ALTERATIONS OF BODY IMAGE: FOUR PHASES

1. IMPACT PHASE:
   - Despair
   - Discouragement
   - Guilt
   - Anger
   - Hostility

2. RETREAT PHASE:
   - Regressive behavior
   - Denial

3. ACKNOWLEDGMENT PHASE:
   - Mourning the loss
   - Begins to focus on strengths
   - Acknowledges loss

4. RECONSTRUCTION PHASE:
   - Acceptance
   - Adaptation
   - Encouraged to try new approaches to life
   - Self-esteem improves

ASSESS CHANGES IN SENILE DEMENTIA

JAMC

Judgment
Affect
Memory
Cognition
Orientation
BASIC COMPONENTS OF A PSYCH ASSESSMENT

GENERAL HX OF CLIENT
- Name
- Racial & Ethnic Status
- Marital Status
- Living Arrangements
- Occupation
- Education
- Religious Affiliation

PRESENTING PROBLEM
- Why is Client Seeking help?
- Recent Difficulties
  - Feelings of - Depression
  - Anxiety
  - Hopelessness
  - Confusion
  - Suspiciousness
  - Being Overwhelmed
- Somatic Changes

RELEVANT PERSONAL HISTORY
- Previous Illness and Hospitalizations
- Growth and Development Patterns
- Social Patterns
- Sexual Patterns
- Interests
- Substance Abuse
- Stress Coping Means

RELEVANT FAMILY HISTORY
- Childhood
- Adolescence
- Drug Use
- Physical, Emotional or Sexual Abuse
- Family Physical or Mental Problems

BIPOLAR DISORDER

MANIC
- Onset before age 30
- Mood:
  - Elevated
  - Expansive
  - Irritable
- Speech:
  - Loud-Rapid
  - Punning
  - Rhyming
  - Clanging
  - Vulgar
- ? Wt. loss
- Grandiose delusions
- Distracted
- Hyperactive
- ↑ Need for sleep
- Inappropriate
- Flight of ideas
- Begins suddenly and escalates over several days

DEPRESSIVE
- Previous manic episodes
- Mood:
  - Anxious
  - Depressed
  - Hopelessness
- ↓ Interest in pleasure
- Negative views
- Fatigue
- ↓ Appetite
- Constipation
- Insomnia
- ↓ Libido
- Suicidal preoccupation
- May be agitated or have movement retardation
DOWN’S SYNDROME

- Sparse Hair
- Small Head
- Flat Face Profile
- Eyes:
  - Inner canthal folds with short sparse lashes
- Nose:
  - Small with depressed bridge (Saddle nose)
- Mouth:
  - Protruding tongue
  - Arched palate
- Ears:
  - Small, low set
- Hypotonic Muscles
- Broad, Short Neck
- Hands:
  - Short, stubby fingers
  - Simian crease
- Genitalia:
  - Small penis
  - Cryptorchidism
- Mental Retardation With Developmental Delays Of Varying Degrees
EATING DISORDERS

ANOREXIA NERVOSA
Intense fear of becoming fat.
Body image disturbance.
Weight ↓ at least 25% original body weight.
No known physical illness.

BULIMIA
Recurrent binge eating.
Awareness of abnormal eating pattern.
Fear of not being able to stop eating voluntarily.
Depressed mood following eating binges.

PICA
Persistent eating of non-nutritive substances x’s 1 month.
Infants → Paint, plaster, cloth.
Older children → Bugs, rocks, sand.
Adults → Chalk, starch, paper.
Pregnancy → Clay, dirt, laundry detergent, baking soda.

HALLUCINATIONS
SENSORY IMPRESSIONS
WITHOUT EXTERNAL STIMULI...

ILLUSIONS
REAL STIMULI
MISINTERPRETED...

