

JACKSON COLLEGE
ASSOCIATE IN APPLIED SCIENCE-NURSING
NURSING 247
MENTAL HEALTH TRANSITION SYLLABUS



“Neurosis is the inability to tolerate ambiguity.”

- Sigmund Freud (1856-1939)

“The interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind.”

- Sigmund Freud (1856-1939)

“Show me a sane man and I will cure him for you.”

- Carl Gustav Jung (1875-1961)

**JACKSON COLLEGE
NURSING DEPARTMENT
NUR H247 COURSE SYLLABUS**

COURSE NUMBER: NUR 247

COURSE TITLE: Mental Health Transiition

DEPARTMENT: Nursing

CREDITS: Two Credits:
➤ 1 theory credit- 15 class hours
➤ 1 clinical credit -45 clinical hours

CONTACT HOURS:
15 hours of theory instruction
45 hours of clinical practice

Classroom Faculty : Marina Martinez-Kratz MS, RN, CNE

Clinical Faculty: Marina Martinez-Kratz MS, RN, CNE
Jennifer Tharp BSN, RN

OFFICE LOCATION, PHONE, & E-MAIL

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OFFICE HOURS: Before and after class and clinical as well as posted hours by appointment.

COURSE DESCRIPTION:

Students engage in learning experiences that promote satisfactory assimilation of fundamental mental health and mental illness concepts in their delivery and application of the nursing process with clients and family systems. A clinical component will be provided for students to demonstrate mental health nursing care to clients with self-care deficits within the wholly and partially compensatory and educative-supportive nursing system.

COURSE OBJECTIVES:

Nurse as a Provider of Care:

1. Utilizes individualized therapeutic interaction techniques in communicating with diverse patient populations (including patient's significant others) across the life span.
2. Accurately employs the nursing process in providing comprehensive mental health nursing care to individual patients and patient systems in supportive-educative, partially and wholly compensatory nursing systems.
3. Discusses and describes based upon the nursing process how mental health promotion and mental health nursing interventions are fundamental to the therapeutic resolution of physiologically based self-care deficits.
4. Correlates etiology associated with alterations of neurological functioning, genetic patterns & alterations of neurotransmission specific to DSM-5 classified mental health disorders.
5. Demonstrates psychiatric-mental health nursing assessment of patients utilizing accepted mental health (including the mental status exam) and physical assessment techniques.
6. Applies mental health nursing principles and mental health promotion concepts consistent with legal, professional and ethical standards in identifying self - care requisites and the potential for self - care by the patient/patient system.

Nurse as a Manager of Care:

1. Professionally communicates with the multi-disciplinary health care team and reflects an accurate application of mental health nursing principles specific to the referenced patient/patient system.
2. Utilizes the evaluation process of the Nursing Process for self-growth and awareness and as a basis for the ongoing evaluation of safe, competent care.

Nurse as a Member of the Discipline:

1. Demonstrates behaviors characteristic of a professional nurse.
2. Accurately discusses the relationship of the legal and professional role and scope of the AAS-N graduate in relation to the practice of psychiatric -mental health nursing regardless of the setting in which care is delivered.

Prerequisite:

- BIO 220 Microbiology
- NUR 121 Pharmacology
- NUR 124 Transitions Bridge
- NUR 172 Pathophysiology

ASSOCIATE DEGREE OUTCOMES:

This class will contribute to the development of the following skills and abilities in the successful student:

ADO 5 • Understanding Human Behavior. Proficient Level.

ADO 10 •Diversity. Proficient Level.

STUDENT RESPONSIBILITIES:

A. ATTENDANCE

1. The student is expected to attend all classroom presentations, participate in online learning activities, and attend all clinical experiences. As adults, it is assumed that students will make appropriate decisions regarding necessary absences.
2. If the student is absent from clinical, he/she will be required to make up that time as outlined in the attendance policy within the time frame negotiated with the instructor.
3. If greater than 20% of clinical hours are missed, the student must repeat the course before continuing in the program.

B. CLINICAL EXPECTATIONS & REQUIRED BEHAVIORS

1. Attendance in theory and clinical is essential to a student successfully meeting course and clinical objectives. If you find that you are going to be absent or late to clinical please be advised that you are required to contact your clinical instructor directly or leave a message at the clinical agency (prior to the clinical start time). Students are expected to complete clinical hours as assigned. If students leave clinical early for any reason, they are required to contact their clinical instructor prior to leaving the clinical setting. Failure to communicate attendance issues with your clinical instructor will result in disciplinary action.
2. Students are responsible to advise their clinical instructor if they are attending meetings, therapy groups within the clinical agency and/or leaving the unit for a designated break or lunch.
3. Clinical Orientation is mandatory. Students are to attend the scheduled orientation according to their assigned clinical site
4. Students are not allowed to act as “staff” and accompany patients who require hospital staff escort to any diagnostic procedure and/or therapy group. Students (assuming role of student and not that of staff escort) may accompany a staff person who will be responsible for the transporting of patients within the designated clinical agency.
5. Students will report any significant information specific to patient interactions and/or observations of patients to assigned staff and the clinical instructor on an ongoing basis and prior to leaving the clinical unit.
6. Student interactions with clients are to be conducted on the clinical unit in

a therapeutic manner that is representative of psychiatric-mental health principles. Further, interactions are to be conducted in "open areas" versus in "closed areas" (individual rooms with doors closed where there is no staff present or the ability to visualize student and patient at all times).

