**Overview of Assignment**

**Background**:

As mental health nurses we work with a number of consumers with various mental health disorders. While there are a number of pharmacological interventions available to treat these disorders, it is important that MHNs incorporate psychological therapies in their practice.

In the Final report of the Royal commission into Victoria’s mental health system, it was noted that despite an improvement in the evidence base for mental health care in areas such as cognitive behavioural therapy, many consumers are still missing out of this treatment (Royal Commission into Victoria’s mental health system, 2021). Also, Standard 7 of the Australian College of Mental Health Nurses Standard of Practice in Mental health Nursing states that “*The mental health nurse demonstrates evidence-based practice and actively promotes practice innovation through lifelong education, research, professional development, clinical supervision and reflective practice*” (Australian College of mental health nursing, 2010, p.6).

This essay presents an opportunity for you as a Mental health nurses to explore how you might incorporate psychotherapy within your clinical practice using a case scenario.

**Case Study (Stephen):**

Stephen is a 25-year-old single male with a diagnosis of schizoaffective disorder (depressive type) and history of sexual abuse as a child. He is currently living in a supported residential service (SRS) accommodation, unemployed and in receipt of the Jobseeker payment. Stephen has had several admissions into the acute in-patient unit and is currently receiving care through the mobile support and treatment service, MSTS (assertive community outreach team) on a compulsory treatment order under the mental health act. He was referred to the MSTS following several episodes of relapse mostly in the context of non-adherence to his medication and disengagement from services. Although when Stephen’s symptoms are well managed, he would often express desires to engage in goal directed activity such as finding a part-time job. His relapse signature includes, increased paranoid ideations about being under surveillance by government agencies, derogatory auditory hallucinations and ideas of reference from the TV. He also becomes quite preoccupied with sexual themes, believes he is dirty, unworthy and in need of cleansing (in the past he has tried drink a bleaching agent to obtain cleansing). He also has ongoing low mood, negative thoughts, hopeless, helpless and guilt themes. Stephen’s insight into his illness often fluctuates during the course of his illness.

**Details of the Task**:

This case scenario of Stephen presents an opportunity as a clinician to work with a consumer who is non-adherent with treatment and who has ongoing negative thoughts and psychotic symptoms using the principles of motivational interviewing and cognitive behavioural therapy. The treatment setting could be either community or in-patient mental health (your approach could slightly differ depending on the setting).

The essay has 3 major components or areas that you will need to focus on:

1. An **introduction** that sets the scene for the essay, provides context and the scope of what your essay would be discussing. Approximately 300 words (Approx-1 page double spacing 12 font).
2. Discuss how you would utilise the principles of **trans theoretical model of change and motivational interviewing** to support Stephen when it comes to him taking his medications as prescribed. Your discussion should be embedded within the available evidence-based literature. Approximately 600 words (Approx.- 2 pages double spacing 12 font).
3. Discuss how you would utilise **cognitive behaviour therapy** when working with Stephen, embedding your approach within evidence-based literature. Approximately 600 words (Approx-2 pages double spacing 12 font). Please note, given the number of symptoms that Stephen is presenting with and your limitations with word limit, you will need to focus on specific symptoms rather than trying to cover all the symptoms listed.

**Format**

**Presentation and format requirements for Case study**:

* The word count is 1,500 words (+/- 10%)- 5pages double spacing, 12 size font. Please note the suggested breakdown of the word count above is only a suggestion. Please include your final word count at the beginning of the essay. The word count excludes the references used.
* A minimum of 8 references is required. References used should not be more than 10 years old except if it is a seminal work/study. Use APA 7th ed style.
* Use 2.5cm margins on each side of the page with double spacing between lines. Use 11 or 12 points fonts.
* Please note even though the rubric is marked out of 90 points, your final grade would be scaled to 45% of your overall mark for the unit, e.g. if you receive a mark of 70/90, your final mark would be 35/45.

**Learning Outcomes**

1. Critically evaluate the effectiveness of self as a therapeutic tool when in professional practice.
2. Analyse the application of differing techniques available to the skilled clinician to achieve effective assessment and therapeutic tools.
3. Identify the role of the mental health nurse as a therapist and synthesise skills in assessment and triage of clients with mental illness

### Assessment Resources

The resources for this Assessment task can be found in the weekly support material modules section in the course canvas shell.
Questions can be posted on the Course discussion board or emailed to your teacher.
[**RMIT  Learning lab: Study resources (Links to an external site.)**](https://www.rmit.edu.au/students/study-support/learning-lab) ​(part of the Study and Learning Centre) has a range of resources to help students with writing.
[**Reference guide: (Links to an external site.)**](https://www.rmit.edu.au/library/study/referencing) ​this pdf provides a sample of how you should reference in the Chicago style.

