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Unit 1
Part 5 of 5

Theoretical Frameworks

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The purpose of a theory is:

a) Describe, explain, predict or control a phenomenon

b) Encourage the development of more research

c) Prove that there can be one way to describe a phenomenon

d) Prove that a phenomenon exists

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What is a theory?

- A set of concepts, definitions, and propositions, used to describe, explain, predict or control a phenomenon.
  - Deductive theory construction
    - General to specific
      - Borrows from other bodies of knowledge and test in nursing
  - Inductive theory construction
    - Specific to general
      - Immerses self in data and generates theoretical statements

Which of the following do theories NOT do?

a) Guide research
b) Guide practice
c) Provides a common language for practitioners
d) Limit autonomy of practice

The concepts central to nursing theoretical models are:

a) Self-care, self-care deficit, and nursing systems
b) Caring and curing
c) Assessment, diagnosis, intervention, and evaluation
d) Person, environment, health and nursing

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Self-care deficit theory was proposed by:

a) Virginia Henderson
b) Betty Neuman
c) Imogene King
d) Dorothea Orem

Which of the following statements is related to Florence Nightingale?

a) Nursing is therapeutic interpersonal process

b) The role of nursing is to facilitate "the body's reparative processes" by manipulating client's environment

c) Nursing is the science and practice that expands adaptive abilities and enhances person and environment transformation

d) Nursing care becomes necessary when client is unable to fulfill biological, psychological, developmental or social needs.

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Nursing Theories

- ## Theory of Goal Attainment (Imogene King)
  - Transactions provide a frame of reference toward goal setting

- ## Theory of Unitary Human Beings (Martha Rogers)
  - Person and environment are energy fields that evolve negentropically
  - Nursing is a basic scientific discipline

Nursing Theories

- The Adaptation Model (Sister Callista Roy)
  - The individual is a biopsychosocial adaptive system within an environment
  - Stimuli disrupt an adaptive system

- Health Promotion Model (Nola Pender)
  - Promoting optimum health supersedes disease prevention

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Nursing Theories

- Theory of Culture Care (Madeleine Leininger)
  - Caring is universal and varies transculturally
  - Major concepts include care, caring, culture, cultural values and cultural variations
  - Culture defined as "the specific pattern of behavior that distinguishes any society from others and gives meaning to human expressions of care"
  - Ethnonursing
    - Study of nursing care beliefs, values, and practices as cognitively perceived and known by a designated culture through their direct experience, beliefs, and value systems

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Nursing Theories

- Interpersonal Relations/Psychodynamic Nursing (Hildegard Peplau)
  - First significant psychiatric nursing theory
  - Stresses the importance of nurses' ability to understand own behavior to help others identify perceived difficulties
  - Fours phases of nurse-patient relationships are:
    - Orientation
    - Identification
    - Exploitations
    - Resolution
  - Six nursing roles
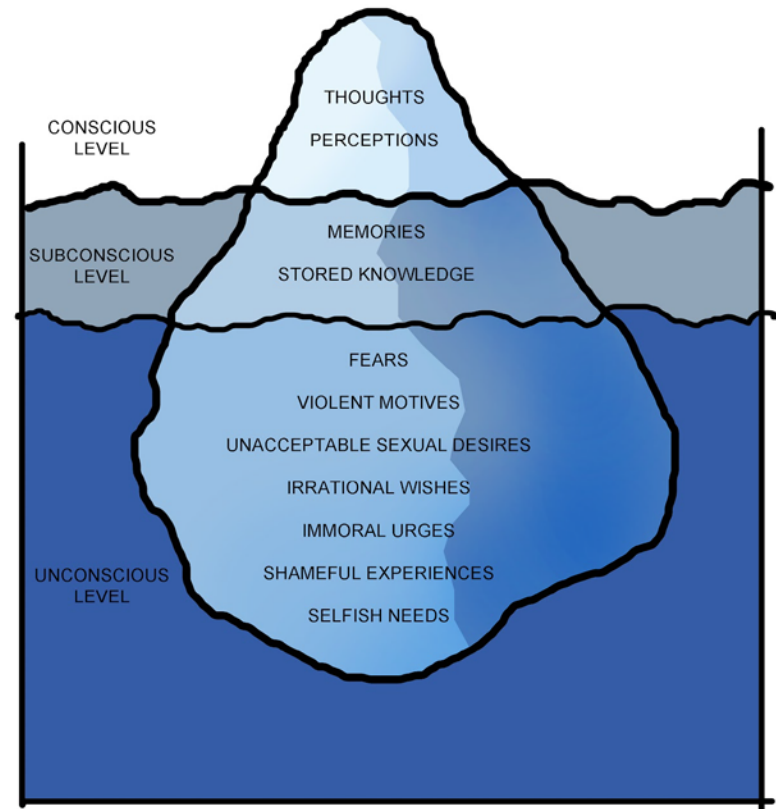
PEPLAU'S SIX NURSING ROLES

- Stranger: Receives the client the same way one meets a stranger in other life situations, provides an accepting climate that builds trust.

