COURSE SYLLABUS

VNSG 1301

	Mental Health

VOCATIONAL NURSING

HEALTH OCCUPATIONS DIVISION

LEVELLAND CAMPUS

SOUTH PLAINS COLLEGE
SUMMER 2021

Levelland Campus

COURSE SYLLABUS

COURSE TITLE: Mental Health, VNSG 1301

INSTRUCTOR: **Janet Hargrove MSN, RN**

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OFFICE HOURS: By Appointment

SOUTH PLAINS COLLEGE IMPROVES EACH STUDENT'S LIFE

I. GENERAL COURSE INFORMATION

A. COURSE DESCRIPTION:
Personality development, human needs, common mental mechanisms, and factors influencing mental health and mental illness. Includes common mental disorders and related therapy.

B. STUDENT LEARNING OUTCOMES
DECS:

1. Compare and contrast healthy and unhealthy emotional behavior.
2. Discuss therapeutic techniques used to promote mental health.
3. Identify current trends of therapy for the emotionally ill.
4. Utilize the nursing process in assisting with development of a plan of care for an individual with a mental health disorder.
5. Discuss the legal and ethical responsibilities of the nurse caring for individuals with a mental health disorder.

WECM:

1. Identify the characteristics of mental health.
2. Identify common mental illness and maladaptive behaviors.
3. Describe trends in psychotherapeutic treatment.
4. Discuss the application of therapeutic communication skills.
5. Assist in the formulation of a plan of care for the individual with mental illness or maladaptive behavior.

Specific course objectives:

1. Identify patterns of behavior, psychological development of individuals, selected theories of personality development, social influence and cultural factors as they affect the individual.
2. Demonstrate appropriate and effective communication skills, nurse-patient relationship, and provision of a safe, therapeutic environment.
3. Identify common emotional responses to physical illness and stress; also physiological response to psychological stress.
4. Provide appropriate nursing care of individuals with mental illnesses, to include those with anxiety, thought disorders, mood disorders, personality disorders, substance abuse, mental health disorders and those affected by interpersonal violence.

See individual chapter objectives in textbooks

C. COURSE COMPETENCIES:

Grading Scale:

A	(100-90)
B	(89- 80)
C	(79-77)
D	(70-76)
F	(69 and below)
I	Incomplete

The student must receive a minimum of 77% in each course and meet the specified clinical criteria within a semester in order to qualify for progression to the following semester or to graduation.

Grades are not rounded. A 76.9 is a "D"

D. ACADEMIC INTEGRITY:

Please refer to SPC Catalog and Vocational Nursing Student Handbook.

E. SCANS AND FOUNDATION SKILLS:

C1, 4, 5, 7, 9, 10, 11, 14, 17
F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 14, 17

F. VERIFICATION OF WORKPLACE COMPETENCIES:

No external learning experiences provided. Successful completion of the DECS Competency statements at the level specified by the course (Level Objectives) will allow the student to continue to advance within the program. Upon successful completion of the program, students will be eligible to take the state board exam (NCLEX) for vocational nurse licensure.

II. SPECIFIC COURSE/INSTRUCTOR REQUIREMENTS

A. REQUIRED TEXTBOOKS: Students ***MUST*** use the specified edition.

1. Womble, D, 2015. *Introductory Mental Health Nursing (4rd Ed.)* Wolters Kluwer, LWW.

2. Williams & Hopper, 2019. *Understanding Medical-Surgical Nursing, 6th Ed*. Philadelphia, PA. F.A. Davis.

3. Deglin, JP. *Davis Drug Guide.* (latest edition). Philadelphia, FA Davis.

B. ATTENDANCE POLICY:

(48 Contact Hours) Please see SPC catalogue and Vocational Nursing Student Handbook. Students are expected to attend all classes and to remain for the entire class period. Attendance will be taken at the beginning of class. Students not responding to roll are marked absent in the attendance record. A student who misses more than 6 hours will be withdrawn from this course. Three tardies constitute one hour's absence. A tardy is more than 5 minutes late or leaving before class is ended.

C. ASSIGNMENT POLICY:

All assignments are to be turned in by 8:00 a.m. on the due date assigned. Assignments turned in after 8:00 a.m. will be counted late and 10 points will be deducted each day after the due date. Failure to complete assignments could result in a failing grade. Assignments must be submitted. Please refer to the Student Handbook for vocational nursing.

