

Lucretia Shafer
Mental Health Journal Week 1
October 31, 2005

I have to say that I am very sorry to be leaving my Med/Surg rotation. I finally felt like a nurse and found that I liked working with the patients and the nurses a lot more than I had thought that I would. I also am wary about this rotation because of my preconceived ideas about what I will see and experience while working with these patients. I am not sure if I doubt my ability to help these people or if it is because I feel that they need so much more than I could ever give them that I feel defeated before I begin. Anyway, enough analyzing and on to the time spent.

My day in the ED was very interesting and disturbing. We watched a lady who was unable to speak for some reason go through a long entrance and evaluation process only to be sent away with the choice to go with her husband, who was at the end of his emotional rope, or to use the bus ticket she had been given to get to the downtown women's shelter. Both choices were basically unworkable, but there was nothing more that the social worker could do. She had a diagnosis of bipolar disorder but M doubted the correctness of the diagnosis. Looking through her chart, there was no evidence of mania, only depression and psychosis and withdrawal. He asked her about dependant personality disorder and borderline personality disorder and she indicated that these were diagnoses that she had been given in the past. After she had left the ED, we researched these personality disorders and talked about their manifestations and causes.

The next case was a suicidal 11-year-old boy. He had some physical deformity due to scoliosis and a tethered spinal cord. He had been kicked out of his home and sent to live with his Grandma because of aggression and verbal abuse directed toward his parents. He had set four fires in the brush and woods behind his house in August, been caught trying to "sell drugs" which were actually baggies of flour and sugar to kids at school, been kicked out of school three times in the past two weeks for fighting, had "no friends anymore", and had threatened to bring a gun to school and kill someone. By his own admission, he didn't feel bad about any of it although he acknowledged that getting angry and beating people up was wrong. All I could think about was that this was a fifth grader, just 11 years old. What had gone so wrong in this boy's life that he was here today, wanting to kill himself? Again, the answer seemed to be a personality disorder in the making, this time antisocial. (A true diagnosis cannot be made until 18 years old, by definition.)

The first thing that I realized was the rationale for putting personality disorders in Axis II with mental retardation rather than including them with all other mental disorders. When I first learned about DSM IV, it thought that the category was rather arbitrary. After thinking about personality disorders for the day, it became apparent to me that they are caused by a child's environment, situation and the actions of others toward that child. I may be way off base but it seems that the people who have the responsibility to raise the child, end up destroying the child. They are different than the other mental disorders, which have their causes more in the biochemical workings of our brains.

The second thing that impressed me about my day was M's ability to change his interview style to best draw out his clients. He was able to get a lot of truth from the 11-year-old boy along with feelings and admissions by knowing when to listen, when to push, when to laugh, when to frown. He worked very differently with the mute woman, and took a different approach again with her husband. This probably comes with a lot of experience but it made me realize how important it is to understand whom you are talking with.

And so, my first week in Mental Health rotation seemed to validate my fear that that these people have far bigger problems than I am equipped to deal with. Even M seemed somewhat overwhelmed with his day. But this is not really discouraging to me because of the fact that I met and spoke with numerous mental health workers who gave me the hope that they had hope, even after several years of working in their field. They are energized by their work and seem to thrive on the great challenges that they face everyday. Perhaps I need to learn to look "beyond the now" and what I need to get out of the experience and begin to focus on each person as an individual and to somehow touch each person, if only for the moment. I can, metaphorically, place a cool cloth on their forehead, and let them know that I care.

Lucretia Shafer
Clinic Journal
Mental Health Rotation
November 3 and 4, 2005

This was an interesting week for me. I went to Shelton and did home visits with a mental health nurse. The first thing that surprised me was that "home" includes assisted living facilities. When I stop to think about it, it makes perfect sense, since that is home for the residents. The nurse was very informative and honest about his job. He said that there was a ton of paperwork, and that the requirement of many years of experience in a mental health facility was a good thing since the home care nurse is basically on their own when it comes to caring for their clients. The patients' diagnoses and needs were very diverse, from chemical dependency to depression and anxiety and included many medical and physical problems along with family considerations. Personality disorders again reared their ugly head. I caught a glimpse of how intricate and interwoven the task of the nurse can be. We assess the signs and symptoms and then our work begins! At one point during a home visit, the client was asking B for some input or advice on a decision that she was trying to make. In good nursing form, he replied by redirecting the question back to her and asking her to elaborate. They talked a bit more and then B turned to me and asked me for my input. I was taken aback because I had been relaxing and enjoying watching the conversation, not figuring out what I would say. I managed to offer a bit of therapeutic conversation but it made me realize that in one and a half years I am going to be the nurse. I will not be able to hide behind the words, "Oh, I'm just a student nurse". I will then be the nurse.... I think I had better keep up the hard work. I have a long way to go.