- Resource role: Answers questions, interprets clinical treatment data, and gives information.

- Teaching role: Gives instructions and provides training, involves analysis and synthesis of the learner experience.

- Counselling role: Helps client understand and integrate the meaning of current life circumstances provide guidance and encouragement to make changes.

- Surrogate role: Helps client clarify domains of dependence, interdependence and independence and acts on client's behalf as an advocate.

- Leadership role: Helps client assume maximum responsibility for meeting treatment goals in a mutually satisfying way.

Psychoanalytic – Freud

- Levels of Awareness
  - Conscious
  - Preconscious
  - Unconscious

- Role of the unconscious is important in understanding human behavior

Freud's View of the Human Mind: The Mental Iceberg

CONSCIOUS LEVEL — THOUGHTS, PERCEPTIONS

SUBCONSCIOUS LEVEL — MEMORIES, STORED KNOWLEDGE

UNCONSCIOUS LEVEL — FEARS, VIOLENT MOTIVES, UNACCEPTABLE SEXUAL DESIRES, IRRATIONAL WISHES, IMMORAL URGES, SHAMEFUL EXPERIENCES, SELFISH NEEDS

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Freud's Personality Structure
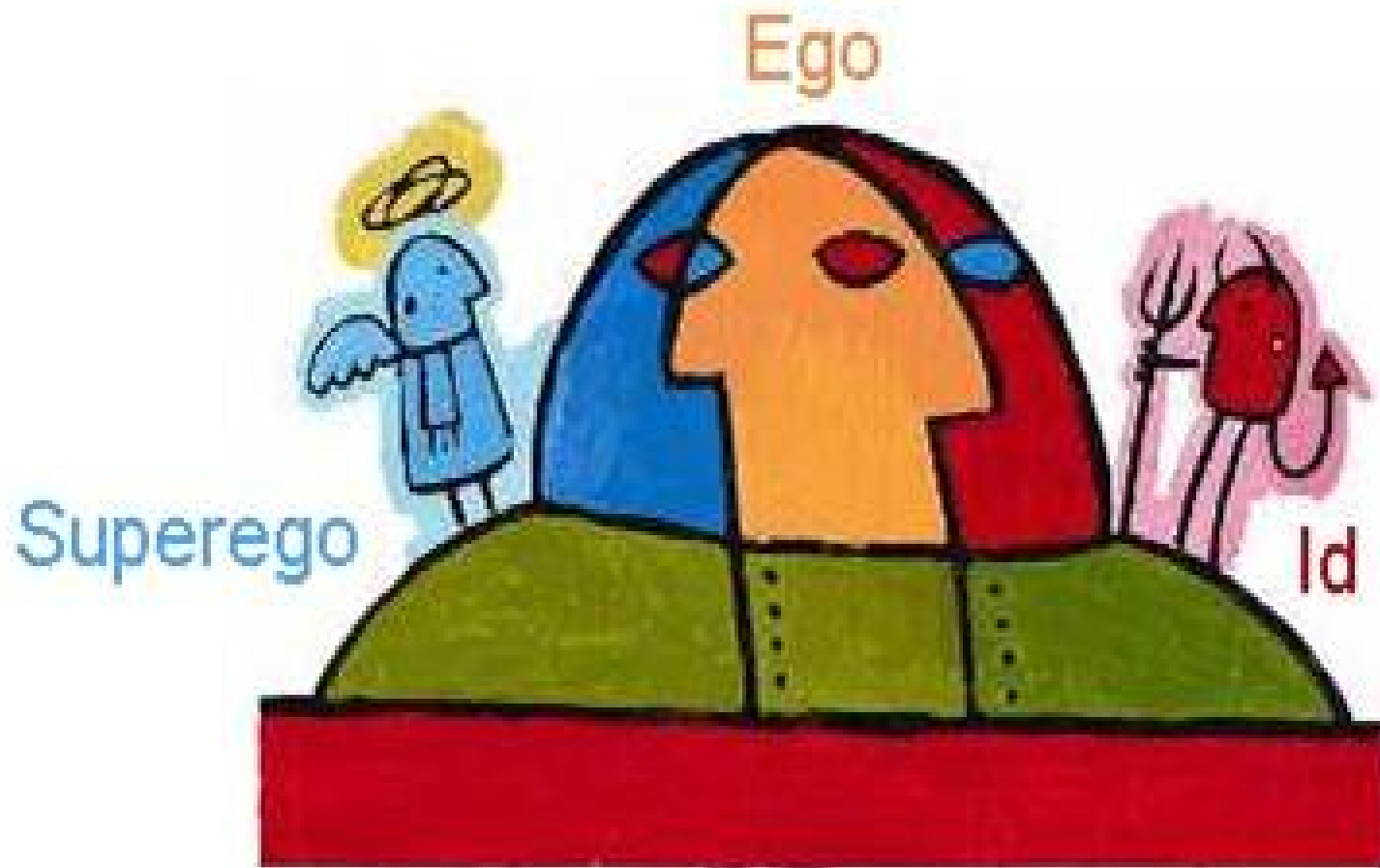
Freud's Stages of Development