D. GRADING POLICY/METHODS OF EVALUATION:

Unit examinations average:	80%
Final examination:	15%
Medication Assignment	5%

E. SPECIAL REQUIREMENTS:

Students are expected to read the assigned Chapters prior to the first lecture hour for that unit. No makeup examinations are given. A grade of "0" will be given for a missed test. The lowest test grade will be dropped.

Students will not be allowed to use programmable calculators during testing. Student seating and placement will be at the discretion of the instructor during lecture and testing. Students may not have cell phones, or "smart watches", or any other electronic device on their person or on the desk during testing.

During class, lecture and lab, cell phones must be turned OFF (not just on vibrate).

F. Required Supplies:
Access to computer, internet and printer

G. ATI testing policy

Students are required to participate in ATI testing. Students will purchase and receive books at the beginning of the year/semester.

The AIT test result will be recorded to be averaged in with the other test grades as follows:

Score:		
	Level 3	100
	Level 2	93
	Level 1	77
	Below level 1	70

The ATI test will **NOT** be eligible to be the lowest grade removed in the course.

ATI testing grades will affect the overall test average!

PRACTICE TESTS: Printed results of practice test must be submitted on the faculty required date. A passing score is required on submitted practice tests. Students are urged to fully utilize provided texts, planning, time management techniques and practice testing opportunities.

H. Medication Assignment **(This assignment MAY BE modified during the semester).**

Using the format for VNSG 1409, the student will prepare medication cards for these medications, due 0800 on the date announced. Late cards will have 10 points deducted per card per day.

1. Buspirone
2. Phenelzine (Nardil) (Llist foods high in tyramines; emphasize drug interactions)
3. Amitriptline
4. Bupropion
5. Fluoxetine
6. Lithium Carbonate (details on drug/food interactions, drug levels, other labs)
7. Chlorpromazine (details on definitions, S/S of AR's, labs and VS)
8. Haloperidol (" " " ")
9. Risperidone (" " " ")
10. Abilify (" " " ")

Drug cards will be graded according to the number completed and submitted on the due date. For example if 8 out of 10 cards are submitted, the grade is 80%.

Corrections will be due the Monday after the cards are returned. If not completed, the grade per card will be reduced by 10 points.

III. COURSE OUTLINE

Required Readings:
Texts as stated above, chapter(s) as assigned. It is required that the students read the assigned chapter(s) prior to the first lecture hour. The student is responsible for completing the learning objectives and learning the key terms at the beginning of the chapter. Tests will contain questions over assigned reading, student presentations, as well as lectured material.

Unit I Introduction to Mental Health Nursing
- Chapter 1 Introduction Mental health and Mental Illness
- Chapter 2 Delivery of Mental Health Care
- Chapter 3 Theories of Personality Development

Unit II Mental Health Care
- Chapter 4 Treatment of Mental Illness
- Chapter 5 Establishing and Maintaining a Therapeutic Relationship
- Chapter 6 Dynamics of Anger, Violence and Crisis

Unit III Fundamental Nursing Roles in Mental Health Nursing
- Chapter7 Communication in Mental Health Nursing
- Chapter 8 The Nursing Process in Mental Health Nursing

Unit IV Specific Psychiatric Disorders
- Chapter 9 Anxiety Disorders
- Chapter 10 Mood Disorders
- Chapter 11 Psychotic Disorders

Unit V Specific Psychiatric Disorders cont.
- Chapter 12 Personality Disorders
- Chapter 13 Somatic Symptom and Related Disorders
- Chapter 14 Dissociative Disorders

Unit VI Specific Psychiatric Disorders cont.

Chapter 15 Substance Related Disorders
Chapter 16 Eating Disorders
Chapter 17 Sexual Disorders

Unit VII Age Specific Disorders and Issues

Chapter 18 Disorders and Issues of Children and Adolescents
Chapter 19 Disorders and Issues of the Older Adults

IV. ACCOMMODATION

South Plains College strives to accommodate the individual needs of all students in order to enhance their opportunities for success in the context of a comprehensive community college setting. It is the policy of South Plains College to offer all educational and employment opportunities without regard to race, color, national origin, religion, gender, disability or age (SPC Equal Opportunity Policy – General Catalog).

