Psychiatric Mental Health Nurse Practitioner Review and Resource Manual, 4th Edition

Interim Update Document

For Exam effective: April 28, 2023

This document is not intended to be a substitute for the certification review manual.

ANA is in the process of developing a new edition of the *Psychiatric Mental Health Nurse Practitioner Review and Resource Manual* which will be suitable for the ANCC certification exam which went into effect April 28, 2023. In order to bridge the gap between the new exam and the release of the new exam, ANA has decided to produce this Interim Update document. When used with the *Psychiatric Mental Health Nurse Practitioner Review and Resource Manual, 4th Edition*, this document will allow test-takers to prepare for the current exam. It is intended to highlight the important changes and provide new information test-takers need for the newest exam, but is not a comprehensive document. ANA recommends referencing the Test Content Outline (TCO), Test Reference List, and any other resources ANCC has provided on Nursingworld.org in addition to any ANA exam prep materials.

Changes to this Content Domains of new TCO:

- Slightly increased emphasis on Scientific Foundation (increased 2%), Advanced Practice Skills (increased 2%), and Ethics, Legal Principles, & Cultural Care (increased 2 %)
- Add of Cultural Care
- Slightly decreased emphasis on Diagnosis and Treatment (decreased 3%) and Psychotherapy & Related Theories (decreased 4%)
- No changes to which body systems, drug agents, or age groups are covered.

II. Advanced Practice Skills

A. Skills:

- Motivational interviewing added here (moved from Psychotherapy and Related Theories section).
- Addition of DAST and AUDIT to substance use screening tools (Chapter 13. Substance-Related Use and Addictive Disorders; "Prevention and Screening" on page 297).

AUDIT: ALCOHOL USE DISORDERS IDENTIFICATION TEST

A 10-item validated screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors, and problems related to alcohol use. A clinician version and self-report are included. A chart of equivalents for alcoholic beverages is included (SAMSHA, 2023).

- A score of 1-7 is low-risk.
- A score of 8-14 is harmful.
- A score of 15 or more indicates alcohol dependence.

DAST: DRUG ABUSE SCREENING TEST

Originally developed as a 28 item self-report or interview to access the degree of problems related to drug use other than alcohol or tobacco in the past 12 months. The DAST has been condensed and can be used in a variety of settings.

- DAST-20 (adult)
    - A score of 1-5 is low risk,
    - A score of 6-10 is intermediate risk.
    - A score of 11-15 is substantial risk.
    - A score of 16-20 is severe risk.
- DAST-10 (adult)
    - A score of 1-2 is low degree of problems related to substance use
    - A score of 3-5 is intermediate degree of problems related to substance use.
    - A score of 6-8 is substantial degree of problems related to substance use.
    - A score of 9-10 is severe degree of problems related to substance use
- DAST-A (adolescent)
    - A score of 6 or more indicates a substance use problem

III. Diagnosis and Treatment

A. Knowledge:

Update to DSM 5-TR, which will includes:

- Addition of Diagnoses Prolonged Grief Disorder and Unspecified Mood Disorder

Study with "*Chapter 9. Depressive Disorders and Bipolar Disorder*" (pp. 139-193).

PROLONGED GRIEF DISORDER

Description

- Prolonged Grief Disorder was added to the DSM-5_TR (2022). This disorder is distinguished by grief that results in a maladaptive reaction following the death of a person who was close to the individual. Symptoms must be clinically significant and present most days. The symptoms must be present:
  - 12 months or more in adults
  - 6 months or more in children and adolescents
- Symptoms include:
  - Intense yearning/longing and preoccupation of the deceased person.
  - Disruption of identity
  - Disbelief
  - Avoidance
  - Emotional pain
  - Unable to engage in previous interests or future planning
  - Emotionally numb
  - Feeling that life is meaningless
  - Intense loneliness
- Clinically significant impairment in social, occupational, or other areas of functioning
- Clearly exceeds the expectation of a grief reaction
- Cannot be better explained by another disorder

Incidence and Demographics

- Prevalence is unknown
- Gender difference is not significant

Risk Factors

- Level of dependency
- Death of a child

- Violent or unexpected death
- Financial stress

Prevention and Screening

- Ask about loss
- Identify at-risk persons
- Do preventative counseling
- Begin early recognition, intervention, and initiation of treatment