Stage	Ages	Focus of Libido	Major Development	Adult Fixation Example
Oral	0 to 1	Mouth, Tongue, Lips	Weaning off of breast feeding or formula	Smoking, Overeating
Anal	1 to 3	Anus	Toilet Training	Orderliness, Messiness
Phallic	3 to 6	Genitals	Resolving Oedipus/Electra Complex	Deviancy, Sexual Dysfunction
Latency	6 to 12	None	Developing Defense Mechanisms	None
Genital	12+	Genitals	Reaching Full Sexual Maturity	If all stages were successfully completed then the person should be sexually matured and mentally healthy.

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Freud suggests that children of 4 or 5 fall in love with the parent of the opposite sex. This is known as:

a) Projection
b) Transference
c) The pleasure principle
d) The Oedipus complex

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Concepts associated with Freud

- Oedipus complex or Electra complex
- Defense mechanisms
- Freudian slips (parapraxes)
- Free association
- Resistance
- Fixation

Concepts associated with Freud

- Transference
  - Feelings, attitudes, and wishes linked with a significant figure in one's early life projected onto the clinician inappropriately

- Countertransference
  - Feelings and attitudes of the therapist projected onto the patient inappropriately

Freud's Defense Mechanisms

- Used by the EGO to protect oneself and relieve anxiety by keeping conflicts out of awareness

- Unconscious processes that may be normal and healthy when used in moderation (adaptive) or they may be unhealthy and seen in some psychiatric disorders when used excessively (maladaptive)

Classification of Defense Mechanisms

- Mature defense mechanisms
  - Healthy and adaptive
  - Seen in normal people
- Neurotic defense mechanisms
  - Encountered in obsessive-compulsive patients, hysterical patients, and adults under stress
- Immature defense mechanisms
  - Seen in children, adolescents, psychotic patients and some non-psychotic patients
  - Most primitive defense mechanisms

Shortly after having been informed that she is in the terminal states of breast cancer, Mrs. Jones begins to talk about her plans to travel with her husband when he retires in two years. The PMHNP should know that:

a) The diagnosis could be wrong and Mrs. Jones may not be dying

b) Mrs. Jones is probably responding to the news by using the defense mechanism of denial

c) Mrs. Jones is clearly delusional

d) Mrs. Jones is not responding in the way most clients would

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Defense Mechanisms

Denial	Avoiding the reality of a painful/anxiety producing situation by refusing to acknowledge it
Projection	False attribution of the person's own undesirable feelings, thoughts and impulses onto others
Regression	Unconsciously returning to an earlier, more comfortable level of development to avoid emotional discomfort
Somatization	Transferring emotional distress to bodily symptoms
Sublimation	Conscious/unconscious channeling of unacceptable impulses to a primary goal that is socially acceptable

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Defense Mechanisms

Displacement	Shifting of feelings from an emotionally charged person to a substitute, less threatening person
Dissociation	Unconscious separation from emotional pain
Intellectualization	Reasoning or logic used in attempt to avoid intimacy and confrontation
Rationalization	Using logical or acceptable, but incorrect, reasons or excuses for behavior
Repression	Considered to be the basis for all defense mechanisms – unconscious exclusion of ideas, feelings and situations that are unacceptable to the self
Altruism	Conscious use of services to others; doing good for others

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Which Defense Mechanism?

- A patient donated money to help raise community awareness about ovarian cancer after her daughter dies of ovarian cancer

- Man with unconscious urges to physically control others become a prison guard.

- Nurse who feels nauseated by an infected wound puts aside feelings of disgust to clean wound and provide necessary patient care.

- Husband who is attracted to other women believes his wife is having an affair.

Which Defense Mechanism?

- Student who is angry at his mother talks back to his teacher the next day and refuses to obey her instructions.

- Physician dying from colon caner describes the pathophysiology of his disease in detail to his 12-year-old son.

- My boss fired me today because she's short tempered and impulsive, not because I haven't done a good job.

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If a child's activities are primarily social interaction, during homework and practicing basketball, then according to Erikson, he is in the following stage of development:

a) Trust vs. mistrust
b) Autonomy vs. shame
c) Initiative vs. guilt
d) Industry vs. inferiority

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According to Erikson, the stage of development characterized by the acquisition of wisdom is:

a) Identity vs. identity diffusion
b) Intimacy vs. isolation
c) Generativity vs. stagnation
d) Integrity vs. despair

