

Theories for Mental Health Practice



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Psychological Theorists

- n Freud
- n Erikson
- n Sullivan
- n Maslow
- n Rogers
- n Skinner
- n Rogers, Ellis, Glasser

Nursing Theorists

- n Peplau
- n Watson
- n Leninger

Freud

- n Theory of psychosexual development
- n All human behavior can be explained
- n Behavior motivated by subconscious thoughts and feelings
- n treatment involves analysis of dreams and free association to “get at” subconscious material

Important contributions of Freudian theory

- n Personality components: Id, Ego, Superego
- n Concept of transference/countertransference
- n Ego defense mechanisms

Most frequently seen defense mechanisms

- n Denial
- n Displacement
- n Fixation
- n Projection
- n Rationalization
- n Reaction formation

Erikson

- n Eight stages of psychosocial development
- n Biological maturation and social forces compel individual to go through all stages, each of which may or may not be successfully negotiated
- n Failure to resolve a stage may lead to psychological symptoms

Developmental Theories - Erikson

- | | |
|-------------------|-------------------------------------|
| 1. 0-1yr | trust vs. mistrust |
| 2. 1-3yr
doubt | autonomy vs. shame and |
| 3. 3-6yr | initiative vs. guilt |
| 4. 6-11yr | industry vs. inferiority |
| 5. Puberty | identity vs. role confusion |
| 6. Young adult | intimacy vs. isolation |
| 7. Middle age | generativity vs. self
absorption |
| 8. Old age | integrity vs. despair |

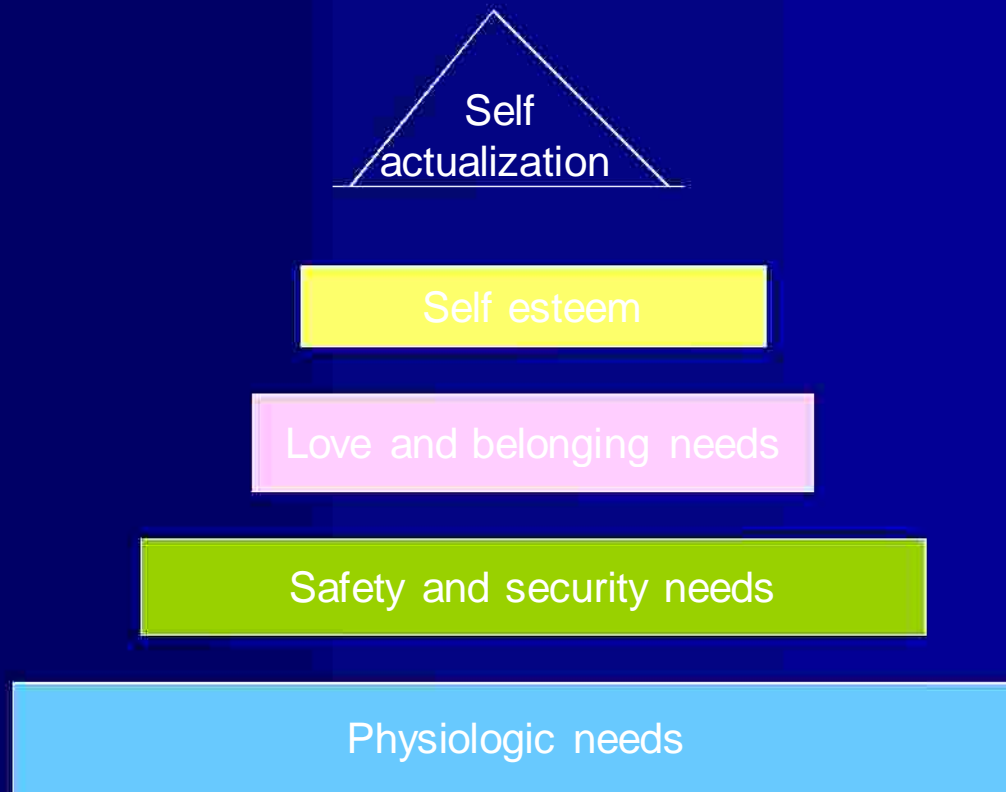
Harry Stack Sullivan

- n Described personality development impacted by environment and interpersonal relationships
- n Humans are essentially social beings
- n Unsatisfying relationships are the basis for all emotional problems
- n contributed the concept of milieu therapy and therapeutic community