Assessment

- *Often clients will not disclose grieving issues unless directly asked.*

HISTORY

- Assess for the following:
  - Recent losses
  - Anniversary dates of past losses
  - Reaction to loss
  - Functional impairment
  - Social and family support systems
  - Insomnia
  - Anorexia
  - Presence of dysfunctional coping
- Suicidal thoughts
- Substance abuse
- Denial

PHYSICAL EXAM FINDINGS

- Nonspecific

MENTAL STATUS EXAM FINDINGS

- Depressed mood
- Anxious affect
- Sleep issues
- Crying uncontrollably
- Suicidality

DIAGNOSTIC AND LABORATORY FINDINGS

- CBC, chemistry profile, thyroid function tests, and B_{12} level to rule out metabolic causes or unidentified conditions
- Drug toxicity screening if indicated by history

Differential Diagnosis

- Major Depressive Disorder (MDD)
- Post Traumatic Stress Disorder (PTSD)
- Acute grief
- Normative grief

Clinical Management

- Rule out or treat any conditions that may contribute to current symptom manifestation.

PHARMACOLOGICAL TREATMENT

- Pharmacological management has not been shown to be significantly decrease symptoms.
- Depression and anxiety symptoms can be managed with SSRIs.

NONPHARMACOLOGICAL TREATMENT

- Cognitive Behavioral therapy (CBT)
- Bereavement support groups
- Targeted grief therapy such as Complicated Grief Therapy (CGT)

Life Span Considerations

- Can occur at any age

Follow-up

- Follow up is determined by severity and level of support
- Monitor for symptoms of depression, anxiety, suicidality
- Monitor impact on general health and sleep
- Maintain supportive follow-up over time

UNSPECIFIED MOOD DISORDER

Symptoms of a mood disorder which results in significant impairment in areas of social, occupational, or other areas of function but does not meet the full criteria of depressive or bipolar disorders. The symptoms do not clearly fit into the unspecified bipolar and related disorder or unspecified depressive disorder (DSM-5-TR, 2022).

Addition of Stimulant-Induced Mild Neurocognitive Disorder

Study with "*Chapter 12. Neurocognitive Disorders*" (pp. 271-292).

STIMULANT-INDUCED MILD NEUROCOGNITIVE DISORDER

Description

- *Stimulant-Induced Mild Neurocognitive Disorder was added to the existing substance - induced mild neurocognitive disorders in the DSM-5-TR (2022).*
- DSM-5 diagnostic criteria are not met for a major or minor neurocognitive disorder.

- Neurocognitive impairments cannot be contributed to an episode of delirium and last longer than the period of intoxication and acute withdrawal.
- The stimulant is capable of causing neurocognitive impairments.
- Neurocognitive impairments remain stable or improve over time with discontinuation of the stimulant.
- Can not be better explained by another medical condition or mental health disorder.

NEUROLOGICAL SIGNS

- Learning difficulty
- Memory deficits
- Executive disfunction
- Determine if the deficits were present prior to stimulant use.

Incidence and Demographics

- The prevalence is not well known.

Risk Factors

- Substance use disorder

Assessment

PHYSICAL FINDINGS AND MENTAL STATUS

- Determine if symptoms were present prior to stimulant use Impulse control and executive disfunction can result in substance use/misuse.
- Risk for suicide
- Rebound depression
- Hypersomnia
- Apathy
- Substance use

DIAGNOSTIC AND LABORATORY FINDINGS

- No current diagnostic test can retrospectively diagnose

Differential Diagnosis

- Traumatic Brain Injury
- Infections associated with substance use disorders such as HIV, hepatitis C virus, syphilis
- Substance use
- Substance withdrawal

Clinical Management

PHARMACOLOGICAL MANAGEMENT

- No specific medications.
- Treat related symptoms according to current evidence-based standards.

NONPHARMACOLOGICAL MANAGEMENT

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Contingency Management
- Community Reinforcement Approach

Follow-up

- Determined by severity of symptoms.

- Added free standing symptom codes to chapter "Other conditions that may be a focus of clinical attention", presence or history of suicidal behavior and non-suicidal self-injury.
- Changes in diagnostic criteria or specifier definitions.
- Updated DSM 5 terminology

Study with “Classification of Psychiatric Disorders: DSM-5” in Chapter 3. Theoretical Basis of Care. (p. 38).

