

**Lincoln Memorial University  
Caylor School of Nursing  
Nursing 126**

## **Lesson Plan: Unit I - Current Theories and Practice in Mental Health Nursing**

**Dates and Times:** See Syllabus

**Objectives:** Upon completion of this unit, the student will demonstrate in the clinical/classroom setting, in individual and group learning opportunities, and on written material an understanding of the following:

1. Define the key terms found in each assigned chapter.
2. Describe the characteristics of mental health and mental illness.
3. Discuss the purpose and use of the *American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> edition, Text Revision (DSM-IV-TR).
4. Identify important historical landmarks in psychiatric care.
5. Discuss current trends in the treatment of people with mental illness.
6. Discuss the American Nurses Association standards of practice for psychiatric mental health nursing.
7. Describe common student concerns about psychiatric nursing.
8. Discuss the structures, processes, and functions of the brain.
9. Describe the current neurobiologic research and theories that are the basis for current psychopharmacologic treatment of mental disorders.
10. Discuss the nurse's role in educating clients and families about current neurobiologic theories and medication management.
11. Identify pertinent teaching for clients and families about brain imaging techniques.
12. Discuss the categories of drugs used to treat mental illness and their mechanisms of action, side effects, and special nursing considerations.
13. Identify client responses that indicate treatment effectiveness.
14. Discuss common barriers to maintaining the medication regimen.
15. Develop a teaching plan for clients and families for implementation of the prescribed therapeutic regimen.
16. Explain the basic beliefs and approaches of the following psychosocial theories: psychoanalytic, developmental, interpersonal, humanistic, behavioral, existential, and crisis intervention.
17. Describe the following psychosocial treatment modalities: individual psychotherapy, group psychotherapy, family therapy, behavior modification, systematic desensitization, token economy, self-help groups, support groups, education groups, cognitive therapy, milieu therapy, and psychiatric rehabilitation.
18. Identify the psychosocial theory on which each treatment strategy is based.

19. Identify how several of the theoretical perspectives have influenced current nursing practice.
20. Discuss traditional treatment settings.
21. Describe different types of residential treatment settings and the services they provide.
22. Describe community treatment programs that provide services to people with mental illness.
23. Identify barriers to effective treatment for homeless people with mental illness.
24. Discuss the issues related to people with mental illness in the criminal justice system.
25. Describe the roles of different members of a multidisciplinary mental health care team.
26. Identify the different roles of the nurse in varied treatment settings and programs.
27. Describe how the nurse uses the necessary components involved in building and enhancing the nurse-client relationship (trust, genuine interest, empathy, acceptance, and positive regard).
28. Explain the importance of values, beliefs, and attitudes in the development of the nurse-client relationship.
29. Describe the importance of self-awareness and the therapeutic use of self in the nurse-client relationship.
30. Identify self-awareness issues that can enhance or hinder the nurse-client relationship.
31. Describe the differences between social, intimate, and therapeutic relationships.
32. Describe and implement the phases of the nurse-client relationship as outlined by Hildegard Peplau.
33. Explain the negative behaviors that can hinder or diminish the nurse-client relationship.
34. Explain the various possible roles of the nurse (teacher, caregiver, advocate, and parent surrogate) in the nurse-client relationship.
35. Describe the goals of therapeutic communication.
36. Identify therapeutic and non-therapeutic verbal communication skills.
37. Discuss nonverbal communication skills such as facial expression, body language, vocal cues, eye contact, and understanding of levels of meaning and context.
38. Discuss boundaries in therapeutic communication with respect to distance and use of touch.
39. Distinguish between concrete and abstract messages.
40. Given a hypothetical situation, select an effective therapeutic response to the client.

## **REQUIRED READINGS:**

Videbeck, S.L. (2008). *Psychiatric-Mental Health Nursing* (4<sup>th</sup> ed.). Philadelphia: Lippincott Williams & Wilkins. Chapters 1 – 6.

## **TOPICAL OUTLINE:**

- I. Foundation of Psychiatric-Mental Health Nursing
  - A. Definition and Discussion of Mental Health/Mental Illness
  - B. History of Mental Illness to Today
  - C. Mental Health in the Future
  - D. Psychiatric Nursing Practice
  
- II. Neurobiologic Theories and Psychopharmacology
  - A. Quick Review of A & P of the Brain
  - B. Brain Imaging Techniques
  - C. Neurobiologic Causes of Mental Illness
  - D. Psychopharmacology
    1. Principles
    2. Antipsychotic Medications
    3. Antidepressant Medications
    4. Mood-stabilizing Medications
    5. Anxiolytics
    6. Stimulants
    7. Disulfiram
    8. Cultural Considerations
  
- III. Psychosocial Theories and Therapy
  - A. Psychosocial Theories
    1. Psychoanalytic Theories
    2. Developmental Theories
    3. Interpersonal Theories
    4. Humanistic Theories
    5. Behavioral Theories
    6. Existential Theories
  - B. Crisis Intervention
  - C. Cultural Considerations
  - D. Treatment Modalities
    1. Individual Psychotherapy
    2. Group Psychotherapy
      - a. leadership
      - b. roles
      - c. open/closed groups
      - d. family therapy
      - e. education group
      - f. support groups
      - g. self-help groups
  - E. Complementary/Alternative Therapies
  - F. Psychiatric Rehabilitation
  - G. Nursing & Psychosocial Interventions

