

8th EDITION

Psychiatric Mental Health Nursing

Concepts of Care in
Evidence-Based Practice



Mary C. Townsend

Psychiatric Mental Health Nursing:

Concepts of Care in Evidence-Based
Practice

EIGHTH EDITION



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THIS BOOK IS DEDICATED TO:

FRANCIE

*God made sisters for sharing laughter
and wiping tears*

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				• Psychopharmacology	
				• Relaxation Therapy	
				• Complementary Therapies	
				• Forensic Nursing	
				• Controlled Drug Categories and Pregnancy Categories	
				• Sample Client Teaching Guides	

To the Instructor

Currently in progress, implementation of the recommendations set forth by the New Freedom Commission on Mental Health has given enhanced priority to mental health care in the United States. Moreover, at the 65th meeting of the World Health Assembly (WHA) in May 2012, India, Switzerland, and the United States cosponsored a resolution requesting that the World Health Organization, in collaboration with member countries, develop a global mental health action plan. This resolution was passed at the 66th WHA in May 2013. By their support of this resolution, member countries have expressed their commitment for “promotion of mental health, prevention of mental disorders, and early identification, care, support, treatment, and recovery of persons with mental disorders.” With the passage of this resolution, mental health services may now be available for millions who have been without this type of care.

Many nurse leaders see this period of mental health-care reform as an opportunity for nurses to expand their roles and assume key positions in education, prevention, assessment, and referral. Nurses are, and will continue to be, in key positions to assist individuals to attain, maintain, or regain optimal emotional wellness.

As it has been with each new edition of *Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Nursing*, the goal of this eighth edition is to bring to practicing nurses and nursing students the most up-to-date information related to neurobiology, psychopharmacology, and evidence-based nursing interventions. Notable in this edition are changes associated with the recently-published fifth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*.

Content and Features New to the Eighth Edition

All content has been updated to reflect the current state of the discipline of nursing.

All psychiatric diagnostic content is reflective of the newly published American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (2013).

All nursing diagnoses are current with the *NANDA-I 2012-2014 Nursing Diagnoses Definitions and Classifications*.

Six “Communication Exercises” boxes—one each following the chapters on Neurocognitive Disorders,

Substance Use and Addictive Disorders, Schizophrenia, Depressive Disorders, Personality Disorders, and Survivors of Abuse or Neglect. These exercises portray clinical scenarios that allow the student to practice communication skills with clients. Examples of answers appear in an appendix at the back of the book.

New content on factitious disorder, Munchausen syndrome, and hoarding disorder.

New chapter on “Trauma- and Stressor-Related Disorders” (to correlate with DSM-5).

New chapter on “Military Families.”

New chapter on “The Recovery Model” in the Therapeutic Approaches unit of the textbook. Additional content on the Recovery Model in chapters on Schizophrenia and Bipolar Disorder.

Updated and new psychotropic drugs approved since the publication of the seventh edition. These are included in the specific diagnostic chapters to which they apply and in the psychopharmacology chapter found on davisplus.com.

Features That Have Been Retained in the Eighth Edition

The concept of **holistic nursing** is retained in the eighth edition. An attempt has been made to ensure that the physical aspects of psychiatric/mental health nursing are not overlooked. In all relevant situations, the mind/body connection is addressed.

Nursing process is retained in the eighth edition as the tool for delivery of care to the individual with a psychiatric disorder or to assist in the primary prevention or exacerbation of mental illness symptoms. The six steps of the nursing process, as described in the American Nurses Association *Standards of Clinical Nursing Practice*, are used to provide guidelines for the nurse. These standards of care are included for the *DSM-5* diagnoses, as well as those on the aging individual, the bereaved individual, survivors of abuse and neglect, and military families, and as examples in several of the therapeutic approaches. The six steps include:

Assessment: Background assessment data, including a description of symptomatology, provides an extensive knowledge base from which the nurse may draw when performing an assessment. Several assessment tools are also included.

Diagnosis: Analysis of the data is included, from which nursing diagnoses common to specific psychiatric disorders are derived.

Outcome Identification: Outcomes are derived from the nursing diagnoses and stated as measurable goals.

Planning: A plan of care is presented with selected nursing diagnoses for the *DSM-5* diagnoses, as well as for the elderly client, the bereaved individual, victims of abuse and neglect, military veterans and their families, the elderly homebound client, and the primary caregiver of the client with a chronic mental illness. The planning standard also includes tables that list topics for educating clients and families about mental illness. Concept map care plans are included for all major psychiatric diagnoses.

