

Discuss 5 functions of the family

- Management function: appropriate use of power and control; organization of the family resources; should be adults who do this; in chaotic families a teenager or grandparent may do this; children should not do this.
- Boundary function: clear individual and family boundaries
- Communication function: direct statements, safe expression of feelings; to be direct person must feel loved and respected
- Emotional function: mutual positive regard, management of feelings
- Socialization function: knowledge of how to initiate and maintain intimate relationships; individual and collective growth and development over the lifespan.

Describe characteristics of the dysfunctional family

- Communication: indirect, incongruent, passive-aggressive
 - Manipulating: instead of asking for what they want, members manipulate others in order to get what they want. a child may start a fight with a sibling to get attention
 - Distracting: to avoid problem solving, members introduce irrelevant details into problematic issues
 - Generalizing: members use global statements like “always” and “never” instead of dealing with specific problems and areas of conflict. They say “Bob is always angry.” instead of “Bob why are you upset?”
 - Blaming: blaming others for failures, errors or negative consequences; a response to fear of being blamed
 - Placating: pretending to be inadequate but well-meaning to keep peace in the family, “Don’t yell at the children dear. I’m the one who put the shoes on the stairs.”
- Self-concept reinforcement: unsupportive, blaming, controlling, putting down
- Expectations: rigid, judgmental, unclear, unpredictable
- Handling differences: avoids discussion or is attacking and accusatory
- Patterns of interaction: rules are contradictory, arbitrary, rigid, destructive; Members are over-involved (enmeshed) or lack attachment (disengaged)
- Family climate: lacks trust, is painful and alienating

List therapeutic nursing interventions to use when intervening with the family

- Be neutral, non-judgmental, and self aware
- Guard against triangulation
- Elicit problems and possible solutions from the perspective of each family members.
- Provide teaching about health, disease, and treatment that all family members understand.
- Allow the family to make choices
- Recognize the family tasks relative to the life cycle
- Provide referrals for support, education or therapy.

Identify the goals of family therapy and 3 models of treatment

- Goals of family therapy:
 - Improve interpersonal skills
 - Communication
 - Behavior
 - Increase Differentiation
 - Decrease Emotional Reactivity
- Three models of treatment
 - Traditional family therapy
 - uses a wide range of theoretical philosophies and techniques; eclectic approach
 - Psychoeducational family therapy
 - immensely effective, especially when combined with other modalities (drugs)
 - has been really successful in tx of client with schizophrenia
 - primary goal is the sharing of mental health information to better understand the illness, prodromal symptoms, meds and more!
 - feelings and painful issues can be shared and put in perspective
 - also helpful with parent-management training

State the prevalence of abuse of children, adolescents and women

I could not find this in the notes or book except for...(I may not have looked very hard)

- 1 in 3 girls and 1 in 6 boys are victims of sexual abuse
- A woman is beaten every 9 seconds in the U.S.
- Approximately 20-30% of women in US will experience domestic violence at some point

Identify populations at risk of abuse

- special needs child
- infants (especially unwanted, unplanned)
- pregnant woman
- older adult female (frail)
- characteristics of the abused are:
 - demonstrate a pattern of learned helplessness
 - characteristics of low self esteem and shame
 - experience feelings of increased dependence
 - isolation
 - guilt and entrapment

Identify key indicators of abuse in infancy, latency and adolescence

- Infancy
 - hypersensitive
 - hypervigilant
 - developmental delay
 - small head circumference (I also saw large head circumference for shaken baby)
 - failure to thrive
 - shaken baby syndrome (big head, bulging fontanelle, bruising? respiratory trouble)
- Childhood
 - fights, harassment, bullying
 - eating problems
 - sleep disorders
 - enuresis and encopresis
 - self-harm
 - school failure
- Adolescents
 - highly sexualized or asexual behavior
 - cutting, self abuse
 - suicidal ideation, attempts
 - gang or criminal activity
 - substance abuse
 - prostitution
 - failing or dropping out of school
 - living out of the home
 - pessimism or hopelessness about future

Describe the role of a sexual assault nurse examiner

- nonjudgmental approach
- rapid assessment of needs and support required to prevent further trauma
- treat and document injuries
 - most common are to face, head, neck and extremities
- provide a private environment and limit personnel
- obtain a brief gynecological history, date of last menstrual period, the likelihood of current pregnancy and any history of STD.

- assist with or conduct the physical exam
- obtain lab tests
- perform data collection of evidence
- provide for a shower and fresh clothing
- evaluate for and treat sexually transmitted disease
- conduct pregnancy risk evaluation and prevention (about 3% - 5% become pregnant)
- provide crisis intervention and arrange follow-up counseling

Identify characteristics and patterns common to adult victims and abusers

- characteristics of the victims are:
 - demonstrate a pattern of learned helplessness
 - characteristics of low self esteem and shame
 - experience feelings of increased dependence
 - isolation
 - guilt and entrapment
- the abuser is basically a jerk (see ppt pg 10-11). In addition to being a jerk...
 - history of abuse
 - alcohol and drug abuse
 - personality disorders
 - damage to frontal and prefrontal cortices d/t head injury
 - damage to the hippocampus, amygdala, and limbic system
 - Alzheimer's Disease
 - Decreased serotonin, GABA or acetylcholine

Describe the process of reporting suspected abuse and neglect

- Children
 - In California, you have to report any reasonable suspicion of abuse or neglect
 - Call as soon as possible...within 24 hours, especially while child is in your presence
 - Written report within 36 hours
 - When in doubt, err on the side of the child
- Elders (I think it's a phone call within 48 hours?)

Distinguish between acute and long-term phases of rape-trauma syndrome

There are three stages in the recovery from rape: impact, recoil and reorganization.

- Acute stage (impact)
 - Initial disorganization
 - Impact reaction, somatic reaction and emotional reaction (see Collie's notes from SG)
 - Lasts from minutes to a few days (book says up to 2 weeks)
 - Responses are shock, denial, disbelief, confusion
 - Sense of helplessness and vulnerability
 - Disturbed eating or sleeping
- Recoil stage (I guess this lies somewhere in between?)
 - A struggle to adapt
 - Periods in which the victims look and act normal
 - Later in the phase--a desire to talk about details and feelings
 - Fantasies of revenge are common
- Long-term (reorganization)
 - May take months or years
 - Intrusive thoughts, increased motor activity, increased emotional lability, fears and phobias.
 - Trauma not forgotten, but anxiety, fear and anguish diminish
 - Nightmares and frustrations can still linger
 - If reorganization not effective, symptoms of PTSD may be evident

Identify outcomes for nursing Dx of rape-trauma syndrome

- Short-term outcomes
 - Client will have a support person
 - Client will understand the rape protocol
 - Info about legal proceedings available
 - Physical injuries treated
 - Prophylactic meds available to treat pregnancy or STD
 - Clear, written info about medication use, crisis support services, and rape advocacy programs
- Long-term outcomes
 - Client will demonstrate positive interpersonal relationships
 - Express comfort with body
 - Express willingness to be sexual
 - Report a decrease in physical symptoms of stress

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