On Friday, I finally got to spend the day in the psych unit. I was excited and apprehensive at the same time. I helped with vital signs first and was surprised that the patients come to the nurse to get their vitals taken. I am used to going to the patient. It was good to see how caring the nurse was, using that time to talk with and encourage each patient by name and about specific things regarding their therapy. Then I talked with a couple of the patients during breakfast and they were very friendly. It was kind of like meeting new people at church or a party--asking questions, looking for areas of interest, trying to find a way to get them to trust me and want to open up. I was very conscious of trying not to emphasize myself but to try to draw them out, try to let them know that I wanted to be of help to them, not a burden to them.

After that I sat in on and participated in several groups. The thing that impressed me the most was these people's willingness and eagerness to participate in their recovery process. They always filled out all the paperwork and answered the same questions with honest answers (it seemed to me). If I get an assignment that I think is a waste of my time, I won't fill in all the blanks or tend to answer the questions in a half hearted, mindless way. But these people were engaged and willing to talk about, write down, and share with the social workers and nurses and each other what they were thinking and feeling whenever they were asked. They all seemed to truly want to get better and were thankful and appreciative for the chance that they had been given.

At one point during Process Group, I was overwhelmed by the deep pain that one of the people had experienced in her growing up years and how that experience had woven it's web through out the rest of her life. I asked the homecare nurse and the social worker on the psych unit how they separate their work from their home life. I am not sure if I got an answer or not. I think one becomes a bit desensitized to the pain, but I bet it sure helps if one has a healthy, stable, meaningful life outside of work. I wonder how the overall health of these workers stacks up against other kinds of nurses or even as compared to policemen or some other occupation that delves into the deep hurts of humanity.

Overall, it was a good week at clinicals. I want to go back and see who got to go home and who is still there and who is new. I wonder if the girl that moved on to the CDU is doing OK and if the guy who was going home without doing any kind of in-between work for drug use will be able to make it.

Some things that struck me....

"I have rarely failed at anything in my life but I failed at killing myself. It makes me wonder why I failed."

"When Arthur Ashe was asked how he dealt with the seeming unfairness of his disease, he said something to the effect that if he was willing to accept and embrace the good things in his life then he needed to be able to accept the bad too."

The smile on the face of the lady who spent all day trying to write down 5 things that she liked about herself. She was given the assignment at the beginning of the day, worked on it in Process Group and struggled with it until she finally finished it right before I left for the day. I know that that was harder for her than digging a long, deep trench.

Lucretia Shafer
Mental Health Journal Week 3
November 10-11, 2005

This week I went to Partial and to a different home health office. Partial was pretty intense. It included people who were still in the psych unit, people who had been just discharged from the unit, others who had been hospitalized and were back home for a while and some who had never been hospitalized. So, the group was varied but all were there for help with coping with their mental illnesses.

I saw a woman go through a panic attack during the morning. It wasn't what I thought a panic attack would look like. Rather than freaking out on the outside for everyone to see, she withdrew into herself, rocking, and crying, begging to go home. The group leaders told her to stay, saying that they were sure that she could make it. It made the rest of the group very anxious—lots of rocking, sewing machine legs, deep breathing and hand

wringing. In the end, she was able to work through the attack and we talked about coping skills that everyone had practiced, whether they knew it or not. There was a feeling of relief and success when all was said and done because we were all pulling for her to make it. I think that she was glad that she stayed and hopefully she will remember that she made it through before and in the future that will give her hope to keep on going.

There was a lot of talk about the “here and now” and how that was where we need to be. I think that that keeps us from going back and blaming others for where we are today and there is safety in the present also. Some of these people have horrendous pasts that they do not want to remember and it is safe for them to know that they do not have to go back there. In order to completely work through their problems they need to do that but it is much better to do that one on one with a trained psychiatrist or psychologist. This group is more for getting through today. There was concrete teaching on sleep hygiene, coping skills, and communication techniques. There was a check in and goal setting, just like in the psych unit. It was good for me to see the change in the group members from the beginning of the day to the end. Most were visibly more at ease and relaxed, having received encouragement and TLC from the other members of the group and especially from the leaders.

It is interesting to sit in on the group and then to go the office with the leaders. When they close the door, I get to hear what they are thinking. It is a good in-between program. They were very aware of each group member’s background and needs not just mentally but also physically. Lunch is included in the therapy and they worked on getting doctor appointments and even transportation for those who had issues with that. I think this kind of group is vital to someone struggling with mental illness. I bet there are not very many available.