Implementation: The interventions that have been identified in the plan of care are included along with rationales for each. Case studies at the end of each *DSM-5* chapter assist the student in the practical application of theoretical material. Also included as a part of this particular standard is Unit 3 of the textbook, “Therapeutic Approaches in Psychiatric Nursing Care.” This section of the textbook addresses psychiatric nursing intervention in depth, and frequently speaks to the differentiation in scope of practice between the basic level psychiatric nurse and the advanced practice level psychiatric nurse.

Evaluation: The evaluation standard includes a set of questions that the nurse may use to assess whether the nursing actions have been successful in achieving the objectives of care.

Other features of this eighth edition:

- **Internet references** for each *DSM-5* diagnosis, with website listings for information related to the disorder.
- **Tables that list topics for client/family education** (in the clinical chapters).
- **Boxes that include current research studies** with implications for evidence-based nursing practice (in the clinical chapters).
- **Assigning nursing diagnoses to client behaviors** (diagnostic chapters and Appendix F).
- **Taxonomy and diagnostic criteria from the *DSM-5* (2013)**. Used throughout the text.
- **All references have been updated throughout the text.** Classical references are distinguished from general references.
- **Boxes with definitions of core concepts** appear throughout the text.
- **Comprehensive glossary.**
- **Answers to end-of-chapter review questions** (Appendix A).
- **Answers to communication exercises** (Appendix B).
- **Sample client teaching guides** (online at www.davisplus.com).
- **Website.** An F.A. Davis/Townsend website that contains additional nursing care plans that do not appear in the text, links to psychotropic medications,

concept map care plans, and neurobiological content and illustrations, as well as student resources including practice test questions, learning activities, concept map care plans, and client teaching guides.

Additional Educational Resources

Faculty may also find the following teaching aids that accompany this textbook helpful:

Instructor Resources at www.davisplus.com:

- **Multiple choice questions** (including new format questions reflecting the latest NCLEX blueprint).
- **Lecture outlines** for all chapters
- **Learning activities** for all chapters (including answer key)
- **Answers to the Critical Thinking Exercises** from the textbook
- **PowerPoint Presentation** to accompany all chapters in the textbook
- **Answers to the Homework Assignment Questions** from the textbook
- **Case studies for use with student teaching**

Additional chapters on Psychopharmacology, Relaxation Therapy, Complementary Therapies, and Forensic Nursing are online at www.davisplus.com.

It is hoped that the revisions and additions to this eighth edition continue to satisfy a need within psychiatric/mental health nursing practice. The mission of this textbook has been, and continues to be, to provide both students and clinicians with up-to-date information about psychiatric/mental health nursing. The user-friendly format and easy-to-understand language, for which we have received many positive comments, have been retained in this edition. I hope that this eighth edition continues to promote and advance the commitment to psychiatric/mental health nursing.

Mary C. Townsend



UNIT

Basic Concepts in Psychiatric/Mental Health Nursing

1



1

The Concept of Stress Adaptation

CORE CONCEPTS

adaptation
maladaptation
stressor

CHAPTER OUTLINE

Objectives	Stress Management
Homework Assignment	Summary and Key Points
Stress as a Biological Response	Review Questions
Stress as an Environmental Event	
Stress as a Transaction Between the Individual and the Environment	

KEY TERMS

"fight or flight" syndrome	precipitating event
general adaptation syndrome	predisposing factors

OBJECTIVES

After reading this chapter, the student will be able to:

1. Define *adaptation* and *maladaptation*.
2. Identify physiological responses to stress.
3. Explain the relationship between stress and "diseases of adaptation."
4. Describe the concept of stress as an environmental event.
5. Explain the concept of stress as a transaction between the individual and the environment.
6. Discuss adaptive coping strategies in the management of stress.

HOMEWORK ASSIGNMENT

Please read the chapter and answer the following questions:

1. How are the body's physiological defenses affected when under sustained stress? Why?
2. In the view of stress as an environmental event, what aspects are missing when considering an individual's response to a stressful situation?
3. In their study, what event did Miller and Rahe find produced the highest level of stress reaction in their subjects?
4. What is the initial step in stress management?

Psychologists and others have struggled for many years to establish an effective definition of the term *stress*. This term is used loosely today and still lacks a definitive explanation. Stress may be viewed as an individual's reaction to any change that requires an adjustment or response, which can be physical, mental, or emotional. Responses directed at stabilizing internal biological

processes and preserving self-esteem can be viewed as healthy adaptations to stress.