7. Students are to take an active role in seeking out learning experiences and actively participating in opportunities for learning, i.e., group therapies, patient admissions, assisting in physical and psychosocial examinations, observing diagnostic procedures and observation of medication administration. Students will be responsible for being knowledgeable of common psychotropic medications (indication for, usual dosage, usual side effects, and contraindications) and for observing the Registered Nurses administration of medication and medication teaching.
8. **CLINICAL ATTIRE**

Students should wear the designated wine color polo shirt with the JC logo monogram in the left upper corner, khaki pants, and the JC name badge worn above the waist. Footwear must be black, brown or white, clean, in good repair and have closed heel and toe. Socks must be worn. Walking, athletic or uniform shoes that adhere to these standards may be appropriate. No lab coats. Policies regarding clothing, earrings, tattoos, and nail polish are further specified in the Nursing Program's student handbook.
9. Lunch (30 minutes) and breaks (two 15 minute) are provided for students consistent with program guidelines. Students are prohibited from smoking at any time during their clinical experience and from smoking with clients in any of the clinical sites. Students are not allowed to purchase either snacks or gifts for clients.
10. Cell phones and beepers are **not allowed** in the clinical setting. Failure to comply with this guideline will result in disciplinary action. Cameras and recording devices are prohibited by the State of Michigan's Mental Health Code.
11. Students are expected to park in the appropriate/designated areas as defined by Nursing Program policies and as additionally addressed during mandatory orientation. For review of parking guidelines, please refer to the JETNET course site, "Parking Directions"
12. Students are expected to present Nursing practice that is consistent with the policies and procedures set forth by the designated clinical agency and within the educational and professional parameters set forth by Jackson College's Associate Degree Nursing Program. Each student's practice is to be reflective of their application of clinical reasoning and critical thinking with a willingness to attempt nursing approaches based upon sound

Psychiatric Mental Health Nursing principles. Refer to the clinical performance guide (CPG) for further delineation of required behaviors.

C. CLINICAL ASSIGNMENTS Students are required to satisfactorily complete the following nine (9) categories of clinical assignments; 1) Submission of Weekly Goals 2) Submission of Weekly Reflective Journal 3) Interaction Analysis, 4) Facilitating a Milieu Activity, 5) Working Plan of Care, 6) Attendance at an Approved Support Group, 7) Simulation Participation, 8) Mandated Reporter Training and 9) Post-conference Participation.

1. Weekly Goals: Due weekly. Students will submit 3 goals each week prior to clinical experience.

Learning Outcomes:

- Identify the dimensions of self-awareness and the therapeutic use of self to facilitate therapeutic Nurse-Patient relationships.
- Demonstrate the application of recognized and approved philosophical beliefs and ANA nursing standards to achieve identified patient outcomes.
- Demonstrate the application of recognized and approved philosophical beliefs and ANA nursing standards to achieve identified patient outcomes.
- Compare and contrast the roles of psychiatric-mental health nurses and the clinical roles of other mental health professionals in caring for patients in outpatient, community focused and inpatient settings.
- Identify the social, political and economic forces that play a role in the allocation of care for patients experiencing mental health disorders

One goal should be from each of the following three Domains. You are expected to develop goals that are relevant to your learning needs and reflect ownership of your education. The three Goal Domains are:

- **Cognitive Knowledge and Science:** Understanding of chemistry, physiology, pathophysiology, microbiology, physics, genetics, pharmacology, genomics as they relate to mental health nursing. Application of theory to clinical practice. Implications of research based evidence on nursing practice.
- **Practical Skills and Clinical Reasoning:** Use knowledge from many fields to grasp nursing implications of a clinical situation, master complex technical skills, develops astute clinical judgment to interpret situations and communicate

with the health care team, patients and families. Need to be able reflect and interpret the patient's concerns and experience, and provide extensive patient and family education.

- **Professional Formation:** Demonstration of appropriate use of knowledge, skills of care, relational skills, and communication with patients and colleagues. Goals will demonstrate development of ethical reflections to discern moral dilemmas and injustices in clinical situations. Goals will reflect an ability to make ethical decisions and solve problems.

2. Weekly Reflective Journaling: Due weekly.

Learning Outcomes:

- Identify the dimensions of self-awareness and the therapeutic use of self to facilitate therapeutic Nurse-Patient relationships.
- Demonstrate the application of recognized and approved philosophical beliefs and ANA nursing standards to achieve identified patient outcomes.
- Differentiate between "involuntary" and "voluntary" adult in patient admission criterion and associated due processes specific to National and State of Michigan statutes.
- Demonstrate the application of recognized and approved philosophical beliefs and ANA nursing standards to achieve identified patient outcomes.
- Identify the professional and the legal scope (including delegation and accountability) of the associate degree nurse working with psychiatric-mental health patients.
- Demonstrate the characteristics consistent with a therapeutic relationship versus social relationship while interacting with mental health patients.
- Identify the social, political and economic forces that play a role in the allocation of care for patients experiencing mental health disorders

Reflective journal entries are due each week after the clinical hours are completed. Journaling is documentation of the actual events of the clinical experience highlighting the students personal perspectives, feelings, beliefs, attitudes, biases, theoretical understanding of concepts associated with clinical events, and the application of evidence-based practice and nursing interventions. Each Journal entry is expected to contain:

- **One (1) Self-Reflection Question each week ~ i.e., pick one reflection question each week to respond to in your journal. List of questions are on the JetNet course site.**
- **One (1) Statement per journal describing, "I engaged with a**

patient today AEB...