Home health was interesting because I followed a different nurse. She had a very different style than B. We went to two assisted living homes, and an Alzheimer’s home. I think the thing that was the most different this time was that most of her patients had some level of dementia. We talked a little about the ethics of “lying” or going along with what they say when you know it is not true and when to correct them and when to accept what they say. There is definitely a need for careful listening and assurance for this very vulnerable population. One of her clients was grieving over the loss of her husband who had died “last year”. The only problem was, we did not know when her husband had really died because she was wrong about other things that we could check out and there was no history available to us. He may have died last year or he may have died 10 years ago. I asked C. if it was important to know when he had died and she said that it would be nice to know but that in reality it didn’t matter. This lady was grieving and depressed and needed help that C. could offer.

We also worked on a case of a man with Alzheimer’s who was hitting women. Medication is the best way to deal with problem behaviors when the person can’t be reasoned with and is a danger to those around him. But, he was on medication and it seemed to be making him very unstable on his feet. He had fallen at least 3 times in the last 2 weeks. His family could not handle him anymore (he had hit his wife) and the staff

was at their limit with his behavior. C. is working on a meeting between the home, his doctor, his family and herself to plan a course of action that would best take care of this man. C. is hoping that he can be moved to an all male adult home, where there would be fewer distractions.

This is such a vulnerable population that is growing very fast. The people that I saw in these homes are the lucky ones. They are in very nice places with staff that care about them or at least do a good job at their job. It is easy to see why elder abuse is on the rise. Sometimes these problems seem overwhelming. C. has been in psychiatric nursing for over 40 years and she assured me that a lot of improvements and innovations have occurred but that there is a long way to go.

Lucretia Shafer
Mental Health Rotation
Journal 11/17-18/2005

This past week I followed the second RN and the LPN. I was looking forward to working with Phyllis because she is an amazing person. She has such an incredible knowledge and insight regarding the patients mainly because she has been working with them for so many years. I love to sit and listen to her talk with the patients as she does their vital signs. She actually redid some vitals because she values that talk time in the morning with each individual patient. She is a great example of Steve's mantra, "There is no small talk or chit chat in nursing." I think the thing I have learned the most from her is that there is a time for compassion and understanding and there is a time to cut to the chase and to reorient the patient to reality. The thing is, they all seem to respect her and want to please her and she really cares about them.

I did my Life Skills class on Thursday. It went better than I had hoped. I love to talk about nutrition but I wasn't sure how appropriate it was as a topic for the unit. I know that eating right is very important to all health, including mental health but I was afraid that it would be pretty low on their priority list for getting well. However, most of the people seemed very interested (except for the girl that slept through class....) and were willing to take part in all the activities. After the class, a few people wanted more information and one guy said that he had learned more about eating well in the one hour than he had in the last four years. I really enjoyed teaching.

On Thursday morning, Phyllis asked me to wake up one of the patients. Andrea and I went into her room, flipped on the light and sang out that it was time to get up. She dove under her covers so we made a deal that if we left she would get up. When she still did not show up for vitals, I went back in and opened her curtains. She decided to come out from under her covers and when she did, I noticed a big bandage wrapped around her lower arm. I asked her what had happened-- momentarily forgetting that I was in the Psych unit. She matter of factly stated that she had cut and burned herself. Not wanting

to ignore her answer, I blurted out, “Why did you do that?” By now, all I wanted to do was to get out of the room. She seemed to think that it was a normal question and answered that it was because the voices had told her to do it. All that I could think of in answer to that was, “Well, I don’t think that you should listen to those voices anymore!” She agreed with me and I got out of the room so she could get ready for her day and I could get my foot out of my mouth.

Steve said that the conversation was really quite therapeutic and when I thought about it, I realized that it kind of was like when Phyllis asks how the voices are today, or to rate their paranoia on a scale of one to ten. I think it is called “reality orienting”.

On Friday I changed the patient’s bandage. What shocked me was that the cuts were mere scratches, almost healed. They never had been deep or life threatening. I tried to talk her into leaving the big bandage off and just covering the nicely healing burns with small bandages but she was appalled by the thought. I told her that her arm would be much less noticeable without the big bandage and asked her how she thought that her arm looked. She said that she thought it looked very bad and that she really needed it to be covered so that her two daughters would not see how she had intentionally hurt herself. It seemed that she could only see her guilt when she looked at her healing arm. The staff seemed to think that she liked the attention that the bandage brought her. I wonder how to convince someone that what they see is not what is really there. Maybe the better question is, how can someone be convinced to forgive themselves and move on with their life?

On Friday, I worked with Tim and passed out medications to three patients. I think that I am glad that there are drugs to help with bipolar disorder, schizophrenia, depression and anxiety, and other mental illnesses. These people are so sick and so want to be well. They practically line up for their meds with the full understanding that they can take weeks to take effect and that the side effects can be pretty nasty. Some of the people are very interested and know exactly what they are taking and others just swallow them down, trusting the nurse to get it right. It was different having people come to me for their meds and if this were my job I would need to really be sure to check arm bands, names and numbers, and recheck with the MAR for every drug. I hope that once I am a nurse I make good habits and follow them through every time. I just see how easy it is to get rushed....

