.

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

14. Utilizing the nursing process in PMH nursing

**Foundations: Concepts of Psychobiology**

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**

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.
22. Applying the nursing process in psychopharm therapy

**Relationship Development**

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

**Therapeutic Communication Skills**

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
33. Compare and contrast the importance of nonverbal and verbal communication.
34. Incorporate the theories of human communication into interpersonal relationships with clients/families.
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

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

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

Ethical and Legal Issues in PMH Nursing

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.

Townsend & Morgan, Chp 6

Class: Complete cultural/ spiritual self-evaluation tool

Townsend & Morgan, Chp.5

ANA’s Code of Ethics – pg87
Case study, pg 91, Box 5-2
Unit II, cont’d

Anxiety and Obsessive Compulsive Disorders

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

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 characteristics 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

Read: Townsend & Morgan, Chap. 27

CAI: Anxiety.
Class: Demonstrate stress
Reduction exercises

Class: Locate one standardized rating scale and discuss in class

Read: Townsend & Morgan, Chapter 28,29, 38
Mood Disorders: Depressive and Bipolar

4. Discuss the incidence and prevalence of mood d/o in the United States.
5. Discuss the biopsychosocial theories that contribute to the current understanding of mood disorders.
6. Discuss epidemiology statistics relevant to Depressive And Bipolar Disorders.
7. Describe various types of depressive disorders.
8. Compare and contrast the similarities and differences between major depressive disorder and bipolar disorder.
9. Explain the principles upon which the various biologic therapies for clients with mood disorders are based.
10. Describe the symptoms associated with depressive d/o.
11. Demonstrate effective interventions with clients depressive disorders, MDD.
12. Educate clients and their families about biologic treatment for mood disorders such as antidepressant medications and electroconvulsive therapy (ECT).
13. Discuss indications, mechanisms of action, risks, and nursing implications for clients having electroconvulsive therapy.
14. Assess personal feelings, values, and attitudes toward clients with mood disorders that may provide challenges to professional practice.
15. Discuss epidemiology of Bipolar Disorder.
16. Identify pre-disposing factors in the
17. Compare and contrast signs and symptoms of Bipolar I And Bipolar II Disorders.
18. Use the nursing process to formulate nursing diagnoses and develop goals of care for clients experiencing a manic episode.
19. Discuss various modalities relevant to treatment of Bipolar disorder.

Grief and Loss

20. Identify various events that could trigger a grief reaction.
21. Discuss phases of grief according to leading theorists.
22. Compare normal and maladaptive responses to loss.
23. Describe cultural responses to grief.
24. Discuss hospice care for the patient and their families.

Suicide:

25. Explain the magnitude of suicide.
27. Describe groups at risk for suicide.
28. Identify the warning signs of suicide.
29. Explain factors that contribute to suicidal risk.
30. Implement an understanding of suicide prevention, assessment and safety promotion in the plan of care for clients with mood disorders.

Julia’s Story:  
https://youtu.be/a1Y1ocyudjs

Read: Townsend & Morgan, Chapters 25, 20 (ECT)

Read Townsend & Morgan, Chapter 26

Read Townsend & Morgan, Chapter 37

Read: Townsend & Morgan, Chp. 17

Clinical Conference: Suicide
Case Study on Moodle
Nursing Care of Individuals Experiencing Ineffective Coping And/or Denial

Promoting Self-Esteem

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

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 withdrawal 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.
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

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.

Read: Townsend & M, Chapter 15

Read: Townsend & Morgan, Chp. 23

Clinical Conference: Substance-Related Disorders (case study on Moodle)
Schizophrenia/ Schizophrenia Spectrum Disorders

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.

Neurocognitive Disorders

129. Neurocognitive Disorders
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

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. 24

Clinical Conference: Schizophrenia
(Case Study on Moodle)

Read: Townsend & Morgan, Chapter 22

Clinical Conference: Dementia
(Case Study on Moodle)

View: Experience 12 minutes in Alzheimer’s Dementia:
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

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

Read: Townsend & Morgan, Chapter 13

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

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
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 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**

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:**
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 psychopharmacologic 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**
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**
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.

View: [https://youtu.be/6B9Kqq6jFeI](https://youtu.be/6B9Kqq6jFeI)

Read: Townsend & Morgan, Chapter 11

Read: Townsend & Morgan, Chapter 33

Read: Townsend & Morgan, Chapter 34

Read: Townsend & Morgan, Chapter 38
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.org
International Society for Psychiatric Nurses
http://www.ispn-psych.org
International Nurses Society on Addictions
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.html
Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report
of the Surgeon General.
http://www.surgeongeneral.gov/library/mentalhealth/cre

Mental Health Parity Act
http://www.cms.hhs.gov/hipaa/hipaa1/content/mhpa.asp

National Alcohol and Alcohol Abuse Association (NIAAA)
http://www.niaaa.nih.gov

National Institute of Drug Abuse (NIDA)
http://www.nida.nih.gov

National Institute of Mental Health (NIMH)
http://www.nimh.nih.gov

Substance Abuse and Mental Health Services Administration (SAMHSA)
http://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-