- One (1) Statement per journal evaluating your progress towards the goals you set, "I met my goal(s) today AEB..."

**3. Interaction Analysis: Due no later than end of 2nd clinical week
Learning Outcomes:**

- Identify therapeutic communication.
- Differentiate between verbal and non-verbal communication.
- Identify therapeutic communication techniques that can be used to facilitate a therapeutic relationship.
- Identify communication techniques that limit communication and the reason why.
- Identify communication interventions that are indicated with clients presenting alterations in emotional responsiveness, alterations in reality testing and/or disturbed thought processing.
- Demonstrate the application of communication theory.
- Demonstrate active listening.
- Demonstrate a therapeutic Nurse-Patient relationship with a specified patient based upon sound psychiatric-mental health principles and consistent with the patient's established nursing care plan and/or treatment plan.
- Demonstrate therapeutic communication (goal specified and relevant to the patient's plan of care) for a period of minimally 15 minutes.

To meet satisfactory performance of this assignment the student must submit to their clinical instructor an interaction analyses which presents documentation of a patient's verbal and non-verbal communication, the student nurse's verbal communication and non-verbal behavioral response, and interpretation and evaluation of both the patient's and the student nurse's responses. Further, the analyses should identify and include:

- Identification of the student's use of at least 3 therapeutic interaction techniques
- Identification of 2 blocks or barriers to the communication process.
- Identification of 3 client behavioral responses that characterize defense mechanisms &/or are indicative of the DSM-5 disorder.
- Identification of the stage of nurse-client relationship.

This interaction is documented to the best of the student's recall. Note taking is not allowed during interactions. Please refer to the JetNet course site for the designated form to be utilized.

**4. Therapeutic Activity:
Learning Outcomes:**

- Identify and describe the components of a Nurse led group/activity.

- Discuss the responsibilities and behaviors of the RN to be included in evaluation of group processes.
- Co-lead a therapeutic activity

Students will co-lead a therapeutic activity in collaboration with one or two other students within the designated clinical rotation. The individual student will be responsible (and individually evaluated) for the development of a therapeutic group goal statement (mutually agreed upon between the student, faculty and agency) along with a plan of activities that support goal attainment related to the specified group of MH consumers.

Please note that goals and supporting activities and/or interventions are to be measurable, clinically relevant and are to be substantiated by professional nursing literature and research. The student group should plan to present their typed activity plan with references in APA format to the clinical faculty 1 week prior to the planned group presentation.

Please see the JetNet course site for specified forms that are to be utilized & completed for this assignment option.

5. Working Plan of Care:

The student will be expected to complete a Working Plan of Care whenever assigned to the acute care clinical setting.

The Working Plan of Care will be based upon an individualized psychosocial patient assessment and will consist of three (3) relevant and prioritized psychosocial nursing diagnoses with interventions that were implemented and evaluated during that clinical day. Psychotropic medication teaching should be included in each working care plan. Grading of the Working Plan of Care will be based on Pass or Fail basis with criteria defined in the Clinical Performance Guide (CPG) and the Working Plan of Care grading criteria sheet.

Please refer to the JetNet course site for the appropriate assessment tools and grading criteria.

6. Attendance at a Support Group

During the first week each student will meet with their clinical instructor to decide on the type of meeting or group to be attended. The self-help or support group chosen should be one that is relevant to the Associate Degree Nurse's delivery of nursing practice.

In order to achieve satisfactory performance for this assignment the student must hand in a typed reaction paper that follows the guidelines outlined in the grading criteria. Finally, the paper should be no longer than 2-3 pages in length and should be organized according to APA format.

Please refer to the JetNet course site for the appropriate grading criteria sheet.

7. Simulation Participation:

A psychiatric simulation and unfolding case study is scheduled during the last clinical day. It stands as an immersion experience that is comprehensive and interactive. The simulation and unfolding case study is aimed at promoting critical thinking, clinical reasoning, and adherence to internal and external standards of care. The student is expected to fully engage and participate in the simulation sessions. This assignment is part of the clinical day & satisfactory completion is required to complete the clinical portion of this course.

8. Mandated Reporter Training:

The Mandated Reporter Training is a primary and secondary prevention strategy developed to aid professionals who are mandated by law to report child abuse and neglect. This training educates professionals to be able to detect, report, and prevent child abuse and neglect by understanding Child Protection laws, how to make a report to Children's Protective Services and what community services and resources are available to families.

9. Post Conference Participation

Students are expected to fully engage and participate in the post conference sessions. Students should come to the post conference sessions prepared to discuss their assigned client, detail their clinical work, share insights, ask questions, discuss progress towards goals and give examples that depict application of theory to the clinical setting.

