

NCLEX/CGFNS Review Notes in Psychiatric Nursing by Lyle, RN

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** Some notes borrowed from a compilation called MIKE's NOTES

Types of Coping Mechanisms

1. **Compensation** - extra effort in one area to offset real or imagined lack in another area
 - Example: Short man becomes assertively verbal and excels in business.
2. **Conversion** - A mental conflict is expressed through physical symptoms
 - Example: Woman becomes blind after seeing her husband with another woman.
3. **Denial** - treating obvious reality factors as though they do not exist because they are consciously intolerable
 - Example: Mother refuses to believe her child has been diagnosed with leukemia. "She just has the flu."
4. **Displacement** - transferring unacceptable feelings aroused by one object to another, more acceptable substitute
 - Example: Adolescent lashes out at parents after not being invited to party.
5. **Dissociation** - walling off specific areas of the personality from consciousness
 - Example: Adolescent talks about failing grades as if they belong to someone else; jokes about them.
6. **Fantasy** - a conscious distortion of unconscious wishes and need to obtain satisfaction
 - Example: A student nurse fails the critical care exam and daydreams about her heroic role in a cardiac arrest.
7. **Fixation** - becoming stagnated in a level of emotional development in which one is comfortable
 - Example: A sixty year old man who dresses and acts as if he were still in the 1960's.
8. **Identification** - subconsciously attributing to oneself qualities of others
 - Example: Elvis impersonators.
9. **Intellectualization** - use of thinking, ideas, or intellect to avoid emotions
 - Example: Parent becomes extremely knowledgeable about child's diabetes.
10. **Introjection** - incorporating the traits of others
 - Example: Husband's symptoms mimic wife's before she died.
11. **Projection** - unconsciously projecting one's own unacceptable qualities or feelings onto others
 - Example: Woman who is jealous of another woman's wealth accuses her of being a gold-digger.
12. **Rationalization** - justifying behaviors, emotions, motives, considered intolerable through acceptable excuses
 - Example: "I didn't get chosen for the team because the coach plays favorites."
13. **Reaction Formation** - expressing unacceptable wishes or behavior by opposite overt behavior
 - Example: Recovered smoker preaches about the dangers of second hand smoke.
14. **Regression** - retreating to an earlier and more comfortable emotional level of development
 - Example: Four year old insists on climbing into crib with younger sibling.
15. **Repression** - unconscious, deliberate forgetting of unacceptable or painful thoughts, impulses, feelings or acts
 - Example: Adolescent "forgets" appointment with counselor to discuss final grades.
16. **Sublimation** - diversion of unacceptable instinctual drives into personally and socially acceptable areas.
 - Example: Young woman who hated school becomes a teacher.

Elizabeth Kubler-Ross: Five Stages of Grief

1. **Denial**
 - a. Unconscious avoidance which varies from a brief period to the remainder of life
 - b. Allows one to mobilize defenses to cope
 - c. Positive adaptive responses - verbal denial; crying
 - d. Maladaptive responses - no crying, no acknowledgement of loss
2. **Anger**
 - a. Expresses the realization of loss
 - b. May be overt or covert
 - c. Positive adaptive responses - verbal expressions of anger
 - d. Maladaptive responses - persistent guilt or low self esteem, aggression, self destructive ideation or behavior
3. **Bargaining**
 - a. An attempt to change reality of loss; person bargains for treatment control, expresses wish to be alive for specific events in near future
 - b. Maladaptive responses - bargains for unrealistic activities or events in distant future
4. **Depression and Withdrawal**
 - a. Sadness resulting from actual and/or anticipated loss
 - b. Positive adaptive response - crying, social withdrawal
 - c. Maladaptive responses - self-destructive actions, despair
5. **Acceptance**
 - a. Resolution of feelings about death or other loss, resulting in peaceful feelings
 - b. Positive adaptive behaviors - may wish to be alone, limit social contacts, complete personal business

Ego Defense Mechanisms

- ✓ Denial—failure to acknowledge thought
- ✓ Displacement—redirect feelings to more acceptable subject
- ✓ Projection—attributing your feelings to someone else
- ✓ Undoing—attempt to erase an act, thought or feeling
- ✓ Compensation—attempt to overcome shortcoming
- ✓ Symbolization—less threatening object used to represent another
- ✓ Substitution—replacing unacceptable or unobtainable object to one that is acceptable or attainable
- ✓ Introjection—symbolic taking into oneself the characteristics of another
- ✓ Repression—unacceptable thoughts kept from awareness
- ✓ Reaction formation—expressing attitude opposite of unconscious wish or fear
- ✓ Regression—returning to an earlier developmental phase
- ✓ Dissociation—detachment of painful emotional conflicts from consciousness
- ✓ Suppression—consciously putting thought out of awareness

