NURS 144 Mental Health Nursing in the Community  
Seminar Preparation Packet

This packet of material is to facilitate the learning experience in seminar. Please refer to your calendar for the specific dates for each topic and activity. Since seminar is an active learning experience, it is critical that you come prepared. Note advanced required sign-ups and preparation.

Seminar: Self-disclosure & Boundaries
Seminar: Schizophrenia Case Study
Seminar: Depression Case Study
Seminar: Bipolar Affective Disorder Case Study
Seminar: Anxiety Disorder Case Study
Seminar: Assessment Tools Exercise
Seminar: Medication Teaching Activity
Seminar: Chemical Dependence Case Study
Seminar: Family Assessment and Care Plan
Seminar: Self-Disclosure & Boundaries

1. Review related materials in Varcarolis main text.

2. Complete the “Nursing Boundaries Index Self-Check” found in Varcarolis, 2006, p.161, and bring it to seminar.

3. Come prepared to disclose some unknown fact about yourself to your seminar group.

4. Begin the process of self-analysis by answering the following questions and setting specific goals for your future growth:
   a. Who am I?
   b. What is important to me, and what do I value?
   c. Am I open to my feelings, and can I express them?
   d. What type of role model am I?
   e. Why do I want to help others?
   f. What are my personal beliefs about client welfare and social responsibility, and do I act on these beliefs?

5. Engage in a role-playing exercise in groups of three. One student (in the role of a client) will ask direct and somewhat personal questions. The second student will attempt to maintain appropriate boundaries no matter how inappropriate or intrusive the questions become. The third student will observe the exchange, making notes on the changes in communication, both verbal and non-verbal. At 5-minute intervals, shift roles until everyone has experienced each role.

As a group of three, answer and share your thoughts on the following items:
   a. What emotions did you experience when personal questions were asked?
   b. How did you respond verbally and non-verbally?
   c. In what ways were you congruent and incongruent with your self-concept analysis?

If time permits share your answers to the following questions:
1. Identify some of your own feelings, fantasies, and fears about working with psychiatric clients.
2. Think back to the last time you needed to ask someone for help. How did you feel at the time? What things would have made you feel more or less comfortable?
3. What can you change about your own behavior to more effectively communicate with clients based on peer feedback?
Seminar: Schizophrenia Case Study

Aaron is a 45 year old male admitted 12 hours ago with a diagnosis of schizophrenia, acute exacerbation. He was placed on a 5150 due to danger to self and grave disability. He is intermittently very angry, asking to be released. His symptoms include lack of interest in activities of daily living, weight loss, ideas of reference. He reported hearing voices telling him “you would be better off dead.”

While in the hospital, Aaron is generally cooperative, but slow to respond both verbally and in actions. Sometimes he appears preoccupied and unable to follow directions. He is easily overwhelmed by noises and close interpersonal contact. His participation in group therapy is very limited. In the inter-disciplinary team meeting, the psychiatrist indicated that he would start a clinical trial of clozaril.

1. How would you respond to his request to be released?

2. What questions would you ask Aaron and his support system or caregivers?

3. Analyze his symptoms according to positive and negative symptoms. Compare and contrast Aron’s diagnosis with Schizoaffective Disorder.

4. Which symptom rating tools would be useful in rating symptoms and tracking progress?

5. How would you modify your communication style to accommodate his needs?

6. What obstacles contribute to medication adherence difficulties?

7. Design or obtain client information for the drug clozaril including special monitoring considerations. What other medications might be appropriate for symptom management?

8. Describe the short and long term goals for Aaron.

9. Develop and present a teaching plan to aid in medication adherence and overall self-care to prepare Aaron for improved success in the community setting?

10. What community resources would best serve Aaron’s needs upon discharge?

11. What cultural influence can you identify for individuals with schizophrenia?

12. How would the plan of care be influenced if the client was female, child or older adult?

13. Develop and present a teaching plan to aid in medication adherence and overall self-care for individuals with schizophrenia.

14. Research and present family and community resources from the Alliance for the Mentally Ill (AMI) as they relate to schizophrenia.

15. Discuss the complications of schizophrenia and treatments such as neuroleptic malignant syndrome, agranulocytosis, liver involvement, elevated glucose and lipids, or other co-morbid conditions.
Seminar: Depression Case Study

Joe is a 49 year old married male who is complaining of lack of motivation, low energy, increasing anxiety, insomnia and weight loss. His wife and 15 year old son report that Joe has not been the same since losing his job 2 months ago. He frequently refers to the approach of his 50th birthday and views his life “more than half over.” Joe is requesting an antidepressant prescription, “So that I can be happy again.”