Erikson's Stage Theory in its Final Version

Age	Conflict	Resolution or "Virtue"	Culmination in old age
Infancy (0-1 year)	Basic trust vs. mistrust	Hope	Appreciation of interdependence and relatedness
Early childhood (1-3 years)	Autonomy vs. shame	Will	Acceptance of the cycle of life, from integration to disintegration
Play age (3-6 years)	Initiative vs. guilt	Purpose	Humor; empathy; resilience
School age (6-12 years)	Industry vs. Inferiority	Competence	Humility; acceptance of the course of one's life and unfulfilled hopes
Adolescence (12-19 years)	Identity vs. Confusion	Fidelity	Sense of complexity of life; merging of sensory, logical and aesthetic perception
Early adulthood (20-25 years)	Intimacy vs. Isolation	Love	Sense of the complexity of relationships; value of tenderness and loving freely
Adulthood (26-64 years)	Generativity vs. stagnation	Care	Caritas, caring for others, and agape, empathy and concern
Old age (65-death)	Integrity vs. Despair	Wisdom	Existential identity; a sense of integrity strong enough to withstand physical disintegration

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Jean Piaget developed a theory of :

a) Psychosexual development
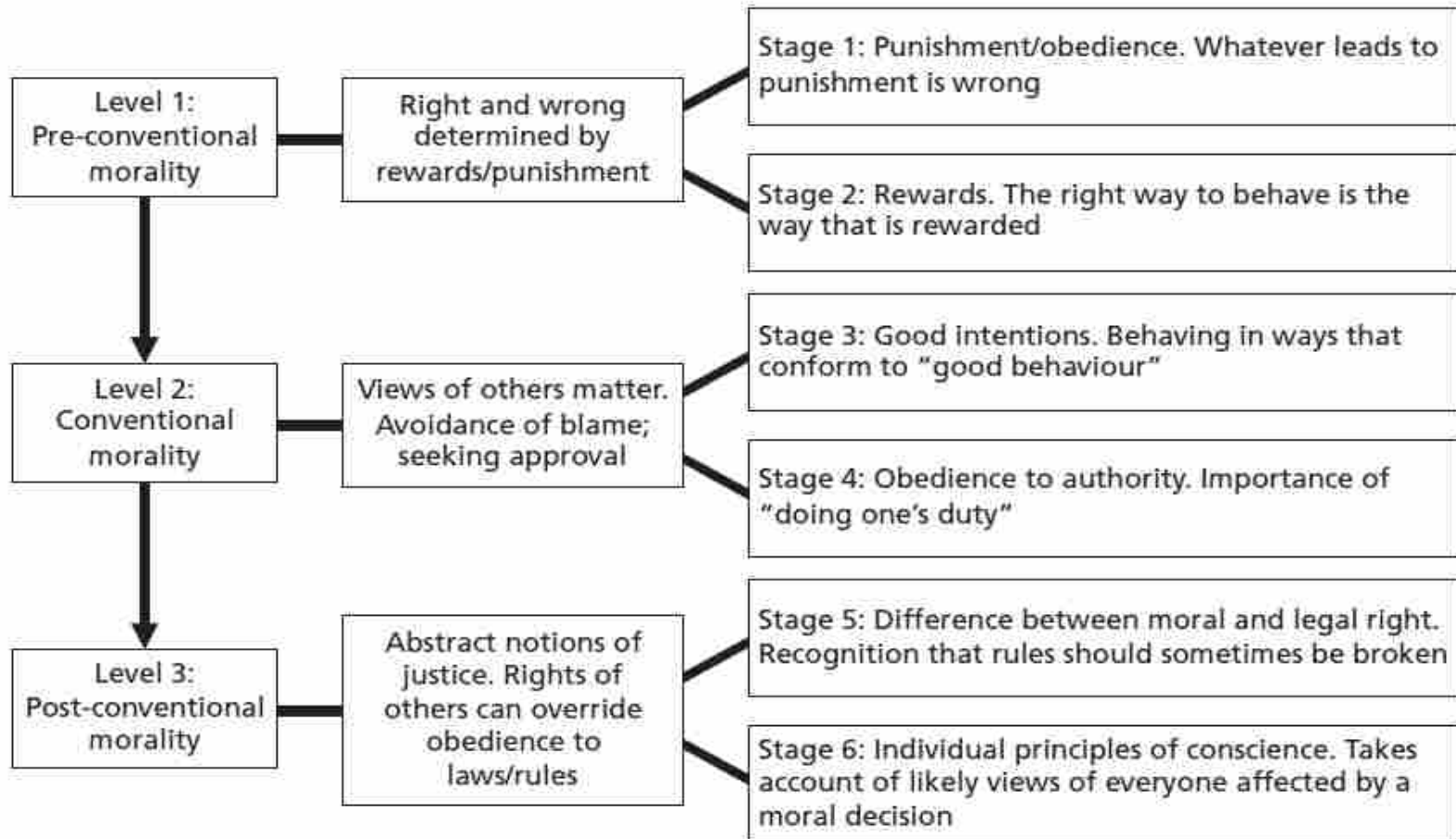b) Cognitive development
c) Moral development
d) Social development

In Piaget's theory, the period characterized by egocentric thinking, expressed in artificialism, realism, and magical thinking is the :

a) Sensory motor period
b) Pre-operational period
c) Concrete operations period
d) Formal operations period

Piaget's Theory of Cognitive Development

Developmental Stage	Cognitive Process
Sensorimotor stage (birth - 2 years old)	The child, through physical interaction with the environment, builds a set of concepts about reality and how it works. This is the stage where a child does not know that physical objects remain in existence even when out of sight.
Preoperational stage (ages 2 - 7)	The child is not yet able to conceptualize abstractly and needs concrete physical situations.
Concrete operations (ages 7 - 11)	As physical experience accumulates, the child starts to conceptualize, creating logical structures that explain their physical experiences. Abstract problem solving is possible at this stage. For example, arithmetic equations can be solved with numbers, not just with objects.
Formal operations (beginning at ages 11 - 15)	By this point, the child's cognitive structures are like those of an adult and include conceptual reasoning.