Roy (1976) defined an adaptive response as behavior that maintains the integrity of the individual. Adaptation is viewed as positive and is correlated with a healthy response. When behavior disrupts the integrity of the individual, it is perceived as maladaptive.

Maladaptive responses by the individual are considered to be negative or unhealthy.

Various 20th-century researchers contributed to several different concepts of stress. Three of these concepts include stress as a biological response, stress as an environmental event, and stress as a transaction between the individual and the environment. This chapter includes an explanation of each of these concepts.

CORE CONCEPT
Stressor
 A biological, psychological, social, or chemical factor that causes physical or emotional tension and may be a factor in the etiology of certain illnesses.

Stress as a Biological Response

In 1956, Hans Selye published the results of his research concerning the physiological response of a

biological system to a change imposed on it. Since his initial publication, he has revised his definition of stress, calling it “the state manifested by a specific syndrome which consists of all the nonspecifically-induced changes within a biologic system” (Selye, 1976). This syndrome of symptoms has come to be known as the “**fight or flight**” syndrome. Schematics of these biological responses, both initially and with sustained stress, are presented in Figures 1-1 and 1-2. Selye called this general reaction of the body to stress the **general adaptation syndrome**. He described three distinct stages of the reaction:

- 1. Alarm Reaction Stage.** During this stage, the physiological responses of the “fight or flight” syndrome are initiated.
- 2. Stage of Resistance.** The individual uses the physiological responses of the first stage as a defense in the attempt to adapt to the stressor. If adaptation occurs, the third stage is prevented or delayed. Physiological symptoms may disappear.