Students with disabilities, including but not limited to physical, psychiatric, or learning disabilities, who wish to request accommodations in this class should notify the Disability Services Office early in the semester so that the appropriate arrangements can be made. In accordance with federal law, a student requesting accommodations must provide acceptable documentation of his/her disability to the Disability Services Office. For more information, call or visit the Disability Services Offices at Levelland Student Health & Wellness Center 806 716 2577, or the Health and Wellness Main number 806 716 2529.

Diversity: In this class, the teacher will establish and support an environment that values and nurtures individual and group differences and encourages engagement and interaction. Understanding and respecting multiple experiences and perspectives will serve to challenge and stimulate all of us to learn about others, about the larger world and about ourselves. By promoting diversity and intellectual exchange, we will not only mirror society as it is, but also model society as it should and can be.

Information from: Transcultural Concepts in Nursing Care. Margaret Mandeas and Joyceen S. Boyle. JB Lippincott Company. Philadelphia, PA 1995.

Cultural Aspects of Disease

Disease	Remarks
Alcoholism	Native American have double the rate of whites; lower tolerance to alcohol among Chinese and Japanese Americans
Anemia	High incidence among Vietnamese due to presence of infestations among immigrants and low iron diets; low hemoglobin and malnutrition found among 18.2% of Native Americans, 32.7% of blacks, 14.6% of Hispanics, and 10.4% of white children under 5 years of age
Arthritis	Increased incidence among Native Americans
Asthma	Six times greater for Native American infants<1 year; same as general population for Native Americans, ages 1-44 years
Bronchitis	Six times greater for Native American infants <1 year; same as general population for Native Americans, ages 1-44 years
Cancer	Nasopharyngeal: High among Chinese Americans and Native Americans Esophageal: No. 2 cause of death for black males aged 35-54 years *Incidence:* White Males 3.5/100,000 Black Males 13.3/100,000 Liver: Highest among all ethnic groups are Filipino Hawaiians Stomach: Black males twice as likely as white males; low among Filipinos Cervical: 120% higher in black females than in white females Uterine: 53% lower in black females then white females Most prevalent cancer among Native American: biliary, nasopharyngeal, testicular, cervical, renal, and thyroid (females) cancer Lung cancer among Navajo uranium miners 85 times higher than among white miners Most prevalent cancer among Japanese Americans: esophageal, stomach, liver, and biliary cancer Among Chinese Americans, there is a higher incidence of nasopharyngeal and liver cancer than among the general population
Diabetes mellitus	Three times as prevalent among Filipino Americans as whites; higher among Hispanics than blacks or whites Death rate 3-4 times high among Native Americans aged 25-34 years, especially those in the West such as Utes, Pimas, and Papogos *Complications* Amputation: Twice as high among Native Americans vs. General U. S. population Renal Failure: 20 times as high as general U. S. population, with tribal variation, e.g., Utes have 43 times higher incidence
G6PD	Present among 30% of black males (Affects metabolism of some medications, example: anti-fungal meds.)

Hepatitis	12% of Vietnamese refugees are hepatitis-B surface antigen carriers

Disease	Remarks
Influenza	Increased death rate among Native Americans ages 45+
Ischemic heart disease	Responsible for 32% of heart-related causes of death among Native Americans
Lactose intolerance	Present among 66% of Hispanic women; increased incidence among blacks and Chinese
Myocardial infarction	Leading cause of heart disease in Native Americans, accounting for 43% of death from heart disease; low incidence among Japanese Americans
Otitis media	7.9% incidence among school-aged Navajo children vs. 0.5% in whites Up to 1/3 of Eskimo children <2 years have chronic otitis media Increased incidence among bottle-fed Native Americans and Eskimo infants
Pneumonia	Increased death rate among Native Americans ages 45+
Psoriasis	Affects 2-5% of whites, but <1% of blacks; high among Japanese Americans
Renal disease	Lower incidence among Japanese Americans
Sickle cell anemia	Increased incidence among blacks
Tuberculosis	Increased incidence among Native Americans
Ulcers	Decreased incidence among Japanese Americans

Based on data reported in G. Henderson and M. Primeaux (1981). *Transcultural Health Care*. Menlo Park, CA; Addison-Wesley;

M. S. Orque, B. Bloch, and L. S. Monrroy (1988). *Ethnic Nursing Care*: *A Multicultural Approach*. St. Louis: C. V. Mosby;

T. Overfield (1985). *Biologic Variation in Health and Illness*: Race, Age, and Sex Differences. Menlo Park, CA: Addison-Wesley.