1. What symptoms indicate presence of a depressive disorder?
2. If you were interviewing Joe, what additional questions might you ask?
3. ID symptom rating tools useful in rating symptoms and tracking progress?
4. Is the request for an antidepressant appropriate? Why or why not?
5. Describe specific medications that might be considered, giving a rationale.
6. What situational factors contribute to his alteration in mood?
7. How would your approach be different if Joe was female, 72 or 16 years old?
8. What role would his culture play in his alteration in mood or treatment?
9. What self-care interventions/measures would you teach Joe?
11. What signs and symptoms of relapse would you teach Joe about?
12. How might Joe’s depression affect the family?
13. Joe continues to have signs of depression despite the implementation of your nursing interventions, he is started on 10 mg of Fluoxetine (Prozac). He has less depression at subsequent appointments. Joe comes in for a follow-up appointment complaining of restlessness, a fast heartbeat, a temperature of 101, stomach pain and diarrhea. He reveals to you he has been taking St. John’s Wort for the past six months. What might be going on? What should you do?
14. Present a discussion of the pro’s and con’s of cognitive-behavioral versus biochemical interventions for depressive disorders.
Seminar: Bipolar Affective Disorder
Case Study

Madeline is a 68 year old divorced female who has been placed on an involuntary hold following an episode of yelling at a cashier at the grocery market, not sleeping for a week and speaking rapidly with loose associations. Her sister and daughter report that Madeline has not been taking her medication (depakote) since the New Year holiday. Madeline explains her 30# weight loss due to being “too busy to eat.” She frequently refers to her medications as being a form of “thought control” and robbing her of her energy and creativity. Despite multiple hospitalizations for manic episodes, she does not take her medications once she finishes her partial hospitalization program.

1. What symptoms indicate the presence of a bipolar affective disorder?
2. If you were interviewing Madeline, what additional questions might you ask?
3. What physical assessment is important for this client?
4. Who are the other informants you might use for your assessment?
5. Is the involuntary hold appropriate and necessary? Why or why not?
6. What situational factors contribute to her alteration in mood?
7. What factors negatively contribute to relapse for Madeline?
8. Describe specific medications that might be considered, giving rationale for each agent.
9. Which symptom rating tools would be useful in rating symptoms and tracking progress?
10. How would your approach be different if Madeline was male, or 80 years old or 19 years old?
11. What role would culture play in her treatment? What are some culture based health care practices that address this particular mental health problem?
12. What self-care interventions/measures would you teach Madeline?
13. How do the short and long-term goals differ for Madeline?
14. Develop a teaching plan for a client with bipolar affective disorder.
15. Develop and present a plan for management of weight gain associated with long-term use of lithium. Identify other possible adverse effects the nurse needs to monitor for regarding the nervous, GI, cardiac, fluid and electrolyte and endocrine systems?
16. Compare the nursing observations and compliance issues for clients receiving Lithium versus Depakote for the treatment Bipolar illness.
Seminar: Anxiety Disorder Case Study

Tom Smith, a 27-year-old winery tour guide complains of dizziness, sweating palms, heart palpitations, and ringing of the ears of more than eighteen months' duration. He has also experienced dry throat, periods of uncontrollable shaking, and a constant "edgy" and watchful feeling that often interfered with his ability to concentrate. These feelings have been present most of the time over the previous two years; they have not been limited to discrete periods.

Because of these symptoms he has seen a family nurse practitioner, a neurologist, a neurosurgeon, a chiropractor, and an ENT specialist. He has been placed on a hypoglycemic diet, received physiotherapy for a pinched nerve, and told he might have "an inner ear problem."

For the past two years, Tom has had few social contacts because of his nervous symptoms. Although he has sometimes had to leave work when the symptoms become intolerable, he continues to work for the same winery for which he has worked since high school. He tends to hide his symptoms from his wife and children, to whom he wants to appear "perfect," and reports few problems with them as a result of his nervousness. He has been drinking wine to help calm him down, but lately that doesn't even help much anymore.

1. What symptoms indicate GAD?
2. If you were interviewing Tom, what additional questions might you ask?
3. Who are other informants you might use in your assessment?
5. What self-care interventions/measures would you teach Tom? What interventions would be appropriate for mild to moderate levels of anxiety, versus severe to panic levels of anxiety?
6. Which symptom rating tools would be useful in rating symptoms and tracking progress?
7. Describe specific medications that might be considered, giving rationale for each.
8. How might Tom's illness affect the family and what teaching needs does the family have?
9. Describe the short and long term goals appropriate for Tom based on Maslow's Hierarchy of Needs.
10. Conduct a relaxation technique with your client and report the outcomes in seminar.

