Mega-Concept: Health and Illness

Category: Cognitive and Behavioral Processes

Concept Name: Behavior

Concept Definition:

 "Behavior is any observable, recordable, and measurable act, movement or response" to external or internal stimuli (Stuart, 2013, p. 560).

Scope:

For the purpose of generalist nursing practice the behavior concept refers to *behavioral health* and, specifically, to behaviors that may cause physical, mental, emotional, and/or spiritual distress to patients and/or their support systems. It is important to remember that the full scope of behavioral health includes both positive, *adaptive* coping behaviors and maladaptive behaviors.

- Adaptive Behaviors
  - Exercise
  - Nutritional balance
  - Stress management
  - Assertive communication
  - Other health-seeking behaviors (Carpenito, 2012)
- Maladaptive Behaviors
  - Addictions
  - Violence
  - Abuse
  - Neglect
  - Crime

Categories:

Addiction and violence behaviors may exist on their own or in conjunction with other mental health disorders (e.g. major depressive disorder, generalized anxiety disorder, schizophrenia).

- Mental health: The NMNEC concept 'Mood and Affect' and 'Cognition' concepts address the mental health side of behavioral health so this analysis will focus on addictions, violence behaviors, and co-occurring disorders.

- Addiction: Addiction is a compulsive and maladaptive dependence on either a substance (e.g. a drug) or a behavior/process (e.g. gambling) resulting in psychologic, physical, economic, social, and/or legal ramifications (Elgie, 2017, p. 357). Researchers have implicated genetic predisposition and neurotransmitter effects on the brain's reward pathways in certain addictions (Elgie, 2017, p. 357).
  - Substance use addictions (Elgie, 2017, p. 358)
    - Alcohol
    - Tobacco products
    - Marijuana
    - Non-medical use of psychotherapeutics
    - Cocaine
    - Hallucinogens
    - Inhalants
    - Heroin
  - Behavioral/process addictions (Elgie, 2017, p. 358)
    - Gambling
    - Shopping
    - Internet use
      - Social media
    - Video games
    - Exercise
    - Food addictions
    - Several sub-types of sex addiction including pornography.

- Violence behaviors
  - Child abuse and neglect
  - Elder abuse and neglect
  - Intimate partner violence
  - Bullying
  - Violence in the healthcare setting

- Co-occurring disorders: The term co-occurring disorder specifically refers to the unique challenges faced by individuals who express maladaptive behaviors such as addiction or violence and have serious psychological distress (SPD). Addiction often occurs in the setting of the following comorbid conditions: Major depressive disorder, Bipolar disorder, Anxiety disorder, antisocial personality disorder, and/or Conduct disorder (Elgie, 2017, p. 363). There are two broad etiologies of co-occurring disorders between addiction and other

mental health diagnoses. Persons with mental illness may turn to substance abuse to self-medicate, or the substance dependency may cause mental illness. Violence behaviors are similarly implicated in such co-occurring disorders as post-traumatic stress disorder, depression (Schultz, 2017), and impulse and conduct disorders (Yaklin and Halter, 2018).

Risk Factors:

There is no distinct profile to predict who will suffer from maladaptive behaviors. Some studies have endorsed the interaction between multiple risk factors to predispose addiction and violence behaviors but no clear causation has been demonstrated (Elgie, 2017, p. 358; Schultz, 2017, p. 370).

Risk factors associated with both addiction and violence behaviors

- Co-existing mental health disorders
  - Depression and other mood disorders
  - Personality disorders
- Interfamilial factors
  - Family history
  - Exposure to others with addiction and violence behaviors
  - Lack of parental supervision
- Sociocultural factors
  - Poverty

Individual risk factors associated with addiction:

- Burnout
- Mood disorders
- Stress
- Poverty
- Peer pressure
- Early aggressive behavior
- Social Isolation

Individual risk factors associated with violence behaviors

- Sex
  - Males perpetrate more violence behaviors toward women
  - Males perpetrate more violence behaviors toward the elderly
- Patriarchal Social Structures
  - Europeans privileged over those who are non-white
  - Men over women

- Migration and acculturation
- Undereducation
- Underemployment
- Lower socioeconomic status