Culture/Folk Illness	Etiology	Signs/ Symptoms	Practitioner	Treatment
Hispanic				
Susto (fright)	An individual experiences a stressful event at some times prior to the onset of symptoms. The stressor may vary from death of significant person, to a child's nightmare, to inability to adequately fulfill social role responsibility. Children are more susceptible to susto. It is believed that the soul or spirit leaves the body	Restlessness during sleep Anorexia Depression Listlessness Disinterest in personal appearance	*Curandero or Espiritualista* (Espiritista)	A ceremony is performed using braches from a sweet pepper tree and a candle. Motions (by the ill person and the curer) are performed that form a cross. Three *Ave Marias*, or *credos* (Apostles' Creed) are said.
Empacho	Bolus of undigested food adheres to the stomach or wall of intestine. The cause may be the food itself, or due to eating when one is not hungry or when one is stressed.	Stomach pain Diarrhea Vomiting Anorexia	Family member *Sabador* *Curandero*	Massage of the stomach or back until a popping sound is heard. A laxative may be given.
Caida de la mollera (fallen fontanel)	Trauma—a fall or blew to the head or the rapid dislodging of a nipple from an infant's mouth causes the fontanel to be sucked into the palate.	Inability to suckle Irritability Vomiting Diarrhea Sunken fontanel	Family member *Curandero*	One or more of these: insert a finger into the child's mouth and push the palate back into place. Hold the child by the ankles with top of the head just touching a pan of tepid water for a moment or two Apply a poultice of soap shavings to the fontanel. Administer herb tea.

Culture/Folk Illness	Etiology	Signs/ Symptoms	Practitioner	Treatment
Hispanic				
Mal Ojo (evil eye)	A disease of magical origin cast by a person who is jealous or envious of another person or something the person owns. The evil eye is cast by the envious person's vision upon the subject, thereby heating the blood and producing symptoms. Usually the victim is a beautiful child who is envied or admired but is not touched by the admirer. The admirer may inflict the evil eye without even being aware of it. If the child is admired and then touched by that person the evil eye is not inflicted.	Fever Diarrhea Vomiting Crying without apparent cause	*Curandero* *Brujo*	Passing an unbroken egg over the body or rubbing the body with an egg to draw the heat (fever) from the body. Prayers such as Our Father or Hail Mary may be said simultaneously with the passing of the egg. The egg is then broken in a bowel, placed under the head of the bed and left there all night. By morning if the egg is almost cooked by the heat from the body this is a sign the sick person had *mal ojo*.
Mal puesto (evil)	Illness caused by a hex put on by a *brujo* (witch) or *curandero*, or by another person knowledgeable about witchcraft	Vary considerably Strange behavior changes Labile emotions Convulsions	*Curandero* *Brujo*	Varies, depending on the hex.

Culture/Folk Practitioner	Preparation	Scope of Practice
Hispanic		
Family member	Possesses knowledge of folk medicine	Common illnesses of a mild nature that may or may not be recognized by modern medicine.
Curandero (m) *Curandera (fe)*	May receive training in an apprenticeship. May receive a "gift from God" that enables her/him to cure. Knowledgeable in use of herbs, diet, massage, cleansings and rituals.	Treats almost all of the traditional illnesses. Some may not treat illness caused by witchcraft for fear of being accused of possessing evil powers. Usually admired by members of the community.
Espiritalista or Spiritualist	Born with the special gift of being able to analyze dreams and foretell future events. May serve apprenticeship with an older practitioner.	Emphasis on prevention of illness or bewitchment through use of medals, prayer, amulets. May also be sought for cure of existing illness
Yerbero (m) *Yerbera (f)*	No formal training. Knowledgeable in growing and prescribing herbs.	Consulted for preventive and curative use of herbs for both traditional and Western illnesses.
Sabador (may refer to a chiropractor by this title)	Knowledgeable in massage and manipulation of bones and muscles.	Treats may traditional illnesses, particularly those affecting the musculoskeletal system. May also treat nontraditional illness.

