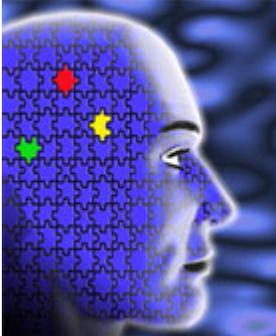


Interventions' enrichment in psychiatric care: Beck's scales

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Psychiatric nursing can be diversified and dynamic but all too often the nurse's role is passive centred on dispensing medication and observing the patients' behaviour. Clearly, we must recognize the importance of such interventions, but the constant presence of the nurse warrants the use of more constructive, pertinent means employed at the very moment when a problem manifests itself. These interventions could be very useful in helping the patient and maintaining the work of the interdisciplinary team by assuring a more rigorous follow-up.



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Beck's Scales

The scales or inventories of Beck are simple interventions applicable to specific situations of anxiety or depression where constraining personal injunctions, negative thinking, generalisations and other ways of thinking which are unquestioned and automatic,

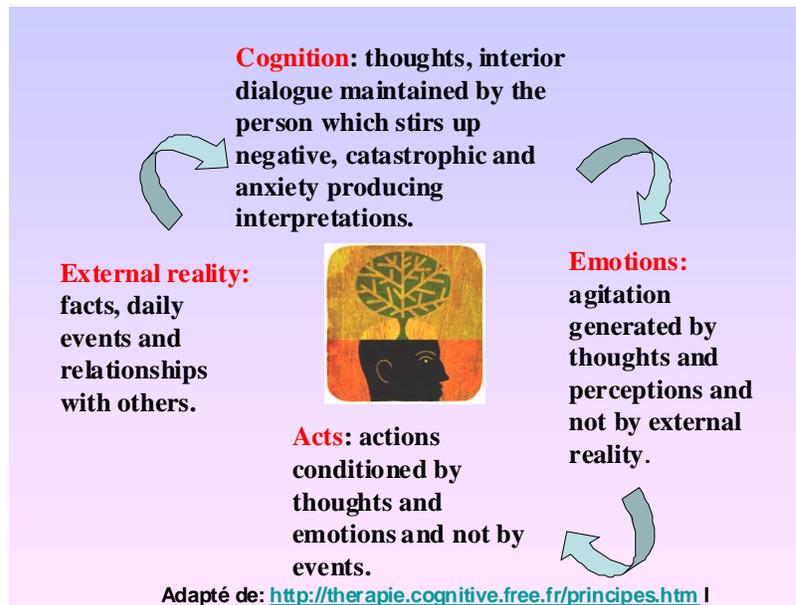
predominate. They are often useful in helping the person become aware of these kinds of thoughts and to better control them. These scales were developed by Aaron Temkin Beck, an American psychiatrist whom we recognize as the father of cognitive psychology. He is also noted for his self-report inventories to assess depression, despair and suicidal ideas.

Cognition

- **The set of knowledge, beliefs and representations that a person makes of the reality.**
- **Cognition includes the mechanisms which are mobilised to acquire information and to learn as well as those which are required for treating and using information.**
- **Cognition is a thought process and generates our emotions.**
- **Cognition is influenced by our education, our selective memory, our perceptions and our capacity to symbolise.**

The assessment of cognition or certain ideations, which is the formation and progression of ideas, sheds light on what makes a person act and helps us to better understand them. These tables present, in a clear, concrete and sequential manner, the apparition of identifiable behaviours and facilitate grasping their nature and the frequency of their occurrence.

For example, a depressed person has a tendency to see themselves in a negative manner,



to apprehend others as hostile and to perceive their future as morose and alarming; these perceptions in turn nourish their pessimism and their profound discontentment. The thoughts are maintained in the form of an internal dialogue which constantly replays in their heads which in turn inspires emotions which run out of control and take off on a spiral of negative ideas. Thus it

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is useful to propose a strategy which makes them more conscious of these thoughts, helps them to better control them and subsequently to

better control their emotions as well as their actions.

An adaptation of cognitive therapy

Beck's scales are tools of cognitive therapy based on soliciting the introspective attention of the person on the thoughts which provoke discontent thus influencing their emotions and behaviours. This counselling where the confront their feelings of even despair. The therapy the infernal circle of brings them to relativize order to make them more

Cognitive distortions in depressed persons:

Negative cognition about oneself: *"I'm not good at anything."*

Negative cognition about others: *"Real friends don't exist."*

Negative cognition about the future: *"I'll never find work again."*

therapy is a form of patients learn to sadness, defeatism, and helps them to break out thoughts-feelings and their perceptions in conform to reality.

These cognitive strategies successfully for decades several of their Beck's scales, are simple nursing care. Since present with their these tables and their interpretation, followed by verbal interventions, can be profitable.

have been used in psychiatric care and adaptations, such as the and easily used in nurses are constantly patients, recourse to

For example, if the aim is to have the patient become aware of certain **cognitive distortions such** as personal injunctions or false obligations, frequent intervention by the nurse with the patient can be very useful. These injunctions appear in discourse in the

form of frequent phrases' repetitions such as: "I ought to. . .", "I absolutely must do. . ." The nurse can suggest that the patient fill out a table indicating the number of times that

they use these formulations during the day, which enables them to become conscious of this and helps the person to develop metacognition. The subsequent interventions of the nurse, to remind them, if necessary, to gently confront them and help them find alternative thoughts are simple and effective actions which can easily be part of the nurse's repertoire.