Abraham Maslow

- n Theorist focused on wellness and factors contributing to mental health rather than focusing on factors contributing to mental illness
- n The self actualized person is tolerant or welcoming of uncertainty, self accepting, inner directed, spontaneous, creative, caring, open, with a good sense of humor

Basic Human Needs Model



Carl Rogers

- n Client centered theory
- n If a client receives unconditional positive regard and empathic understanding from a genuine and congruent therapist, then the client will grow as an individual

BF Skinner and behaviorists

- n All behavior is learned
- n behavior has consequences (+ or -)
- n rewarded behavior tends to reoccur
- n positive reinforcement increases the frequency of behavior, as does removal of negative reinforcers
- n treatment modalities based on this theory include behavior modification, token economy, and systematic desensitization

Hildegard Peplau

- n Peplau describes nursing as a therapeutic interpersonal relationship that provides a growth opportunity for both nurse and patient
- n identified the phases of a therapeutic relationship
- n identified the roles of a nurse: counselor, teacher, resource person, surrogate, leader
- n identified levels of anxiety: mild, moderate, severe, panic

Existential Theorist – Rogers, Ellis, Glasser, Frankl

- n Belief- behavioral devistation results when a person is out of touch w/self/environment (importance- self-awareness)
- n Cognitive therapies (immediate thought process)
- n Rational emotive therapy(11 irrational beliefs)
- n Logotherapy – (Nazi conc. camp survivors- meaning in lives)
- n Gestalt therapy (“focus on here & now”

Psychological Model (Crisis Intervention Model)- Aguilera

Human organism

?

State of equilibrium

?

State of disequilibrium

?

Need to restore equilibrium

Crisis Intervention Model- Aguilera

Need to restore equilibrium

?

?

Balancing factors present

+

Realistic perception

+

Adequate coping mechanisms

Result in

Resolution of problem

?

Equilibrium regained

?

No crisis

n 1 or > Balancing factors absent

And/Or

n Distorted perception

And/Or

n Inadequate support

Results in

n Inadequate coping mechanisms

?

n Problem unresolved

?

n CRISIS

Psychological Influences on stress response

- n Control
- n Predictability
- n Perception
- n Coping responses

Ego Defense Mechanisms

- n Defense mechanisms are unconscious behaviors that offer psychological protection from stressors.
- n Defense mechanisms are used by everyone from time to time
- n Defense mechanisms do not eliminate the root cause of stress - they treat the symptoms

Coping mechanisms

- n Contrary to defense mechanisms, coping mechanisms are conscious attempts to deal with or mitigate stressors.
- n Some coping mechanisms may get at the root cause of the stress, while some, like defense mechanisms may alleviate symptoms without addressing the root cause

Assessment: select indicators of stress

Irritability

Crying

Lethargy

Loss of interest

Burnout

Blocking

preoccupation

Emotional outbursts

Sighing

Making mistakes

Mental exhaustion

Forgetfulness

depression

Assessment: select indicators of stress

absenteeism

inability to concentrate

decreased productivity

proneness to accidents

loss of motivation

substance abuse

Select interventions for clients with stress

- n offer client unconditional positive regard
- n help establish simple routine
- n encourage rest, exercise, and diet as appropriate
- n encourage use of available supports
- n decrease # of new stressors
- n use therapeutic communication skills
- n encourage verbalization
- n explore coping skills
- n teach progressive relaxation techniques
- n mutually identify areas of strength

Theories for Mental Health Practice

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