Culture/Folk Illness	Etiology	Signs/ Symptoms	Practitioner	Treatment
African American				
High blood (too much blood)	Diet very high in red meat and rich food. Belief that high blood causes stroke.	Weakness Paralysis Vertigo or other sign/symptoms related to a stroke.	Family member friend, spiritualist, or self. The latter does this after referring to a Zodiac almanac	Take internally lemon juice, vinegar, epsom salts, or other astringent food to sweat out the excess blood. Treatment varies depending on what is appropriate according to the Zodiac almanac.
Low blood (not enough blood—anemia is con-ceptualized	Too many astringent foods, too harsh a treatment for high blood. Remaining on high blood pressure medication for too long.	Fatigue Weakness	Same as for high blood	Eat rich red meat, beets. Stop taking treatment for high blood. Consult the Zodiac almanac.
Thin blood Predisposition to illness	Occurs in women, children, and old people. Blood is thin until puberty remains so until old age except in women.	Susceptibility to illness.	Individual	Individual should exercise caution in cold weather by wearing warm clothing or by staying indoors.
Rash appearing on a child after birth. No specific disease name—the concept is that of body defilement.	Impurities within the body coming out. The body is being defiled and will therefore produce skin rashes.	Rash anywhere on the body; may be accompanied by fever	Family member	Catnip tea as a laxative or other commercial laxative. The quantity and kind depend on the age of the individual

Culture/Folk Illness	Etiology	Signs/ Symptoms	Practitioner	Treatment
African American				
Diseases of witchcraft, "hex," or conjuring	Envy and sexual conflict are the most frequent reasons for hexing another person.	Unusual behavior Sudden death Symptoms related to poisoning (e.g., foul taste, weight loss, nausea, vomiting) A crawling sensation on the skin or in the stomach Psychotic behavior	Voodoo Priest(ess) Spiritualist	*Conja* is the help given the conjured person. Treatment varies, depending on the spell cast.

Culture/Folk Practitioner	Preparation	Scope of Practice
African American		
"Old Lady"	Usually an older woman who has successfully raised her own family. Knowledgeable in childcare and folk remedies.	Consulted about common aliments and for advice on childcare. Found in rural and urban communities.
Spiritualist	Called by God to help others. No formal training. Usually associated with a fundamentalist Christian church.	Assists with problems that are financial, personal, spiritual or physical. Predominantly found in urban communities.
Voodoo Priest(ess) or *Hougan*	May be trained by other priests (ess). In the U. S. the eldest son of a priest becomes a priest. A daughter of a priest (ess) becomes a priestess if she is born with a veil (amniotic sac) over her face.	Knowledgeable about properties of herbs, interpretation of signs and omens. Able to cure illness caused by voodoo. Uses communication techniques to establish a therapeutic milieu like a psychiatrist. Treats blacks, Mexican Americans, and Native Americans
Chinese		
Herbalist	Knowledgeable in diagnosis of illness and herbal remedies.	Both diagnostic and therapeutic. Diagnostic techniques include interviewing, inspection, auscultation, and assessment of pulses.

Table 2-3 Cultural values and culture care meanings and action modes for selected groups

Cultural Values Are:	Culture Care Meanings and Action Modes Are:
Anglo-American Culture (Mainly U.S. Middle and Upper Classes)	
1. Individualism—focus on a self-reliant person 2. Independence and freedom 3. Competition and achievement 4. Materialism (things and money) 5. Technology dependent 6. Instant time and actions 7. Youth and beauty 8. Equal gender rights 9. Leisure time highly valued possible 10. Reliance on scientific facts and numbers 11. Less respect for authority and the elderly 12. Generosity in time of crisis	1. Stress alleviation by -Physical means -Emotional means 2. Personalized acts -Doing special things -Giving individual attention 3. Self-reliance (individualism) by -Reliance on self -Reliance on self (self-care) -Becoming as independent as -Reliance on technology 4. Health instruction -Teach us how "to do" this care for self -Give us the "medical facts
Mexican-American Culture	
1. Extended family valued 2. Interdependence with kin and social activities 3. Patriarchal (machismo) 4. Exact time less valued 5. High respect for authority and the elderly 6. Religion valued (many Roman Catholics) 7. Native foods for well-being 8. Traditional folk-care healers for folk illnesses 9. Belief in hot-cold theory	1. Succorance (direct family aid) 2. Involvement with extended family ("other care") 3. Filial love/loving 4. Respect for authority 5. Mother as care decision maker 6. Protective (external) male care 7. Acceptance of God's will 8. Use of folk-care practices 9. Healing with foods 10. Touching