- DSM-5-TR includes the following updates related to the classification of psychiatric disorders (APA, 2022).
  - Other conditions that may be a focus of clinical attention
    - Suicidal behavior and nonsuicidal self-injury may be used independently and no longer require another diagnosis in order to monitor these behaviors.
  - Diagnostic criteria
    - The following diagnoses criteria were modified for clarity:
      - Autism Spectrum Disorder
      - Substance/Medication Induced Bipolar and Related Disorders
      - Major Depressive Disorder
      - Avoidant/Restrictive Food Intake Disorder
  - Specifiers
    - An extension added to a diagnosis which results in a more specific diagnosis.
      - New specifiers:
        - Bipolar I-current manic episode
        - Bipolar II-current hypomanic episode
        - Other Specified Obsessive-Compulsive Related Disorder-Olfactory Reference Disorder
      - Revised specifiers:
        - Bipolar I-current manic or current depressive disorder
        - Persistent Depressive Disorder-with anxious distress and atypical features remain, others were deleted

- Gender Dysphoria-terminology changed to culturally sensitive and less stigmatizing

- Terminology
  - Updated to currently used terminology:
    - Neuroleptic medications changed to antipsychotic medications or other dopamine receptor blocking agents
    - Intellectual disability changed to intellectual developmental disorder
    - Conversion disorder changed to functional neurological syndrome
    - Desired gender changed experienced gender
    - Natal male/natal female changed to individual assigned male/female at birth
    - Cross-sex treatment regimen changed to gender-affirming treatment regimen

B. Skill:

- Add differential diagnosis (moved from diagnostic impressions)

IV. Psychotherapy and Related Theories.

A. Knowledge:

- Add humanistic, interpersonal, behavioral to psychotherapy principles
- Add Lewin's Theory to Change Theories

Study with "Foundational Theories Supporting PMHNP Role" in Chapter 3. Theoretical Basis of Care. (p. 41)

- Lewin's Change Theory
  - A three-stage change model of driving forces, restraining forces, and equilibrium (Petiprin, 2003)
    1. Unfreezing: Preparing for the change by letting go
    2. Change: Implementing the change
    3. Refreezing: Solidifying the change as it becomes the new habit

B. Skills

- Add barriers to Cultural and spiritual competences (moved from Knowledge). Change focus to application of knowledge.

Study with "Culturally Competent Care and Special Populations" in Chapter 2. Psychiatric–Mental Health Nurse Practitioner Role, Scope of Practice, and Regulatory Process (p. 23).

Barriers to Cultural and Spiritual Competences

- It is the responsibility of the provider to recognize and address barriers on an ongoing basis. Barriers have been identified as:
  - Lack of diverse providers and organizational leadership
  - Limited awareness of differences
  - Lack of training
  - Ethnocentrism
  - Unrecognized prejudice

- Added emphasis on equity, diversity, and inclusion (eg, specific populations, sexual orientation, gender identity)
- Add decision making capacity, and bioethical principles to "Ethics in clinical decision making."

Study "Professional Role Responsibilities" in Chapter 2. Psychiatric–Mental Health Nurse Practitioner Role, Scope of Practice, and Regulatory Process (p. 16)

- Capacity is the ability to use information given related to the diagnosis and treatment in order make decisions regarding the plan of care.
- Capacity is not fixed and must be assessed throughout treatment
  - Disorders that may affect cognition and therefore capacity include:
    - Neurocognitive disorders
    - Mental health disorders
      - Schizophrenia
      - Depression
      - Substance use/abuse
    - Traumatic brain injury
    - Hospitalized adults
    - End of life
- Elements of decision-making capacity:
  - Understanding-is able to state the diagnosis, risks, benefits, options
  - Expressing a choice-able to clearly state the decision
  - Appreciation-expresses how the information applies
  - Reasoning-able to compare the information given and possible consequences
- A person is described as having adequate, marginal, or inadequate decision making capacity

Changes to *Psychiatric Mental Health Nurse Practitioner Review and Resource Manual, 4th Edition* references based on *2023 ANCC Reference List*:

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Old edition cited in Chapter 2, 3, 6, 10, 17, Appendix A & B

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Boyd MA, Lueberrt, RA. *Psychiatric Nursing: Contemporary Practice*. 7th ed. Philadelphia, PA: Wolters Kluwer; 2022.
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Stahl, S. M. (2021). *Essential psychopharmacology: Neuroscientific basis and practical applications* (5th ed.). Cambridge University Press.

Wheeler, K. (2022). *Psychotherapy for the advanced practice psychiatric nurse* (3rd ed.). Springer Publishing Company.