Cognitive therapy

- **Is based on introspective attention to thoughts and behaviours which affect our well-being and which have an impact on our ability to manage stress and difficult situations.**
- **It aims to develop ways of thinking and behaving which favour better mood, positive self-esteem and better quality of life.**
- **By focussing on negative thoughts, cognitive therapy helps to analyse the connection between our feelings, thoughts, physical reactions and our actions.**
- **It aims to stop the recurrence of negative emotions and their negative effects.**

Moreover, caregivers in psychiatric wards regularly converse with their patients and sometimes wonder how to make better use of this time. The tables, whether in written form or expressed verbally are interventions which can be adapted to various situations and which are part of a dynamic helping relationship.

Appropriate use in nursing as required by current legislation

Since last June, Bill 21ⁱ, which succeeded Bill 90, *An Act to amend the Professional Code and other legislative provisions as regards the health sector*, defined the allotment of professional activities in the realm of mental health and social services.ⁱⁱ This Act, adopted on June 18, 2009 by the Assemblée nationale du Québec, modifies two other important Bills: the Nurses Act (R.S.Q. Chapter I-8)ⁱⁱⁱ and the Professional Code (R.S.Q. Chapter C-26).^{iv}

Revisiting the Professional Code, this legislation provides a framework for the practice of psychotherapy and for the more risky practices, limits the right to practice to certain recognized professions. It thus restricts the practice of psychotherapy to those with recognized competency in mental health. This Bill applies to the exercise of psychotherapy and allots that practice to physicians, psychologists and other professionals, including nurses, whose members may detain a psychotherapist's permit and provides for the administration of such permits by the Ordre professionnel des psychologues du Québec.

Although this legislation responds to the needs of the patients, it creates an ambiguous zone regarding the actual role of nurses in this sector. The activities specific to psychotherapy and those which are not specific will eventually be defined and a list published to this effect.

Moreover, it is anticipated that a psychotherapist's permit will be emitted for the transition period to competent persons. Indeed, it is precisely stated in article 187.3.2 that the Office (des Professions du Québec) is authorized to take transitional measures during the first six years.^{v vi}

Thus the interventions proposed in this article must abide by these requirements and be used according to the conditions prescribed for the practical application of this legislation, that is, by nurses who expressly possess the recommended competencies.

The use of Beck's Tables

Beck's Tables can take several forms depending upon how one wants to use them but they generally contain the following categories.

EXAMPLES OF HEADINGS IN A BECK TABLE			
Description of the situation	Feelings/Emotions	Thoughts at this moment	Realistic alternative thoughts

According to the subject and the objectives to be attained, the number of columns and headings can differ.

A CONCRETE EXAMPLE: AN ACCOUNT OF ANGER OUTBURSTS

Some people have difficulty controlling their outbursts of anger. Without suffering important mental health problems, they are not always conscious of this tendency and can even become aggressive. They sometimes feel guilty for their mood swings with their close ones or for their fits of rage with colleagues, which risks damaging their relationships at work. To help them, an account of this behaviour can bring about interesting results.

Objectives of the intervention

- Help the person become conscious of the moments or factors which trigger their reactions of anger.
- Enable the person to become aware of their frequency and intensity.
- Find alternative means of control and management of situations of stress.

First step: operation

- Establish a table which will enable noting behaviours of anger.
- Explain the objectives of the strategy to the patient.
- Suggest that they take notes of their behaviours, what they were thinking of at the moment (what provoked the anger), the emotion felt and what they did to control it.

- One can also suggest that they indicate the level of intensity of their anger, from 1 to 10.
- Ask them to identify, or if necessary suggest them yourself, alternative behaviours in stressful situations.
- They should also note in the table the result obtained: success or failure.

Suggestions for strategies of self-control

It is important to try to get the person themselves to identify the means of self-control which they can use. But if this is impossible, one can suggest the following strategies:



- Ask yourself what more will be gained by your anger.
- Imagine the consequences of your gesture or the unsolved problem which the gesture did not contribute to resolve.
- Prepare with the person a scenario to consult where several consequences adapted to the situation can be anticipated. For example: “Others are judging me”. “I’m ashamed of losing control”. « Those around me are unhappy, they no longer trust me ». « I risk saying things without thinking, proceeding to violent acts or making unfortunate decisions which I will later regret”. “My colleagues don’t like working with me”. “My wife/husband is tired of my behaviour and is starting to lose interest in me”.
- Ask the person to write this scenario and carry it about for consultation.
- After having defined the situations or the people who trigger accusatory thoughts, who blame others, express negative judgements, thoughts of revenge or retaliation which arouse their reaction of anger, suggest that they avoid them if possible, at least for a little while.
- When anger is mounting, recommend that they seek a “distracting” thought, for example, think of the big nose, big ears, beautiful eyes, or even the original tie of the person who is before them, whatever can distract them.
- Suggest that they think of the sadness that they risk causing their loved ones with whom they are behaving like this.
- Taking a relaxation break with several deep breaths the instant they feel their anger rising is also a useful suggestion.