Nursing Process: Addiction

Physiological Processes and Consequences:

- Brain neurochemical interactions related to addiction
  - Originate in the reward centers
    - Caudate nucleus
    - Nucleus accumbens
    - Ventral tegmental
- Reward centers affected by neurotransmitters and other brain areas
  - Dopamine
  - Other
    - Endogenous opioids
    - γ-aminobutyric acid,
    - Gabapentin
    - Acetylcholine
    - Norepinephrine
    - Serotonin
- Consequences
  - Adaptation
  - Tolerance
  - Withdrawal symptoms

Assessment:

- Identifying those in need of emergency management
- Identifying possible addictions by interview and screening
  - Routine physical exam for evidence of addiction.
    - Symptoms of liver damage/failure
      - Jaundice
      - Fatigue
      - Abdominal discomfort
      - Ascites
    - Abnormal vital signs (e.g., tachycardia, elevated blood pressure)
    - Airway clearance and evidence of impaired gas exchange/perfusion

- Damaged veins
- Undernourished, emaciated appearance
- Patient history
  - Prescription and over the counter drugs
  - Herbal and homeopathic products
  - Caffeine
  - Tobacco products
  - Alcohol
  - Recreational drug use
- Tolerance
  - Need for increasingly more of the stimulus to achieve reward
- Withdrawal stress reaction
  - Mild uneasiness
  - Irritability
  - Anxiety
  - Palpitations
  - Shakiness
  - Increased heart rate
  - Diaphoresis
  - Extreme agitation
  - Panic
- Acute alcohol withdrawal*:*
  - Begins within six to ninety-six hours of the last drink
  - Alterations in mental status
  - Tremors
  - Seizures
  - Tachycardia
  - Hypertension
  - Irritability,
  - Depressed mood
  - Impaired concentration
  - Dizziness
  - Hyperreflexia
  - Ataxia
  - Pyrexia
  - Anorexia
  - Insomnia

- o Late signs
  - Bradycardia
  - Hypotension
  - Cardiovascular collapse
- Withdrawal rebound symptoms - opposite of the effect of the addiction
- Deception of the self and others
- Recovery (The Betty Ford Institute Consensus Panel, 2007)
  - o Sober
  - o Getting the help needed to maintain sobriety.
  - o Cravings
  - o Early sobriety (one month to one year)
  - o Sustained sobriety (one year to five years)
  - o Stable sobriety (more than five years).
- Diagnostic Tests
  - o Presence of drugs and alcohol metabolites in the blood and urine
  - o Evidence of hepatitis, liver disease and smoking related disease

Clinical Management – Interdisciplinary:

Primary Prevention (Promote healthy families in healthy communities)
- Effectively managing stress and burnout
- Personal coping strategies
  - o Exercise
  - o Meditation
  - o Journaling
  - o A personal spiritual orientation
  - o Maintaining a sense of humor with positive attitude
  - o Recreational activities

Secondary Prevention (Screening)
- CAGE Questionnaire - A positive endorsement of two or more items supports the possibility of addiction (Désy, et al., 2010).
  - o Has the client ever felt the need to **C**ut down on the use of a substance or a behavior?
  - o Has the client ever been **A**nnoyed by others who criticize the use of a substance or a behavior?
  - o Has the client ever felt bad or **G**uilty about the use of a substance or a behavior?
  - o Has the client **E**ver had to use a substance or a behavior first thing in the morning to get the day started?

Tertiary Prevention (Treatment)

- **Emergency Management:**
  - Airway
  - Breathing
  - Circulation
  - Opiate overdose
    - Respiratory depression/arrest
  - Stimulant overdose
    - Cardiovascular arrhythmias
  - Intravenous drug users
    - Endocarditis
    - Communicable diseases such as hepatitis and human immunodeficiency virus (HIV).
- Reversal agent specific to substance
    - Opiate
      - Naloxone
    - Benzodiazepine
      - Flumazenil
- Acute alcohol withdrawal*:*
    - Pharmacologic therapy
      - Benzodiazepine drugs: chlordiazepoxide (Librium), lorazepam (Ativan), oxezapam (Serax)
      - Barbiturate drugs: Phenobarbital (Luminal)
      - B-complex vitamins: thiamine, folic acid
- **Non-Emergency Substance Abuse Management:**
  - Prevent casual non-problematic use from becoming problematic or dependent.
  - Motivational interviewing clinical management of possible addictions.
  - Pharmacology:
    - Opiate addiction
      - Methadone
      - Buprenorphine
      - Clonidine
    - Tobacco addiction
      - Nicotine gum/patches
      - Buproprion
      - Varenicline