D. STUDENT EVALUATION CRITERIA:

1. MAKE-UP POLICY

The student is responsible for his or her own learning. In the event that the student must miss or be late to class, it is the student's responsibility to obtain lecture notes, instructions, announcements, etc. from a fellow student. The student is responsible for all material and information covered in class.

Students are strongly encouraged to be present for all exams. If a student chooses to not contact faculty prior to missing an exam a five- percent reduction in the earned grade will be made on a student's first make-up exam and a ten- percent reduction will be made on the second make-up exam. A student must arrange to make up a missed exam prior to returning to the next class.

Students must be present in class to participate in and receive credit for group work or quizzes presented in class. Tardiness to class may mean missing group work or a quiz, or reduced time to take a test (if a quiz, test or group work is in progress students who are late or absent will not be able to enter the class activity & initiate the already in progress activity)

2. AVAILABLE LEARNING SERVICES

Tutors and additional free services for academic success can be accessed by calling (517) 796-8415 or by stopping by the Center for Student Success (CSS), Potter Center, Federer C. Faculty and tutors at the CSS can help you with writing, study skills, test anxiety, math, and reading.

Students requiring special assistance (including those affected by the Americans with Disabilities Act) should contact the Center for Student Success. This is the first step in acquiring the appropriate accommodations to facilitate your learning.

3. NURSING PROGRESSION POLICY/GRADING OF COURSE

The student must receive a 2.0 grade in the course AND a Satisfactory Rating in clinical to continue in the nursing program. See the Nursing Handbook for further information.

The course grade that the student earns will be based on satisfactory performance in the clinical setting, clinical assignments, and the Clinical Performance Guide. The numeric grade will be determined from the examinations, group work, homework, & quizzes that are given throughout the course. See below for the Nursing Program Grading Scale.

This course contains several grading components. One component will consist of tests. A second component consists of clinical. Other components may consist of quizzes, group work, homework, or other activities. A student must earn a minimum of 78% in the test component and a 78% average in the course and a satisfactory in clinical in order to pass the course. See below for further clarification.

⇒ A student who earns less than a 78% average on the test component or less than a 78% average on all components averaged together, or an unsatisfactory in clinical will receive a maximum grade of 1.5 in the course. A student who misses a clinical day & does not complete the make-up within the time frame of the course will be issued an incomplete for the course until the make-up is satisfactorily completed.

4. EXAMS, QUIZZES, GROUPWORK, COURSE GRADING

UNIT EXAMS: There will be a total of 2 exams, 70 points per exam for a total of 140 examination points possible (180 total course points). Please refer above for detailed information specific to "make up policy and progression policy/grading of course".

Tests will be proctored and administered through the Testing Center on

main campus or at JC@LISD.

QUIZZES/GROUP WORK (GW)/HOMEWORK/DISCUSSION: Quizzes, homework, group work, & discussion will be utilized throughout the course. There will be 40 points possible. Make-up for quizzes and group work is not allowed if not in attendance when they are administered or if not submitted by the due date.

CHEATING/DISHONESTY:

Any student who chooses to cheat on a quiz or exam will automatically fail the course. Sharing information about items or content of exams is considered cheating and will be treated as such. See the Nursing Program policy on Academic Integrity and Honesty for more detail.

EXAMPLE OF COURSE GRADING

- 40 GW/HW/Quiz Points for 22% of your overall grade
- 140 Exam Points for 78% of your overall grade
- 180 Total Course Points Possible

Student received; 38 GW points & 127 Exam points = $165 \div 180$ possible course pts. = 91.6% which equals a course grade of 3.5. Grades will be updated regularly and will be accessible through the course's JetNet site to all students at all times.

OTHER: The Nursing Handbook identifies the behaviors that violate the Code of Nursing. Such behaviors may lead to dismissal from the program. The minimal competencies for the course are listed with the clinical performance guide.

5. GRADING SCALE

The grading scale for this course follows the Nursing Handbook which is as follows:

4.0	94-100%
3.5	90-93%
3.0	86-89%
2.5	82-85%
2.0	78-81%

6. NURSING DEPARTMENT ACADEMIC INTEGRITY AND HONESTY POLICY

Nurses are highly regarded as the most trusted professionals. We are committed to the ideals that honesty and integrity are essential qualities for the profession of nursing. Here at Jackson College each of us has a responsibility to strive for veracity and integrity in our work and in all of our relationships. Great things will manifest with academic integrity, honesty, trust, and personal responsibility.

Academic integrity and honesty is expected of all students. Any student found to be cheating on an exam, quiz, or other assessment will be subjected to corrective action

in accordance with the level of infraction according to the policies as written in the JC Nursing Handbook and Responsible Use Policy of Jackson College.