**Case Study Rubric**

| Case Study Rubric |
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| **Criteria** | **Ratings** | **Pts** |
| This criterion is linked to a learning outcomeIntroduction/Background |

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| **10 to >8.0 Pts****High Distinction**Provides excellent background information about the topic. Defines the scope and context of the paper. Sets an excellent scene for the paper. Outlines how key issues will be addressed in the discussion. | **8 to >7.0 Pts****Distinction**Provides very good background information about the topic. Defines the scope and context of the paper. | **7 to >6.0 Pts****Credit**Provides good background information about the topic. Defines the scope and context of the paper. Appropriate length. | **6 to >4.0 Pts****Pass**Too long or too short. Some material in introduction belongs in the body. Very minimal background information about the topic. Key information missing. | **4 to >0 Pts****Fail**Rambling and unfocused or no introduction at all. |

 | 10 pts |
| This criterion is linked to a learning outcomeApplication of motivational interviewing |

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| **30 to >23.0 Pts****High Distinction**Demonstrates an excellent understanding of MI principles and has accurately integrated and applied these principles within the case study supported by evidenced based literature. Excellent consumer recovery focused approach demonstrated | **23 to >20.0 Pts****Distinction**Demonstrates a very good understanding of MI principles and has accurately integrated and applied these principles within the case study supported by evidenced based literature. Very good consumer recovery focused approach demonstrated | **20 to >17.0 Pts****Credit**Demonstrates good understanding of MI principles and has mostly integrated and applied these principles within the case study supported by some evidenced based literature. Good consumer recovery focused approach demonstrated | **17 to >14.0 Pts****Pass**Demonstrates an average understanding of MI principles, lack of proper integration and application of the principles within the case study and this is not supported by evidence-based literature. Very little evidence of consumer recovery focused approach demonstrated. | **14 to >0 Pts****Fail**Lack of understanding of MI principles. Lack of integration and application within the case being discussed. Has not drawn upon existing evidence-based literature to support arguments/approach. No evidence of consumer recovery focused approach. |

 | 30 pts |
| This criterion is linked to a learning outcomeApplication of Psychotherapy |

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| **30 to >23.0 Pts****High Distinction**Demonstrates an excellent understanding of CBT approach and has accurately integrated and applied this approach within the case study supported by evidenced based literature. Has clearly identified the type of CBT appropriate for the consumer. Excellent consumer recovery focused approach demonstrated. | **23 to >20.0 Pts****Distinction**Demonstrates a very good understanding of CBT approach and has accurately integrated and applied this approach within the case study supported by evidenced based literature. Has clearly identified the type of CBT appropriate for the consumer. Very good consumer recovery focused approach demonstrated | **20 to >17.0 Pts****Credit**Demonstrates good understanding of CBT approach and has mostly integrated and applied this approach within the case study supported by some evidenced based literature. Good consumer recovery focused approach demonstrated | **17 to >14.0 Pts****Pass**Demonstrates an average understanding of CBT approach , lack of proper integration and application of this approach within the case study and this is not supported by evidence-based literature. No specific reference to CBT type appropriate for consumer. Very little evidence of consumer recovery focused approach demonstrated. | **14 to >0 Pts****Fail**Lack of understanding of CBT approach. Lack of integration and application within the case being discussed. Has not drawn upon existing evidence-based literature to support arguments/approach. No evidence of consumer recovery focused approach. |

 | 30 pts |
| This criterion is linked to a learning outcomeClarity of expression (including accuracy, spelling, grammar, punctuation) |

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| **10 to >8.0 Pts****High Distinction**Clear and articulate writing style appropriate to assignment. Flows easily and logically. Excellent grammar and spelling | **8 to >7.0 Pts****Distinction**Ideas are clearly articulated. Grammar and spelling accurate | **7 to >6.0 Pts****Credit**Ideas are clearly articulated. Grammar and spelling contain minor errors | **6 to >4.0 Pts****Pass**Shows some attempt to organise in a logical manner. Meaning apparent, but language not always fluent. Grammar and/or spelling contain many errors | **4 to >0 Pts****Fail**Disorganised, incoherent. Meaning unclear and/or grammar and/or spelling contain frequent errors |

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| This criterion is linked to a learning outcomeReferencing using APA 7th ed. |

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| **10 to >8.0 Pts****High Distinction**Excellent citation consistent with APA 7th Edition style. References are relevant and accurate. Excellent use variety of sources which are accurately cited. All claims backed up by relevant sources. Utilised high-level sources | **8 to >7.0 Pts****Distinction**Very good citation consistent with APA 7th Edition, however with minor referencing errors. References are relevant to the claims made. Very good variety of sources used. | **7 to >6.0 Pts****Credit**Good citation mostly consistent with APA 7th Edition style, contains several referencing errors. Referencing is mainly relevant to claims made. Good variety of sources used | **6 to >4.0 Pts****Pass**Average citation not entirely consistent with APA 7th Edition style. Significant referencing errors. Average quality sources used with over reliance on certain sources and information only websites. | **4 to >0 Pts****Fail**Citing is absent/unsystematic. Several statements not supported with accurate citation. Very poor-quality sources used. |

 | 10 pts |
| Total points: 90 |