- Alcohol addiction
  - Naltrexone
  - Nalmefene
  - Acamprosate
  - Disulfuram - aversion therapy

Nursing Process: Violence Behaviors

Physiological Processes and Consequences:

- There is little evidence to support a purely physiological basis for violence behaviors
- Violence may be linked to
  - Slower resting hear rate
  - Increased testosterone excretion

Assessment

- Nurses must be astute in determining whether injuries are caused by accidents or violence
- Patient history
  - Inconsistent or incomplete reporting of events
    - Does the patient presentation match the patient's and/or guardian's explanation of events?
- Physical Exam
  - Unusual pattern of bruises, scabs, and/or scars
    - Teeth marks (biting)
    - Finger/nail marks (strangulation)
  - Neurological deficits
    - Shaken baby syndrome
    - Traumatic brain injury
  - Burns
    - Circular (cigarette burns)
    - Zebra-shaped (scalding/submersion burns)
  - Bone fractures
  - Evidence of external or internal bleeding
    - Complete blood count (CBC)
    - Coagulation studies
  - Evidence of sexual assault
    - "Rape kit" for collection of forensic evidence

Clinical management

Primary Prevention (Promote healthy families in healthy communities)

- Division of Violence Prevention (part of CDC; www. Cdc.gov/injury/index.html)
  - Seeks to decrease violence through incremental individual, community, and societal change

Secondary Prevention (Screening)
- Screening tools exist for various nursing settings
  - Emergency departments
  - Community clinics
  - Inpatient settings
  - Schools

  Nurses should select screening tools that are linguistically and culturally appropriate

Interprofessional collaboration
- Priority is to protect the patient from further violence/abuse
  - Mandated reporting:
    - Children: https://cyfd.org/child-abuse-neglect/reporting-abuse-or-neglect
    - Elderly: http://www.nmaging.state.nm.us/Adult_ProtectiveServices.aspx
    - Sexual assault: www.abqsane.org
  - Social worker may become involved to help remove the victim from the violent setting

Interrelated Concepts:
- **Stress and Coping**: Stress is a risk factor for negative coping behaviors such as addiction, but stress may also motivate individuals to learn positive coping skills. The individual has to decide and motivational communication techniques (i.e., Motivational Interviewing) by the nurse has been shown to be an effective influence for these decisions.
- **Mood and Affect**: Negative affective states act like stressors and therefore can also lead to negative or positive behavioral coping strategies.
- **Cognition**: Certain behaviors may alert the nurse to cognitive impairment; examples are hyperkinetic, hypokinetic and "sundowning" behaviors.
- **Comfort**: Coping behaviors are aimed at restoring comfort equilibrium, but positive coping behaviors strengthen the self-system and negative behaviors weaken it.
- **Anxiety**: Different levels of anxiety are identifiable by certain behaviors associated with the anxiety level, and nurses can intervene appropriately by assessing for specific behavioral indicators.
- **Health Promotion**: Nurses can model mental health hygiene by stress management and healthy lifestyle choices. When nurses model mental health hygiene they can more

effectively motivate and teach their clients to develop their own mental health promotion practices.

New Mexico Nursing Education Consortium (NMNEC) Required Exemplars:

- Addictive Behaviors (Substance abuse)
- Violence Behaviors

Optional Exemplars:

- Bullying
- Sexual assault
  - o Role of the Sexual Assault Nurse Examiner (SANE)
- De-escalation techniques for nurses

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Resources:

Mandated reporting:

- Children: https://cyfd.org/child-abuse-neglect/reporting-abuse-or-neglect
- Elderly: http://www.nmaging.state.nm.us/Adult_ProtectiveServices.aspx
- Sexual assault: www.abqsane.org

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