CHEATING and serious violation of responsible technology use can take on many forms. These may include but are not limited to:

- **Bringing an answer source to the testing site. This could be a cheat sheet, your cell phone, etc.**
- **Copying answers or work from another student's test or project.**
- **Making copies or taking cell phone pictures of test or course materials including PowerPoint presentations.**
- **Changing an answer or work after submission.**
- **Sharing test information, test answers and content with someone who has not yet taken the test.**
- **Uploading Prohibited Course Materials to any internet site or facilitating others to do so. Periodic audits of the internet are performed. All course materials have been specifically prohibited for distribution by instructors unless specifically indicated otherwise. This includes but is not limited to graded quizzes and exams, group work answers, etc., along with any questions that are or might be intended for future quizzes and exams.**
- **Unauthorized Possession or Disposition of Academic Materials includes the unauthorized selling or purchasing of exams, quizzes, midterm projects, or other academic work; stealing or using another student's work; using information from or possessing exams/quizzes that a faculty member did not authorize for release to students.**

Facilitation of any act of academic misconduct includes knowingly assisting another to commit an act of misconduct; providing others with course materials to be uploaded digitally or to be shared manually.

Taking quizzes with another student. Quizzes are to be done individually - do not share answers with others in person, through e-mail or on the phone. Sharing answers is considered cheating and will be treated as such.

Plagiarism is another form of cheating. Plagiarism may involve but is not limited to submitting a paper written by someone else (obtained from the web or a fellow student) or using direct quotes from any source without crediting the source.

If you are unsure if a practice might be considered cheating, please check with an instructor and/or do not engage in that practice. Please remember that failing a course may mean permanent dismissal from the program.

8. CLINICAL EVALUATION: (satisfactory/unsatisfactory)

The Clinical Performance Guidelines (CPG) is a clinical evaluation tool that presents all clinical objectives in addition to detailing skills and abilities that will further assist the individual student to satisfactorily meet clinical objectives, actively engage in their own self-assessment, demonstrate accountability for learning and promote self-growth. The CPG provides both faculty and students with a method regardless of the clinical setting and/or patient census so as to consistently monitor a student's experience and his/her progression toward meeting clinical objectives. Satisfactory (S), Unsatisfactory (U), Needs improvement (NI), or Not observed (NO), with detailing comments will be used as grading criteria. If the clinical objectives are not met, the clinical grade will be unsatisfactory and the course grade will be a failure (F) 0.00.

9. INSTRUCTIONAL MATERIALS:

- Collaborative Group work
- Lecture
- On-line learning activities
- Critical thinking and Clinical reasoning exercises
- Discussion: asynchronous and face to face
- Clinical Simulation & Role-plays
- Student presentations
- Audiovisual and interactive materials
- Assigned readings
- Writing projects
- Guest speakers
- Tours

10. ASSIGNED READINGS AND ACTIVITIES

- **REQUIRED TEXT:** Essentials of Psychiatric Mental Health Nursing: A Communication Approach to Evidence-Based Care, 2nd ED. , Elizabeth Varcarolis, 2013, ISBN: 978-0-323-28788-3
- In addition to the textbook, there are other assigned readings, short videos, PowerPoint slides with audio, and a variety of diverse learning activities.
- **RECOMMENDED:** Ackley/Ladwig Nursing Diagnoses, Current Edition, Text/Website.

9. COURSE MANAGEMENT:

Students who withdraw or fail the course will not be allowed to progress to the next level. If the student wishes to repeat the course, s/he must write a letter to the Department Chairperson of Nursing and request a "space available" placement while detailing a plan to ensure their success in the program.

10. PERSONAL MANAGEMENT:

Clinical patient scenarios are utilized to present theoretical applications of the course material. However, it is not appropriate for students to disclose personal or family mental health issues and or treatment in the classroom or clinical setting. Some of the material covered in this course can be provocative in nature and may elicit a variety of emotional reactions from individuals. If you are experiencing a strong or unsettling emotional reaction, please take the necessary steps to ensure your well-being. If needed, you can also notify the classroom instructor. Your confidentiality will be maintained and an attempt to assist you with identifying the appropriate resources will be made.

MENTAL HEALTH TRANSITION COURSE OUTLINE

Please refer to accompanying objectives for assigned readings and activities

1. Therapeutic Communication and the therapeutic relationship
2. Relevant theories for nursing practice
3. Psychosocial Nursing Process and the identification of adaptive & maladaptive behaviors
4. Psychotherapeutic approaches for care of patients in mental health settings
5. Psychobiology in relation to mental health and illness
6. Psychopharmacology and Complementary and Alternative Medicine
7. Application of the nursing process associated with anxiety, obsessive or trauma related disorders
8. Application of the nursing process for patients experiencing affective disorders
9. Application of the nursing process associated with suicide, self/other directed violence & crisis intervention
10. Application of the nursing process associated with patients experiencing psychosis or schizophrenia
11. Application of the nursing process associated with patients experiencing neurocognitive impairments and or neurocognitive disorders
12. Application of the nursing process for patients experiencing Substance Use disorders
13. Application of the nursing process for patients experiencing Personality disorders
14. Application of the nursing process associated with patients experiencing victimization and violence
15. Application of the nursing process with children and adolescent clients experiencing mental illness.