Haitian-American Culture	
1. Extended family as support system 2. Religion—God's will must prevail 3. Reliance on folk foods and treatments 4. Belief in hot-cold theory 5. Male decision maker and direct caregivers 6. Reliance on native language	1. Involve family for support (other care) 2. Respect 3. Trust 4. Succorance 5. Touching (body closeness) 6. Reassurance 7. Spiritual healing 8. Use of folk food, care rituals 9. Avoid evil eye and witches 10. Speak the language
African-American Culture	
1. Extended family networks 2. Religion valued (many are Baptists) 3. Interdependence with other African Americans 4. Daily survival 5. Technology valued, e.g., radio, car, etc. 6. Folk (soul) foods 7. Folk healing modes 8. Music and physical activities	1. Concern for my "brothers and sisters" 2. Being involved with 3. Giving presence (physical) 4. Family support and "get together" 5. Touching appropriately 6. Reliance on folk home remedies 7. Reliance "Jesus to save us" with prayer and songs

Table 4-4 Cross-cultural examples of selected communication phenomena that affect nursing care

Nations of origin	Language	Space	Time orientation
ASIAN ORIGIN China Hawaii Philippines Korea Japan Southeast Asia Loas Cambodia Vietnam	National language preference Dialects, written characters Use of silence Nonverbal and contextual cuing	Noncontact people	Present
AFRICAN ORIGIN West Coast (as slaves) Many African countries West Indian islands Dominican Republic Haiti Jamaica	National languages Dialect Pidgin Creole Spanish French	Close personal space	Present over future
EUROPEAN ORIGIN Germany England Italy Ireland Other European countries	National languages Many learn English immediately	Noncontact people Aloof Distant Southern countries: closer contact and touch	Future over present
NATIVE AMERICAN 170 Native American tribes Aleuts Eskimos	Tribal languages Many learn English immediately	Space is very important and has no boundaries	Future over present
HISPANIC ORIGIN Spain Cuba Mexico Central and South America	Spanish or Portuguese primary languages	Tactile relationships Touch Handshakes Embracing Values physical presence	Present

Suggestions for Communicating with Patients Who Speak Other Languages

- Respect patients as individuals, regardless of differences in language skills and values. Avoid judging patients' intellectual abilities or emotional states on the basis of how they use language.

- Do not assume that patients are angry, aggressive, or hostile if they speak more loudly or emotionally than most European Americans.

- Use titles such as Mr./ Ms. unless you have established a first-name basis for the relationship.

- Never attempt to use ethnic dialects with patients. This may be interpreted as making fun of patients or as condescension.

- Avoid attempting to impress patients by saying you have friends of the same ethnic or racial background.

- Be attentive to patients' nonverbal communication, which can help to clarify seemingly confusing verbal communications.

- Make use of ethnic group preferences when giving care. Involve the extended family in communication, for example, or focus on oral rather than written teaching methods.

- Explain medical and nursing terms in simple, everyday terms and be sure that patients truly understand.

- If you do not understand what a client is saying, ask for clarification. Do not let embarrassment at not understanding lead to the risks of misinformation.

HEALTH CARE WORKERS FACE THE RISK OF VIOLENCE

Adapted from: Channing L. Bate Co. Inc. South Deerfield, MA 1995

All health care workers face the risk of violence.

Violence can strike:

Anywhere—city hospitals, suburban clinics, rural areas, doctors' offices
Anytime—day or night
In Any Department—emergency departments, intensive care units, mental health units, labor and delivery etc.

What is violence?

It's using force—or the threat of force—to cause harm. Violence includes:
Threats (verbal or written)
Stalking
Robbery
Hitting
Property damage
Using weapons, including fists
Rape or sexual assaults
Kidnapping
Murder

Who commits violence in health care facilities?

There isn't one type of person. However, certain traits are linked with violence.
A history of violence or aggression
Family conflict or abuse
Substance abuse
Gang membership
Head injury or chronic pain
Mental or neurological conditions
Low self-esteem or feelings of powerlessness

Why do people commit violence?