Documentation. What can I say about documentation? I need to “own my words”. I need to relax and let them flow. Hmmm, I sure hope that someday it comes easier than right now! Dr. Hass said that he still struggles with the “right words”. Actually, that was encouraging to hear. And I can see how far I have come. Alas, I still have a ways to go. Pencils would be a lot nicer!

One other thing I am finding that I come back to again and again that I learned in Mental Health. In process group a couple weeks ago, Cathy talked about being in the here and now. She said that dwelling in the past can lead to depression and worrying about the future can bring on anxiety. By being in the “here and now” we are able to take charge of

our feelings, and take control of our life for today. This is making a lot of sense for me right now. It allows me to let go of things that I am powerless to change and to deal with the issues of today. We can all be mentally healthier!

Lucretia Shafer
Mental Health Journal
December 1 and 2, 2005

I was at the CDU this time. I was looking forward to this rotation because I wanted to see what it is like to battle an addiction in an in-patient setting. I have heard how hard it is to stay clean and sober but I didn't really KNOW the near impossibility of it. In Cynthia's class on Relapse Prevention she had all 12 patients stand up and move to the side of the room. She then had each person choose a number between 1 and 12. One patient who chose the "lucky number" got to sit down. That one patient represented the statistical fact that only one in twelve people who go through treatment will stay clean and sober. (I don't know if that is for the rest of their life. I also don't know if a person who completes multiple stays has a better chance of success than someone in for the first time.) Anyway, she then asked the ones left standing how that made them feel. I know that it made me feel like I had felt in the beginning of this rotation—kind of hopeless. But on the other hand, they are willing patients (anyway for the most part), and each one I am sure is hoping and praying that they are the one who makes it.

Drug-seeking Behavior: One patient was very upset that he could not have his pain meds close together in the mornings and then spaced farther apart as the day progresses. The pharmacist was concerned about his liver and the doctor decided to evenly space the medication through out the day. The patient took out his anger (in a very controlled way) on the nurse. I was really impressed by how she handled the situation. She did not get angry or even appear to get impatient with the patient. She very calmly acknowledged his emotions and concerns, explained what the doctor and the pharmacist had told her and offered to let the doctor know that the patient wanted to speak to him. She made it clear that he was getting close to the boundary between acceptable and unacceptable behavior with out belittling him or making him defensive.

After watching the nurse for two days, I have come to the conclusion that she is a miracle worker. She is constantly being asked for various meds, patches and gum all day long. It seemed like someone was at her door constantly, asking for something. She also had to watch and assess anyone in detox and collaborate with the doctors concerning patients' concerns and treatment paths. The patients range in age from 12 on up to old age and all of them seem to have a lot of health problems due to their substance abuse. I wonder if she ever catches up.

It's All About Me: This is a phrase that drives me crazy. It is the most self-centered phrase in the English language and I would consider myself a failure as a mother if any of my kids chose to live their life by it. And so, you can imagine my surprise when I heard

it being used in a positive sense. I caught it first being used by the counselor about herself, kind of tongue in cheek. And then she told the patients that it had to be “all about them” if they wanted to get better. I think she meant that they had to take full responsibility for their addictions, not blaming it on “bad genes”, bad parenting, bad timing, bad circumstances or whatever. For whatever reasons, they are addicts and they need to do what ever it takes for them to stay clean and sober. It **is** all about each one of them in their fight for their lives.

The CDU: This program seems pretty amazing. Each patient is worked over intensively by both the counselors and their peers. No one escapes with out being laid open for all to see. Behaviors that need to be changed are discussed, choices are given and some people pack their bags, deciding that the work is too hard. They are kept busy from 0615 to 2200 everyday, with homework, groups, teaching times, personal housekeeping chores, recreation, and some personal time for reflection and hang time. There is time with family and significant others in group also. There is so much hope and so much pain. I only wish that they could be guaranteed success.

The End?: We got to participate in a double coin out ceremony right before we left for the day on Friday. It was very poignant for the two leaving, and for the patients who are still going through the program. As Julie and I left the ceremony, we walked through the double doors of the Commons into the hallway and nurse’s station. One of the detox patients whose vitals I had taken was out and walking around, looking much better than I had ever seen him look. He smiled at me. The nurse was busy admitting three brand new patients who looked rough and unhappy. I experienced a feeling of coming to the end of a chapter, or the completion of a cycle. Two ready to leave, ten more on the road to recovery, one getting ready to tackle the psychological part of getting sober, and three more coming in to take their place in line. As we walked down the hall to the exit, we passed a patient that we had spent time with in the psych unit over at the hospital. We had to laugh, because of this patient’s history, and I knew that even if I never came back to the CDU, the work would continue and miracles would continue to occur because of the hope and hard work that goes on there.