UNIT I: THERAPEUTIC COMMUNICATION THERAPEUTIC NURSE-PATIENT RELATIONSHIP

1. Define therapeutic communication, social relationships, therapeutic relationships, boundaries, transference and countertransference, active listening, double bind messages, empathy, positive regard, genuineness.
2. Differentiate between verbal and non-verbal communication.
3. Discuss the interrelationship between therapeutic verbal & nonverbal communication and the dimensions of the communication process (structural component; sender, receiver, message itself, feedback, space, touch & environment).
4. Describe therapeutic communication techniques that can be used to facilitate a therapeutic relationship and identify communication techniques that limit communication with rationale.
5. Identify the phases of the nurse-patient relationship and what can help or hinder.
6. Identify the dimensions of self-awareness and the therapeutic use of self to facilitate therapeutic Nurse-Patient relationships.
7. Discuss developmental principles that aid in establishing therapeutic communication with clients across the age continuum.
8. Identify communication interventions that are indicated with clients presenting alterations in emotional responsiveness, alterations in reality testing and/or disturbed thought processing.
- *9. Demonstrate the application of communication theory to achieve goal directed Nurse-Patient therapeutic interactions with diverse clients each clinical day.
- *10. Demonstrate active listening for a minimum of 10 minutes each clinical day with specified patients.
- *11. Demonstrate a therapeutic Nurse-Patient relationship with a specified patient based upon sound psychiatric-mental health principles and consistent with the patient's established nursing care plan and/or treatment plan.

Required Reading: Varcarolis, Chapters 8 & 9

UNIT II: RELEVANT THEORIES TO GUIDE NURSING PRACTICE

1. Compare and contrast the major theories and concepts of personality development and therapeutic approaches utilized in mental health care (psychodynamic, interpersonal, behavioral, cognitive and moral development, medical, nursing and milieu).
2. Compare and contrast the developmental norms and stages of individuals and families relative to mental health and mental illness.
3. Describe the characteristics of a healthy personality structure.
4. Identify through assessment how predisposing factors and presenting stressors challenge the development and effective functioning of a healthy personality.
5. Identify and describe the components of a Nurse led group/activity. Discuss the responsibilities and behaviors of the RN to be included in evaluation of group processes.
- *6. Formulate and apply nursing diagnoses for patients experiencing progressive levels of altered personality development and functioning.

Required Reading: Varcarolis, Chapter 3

UNIT III: PSYCHOSOCIAL NURSING PROCESS IDENTIFICATION OF ADAPTIVE AND MALADAPTIVE BEHAVIORS

1. Identify the major categories that a Registered Nurse would assess to identify the psychosocial functioning of a patient.
- *2. Accurately identify and associate patient's adaptive and maladaptive behaviors specific to the following mental status exam categories; appearance, behavior/activity, attitude, speech, mood & affect, perceptions, thought organization, sensorium & cognition, judgment, insight, reliability, stressors, coping skills, status of relationships, cultural & spiritual influences and occupational functioning
3. Accurately apply (including documentation of such) the five steps of the nursing process (utilizing NANDA diagnostic labels, NIC interventions, and NOC outcomes) in the holistic care of a patient(s) within the mental health clinical setting
4. Accurately applies DSM-5 classifications, NANDA diagnoses, NIC interventions, and NOC outcomes to identifiable patient behaviors.
- *5. Demonstrate the ability (with guidance) to conduct a biopsychosocial nursing assessment of a mental health client (incorporating an understanding of the biological perspective).
- *6. Demonstrate the ability to operationalize the role of the RN in the application of the nursing process with mental health clients.

Required Reading: Varcarolis, Chapter 7

UNIT IV

PSYCHOTHERAPEUTIC APPROACHES FOR CARE OF PATIENTS IN MENTAL HEALTH SETTINGS

1. Discuss how acute & community based mental health systems deliver services to individuals and families based upon specified therapeutic modalities including; psychiatric nursing, milieu therapies, somatic therapies, behavior modification, group therapy, family therapy, alternative therapies and medical intervention.
2. Discuss indications, contraindications, mode of action, common side effects, legal and ethical aspects, and the role of the RN regarding the administration of electroconvulsive therapy.
- *3. Identify therapeutic techniques which are used in the therapeutic & goal directed modification of patient behavior.
4. Define the legal and ethical rationale for the use of physical & chemical restraint of patients.
5. Describe the Registered Nurse's role in relationship to the seclusion or restraint of patients.
- *6. Differentiate between "involuntary" and "voluntary" adult in patient admission criterion and associated due processes specific to National and State of Michigan statues.
- *7. Demonstrate the application of recognized and approved philosophical beliefs and ANA nursing standards to achieve identified patient outcomes.
8. Identify the professional and the legal scope (including delegation and accountability) of the associate degree nurse working with psychiatric-mental health patients.
9. Compare and contrast the roles of psychiatric-mental health nurses and the clinical roles of other mental health professionals in caring for patients in outpatient, community focused and inpatient settings.

Required Reading: Varcarolis, Chapter 5 & 6

UNIT V: REVIEW OF NEUROANATOMY AND PHYSIOLOGY IN RELATION TO MENTAL HEALTH & ILLNESS

1. Discuss identified anatomical structures of the brain and their related functions in relationship to the delivery of comprehensive nursing care.
2. Describe neuroimaging techniques utilized in the assessment, diagnosis and treatment of patients presenting with maladaptive mental health.
- *3. Discuss the various neurophysiological alterations that are associated with patients experiencing mental illness.
- *4. Be able to accurately associate NANDA diagnoses with etiology specific to neurophysiological alterations
- *5. Demonstrate the ability to accurately describe and record client centered data that is consistent with Standards of Care and NOC outcome measures.
6. Accurately identify neuro-psychological testing, diagnostic imaging methods & the associated nursing care utilized in the diagnosis and treatment of clients presenting with major mental health disorders (MMPI, TAT, WAIS, MRI, fMRI, CT, PET, SPECT, EEG).