Additional Critical Thinking Questions
1. Tom has consulted numerous health care providers for his symptoms. Identify symptoms of GAD and explain why Tom does not have Hypochondriasis.
2. Justify why Tom does not have a diagnosis of Panic Disorder.
3. Differentiate Phobic Disorder from GAD.

Anxiety Reduction Group Teaching Plan
Develop a teaching plan for one of the following relaxation techniques with two peers and implement it with your seminar group. Sign-up one week before this seminar. Incorporate at least one internet resource.

<table>
<thead>
<tr>
<th>Deep-Breathing Exercises</th>
<th>Meditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign-up</td>
<td>Sign-up</td>
</tr>
</tbody>
</table>

Sign-up

Mental Imagery

Progressive Muscle Relaxation
Seminar: Assessment Tools Activity

Sign up for one of the following Assessment Tools and or Behavioral Rating Scales on the attached list the week before the Seminar on "Assessment Tools".

2. Select a tool that relates to your client’s diagnosis, behavior or symptoms from the list provided. You may use another "assessment tool" with your instructor's prior permission.
3. If the results are out of the normal range please contact your instructor.
4. Include the following in your presentation:
   a) Rationale for selecting this particular assessment tool for your client
   b) Strengths of the tool.
   c) Limitations of the tool (i.e., age, diagnosis, developmental level, special population considerations).
   d) Did the tool seem to measure what it was supposed to measure?
   e) Did the tool measure the extent of the client's problems?
   f) Did the tool help to make an accurate diagnosis?
   g) Would this tool be used to track client progress over time?
   h) Does this tool document the effectiveness of treatment?
   i) Does this tool demonstrate any type of cultural bias? In other words, does this tool involve items that would be more familiar to one cultural group than to another?
   j) Other observations
Assessment Tools Sign-up

Look in the index of your main text * and care plan book ** for the corresponding page numbers

Abnormal Involuntary Movement

AIMS *

BARS (Behavioral Akasthesia Rating Scale)

Anxiety Disorders

Hamilton Rating Scale for Anxiety **

Cognitive Functioning

Functional Dementia Scale

Eating Disorders

The Body Shape Questionnaire

Mood Disorders

Mania Questionnaire

Zung’s Self-Rating Depression Scale

Geriatric Depression Scale

Mood Disorder Questionnaire

Psychiatric Functioning (overall)

Brief Psychiatric Rating Scale

Substance Abuse Assessments

Drug Abuse Screening Test (DAST)

Michigan Alcohol Screen Testing

Michigan Alcohol Screen Testing – Geriatric Version

CAGE-AID Screening Tool

Self-Harm Assessment

Suicide Self-Restraint

Violence Assessment

Overt Aggression Scale

Agitated Behavior Scale (http://www.ohiovalley.org/agitation/agbe.html)

Other Assessment Tools

Other Assessment tool (prior approval by your instructor) ____________________

Life Changing Events Questionnaire

Brief Quality of Life Questionnaire

Spiritual Assessment Tool: S.H.A.R.E.

References


Seminar: Medication Teaching Activity

1) Read: Chapter on medication in Varcarolis and Halter (2010, main text) prior to seminar.

2) Choose a psychopharmacological agent from the list provided.

3) Sign up for a 5-minute teaching session during this seminar.

4) Prepare a 5-minute medication overview for your peer group. Include the following items in your handout:
   a) Purpose: primary and secondary uses
   b) Therapeutic action
   c) Side effects (common, allergic, rare, life threatening, minor, major, etc.), signs of overdose/toxicity
   d) Specific considerations for special populations as well as any gender differences and age considerations
   e) Ethnic or cultural differences or considerations
   f) Drug/drug/food interactions; drug/herbal interactions
   g) Boxed warnings
   h) Describe how use of ETOH interacts with med
   i) Develop your own sample handout for clients and families (clear, understandable and accurate). Bring enough copies to distribute to your clinical/seminar group.
   j) Strategies to establish and increase compliance with this agent.
   k) A list of references, including articles, on-line searches etc.

5) Please note that a print out from the internet does not meet the sample handout requirement.

6) During your clinical experience, teach your client about their psychotropic medications. Report the outcome of this activity during post-conference/seminar.
Seminar: Sign-Up for Medication Teaching

Note: This is a potential list for the medication teaching seminar session. Agents may be added or removed at the instructor’s discretion.