- IV. Treatment Settings and Therapeutic Programs
  - A. Treatment Settings
    - 1. Inpatient Hospital Treatment
    - 2. Partial Hospitalization Programs
    - 3. Residential Settings
  - B. Psychiatric Rehabilitation Programs
  - C. Special Populations of Clients with Mental Illness
    - 1. Homeless
    - 2. Prisoners
    - 3. Public Health and Home Care
  
- V. Therapeutic Relationships
  - A. Components of a Therapeutic Relationship
  - B. Types of Relationships
  - C. Establishing the Therapeutic Relationship
    - 1. Phases
    - 2. Behaviors that can Diminish the Therapeutic Relationship
  - D. Roles of the Nurse in a Therapeutic Relationship
  
- VI. Therapeutic Communication
  - A. Definition and discussion of Therapeutic Communication
  - B. Verbal Communication Skills
  - C. Nonverbal Communication Skills
  - D. The Therapeutic Communication Session

## NURS 126

### Unit I – Medication List (Chapter 2)

#### ANTIPSYCHOTIC MEDICATIONS

Chlorpromazine (Thorazine)	Thiothixene (Navane)
Perphenazine (Trilafon)	Haloperidol (Haldol)
Fluphenazine (Prolixin)	Droperidol (Inapsine)
Thioridazine (Mellaril)	Loxapine (Loxitane)
Mesoridazine (Serentil)	Molindone (Moban)
Trifluoperazine (Stelazine)	

#### Atypical Antipsychotics

Clozapine (Clozaril)
Fazclo (clozapine)
Risperidone (Risperdal)
Olanzapine (Zyprexa)
Quetiapine (Seroquel)
Paliperidone (Invega)

#### New Generation Antipsychotic

Aripiprazole (Abilify)
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#### Drugs Used to Treat Extrapiramidal Side Effects

Amantidine (Symmetrel)	Benzotropine (Cogentin)
Biperiden (Akineton)	Diazepam (Valium)
Diphenhydramine (Benadryl)	Lorazepam (Ativan)
Procyclidine (Kemadrin)	Propranolol (Inderal)
Trihexyphenidyl (Artane)	

#### ANTIDEPRESSANT MEDICATIONS

##### SSRIs

Fluoxetine (Prozac)	Fluvoxamine (Luvox)
Paroxetine (Paxil)	Sertraline (Zoloft)
Citalopram (Celexa)	Escitalopram (Lexapro)

##### Tricyclic Antidepressants

Imipramine (Tofranil)	Desipramine (Norpramin)	Amitriptyline (Elavil)
Nortriptyline (Pamelor)	Doxepin (Sinequan)	Trimipramine (Surmontil)
Protriptyline (Vivactil)	Maprotiline (Ludiomil)	Mirtazipine (Remeron)
Amoxapine (Asendin)	Clomipramine (Anafranil)	

##### MAOIs

Isocarboxazid (Marplan)	Tranylcypromine (Parnate)	Phenelzine (Nardil)
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### **Tyramine-Containing Foods**

- Mature or aged cheeses (all cheeses except cottage cheese, cream cheese, ricotta cheese, and processed cheese slices).
- Aged meats such as pepperoni, salami, mortadella, summer sausage, beef logs, meat extracts. Make sure meat and chicken are fresh and properly refrigerated.
- Italian broad beans (fava), bean curd (tofu), banana peel, overripe fruit, avocado.
- All tap beers and microbrewery beer. Drink no more than 2 cans or bottles of beer (including nonalcoholic beer) or 4 ounces of wine per day.
- Sauerkraut, soy sauce, or soybean condiments, or marmite (concentrated yeast).
- Yogurt, sour cream, peanuts, Brewer's yeast, MSG.

### **Mood-Stabilizing Medications**

*Lithium (Eskalith)	Carbamazepine (Tegretol)	Valproic Acid (Depakote)
Gabapentin (Neurotin)	Topiramate (Topamax)	Oxcarbazepine (Trileptal)
Lamotrigine (Lamictal)	Clonazepam (Klonopin)	

### **Antianxiety Medications (Anxiolytics)**

#### **Benzodiazepines**

Alprazolam (Xanax)	Chlordiazepoxide (Librium)
Clonazepam (Klonopin)	Chlorazepate (Tranxene)
Diazepam (Valium)	Flurazepam (Dalmane)
Lorazepam (Ativan)	Oxazepam (Serax)
Temazepam (Restoril)	Triazolam (Halcion)

#### **Nonbenzodiazepine**

Buspirone (BuSpar)

#### **Stimulants**

Methylphenidate (Ritalin)	Amphetamine (Adderall)
Dextroamphetamine (Dexedrine)	Pemoline (Cylert)
Atomoxetine (Strattera)	

### **Medication Used in Treatment of Alcoholism**

Disulfiram (Antabuse)