There isn't one single cause. Violence may be triggered by:
Stress and frustration
Revenge for being fired, laid off, rejection
Family, job or money problems
Fear or confusion
Invasion of privacy or personal space
Isolation from friends and family
Reaction to drugs or treatments

Know the basic rules for violence prevention.

Treat everyone with respect. Keep patients and visitors informed. Give updates.
Check patients' records ahead of time, if possible. (Violence Assessment)
Safely store all objects that could be used as weapons. (Syringes, scalpels, etc.)
Vary your daily routine.
Report every incident. Take threats seriously.
Trust your feelings. Your instincts are important warning signs. Heed them.
Try to spot trouble before it starts. Stay alert and in control of yourself.
Always follow proper security procedures. Know when and how to use emergency codes panic buttons. Wear your ID badge. Question others who are not wearing ID badges.
Don't try to be a hero. Think before you act. Work as a team.

Call for support at the first sign of trouble, or if you have any doubts.

Recognize the warning signs of violence.

Do not assume who may—or may not—become violent.
Stay alert. Most of the times there are warning signs when people are losing control.
Be on guard if the person:
- has physical injuries or scars from a fight
- is brought in by police, or is in restraints
- becomes defensive when you or other staff come near
- is under the influence of alcohol or other drugs

Watch for verbal signs.
- talking about weapons
- an angry or threatening tone of voice
- shouting, screaming, cursing
- making threats or sexual comments
- challenging rules or authority
- making unreasonable demands
- expressing irrational thinking

Some examples:
- "I'm going to lose control."
- "They'll get what's coming to them."
- "I'll get even."
- "If I don't get a nurse in here now... "

Watch for physical signs.
- having a weapon
- nervous pacing, restlessness
- clenching fists or jaw, gripping objects
- violent gestures, pounding on or breaking objects
- angry looks or staring
- acting under the influence of alcohol or drugs
- major change in appearance or habits

If someone shows signs of losing control:

Follow your employer's guidelines. Be prepared. Know the policies and attend training sessions.
Alert security and other staff. Get help before trouble starts.
Stay calm and alert. Maintain your self-control.
Keep a safe distance from the person. Keep a few feet away. Don't turn your back on the person.
Leave yourself an escape path. Don't let the person back you into a corner.
Listen to the person. Don't respond defensively or angrily. Maintain eye contact, but don't stare.
Be supportive. Acknowledge the person's feelings.
Talk slowly and softly. Use a firm, not angry tone of voice. State the consequences for inappropriate behavior. ("If you keep hitting the desk, I will have to get my supervisor")
Offer the person choices.
Avoid touching the person. If you must, have security check the person for weapons and tell him or her what you're going to do before you do it.

If violence strikes:

Take immediate action to protect yourself. Stay calm and follow your employer's procedures, including the use of self-defense measures and what to do if hostages are taken. If you can, leave the area and call for help.
Sound the alarm or code. Alert other staff and contact security/police with details. When they arrive, follow their instructions.
Help remove patients and visitors from the area.
Give the person what he wants (drugs or money for example).
Do NOT try to take away the person's weapon. Keep trying to calm down the person until security or the police arrive to disarm him or her.
Do NOT try to restrain the person by yourself. Get help and work as a team.
Use physical restraints only as a last resort, following your employer's policies.
Report every incident.
Then, review the incident. Meet with others to learn from the incident.
Get follow-up care. Even if you weren't directly involved, you may have strong feelings of fear, grief and anger.

Plagiarism Declaration
Department of Nursing
South Plains College

By signing this plagiarism declaration I acknowledge that I have received a copy of the honesty policy and been made aware that the penalty for plagiarism is dismissal from the program.

Examples of student plagiarism[1]

- Copying material without quotes, in-text citations, and/or referencing
- Paraphrasing content without in-text citation and/or referencing
- Copying ideas, words, answers, exams, or shared work from others when individual work is required
- Using another's paper in whole or in part
- Allowing another student to use one's work
- Claiming someone else's work is one's own
- Resubmitting one's own coursework, when original work is required (self-plagiarism)
- Falsifying references or bibliographies
- Getting help from another person without faculty knowledge or approval
- Purchasing, borrowing, or selling content with the intent of meeting an academic requirement for oneself or others

_____
Printed Name

_____
Signature

_____
Date