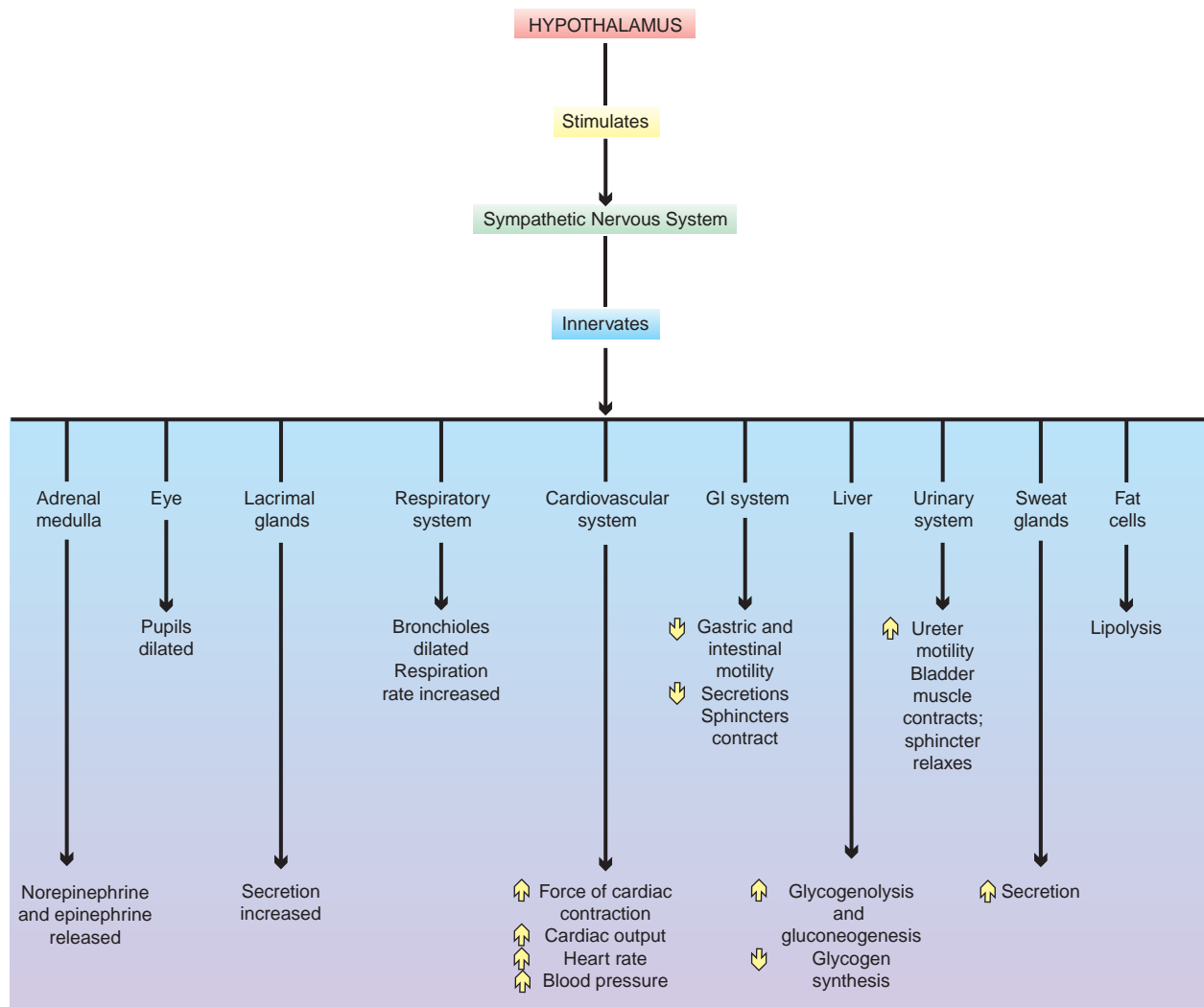


FIGURE 1-1 The “fight or flight” syndrome: the initial stress response.