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EXAMPLE OF AN ACCOUNT OF ANGER

DATE/ HOUR	TRIGGERING EVENT AND INTENSITY	THOUGHTS AND EMOTIONS AT THIS MOMENT	DESCRIPTION OF THE BEHAVIOUR	MEANS USED	RESULTS
09/ 07 : 8 h	The kids were late for school (6).	“The kids are driving me crazy.” I’m upset.	I yelled and called them names.	None.	They left upset and I felt guilty.
09/ 07 :10 h	The telephone has been ringing off the hook and the baby was crying at the same time (8).	“I can’t take it anymore; everything is getting on my nerves.” I am becoming more and more exasperated.	I picked up the phone and threw it.	I told myself that this gesture was not at all useful.	My anger went away but I was still in a bad mood.
09/ 07 : 11 h	My husband called to tell me that he was bringing a colleague home for supper (8, then 3).	“This tops it off!” I was angry, then discouraged. Finally, upon reflection I thought: “After all, it’s not so complicated to add another person for supper!”	I first told him sharply “With all the work I have to do, what were you thinking of to bring home a visitor.” I was going to make a scene and then, a bit more calmly, I said “It’ll be OK.”	I thought that my husband reproaches my irascibility more and more often and that this invitation was important for his work.	I was satisfied with my behaviour and my husband had no reason to reproach me.

Second step: an analysis of the table and a discussion between the nurse and the patient



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The second important step of this strategy is the analysis of the table with the patient and a discussion concerning the problem. It is important that the patient express what they experienced, their reactions and the consequences of their actions. It is important that they verbalize the repercussions of their behaviour on their loved ones, their work and their personal satisfaction. This strategy is ineffective if one neglects to bring up what they thought of their behaviour in such a way as to reinforce their metacognitive capacity and to make them fully realise how their thoughts influence their emotions and behaviours. It is also the moment to have them identify, if possible, alternative thoughts or at least, to suggest others, if they had not already done so at the moment of filling in the table.

If the person does not like filling in the tables, once they have become acquainted with them or have previously used them, the strategy can be carried out verbally during discussions with the nurse. The nurse can ask the same questions as the headings in the table: “What was the difficult situation when you got angry?”, “What were your thoughts at this time?”, “What feelings were brought up at that moment?”, “What behaviours did they trigger?”, “What were the consequences?”, “What alternative thoughts could be developed in order to stop the spiral of emotions and harmful behaviours?”

Account of catastrophic ideas

Some individuals, especially those who are depressive, have a tendency to create catastrophic scenarios at the least occasion which increases even more their stress level which is already high, and harms their quality of life. Helping them to become aware of this, to realise how frequently they occur and their harmful effects, favours their progress towards a state of greater serenity.

**Our feelings
and actions
depend on our
thoughts.**

Aim of the intervention

- Help the person become aware of the habit of seeing everything as a catastrophe, help them become aware of the frequency of these thoughts, their intensity and the futility of these distressing scenarios.
- Help them to realize the secondary advantages of their behaviour: pity and the support of others, or a good excuse not to act and to remain passive.
- Help them find thoughts which substitute or if needed suggest substituting thoughts.
- Support their metacognitive capacities by establishing a dialogue to analyse the table and make it revealing.

Sequence

- Explain the strategy and its objectives.
- Furnish an appropriate table.
- Analyse the content with the person.

Beck’s scales can be created for all sorts of thoughts, emotions and behaviours, for example, for the negative thoughts which depress the person and undermine their self-confidence, for personal injunctions or false obligations that they impose on themselves, as well as for a variety of other destructive behaviours that should be modified.

Example of a different model which can be used for diverse situations

DATE/ HOUR	SITUATIONS WHICH TRIGGER MY THOUGHTS AND FEELINGS AT THIS MOMENT	SUBSTITUTIVE THOUGHTS TO IDENTIFY OR SUGGEST
09/09/05 17 h.	My child is late from school. I'm afraid that (s)he's had an accident. I am very worried. (7)	(S)he must have stopped to play with friends. (S)he will soon be home.
09/09/07 11 h.	A storm is brewing. I'm afraid that the harvest will be ruined. I am worried and frightened. (6)	There are often storms and they are rarely catastrophic.
09/09/20 8 h.	Falling values on the Stock Exchange : Fear that I will lose everything and become one of the needy. I am panic stricken at this thought. (8)	These are just the normal fluctuations of the Stock Exchange. The markets will soon be back to normal.

Conclusion

Psychiatric nursing care can be enriching when one focuses on finding how to help the patient progress towards greater well-being. The caring presence of the nurse and the practice of the helping relationship ought to result in concrete actions and the tables of Beck are of this kind. They are simple and efficient and with the life-line,^{vii} the genogram,^{viii ix} the sociogram and the circept,^x they can serve as a thread for constructive dialogue with the patient. They are also a means of enriching nursing interventions in psychiatric care.

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