Dying patient: Denial, Anger, Bargaining, Depression, Acceptance

Bipolar Disorder Assessments

- Disoriented, flight of ideas
- Lacks inhibitions, agitated
- Easily stimulated by environment
- Sexually indiscreet
- Affective disorder
- Maintain contact with reality
- Elation is defense against underlying depression
- Manipulative behavior results from poor self-esteem

Bipolar Disorder Implementations

- Meet physical needs first
- Simplify environment
- Distract and redirect energy
- Provide external controls
- Set limits: escalating hyperactivity
- Use consistent approach
- Administer Lithium (help Manic Phase of Bipolar, keep hydrated)
- Increase awareness of feelings through reflection

Schizophrenia Assessments

- Withdrawal from relationships and world
- Inappropriate display of feelings
- Hypochondriasis
- Suspiciousness
- Inability to test reality, regression
- Hallucinations—false sensory perceptions
- Delusions—persistent false beliefs; grandeur (feel higher rank); persecutory (beliefs to be a victim); ideas of reference (see people talking think talking about them)
- Loose associations
- Short attention span
 - Inability to meet basic needs: nutrition, hygiene
 - Regression

Schizophrenia Types

- Disorganized—inappropriate behavior, transient hallucinations
- Catatonic—sudden onset mutism, stereotyped position, periods of agitation
- Paranoid—late onset in life, suspiciousness, ideas of persecution and delusions

Schizophrenia Implementations

- Maintain safety—protect from erratic behavior
- With hallucination—do not argue, validate reality, respond to feeling tone, never further discuss voices (don't ask to tell more about voices)
- With delusions—do not argue, point out feeling tone, provide diversional activities
- Meet physical needs
- Establish therapeutic relationship
- Institute measures to promote trust
- Engage in individual, group, or family therapy
- Encourage client's affect
- Accept nonverbal behavior
- Accept regression
- Provide simple activities or tasks

Paranoid Assessments

- Suspiciousness
- Cold, blunted affect
- Quick response with anger or rage

Paranoid Implementations

- Establish trust
- Low doses phenothiazines for anxiety
- Structured social situations

Schizoid Assessments

- Shy and introverted
- Little verbal interaction
- Few friends
- Uses intellectualization

Schizoid Implementations

- Establish trust
- Low doses phenothiazines for anxiety
- Structured social situations

Schizotypal Assessments

- Eccentric
- Suspicious of others
- Blunted affect
- Problems with perceiving, communicating

Schizotypal Interventions

- Establish trust
- Low doses neuroleptics to decrease psychotic symptoms
- Structured social situations