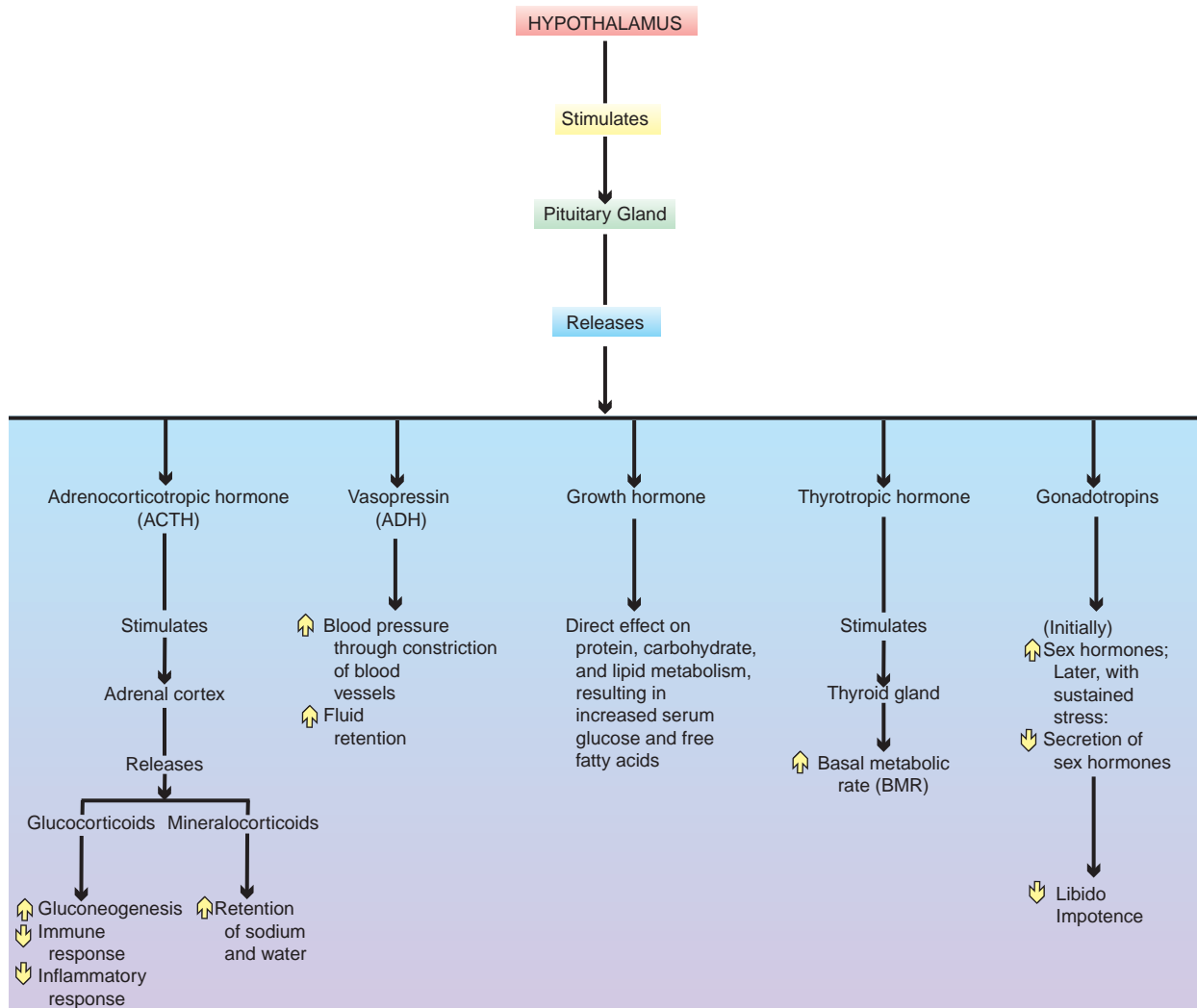


FIGURE 1-2 The “fight or flight” syndrome: the sustained stress response.

3. Stage of Exhaustion. This stage occurs when there is a prolonged exposure to the stressor to which the body has become adjusted. The adaptive energy is depleted, and the individual can no longer draw from the resources for adaptation described in the first two stages. Diseases of adaptation (e.g., headaches, mental disorders, coronary artery disease, ulcers, colitis) may occur. Without intervention for reversal, exhaustion, and in some cases even death, ensues (Selye, 1956, 1974).

This “fight or flight” response undoubtedly served our ancestors well. Those *Homo sapiens* who had to face the giant grizzly bear or the saber-toothed tiger as part of their struggle for survival must have used these adaptive resources to their advantage. The response was elicited in emergency situations, used in the preservation of life, and followed by restoration of the

compensatory mechanisms to the pre-emergent condition (homeostasis).

Selye performed his extensive research in a controlled setting with laboratory animals as subjects. He elicited the physiological responses with physical stimuli, such as exposure to heat or extreme cold, electric shock, injection of toxic agents, restraint, and surgical injury. Since the publication of his original research, it has become apparent that the “fight or flight” syndrome of symptoms occurs in response to psychological or emotional stimuli, just as it does to physical stimuli. The psychological or emotional stressors are often not resolved as rapidly as some physical stressors, and therefore the body may be depleted of its adaptive energy more readily than it is from physical stressors. The “fight or flight” response may be inappropriate, even dangerous, to

the lifestyle of today, in which stress has been described as a psychosocial state that is pervasive, chronic, and relentless. It is this chronic response that maintains the body in the aroused condition for extended periods of time that promotes susceptibility to diseases of adaptation.

CORE CONCEPT

Adaptation

Adaptation is said to occur when an individual's physical or behavioral response to any change in his or her internal or external environment results in preservation of individual integrity or timely return to equilibrium.

Stress as an Environmental Event

A second concept defines stress as the “thing” or “event” that triggers the adaptive physiological and psychological responses in an individual. The event creates change in the life pattern of the individual, requires significant adjustment in lifestyle, and taxes available personal resources. The change can be either positive, such as outstanding personal achievement, or negative, such as being fired from a job. The emphasis here is on *change* from the existing steady state of the individual's life pattern.

Miller and Rahe (1997) have updated the original Social Readjustment Rating Scale devised by Holmes and Rahe in 1967. Just as in the earlier version, numerical values are assigned to various events, or changes, that are common in people's lives. The updated version reflects an increased number of stressors not identified in the original version. In the new study, Miller and Rahe found that women react to life stress events at higher levels than men, and unmarried people gave higher scores than married people for most of the events. Younger subjects rated more events at a higher stress level than older subjects. A high score on the Recent Life Changes Questionnaire (RLCQ) places the individual at greater susceptibility to physical or psychological illness. The questionnaire may be completed considering life stressors within a 6-month or 1-year period. Six-month totals equal to or greater than 300 life change units (LCUs) or 1-year totals equal to or greater than 500 LCUs are considered indicative of a high level of recent life stress, thereby increasing the risk of illness for the individual. The RLCQ is presented in Table 1-1.

It is unknown whether stress overload merely predisposes a person to illness or actually precipitates it, but there does appear to be a causal link (Pelletier, 1992). Life changes questionnaires have been criticized because they do not consider the individual's perception of the event. Individuals differ