DELUSIONS
FALSE FIXED BELIEF...
SCHIZOPHRENIA

- Loss of Ego Boundaries
- Inability to Trust
- Withdrawn or Peculiar Behavior
- Indifferent - Aloof
- Love/Hate Feelings
- Personality Changes
- Confused - Chaotic Thoughts
- Retreat to Fantasy World
- Autism

- Auditory Hallucinations & Delusions
- Hypersensitivity to Sound, Sight & Smell
- Difficulty Relating to Others
- Negativism
- Religiosity
- Lack of Social Awareness
- Disorganized

ANOREXIA NERVOSA

- Fear Of Obesity
- Feels Fat When Thin
- Loss Of At Least 25% Of Original Body Weight
- Refusal To Maintain Minimal Body Weight
- Amenorrhea
**BULIMIA**

* Binge Eating. (Usually in Solitude)
* \(\uparrow\) Mood While Eating.
* \(\downarrow\) Mood When Stopped.

* Generally Sleeps After Eating.

* May Vomit When Binge Is Over.

**CHILD ABUSE**

- May withdraw from physical contact with adults

- Head injuries - skull and facial fractures
- Little eye contact with adults
- Bruises & welts in shapes of objects
- Inappropriate response to pain
- Child may protect abuser for fear of punishment
- Fractures in different stages of healing
- Burns
- Internal injuries
- Human bites
- Burns on the buttocks, genitals or soles of feet from immersion in hot liquids.
- Rope burns from being tied
COCAINÉ / CRACK USERS

- Dilated Pupils
- Nosobloods
- Nasal Congestion
- Sniffing (Rhinorrhea)
- Tachycardia
- Impaired Movement
- Seizures
- Elevated BP, Respirations, Temperature
- Hallucinations
- Agitation, Anxiety
- Anorexia - Weight loss

DEMENTIA
Make Sure The Client Doesn't Have Any Problems With:

- Drug & Alcohol
- Eyes & Ears
- Metabolic & Endocrine Disorders
- Emotional Disorders
- Neurologic Disorders
- Tumors & Trauma
- Infection
- Arteriovascular Disease

©2007 Nursing Education Consultants, Inc.
DEPRESSION ASSESSMENT
(SIG E CAPS)

- Sleep Disturbances
- Interest Decreased in
  Pleasure Activities & Sex
- Guilty Feelings

- Energy Decreased

  C • Concentration
     (Decreased)

  A • Appetite
     (↑ or ↓)

  P • Psychomotor Function↓

  S • Suicidal Ideations

DIG FAST
Primary Symptoms Of A Manic Attack

- Distractibility
- Indiscretion
- Grandiosity

- Flight of Ideas
- Activity Increase
- Sleep Deficit
- Talkativeness
5 As to Alzheimer Diagnosis

Anomia  Inability to remember names of things...

Anamnesia  Memory Loss...

Apraxia  Misuse of objects because of failure to identify them...

Agnosia  Inability to recognize familiar objects, tastes, sounds, and other sensations...

Aphasia  Inability to express oneself through speech...

Judgment  Concentration  Attention

Obsessive-Compulsive Disorder

Thoughts = Obsessions = “I’m so bad; I made a mistake.”
Actions = Compulsions = “I’d better wash my hands.”
PSYCHOBEHAVIOR ROLE OF THE NURSE

THE 3 Rs...

**Recognition**
- Memory-Mood
- Appearance
- Speech
- Thoughts-Perception-Orientation

**Relationship**
- Concreteness
- Empathy
- Respect
- Genuineness

**Resources** or **Referral**
- Community Agencies
- Hospitals
- Doctors
- Churches

Counselor

PSYCHIATRIC ASSESSMENT

Always **send Mail Through The Post Office**...

**Appearance**

**Speech**

**Memory/Mood**

**Thoughts**

**Perception**

**Orientation**

©2007 Nursing Education Consultants, Inc.
STRESS REDUCTION METHODS

- Group or Social Support
- Creative Imagery
- Thought Stopping
- Meditation
- Yoga
- Biofeedback
- Self Hypnosis
- Breathing Exercises
- Proper Nutrition

Regular Exercise

Time Management

Relaxation Response
- Quiet Environment
- Passive Attitude
- Comfortable Position

SUNDOWNING SYNDROME

The closer to evening and “sundown,” the more confused and agitated the client becomes.