<p>Antisocial Assessments</p> <ul style="list-style-type: none"> ▪ Disregards rights of others ▪ Lying, cheating, stealing, promiscuous ▪ Lack of guilt ▪ Immature ▪ Irresponsible ▪ Associated with substance abuse 	<p>Antisocial Implementations</p> <ul style="list-style-type: none"> ▪ Firm limit-setting ▪ Confront behaviors consistently ▪ Enforce consequences ▪ Group therapy
<p>Borderline Assessments</p> <ul style="list-style-type: none"> ▪ Brief and intense relationships ▪ Blames others for own problems ▪ Impulsive, manipulative ▪ Self-mutilation ▪ Women who have been sexually abused ▪ Suicidal when frustrated, stressed 	<p>Borderline implementations</p> <ul style="list-style-type: none"> ▪ Identify and verbalize feelings ▪ Use empathy ▪ Behavioral contract ▪ Journaling ▪ Consistent limit-setting ▪ Group therapy
<p>Narcissistic Assessments</p> <ul style="list-style-type: none"> ▪ Arrogant lack of feelings and empathy for others ▪ Sense of entitlement ▪ Uses others to meet own needs ▪ Shallow relationships ▪ Views self as superior to others 	<p>Narcissistic Implementations</p> <ul style="list-style-type: none"> ▪ Mirror what client sounds like ▪ Limit-setting ▪ Consistency ▪ Teach that mistakes are acceptable
<p>Histrionic Assessments</p> <ul style="list-style-type: none"> ▪ Draws attention to self ▪ Somatic complaints ▪ Temper tantrums, outbursts ▪ Shallow, shifting emotions ▪ Cannot deal with feelings ▪ Easily influenced by others 	<p>Histrionic Implementations</p> <ul style="list-style-type: none"> ▪ Positive reinforcement for other centered behaviors ▪ Clarify feelings ▪ Facilitate expression of feelings
<p>Dependent Assessments</p> <ul style="list-style-type: none"> ▪ Passive ▪ Problem working independently ▪ Helpless when alone ▪ Dependent on others for decisions ▪ Fears loss of support and approval 	<p>Dependent Implementations</p> <ul style="list-style-type: none"> ▪ Emphasize decision-making ▪ Teach assertiveness ▪ Assist to clarify feelings and needs
<p>Avoidant Assessments</p> <ul style="list-style-type: none"> ▪ Socially uncomfortable ▪ Hypersensitive to criticism, Lacks self-confidence ▪ Fears intimate relationships 	<p>Avoidant Implementations</p> <ul style="list-style-type: none"> ▪ Gradually confront fears ▪ Discuss feelings ▪ Teach assertiveness ▪ Increase exposure to small groups
<p>Obsessive-compulsive Assessments</p> <ul style="list-style-type: none"> ▪ High personal standards for self and others ▪ Preoccupied with rules, lists, organized ▪ Perfectionists ▪ Intellectualize 	<p>Obsessive-compulsive Implementations</p> <ul style="list-style-type: none"> ▪ Explore feelings ▪ Help with decision-making ▪ Confront procrastination ▪ Teach that mistakes are acceptable
<p>Manipulative behavior Assessments</p> <ul style="list-style-type: none"> ▪ Unreasonable requests for time, attention, favors ▪ Divides staff against each other ▪ Intimidates others ▪ Use seductive or disingenuous approach 	<p>Manipulative Behavior Implementations</p> <ul style="list-style-type: none"> ▪ Use consistent undivided staff approach ▪ Set limits ▪ Be alert for manipulation ▪ Check for destructive behavior ▪ Help client to see consequences of behavior
<p>Acute Alcohol Intoxication</p> <ul style="list-style-type: none"> ▪ Drowsiness ▪ Slurred speech ▪ Tremors ▪ Impaired thinking ▪ Belligerence ▪ Loss of inhibitions 	<p>Acute Alcohol Implementations</p> <ul style="list-style-type: none"> ▪ Protect airway ▪ Assess for injuries ▪ Withdrawal assess ▪ IV glucose ▪ Counsel about alcohol use

<p>Alcohol Withdrawal Assessments</p> <ul style="list-style-type: none"> ▪ Tremors ▪ insomnia ▪ anxiety ▪ hallucinations 	<p>After Withdrawal→Delirium Tremens Assessments</p> <ul style="list-style-type: none"> ▪ Disorientation ▪ Paranoia ▪ Ideas of reference ▪ Suicide attempts ▪ Grand mal convulsions 	<p>Alcohol Withdrawal Implementations</p> <ul style="list-style-type: none"> ▪ Monitor vital signs, especially pulse ▪ Administer sedation, anticonvulsants, thiamine (IM or IV), glucose (IV) ▪ Seizure precautions ▪ Quiet, well-lighted environment ▪ Stay with patient
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<p>Chronic Alcohol Dependence Assessments</p> <ul style="list-style-type: none"> • Persistent incapacitation • Cyclic drinking or “binges” • Others in family take over client’s role • Family violence 	<p>Chronic Alcohol Dependence Implementations</p> <ul style="list-style-type: none"> • Identify problems related to drinking • Help client see problem • Establish control of problem • Alcoholics anonymous • Antabuse • Counsel spouse and children
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<p>Wernicke’s Syndrome Assessments</p> <ul style="list-style-type: none"> • Confusion • Diplopia, nystagmus • Ataxia • Apathy 	<p>Wernicke’s Syndrome Implementations</p> <ul style="list-style-type: none"> • Thiamine (IM or IV) • Abstinence from alcohol
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<p>Korsakoff’s Psychosis Assessments</p> <ul style="list-style-type: none"> • Memory disturbances with confabulation • Learning problems • Altered taste and smell • Loss of reality testing 	<p>Korsakoff’s Psychosis Implementations</p> <ul style="list-style-type: none"> • Balanced diet • Thiamine • Abstinence from alcohol
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