TABLE 1–1 The Recent Life Changes Questionnaire

LIFE CHANGE EVENT	LCU	LIFE CHANGE EVENT	LCU
HEALTH		HOME AND FAMILY	
An injury or illness which: Kept you in bed a week or more, or sent you to the hospital	74	Major change in living conditions	42
Was less serious than above	44	Change in residence: Move within the same town or city	25
Major dental work	26	Move to a different town, city, or state	47
Major change in eating habits	27	Change in family get-togethers	25
Major change in sleeping habits	26	Major change in health or behavior of family member	55
Major change in your usual type/ amount of recreation	28	Marriage	50
WORK		Pregnancy	67
Change to a new type of work	51	Miscarriage or abortion	65
Change in your work hours or conditions	35	Gain of a new family member: Birth of a child	66
Change in your responsibilities at work: More responsibilities	29	Adoption of a child	65
Fewer responsibilities	21	A relative moving in with you	59
Promotion	31	Spouse beginning or ending work	46

Continued

TABLE 1-1 The Recent Life Changes Questionnaire—cont'd

LIFE CHANGE EVENT	LCU	LIFE CHANGE EVENT	LCU
Demotion	42	Child leaving home:	
Transfer	32	To attend college	41
Troubles at work:		Due to marriage	41
With your boss	29	For other reasons	45
With coworkers	35	Change in arguments with spouse	50
With persons under your supervision	35	In-law problems	38
Other work troubles	28	Change in the marital status of your parents:	
Major business adjustment	60	Divorce	59
Retirement	52	Remarriage	50
Loss of job:		Separation from spouse:	
Laid off from work	68	Due to work	53
Fired from work	79	Due to marital problems	76
Correspondence course to help you in your work	18	Divorce	96
PERSONAL AND SOCIAL		Birth of grandchild	43
Change in personal habits	26	Death of spouse	119
Beginning or ending school or college	38	Death of other family member:	
Change of school or college	35	Child	123
Change in political beliefs	24	Brother or sister	102
Change in religious beliefs	29	Parent	100
Change in social activities	27	FINANCIAL	
Vacation	24	Major change in finances:	
New, close, personal relationship	37	Increased income	38
Engagement to marry	45	Decreased income	60
Girlfriend or boyfriend problems	39	Investment and/or credit difficulties	56
Sexual difficulties	44	Loss or damage of personal property	43
"Falling out" of a close personal relationship	47	Moderate purchase	20
An accident	48	Major purchase	37
Minor violation of the law	20	Foreclosure on a mortgage or loan	58
Being held in jail	75		
Death of a close friend	70		
Major decision regarding your immediate future	51		
Major personal achievement	36		

SOURCE: Miller and Rahe (1997), with permission.

in their reactions to life events, and these variations are related to the degree to which the change is perceived as stressful. These types of instruments also fail to consider the individual's coping strategies and available support systems at the time when the life change occurs. Positive coping mechanisms and strong social or familial support can reduce the intensity of the stressful life change and promote a more adaptive response.

Stress as a Transaction Between the Individual and the Environment

This concept of stress emphasizes the *relationship* between the individual and the environment. Personal characteristics and the nature of the environmental event are considered. This illustration parallels the modern concept of the etiology of disease. No longer is causation viewed solely as an external entity; whether or not illness occurs depends also on the receiving organism's susceptibility. Similarly, to predict psychological stress as a reaction, the properties of the person in relation to the environment must be considered.

Precipitating Event

Lazarus and Folkman (1984) define *stress* as a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being. A **precipitating event** is a stimulus arising from the internal or external environment and is perceived by the individual in a specific manner. Determination that a particular person-environment relationship is stressful depends on the individual's cognitive appraisal of the situation. *Cognitive appraisal* is an individual's evaluation of the personal significance of the event or occurrence. The event "precipitates" a response on the part of the individual, and the response is influenced by the individual's perception of the event. The *cognitive response* consists of a primary appraisal and a secondary appraisal.

Individual's Perception of the Event

Primary Appraisal

Lazarus and Folkman (1984) identify three types of primary appraisal: irrelevant, benign-positive, and stressful. An event is judged *irrelevant* when the outcome holds no significance for the individual. A *benign-positive* outcome is one that is perceived as producing pleasure for the individual. *Stress* appraisals include harm/loss, threat, and challenge. *Harm/loss* appraisals refer to damage or loss already experienced by the individual. Appraisals of a *threatening* nature are perceived as anticipated harms or losses.

When an event is appraised as *challenging*, the individual focuses on potential for gain or growth, rather than on risks associated with the event. Challenge produces stress even though the emotions associated with it (eagerness and excitement) are viewed as positive, and coping mechanisms must be called upon to face the new encounter. Challenge and threat may occur together when an individual experiences these positive emotions along with fear or anxiety over possible risks associated with the challenging event.

When stress is produced in response to harm/loss, threat, or challenge, a secondary appraisal is made by the individual.