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Kohlberg's Theory of Moral Development

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┌─────────────────┐     ┌─────────────────┐     ┌──────────────────────────────────────┐
│   Level 1:      │     │ Right and wrong │     │ Stage 1: Punishment/obedience. Whatever leads to │
│ Pre-conventional│─────│  determined by  │─────│ punishment is wrong                    │
│   morality      │     │rewards/punishment│     └──────────────────────────────────────┘
└─────────────────┘     └─────────────────┘     ┌──────────────────────────────────────┐
                                                 │ Stage 2: Rewards. The right way to behave is the │
                                                 │ way that is rewarded                   │
                                                 └──────────────────────────────────────┘

┌─────────────────┐     ┌─────────────────┐     ┌──────────────────────────────────────┐
│   Level 2:      │     │Views of others matter.│  │ Stage 3: Good intentions. Behaving in ways that │
│ Conventional    │─────│ Avoidance of blame;│─────│ conform to "good behaviour"           │
│   morality      │     │ seeking approval │     └──────────────────────────────────────┘
└─────────────────┘     └─────────────────┘     ┌──────────────────────────────────────┐
                                                 │ Stage 4: Obedience to authority. Importance of │
                                                 │ "doing one's duty"                     │
                                                 └──────────────────────────────────────┘

┌─────────────────┐     ┌─────────────────┐     ┌──────────────────────────────────────┐
│   Level 3:      │     │Abstract notions of│     │ Stage 5: Difference between moral and legal right. │
│ Post-conventional│────│ justice. Rights of │─────│ Recognition that rules should sometimes be broken │
│   morality      │     │ others can override│    └──────────────────────────────────────┘
└─────────────────┘     │ obedience to     │     ┌──────────────────────────────────────┐
                        │ laws/rules       │     │ Stage 6: Individual principles of conscience. Takes │
                        └─────────────────┘     │ account of likely views of everyone affected by a │
                                                 │ moral decision                         │
                                                 └──────────────────────────────────────┘
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The PMHNP is working with Mrs. L., who has been sexually promiscuous and manipulative with her family. While developing a treatment plan for Mrs. L., the PMHNP recognizes that her behavior is consistent with the behavior in Stage 2 of Kohlberg's theory of moral development. Mrs. L will be motivated by:

a) Avoidance of punishment
b) Desire for reward or benefit
c) Anticipation of disapproval of others
d) Anticipation of dishonor

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Theory of Interpersonal Development

- Harry Stack Sullivan
- The basis for H. Peplau's work
- Focuses on behavior as interpersonal
- Therapy is based on the belief that by experiencing a health relationship with the clinician, the client can learn to build better relationships

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Hierarchy of Needs Theory - Maslow
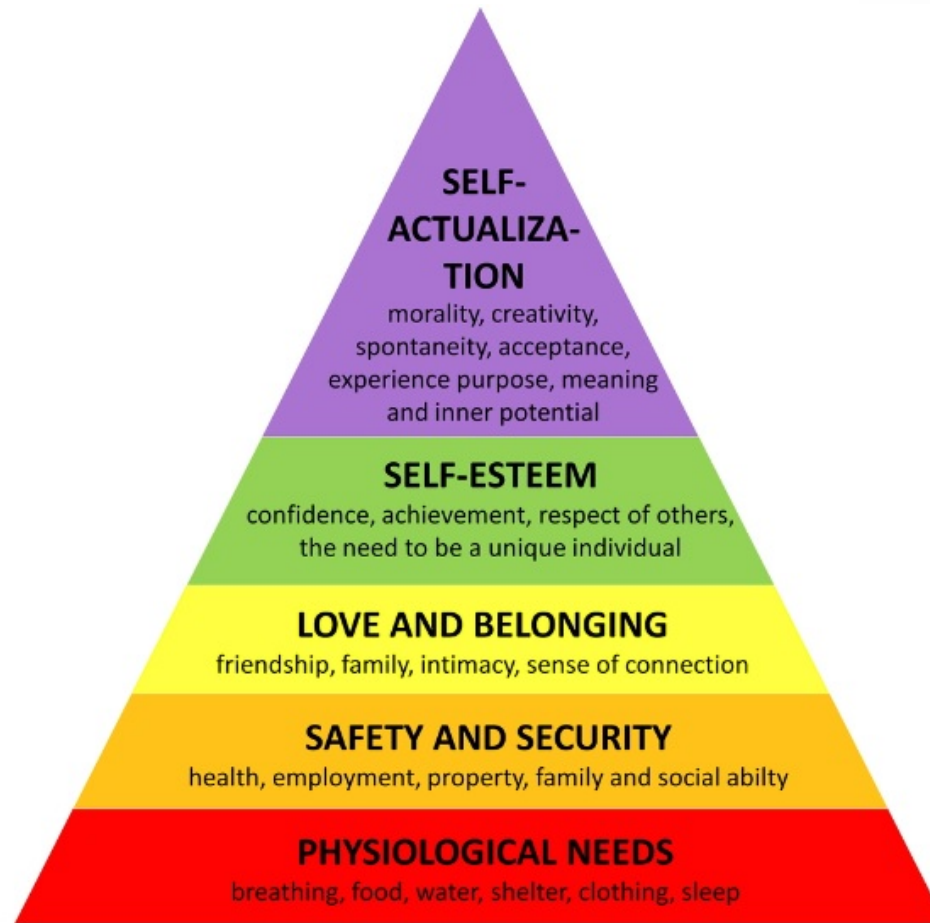
Behavioral theories of personality are concerned with:

a) Unconscious phenomena
b) Cognition
c) Emotions
d) Reinforcement

Behavioral Theory

- Largely pioneered by B.F. Skinner
- Focus is on replacing maladaptive behaviors with more effective behaviors
- Conditioning
  - Classical conditioning - Pavlov
    - a stimulus can eventually evoke a conditioned response.
  - Operant conditioning – B.F. Skinner
    - behaviors can be learned when followed by positive or negative reinforcement

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Behavior Theory - Skinner
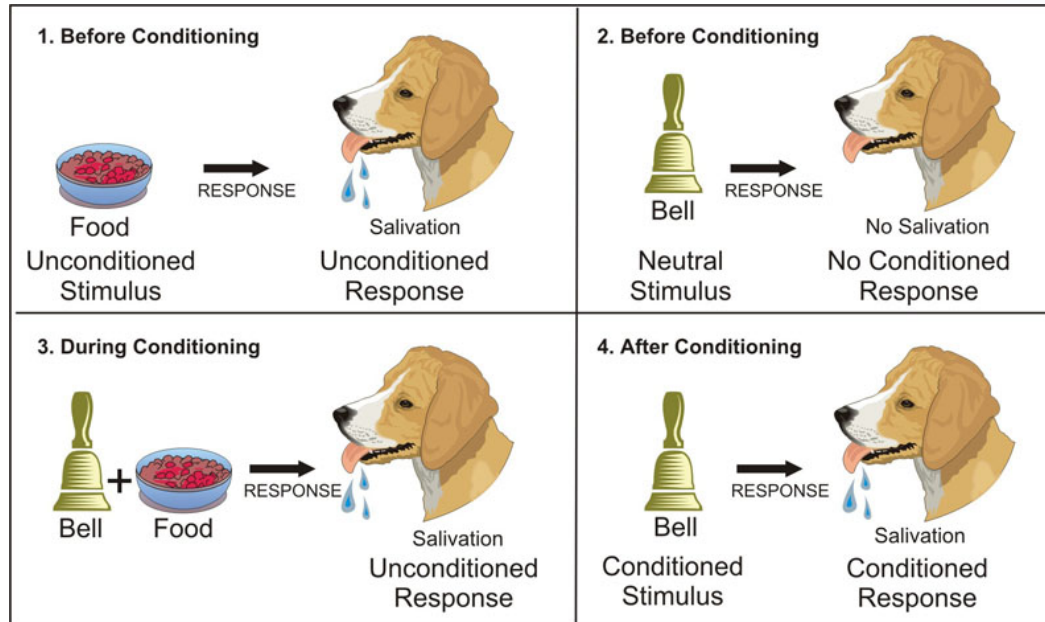
Classical Conditioning