<table>
<thead>
<tr>
<th>Sign-up</th>
</tr>
</thead>
</table>

1. **Antidepressants**
   - a. Paroxetine / Paxil
   - b. Sertraline / Zoloft
   - c. Venlafaxine / Effexor
   - d. Phenelzine Sulfate / Nardil
   - e. Nefazodone / Serzone
   - f. Bupropion / Wellbutrin
   - g. Citalopram / Celexa
   - h. Escitalopram oxalate / Lexapro
   - i. Duloxetine Hydrochloride / Cymbalta
   - j. Selegiline transdermal / Emsam

2. **Anti-manic agents**
   - a. Lithium carbonate / Lithobid
   - b. Carbamazepine / Tegretol
   - c. Valproic acid / Depakote
   - d. Gabapentin / Neurontin
   - e. Lamotrigine / Lamictal
   - f. Oxcarbazepine / Trileptal
   - g. Topiramate / Topamax
   - h. Symbax (olanzapine/fluoxetine)

3. **Antipsychotic agents**
   - a. Fluphenazine / Prolixin (PO & IM, Decanoate)
   - b. Haloperidol / Haldol (PO & IM, Decanoate)
   - c. Clozapine / Clozaril
   - d. Risperdone / Risperdal / (M-Tab, Consta)
   - e. Olanzapine / Zyprexa
   - f. Aripasidone / Geodon
   - g. Quetiapine / Seroquel
   - h. Aripiprazole / Abilify
   - i. Paliperidone / Invega

4. **Antianxiety**
   - a. Aprazolam / Xanax
   - b. Clonazepam / Klonopin
   - c. Buspirone / Buspar

5. **Chemical Dependence**
   - a. Disulfiram / Antabuse
   - b. Naloxalone (Narcan)

6. **Stimulants/misc. agents**
   - a. Methylphenidate / Ritalin
   - b. Dextroamphetamine / Adderal
   - c. Guanfacine / Tenex
   - d. Atomoxetine / Strattera

102
Chemical Dependence Seminar

Case scenario #1: Pat is a 45-year-old client admitted to the crisis unit due to agitation and alcohol intoxication. Presenting behavior is yelling at staff, calling them “punks and using profanity.” His gait is unstable, mood irritable, speech slurred.

1) What additional clinical information would you seek during your nursing assessment for safety?
2) How would you know that this client is experiencing acute ETOH withdrawal?
3) What symptoms require immediate interventions?
4) After completing your assessment, you call the physician to obtain medical orders. What should you request?
5) What interventions should be implemented immediately to assure client and staff safety?
6) Does this client meet the criteria for a 5150 as danger to self, others or grave disability?
7) How would you intervene if the patient demonstrates denial?
8) What impact does ETOH abuse typically have on family relationships?
9) Describe the considerations and patient teaching essential for the safe administration of antabuse and naloxalone (Narcan)
10) How would the presentation and interventions differ if the client was 10, 16, 80, male or female?
11) Identify short and long-term goals for a client experiencing chemical dependence.
12) Describe the role of Alcoholics Anonymous, Alanon and other community resources in the role of recovery/treatment.
13) How would you identify potential co-occurring addictions in this client?
14) If this client had a dual diagnosis, such as depression and ETOH dependence, how would it affect your nursing care plan interventions?

Case #2: A 28-year-old male is admitted with a diagnosis of psychosis and methamphetamine abuse. His symptoms include paranoia, anger, irritability, lack of sleep for 3 days, weight loss of 25 pounds. His skin appears quite dry, and has multiple 1 cm round scabs on his forearms and face. His teeth are in disrepair.

1. Which of the symptoms listed above are due to methamphetamine use?
2. Describe interventions to create a safe environment for a client experiencing psychosis due to methamphetamine use?
3. What laboratory findings would you anticipate due to his diagnosis?
4. Identify nursing diagnoses and interventions for the following problems:
   a. Paranoia
   b. Anger and irritable mood
   c. Lack of sleep
   d. Impaired skin integrity
   e. Weight loss
   f. Poor dentition / oral care
5. Identify desired outcomes for individuals with substance use disorders.
6. What are some reasons that nurses have high risk for substance use disorders? What would you do if you were working with a chemically impaired nurse?
Seminar: Family Assessment and Care Plan

Prepare a 5 to 10-minute presentation from your “Family Interview and Assessment” for your peer group. You may be asked to include any or all of the following items in your presentation:

a) Summary of your family assessment and care plan

b) Explain the significance of family structure and function from a theoretical perspective

c) List developmental tasks of the family's life cycle stage and significant transitions

d) Describe the family communication and interaction style

e) Explain any ethnic or cultural differences or considerations

f) Indicate adaptive and maladaptive coping responses

g) Briefly summarize the significant findings from the “Family Function Checklist”

h) Explain how interviewing this family has helped you to rethink your ideas and beliefs about community-based nursing

i) Discuss your three NANDA nursing diagnosis and describe the care plan for one diagnosis