Secondary Appraisal

This secondary appraisal is an assessment of skills, resources, and knowledge that the person possesses to deal with the situation. The individual evaluates by considering the following:

- Which coping strategies are available to me?
- Will the option I choose be effective in this situation?
- Do I have the ability to use that strategy in an effective manner?

The interaction between the primary appraisal of the event that has occurred and the secondary appraisal of available coping strategies determines the quality of the individual's adaptation response to stress.

Predisposing Factors

A variety of elements influence how an individual perceives and responds to a stressful event. These **predisposing factors** strongly influence whether the response is adaptive or maladaptive. Types of predisposing factors include genetic influences, past experiences, and existing conditions.

Genetic influences are those circumstances of an individual's life that are acquired through heredity. Examples include family history of physical and psychological conditions (strengths and weaknesses) and temperament (behavioral characteristics present at birth that evolve with development).

Past experiences are occurrences that result in learned patterns that can influence an individual's adaptation response. They include previous exposure to the stressor or other stressors, learned coping responses, and degree of adaptation to previous stressors.

Existing conditions incorporate vulnerabilities that influence the adequacy of the individual's physical, psychological, and social resources for dealing with adaptive demands. Examples include current health status, motivation, developmental maturity, severity and duration of the stressor, financial and educational resources, age, existing coping strategies, and a support system of caring others.

This transactional model of stress/adaptation will serve as a framework for the process of nursing in this text. A graphic display of the model is presented in Figure 1-3.

CORE CONCEPT
Maladaptation
 Maladaptation occurs when an individual's physical or behavioral response to any change in his or her internal or external environment results in disruption of individual integrity or in persistent disequilibrium.

Stress Management*

The growth of stress management into a multimillion-dollar-a-year business attests to its importance in our society. Stress management involves the use of coping strategies in response to stressful situations. Coping strategies are adaptive when they protect the individual from harm (or additional harm) or strengthen the individual's ability to meet challenging situations. Adaptive responses help restore homeostasis to the body and impede the development of diseases of adaptation.

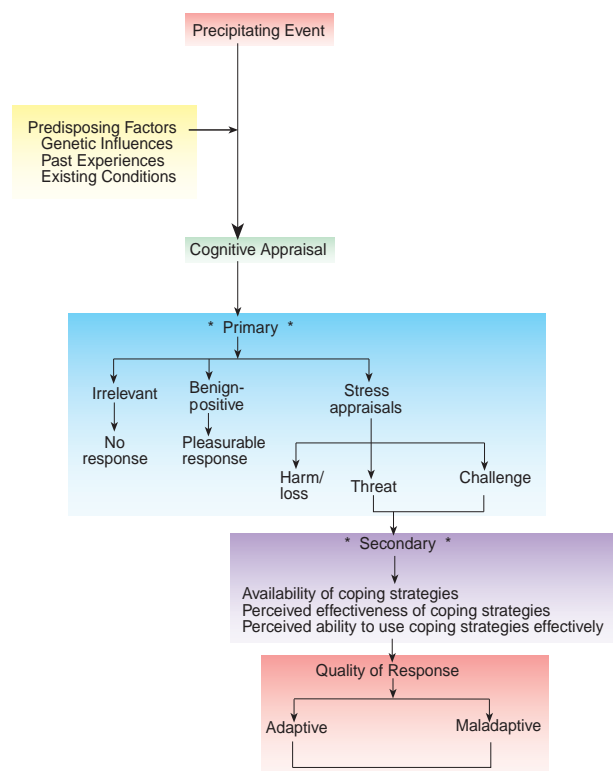


FIGURE 1-3 Transactional model of stress/adaptation.

*Techniques of stress management are discussed at greater length in Unit 3 of this text.

Coping strategies are considered maladaptive when the conflict being experienced goes unresolved or intensifies. Energy resources become depleted as the body struggles to compensate for the chronic physiological and psychological arousal being experienced.

The effect is a significant vulnerability to physical or psychological illness.

Adaptive Coping Strategies

Awareness

The initial step in managing stress is awareness—to become aware of the factors that create stress and the feelings associated with a stressful response. Stress can be controlled only when one recognizes that it is being experienced. As one becomes aware of stressors, he or she can omit, avoid, or accept them.

Relaxation

Individuals experience relaxation in different ways. Some individuals relax by engaging in large motor activities, such as sports, jogging, and physical exercise. Still others use techniques such as breathing exercises and progressive relaxation to relieve stress. (A discussion of relaxation therapy may be found online at www.DavisPlus.com.)