Operant conditioning – B.F. SKinner
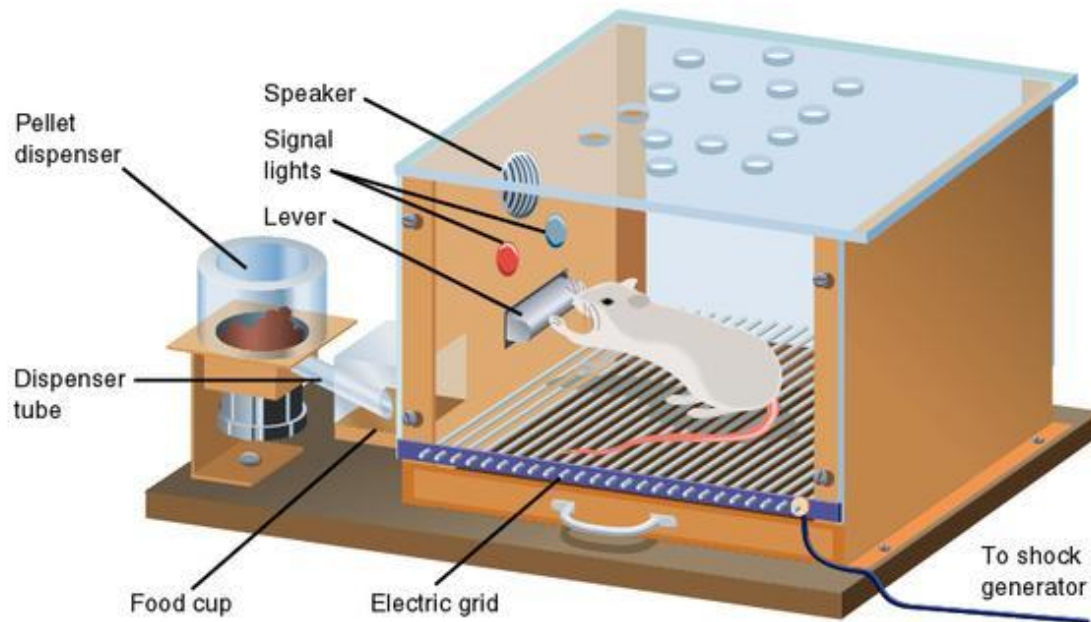
Social Learning Theory
Albert Bandura

- Combines cognitive and behavioral theories
- Most influential theory of learning and development
- Key Concept
  - Modeling or observational learning
- Basic Concepts
  - People can learn through observation
  - Mental states are important to learning
  - Learning does not necessarily lead to a change in behavior

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Health Belief Model
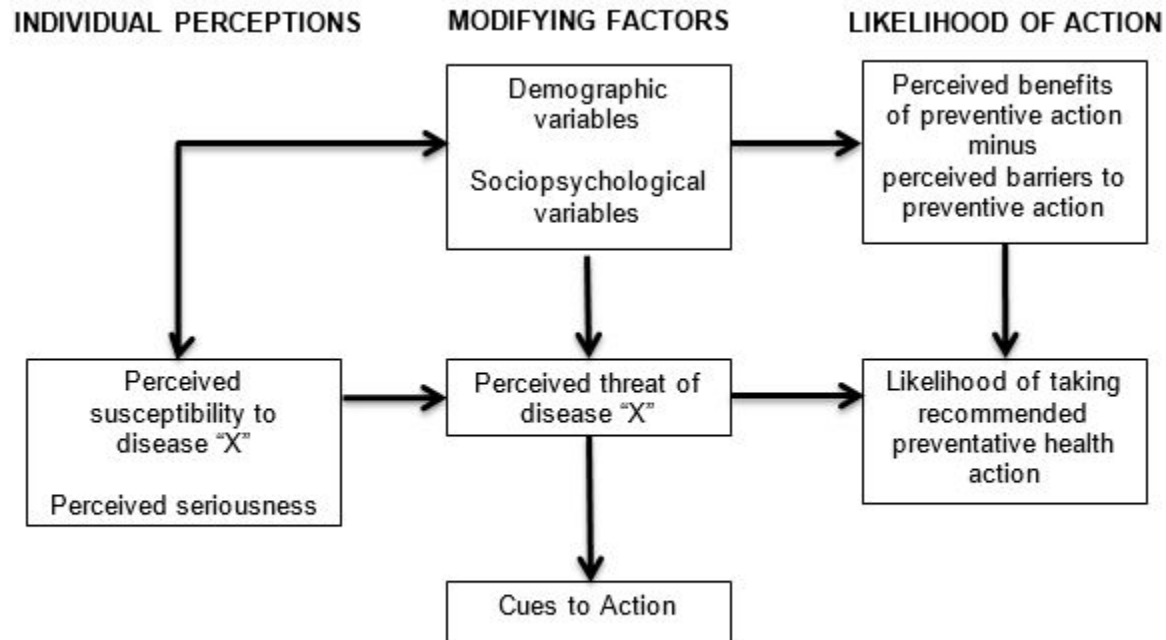
Health Belief Model, Becker & Janz 1985

Health Belief Model

- Proposes that a person's health-related behavior depends on the person's perception of four critical areas:
  - -the severity of a potential illness
  - -the benefits of taking a preventive action
  - -the barriers to taking that action
  - -the person's susceptibility to that illness

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Health Belief Model

- Example
  - Who is more likely to perform healthier behavior? A 50-year-old smoker who recently had a myocardial infarction or a 16-year-old girl who is obese?
  - It is probably the 50-year-old smokes who is more likely to quit smoking due to the seriousness of a MI and his older age, rather than the teenager who has to lose weight

In helping a client change, the PMHNP should:

a) Encourage the client to move rapidly to avoid delay

b) Realize that the problems the client is facing will make him or her eager to change

c) Encourage feelings of hope

d) Understand that change is natural process which never involves anxiety and fear