*denotes clinical objective

Required Reading: Varcarolis, Chapter 4

UNIT VI: PSYCHOPHARMACOLOGY COMPLIMENTARY & ALTERNATIVE MEDICINE (CAM)

1. Discuss the historical perspectives related to psychopharmacology.
2. Describe the indication for, defined actions, contraindications, common side effects, nursing actions and patient teaching for the following classifications of drugs:
 - a. antipsychotic
 - b. antidepressants
 - c. antianxiety-anxiolytics
 - d. antiparkinsonian
 - e. anticonvulsants-mood stabilizers
 - f. mood stabilizers
 - g. anti-manic: lithium
3. Discuss the legal and ethical issues regarding "chemical restraint".
4. Describe CAM as it relates to the treatment of mental illness.
5. Observe within the clinical setting the Registered Nurse's administration of psychotropic drugs. *
6. Under the supervision of a Registered Nurse within the clinical agency and/or the Clinical instructor, provide client's accurate and meaningful medication teaching specific to the client's individual medication regime.*

Required Reading: Varacrolis, Chapter 4

UNIT VII: NURSING PROCESS ASSOCIATED WITH ANXIETY, OBSESSIVE, AND TRAUMA RELATED DISORDERS

1. Define the concept and characteristics of anxiety, eustress, distress, flashbacks, compassion fatigue, obsession, compulsion, hoarding,
2. Identify the physiological, behavioral, cognitive and affective behaviors associated with the (4) levels of anxiety.
3. Relate how determined factors contribute to an individual's development of an anxiety disorder.
4. Compare and contrast the four-(4) levels of anxiety and individual's coping response.
5. Differentiate between the clinical manifestations of psychological factors affecting medical conditions, anxiety disorders, obsessive-compulsive disorders, trauma and stressor related disorders.
6. Show application of the nursing process with individuals experiencing anxiety, obsessive, and trauma related disorders.*
7. Identify the prevalence, level of anxiety and coping methods primarily used by individual mental health patients in their management of day to day living.*
8. Show application of the clinical recognition of patient's use of ego defense mechanisms.*

Required Reading: Varcarolis, Chapters 10 & 11

UNIT VIII: NURSING PROCESS FOR CLIENTS EXPERIENCING DISTRESS AND DISORDER; AFFECTIVE DISORDERS

1. Define anergia, anhedonia, mood, affect, vegetative signs of depression,
2. Describe the concepts of loss as it relates to grief, mourning and mood.
3. Define mood disorders (depressive and bipolar categories) according to nursing theory and DSM-5 criteria.
4. Identify behavioral, cognitive and psychological characteristics seen in patients experiencing states of altered mood.*
5. Describe how identified theories relate to the development/causation of mood disorders.
6. Develop individualized nursing care plans for patients experiencing disturbances of mood; depression-mania.*
7. Identify the relevance and rationale of chemotherapy, psychotherapy, and occupational and recreational therapy and electroconvulsive treatment in the treatment of affective disorders.

Required Reading: Varcarolis, Chapters 15, 16, & 25 pp. 485-491 and tables 25-1, 25-2, 25-3

UNIT IX: NURSING PROCESS ASSOCIATED WITH SUICIDE & CRISIS INTERVENTION

1. Define suicidal ideation, attempted suicide, completed suicide, bullying, catastrophic reaction, de-escalation techniques, crisis intervention, critical incident stress debriefing.
2. Discuss the predisposing factors that place individuals at risk for suicide or risk for self/other directed violence.
3. Identify behaviors that are indicative of self/other directed violence or suicidal ideation.
4. Develop individualized nursing care plans for patients presenting behaviors that classify them as potentially violent and/or at risk for suicide.
5. Define the three major types of crisis (including examples of each).
6. Describe the steps of crisis intervention and resolution of crisis.
7. Discuss the essential components of a nursing care plan for patients and family systems experiencing crises.
8. Identify the components and associated nursing process in intervening with patients presenting anger and aggression.

Required Reading: Varcarolis, Chapters 20, 23, 24 Box 24-1, Box 24-2, Box 24-3

UNIT X:

NURSING PROCESS ASSOCIATED WITH DISTURBANCES IN THOUGHT—SCHIZOPHRENIA SPECTRUM DISORDERS

1. Define psychosis, anosognosia, catatonia, associative looseness, negative and positive symptoms, neologisms, avolition, echolalia, and word salad.
2. Define schizophrenia spectrum disorders.
3. Explain the prodromal symptoms of schizophrenia.
4. Differentiate among the three phases of schizophrenia.
5. Compare and contrast positive and negative symptoms.
6. Recall three causative theories related to the DSM -5 diagnosis of schizophrenia.
7. Discuss the multi-disciplinary treatment approach for patients presenting disturbances in thought processes.
8. Develop individualized nursing care plans for patients presenting behaviors characteristic of a psychotic disorder.
9. Therapeutically intervene with patients experiencing altered states of reality testing (hallucinations and delusions). *
10. Apply the nursing process while working with patients presenting disturbances in thought processes or sensory perceptions. *