Meditation

Practiced 20 minutes once or twice daily, meditation has been shown to produce a lasting reduction in blood pressure and other stress-related symptoms (Davis, Eshelman, & McKay, 2008). Meditation involves assuming a comfortable position, closing the eyes, casting off all other thoughts, and concentrating on a single word, sound, or phrase that has positive meaning to the individual. The technique is described in detail online at www.DavisPlus.com.

Interpersonal Communication With Caring Other

As previously mentioned, the strength of one's available support systems is an existing condition that significantly influences the adaptability of coping with stress. Sometimes just "talking the problem out" with an individual who is empathetic is sufficient to interrupt escalation of the stress response. Writing about one's feelings in a journal or diary can also be therapeutic.

Problem Solving

An extremely adaptive coping strategy is to view the situation objectively (or to seek assistance from another individual to accomplish this if the anxiety level is too high to concentrate). After an objective assessment of the situation, the problem-solving/decision-making model can be instituted as follows:

- Assess the facts of the situation.
- Formulate goals for resolution of the stressful situation.

- Study the alternatives for dealing with the situation.
- Determine the risks and benefits of each alternative.
- Select an alternative.
- Implement the alternative selected.
- Evaluate the outcome of the alternative implemented.
- If the first choice is ineffective, select and implement a second option.

Pets

Studies show that those who care for pets, especially dogs and cats, are better able to cope with the stressors of life (Allen, Blascovich, & Mendes, 2002; Barker, Knisely, McCain, & Best, 2005). The physical act of stroking or petting a dog or cat can be therapeutic. It gives the animal an intuitive sense of being cared for and at the same time gives the individual the calming feeling of warmth, affection, and interdependence with a reliable, trusting being. One study showed that among people who had had heart attacks, pet owners had one-fifth the death rate of those who did not have pets (Friedmann & Thomas, 1995). Another study revealed evidence that individuals experienced a statistically significant drop in blood pressure in response to petting a dog or cat (Whitaker, 2000).

Music

It is true that music can “soothe the savage beast.” Creating and listening to music stimulate motivation, enjoyment, and relaxation. Music can reduce depression and bring about measurable changes in mood and general activity.

Summary and Key Points

- Stress has become a chronic and pervasive condition in the United States today.
- Adaptive behavior is viewed as behavior that maintains the integrity of the individual, with a timely return to equilibrium. It is viewed as positive and is correlated with a healthy response.
- When behavior disrupts the integrity of the individual or results in persistent disequilibrium, it is perceived as maladaptive. Maladaptive responses by the individual are considered to be negative or unhealthy.
- A stressor is defined as a biological, psychological, social, or chemical factor that causes physical or emotional tension and may be a factor in the etiology of certain illnesses.
- Hans Selye identified the biological changes associated with a stressful situation as the “fight or flight” syndrome.
- Selye called the general reaction of the body to stress the “general adaptation syndrome,” which occurs in three stages: the alarm reaction stage, the stage of resistance, and the stage of exhaustion.
- When individuals remain in the aroused response to stress for an extended period of time, they become susceptible to diseases of adaptation, some examples of which include headaches, mental disorders, coronary artery disease, ulcers, and colitis.
- Stress may also be viewed as an environmental event. This results when a change from the existing steady state of the individual’s life pattern occurs.
- When an individual experiences a high level of life change events, he or she becomes susceptible to physical or psychological illness.
- Limitations of the environmental concept of stress include failure to consider the individual’s perception of the event, coping strategies, and available support systems at the time when the life change occurs.
- Stress is more appropriately expressed as a transaction between the individual and the environment that is appraised by the individual as taxing or exceeding his or her resources and endangering his or her well-being.
- The individual makes a cognitive appraisal of the precipitating event to determine the personal significance of the event or occurrence.
- Primary cognitive appraisals may be irrelevant, benign-positive, or stressful.
- Secondary cognitive appraisals include assessment and evaluation by the individual of skills, resources, and knowledge to deal with the stressful situation.
- Predisposing factors influence how an individual perceives and responds to a stressful event. They include genetic influences, past experiences, and existing conditions.
- Stress management involves the use of adaptive coping strategies in response to stressful situations in an effort to impede the development of diseases of adaptation.
- Examples of adaptive coping strategies include developing awareness, relaxation, meditation, interpersonal communication with caring other, problem solving, pets, and music.



Additional info available at
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