Transtheoretical Model of Change

- Precontemplation
  - No intentions
- Contemplation
  - Thinking about change
  - Aware of problem
- Preparation
  - Ready for action
- Action
  - Engaging in actions to change
- Maintenance
  - Engaging in behaviors to prevent relapse

Stages of Change

Adapted from Prochaska, L.O. & DiClemente, C

1. Pre-contemplation

2. Contemplation

3. Preparation

4. Action

5. Maintenance

Relapse – can happen at any time

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Family Systems Theory

- Developed by Murray Bowen
- All parts of a system are interrelated and dependent on each other. If one part is damaged or dysfunctional, the rest of the system is also affected.
- Example: A mother is an alcoholic. She is married with 3 children. The oldest child is a 12-year-old girl. The daughter has started cooking for the family and helping her father take care of her younger siblings.
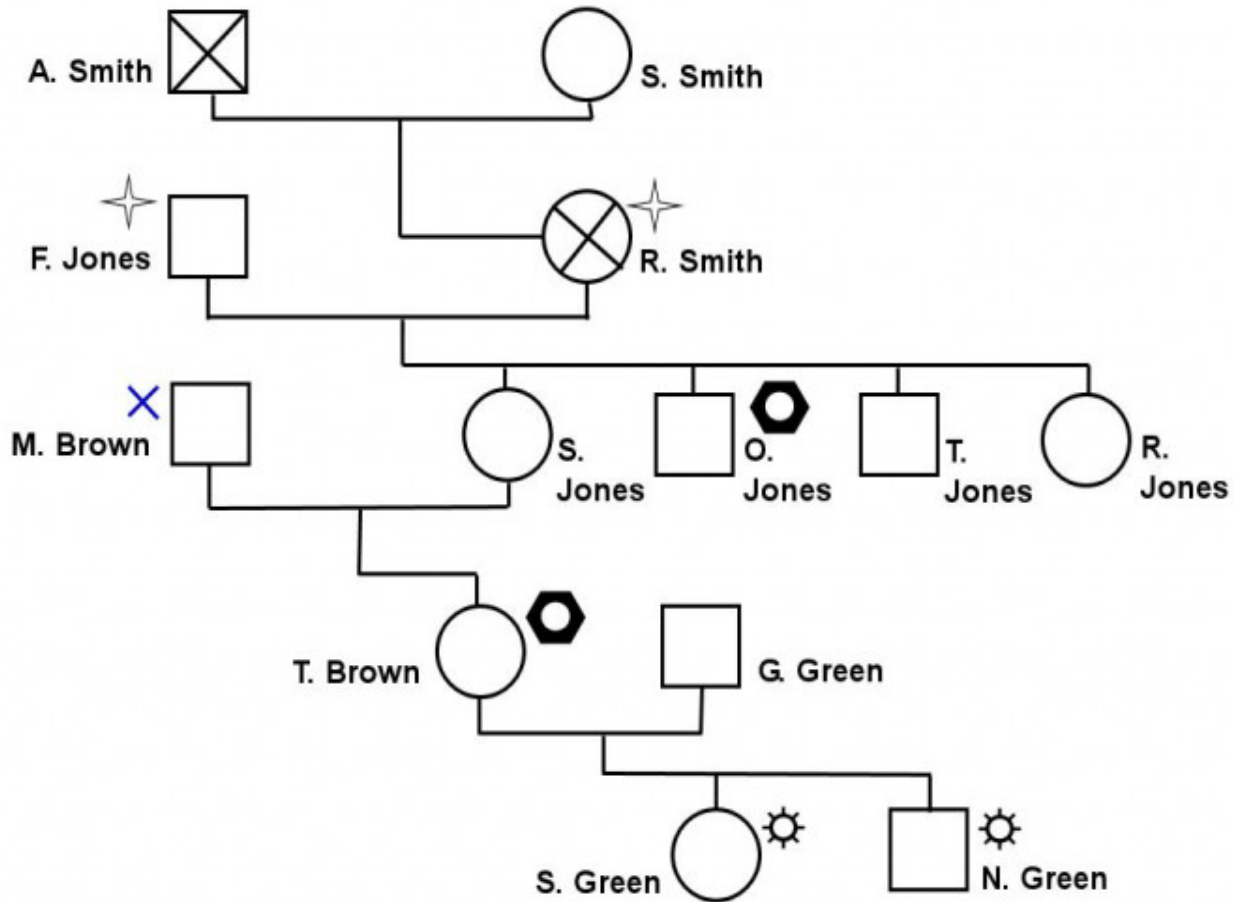
Bowen Family Systems Theory

- There are 8 concepts are
  - Triangles
  - Differentiation of Self
  - Nuclear Family Emotional System
  - Family Projection Process
  - Multigenerational Transmission Process
  - Emotional Cutoff
  - Sibling Position
  - Societal Emotional Process

The PMHNP practicing Bowen's Family System Therapy will guide family members to :

a) Use their sibling position to their advantage
b) Periodically cut off other family members emotionally
c) Create specific triangles
d) Increase differentiation of self

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Sample Genogram