Required Reading: Varcarolis, Chapter 17, Chapter 27 pp. 516-522

UNIT XI: NURSING PROCESS ASSOCIATED WITH PATIENTS EXPERIENCING NEUROCOGNITIVE DISORDERS

1. Define cognitive function, confabulation, illusions, perseveration, sundown syndrome, agnosia, aphasia, apraxia, agraphia, hyperorality, and hypermetamorphosis.
2. Identify techniques used in the assessment of patients cognitive functioning.
3. Discuss causative theories and etiology associated with neurocognitive impairment.
4. Differentiate between the clinical presentation of delirium, major and minor neurocognitive disorder.
5. Apply the nursing process with patients presenting altered states of neurocognition.*
6. Discuss pharmacological, milieu, residential and other therapies relative to therapeutic intervention with patients presenting altered states of neurocognition.

Required Reading: Varcarolis, Chapters 18

UNIT XII: NURSING PROCESS ASSOCIATED WITH PATIENTS EXPERIENCING SUBSTANCE USE DISORDERS

1. Define in behavioral terms "abuse" and "addiction", dual diagnosis, codependence, enabling, flashbacks, tolerance, synergistic effects, withdrawal, antagonistic effects.
2. Discuss the behavioral, affective, cognitive and psychosocial characteristics of individuals who are chemically dependent to alcohol, stimulants, anxiolytics, sedatives and hallucinogens.
3. Explain causative theories specific to substance-related and addictive disorders.
4. Discuss the physical assessment findings and medical conditions that are characteristic of patients who abuse alcohol.
5. Discuss the potential and related interventions for patients at risk for medical emergencies specific to their addictive life style.
6. Discuss the prevalence and impact that substance abuse presents throughout the life span.
7. Apply the nursing process in therapeutically intervening with patients presenting substance-related and addictive disorders. *
8. Discuss the nursing process as it relates to patients presenting with dual diagnoses.
9. Discuss the occurrence of substance abuse among members of Health Care Professions and nursing in particular.

Required Reading: Varcarolis, Chapter 19

UNIT XIII: PERSONALITY DISORDERS

1. Define personality, personality disorder, antisocial personality disorder, borderline personality disorder, splitting, manipulation, entitlement, dialectical behavior therapy (DBT), & emotional lability.
2. Compare and contrast causative theories associated with personality disorders.
3. Describe predominant characteristics (behavioral, cognitive, and socio-cultural) of individuals possessing a personality disorder.
4. Evaluate one's own behavior/reactions and feelings that are aroused when interacting with individuals presenting characteristics commonly associated with personality disorders.
5. Apply the nursing process to patients presenting personality disorders.*
6. Discuss psychiatric interventions used in the treatment of individuals presenting personality disorders.

Required Reading: Varcarolis, Chapter 13

UNIT XIV: NURSING PROCESS ASSOCIATED WITH VIOLENCE

1. Define Child Protective Services (CPS), Adult Protective Services (APS), cycle of violence, elder abuse, emotional abuse, intimate partner violence (IPV), perpetrators, neglect, and safety plan
2. Discuss causative theories of violence.
3. Discuss therapeutic multi-disciplinary approaches appropriate for the care of patients and their dependent families who are experiencing violence.
4. Discuss current community resources within the nurse's own immediate community that patients who are in "crisis" can access (24) hours a day.*
5. Identify the how infants and children exposed to violence and depravation are at high risk for mental health disorders
6. Discuss therapeutic multi-disciplinary approaches appropriate for the care of patients and their dependent families who are experiencing violence. *
7. Discuss the role and responsibilities of the registered nurse as a mandated reporter.*

Required Reading: Varcarolis, Chapters 21 & 22

UNIT XV: APPLICATION OF THE NURSING PROCESS TO CHILDREN & ADOLESCENTS EXPERIENCING MENTAL ILLNESS

1. Define resilience, temperament, therapeutic games, therapeutic holding, cognitive distortions, purging, refeeding syndrome, cachexia, lanugo,
2. Discuss the etiology (including family & societal influences) of DSM-5 diagnostic classifications associated with children and adolescents.
3. Discuss the behavioral characteristics-clinical manifestations associated with Oppositional Defiant Disorder, Conduct Disorder, Tourette's Disorder, Autism Spectrum Disorders, Attention-Deficit related disorders, Feeding & Eating disorders, & Intellectual Developmental Disorder.
4. Identify the components and multi-modal strategies that should be employed when conducting a holistic mental health assessment of a child or adolescent patient.
5. Discuss the application of the nursing process with child and adolescent patients experiencing; Disturbed sensory –perception, disturbed thought process, self-esteem disturbance, body image disturbance, social isolation, delayed growth & development, self-mutilation, violence, suicide, defensive coping and self-harm.
6. Compare and contrast 5 treatment modalities that are used in caring for child – adolescent patients.
7. Discuss the mode of action and related nursing responsibilities associated with the use of the following psychopharmacological classifications for child-adolescent manifestations; anti-psychotics, antidepressants, stimulants, anxiolytics, mood-stabilizers

Required Reading: Varcarolis, Chapters 14 & 26