The nursing program at Kirkwood follows the five step nursing process. The steps of the process are assessment, nursing diagnosis, planning, implementation and evaluation. The diagram on the preceding page illustrates this process. Included in this handbook are the supportive materials given to students for each of the steps. Please be familiar with this material since the students will be using it to support decisions in clinic and prepare clinic materials. Following the title of each information handout will be the nursing course, in italics, where students first received the information.

Assessment

The program organizes assessment data by utilizing Margery Gordon’s Functional Health Patterns. The following handouts describe the eleven patterns, and the assessment tool the students will be using in clinic. Also included are handouts on the assessment of mental status and anxiety.

Nursing Process Handout #1  Functional Health Patterns  Practical Nursing I
Nursing Process Handout #2  Assessment Tool  Practical Nursing I
Nursing Process Handout #3  Mini Mental Status Exam  Practical Nursing I
Nursing Process Handout #4  Levels of Anxiety  Practical Nursing I

Nursing Diagnosis

The nursing diagnoses taught are those identified by NANDA. The students are provided a textbook on nursing diagnosis in the first nursing course – Practical Nursing I. The students are taught to prioritize the client’s nursing diagnoses by Maslow’s Hierarchy of Needs. Information on Maslow is included.

Nursing Process Handout #5  Maslow’s Hierarchy  Intro to Practical Nursing

Planning

Dependent on the level of student, they will either follow an established plan of care or will participate in development of one. Students in the Practical Nursing program (PN I and II and PN Clinical I and II), will be expected to follow and established plan of care. Associate Degree students (ADN I,2, and 3 and ADN Clinical 1,2, and 3) will be expected to participate in care plan development. There are no handouts for this area. Each clinical will have a specific client care worksheet that the student must complete. The clinical course lead instructor should provide you with this material at orientation.

Implementation

When planning care, and subsequently implementing care, the student must be careful that the interventions are suitable for the age and development of the client. At Kirkwood, the developmental theory used to assist the student in decision-making is the Psychosocial Developmental Theory by Erik Erikson. Please read the handout on the development stages provided in this handbook.

Nursing Process Handout #6  Erikson’s Theory  Intro to Practical Nursing

Evaluation

There are no specific materials on evaluation.
FUNCTIONAL HEALTH PATTERNS ASSESSMENT TOOL

Nursing Practicum______  Student_________________________

Date________
Patient's Initials____  Male____  Female____  Age______
Medical Diagnosis_____________________________________________________
Reason for seeking health care___________________________________________

1. HEALTH PERCEPTION-HEALTH MANAGEMENT

Past medical history:
Illnesses:____________________________________________________________
Surgery:________________________________________________________________
History of chronic disease______________________________________________
Immunization History: ______Tetanus______ Pneumonia______ Influenza______ MMR______
________________ Polio _________ Hepatitis B
Use of Tobacco: _____ None - Quit(date_____<1ppd____1-2ppd___ >2pks/day ___Pks/yr
history____
_____smokeless tobacco)____pipe_____cigar
Alcohol: Amount/type____________________________________________________
Date of last drink________________________
Frequency of use________________________
Other drugs: Amount/Type : ______________________ Freq. Of Use
Medication (prescription/Nonprescription)

<table>
<thead>
<tr>
<th>Name</th>
<th>Dose</th>
<th>Frequency of Use</th>
<th>Last Dose</th>
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<tbody>
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Allergies_________________________________________________NKA________
Perception of health:______good____ fair________poor
Health Management Habits: Exercise on a regular basis? ___Yes___No
Follow prescribed regimen? ___Yes ___No
Safety:___Special Equipment ___precautions:____Siderails___Restraints
___question for following: use of seat belt, car seats for kids, breasts/testicular self examination,

safe working conditions________________________
Home Health in last semester safe environment in home i.e.: smoke detectors, access to home
(stairs), throw rugs/carpets, cleanliness, health issues observed : ______________________________

------------------------------------------------------------------------------------------
2. NUTRITIONAL-METABOLIC

___ Not Assessed

Ht. ___ Wt. ___ Weight fluctuations last 6 months

Type of Diet/Restrictions: ___ Regular ___ Lo Salt ___ Diabetic ___ Other Supplements ___

Appetite ___ Normal ___ Increased ___ Decreased ___ Decreased taste ___ Food intolerance: ___

___ Nausea ___ Vomiting ___ Describe: _______________________

___ Swallowing difficulties ___ gag reflex ___ chewing difficulties

Feeding ___ self ___ Assist

Condition of mouth: ___ pink ___ inflamed ___ moist ___ dry

___ lesions/ulcerations ___ describe _____________________________

___ teeth /gums __________________

___ Dentures ___ upper (partial/full) ___ lower (partial/full)

___ intravenous fluids type/amt _______________________________

Insertion Site: ___________________________

NG ______ Gastrostomy

Skin Condition: ___ color: pallor, ashen, pink, jaundice, cyanotic, ruddy

___ temperature: warm, cool, hot

___ dry, moist, clammy, diaphoretic

___ edema: pitting/non-pitting

___ turgor: good, poor, tenting

___ pruritis

___ intact

___ bruises/lesions describe: (size, location) _____________________________

Body temperature: _____ tympanic _____ oral _____ rectal

3. ELIMINATION

___ Not Assessed

Bowel Habits Describe: _____________________________

(consistency, color, amount)

___ #BM’s/day _____ Date of last BM

___ Constipation ___ Diarrhea ___ Incontinence

Bladder Habits Describe: _____________________________

(consistency, color, amount)

___ Frequency ___ Dysuria ___ Nocturia ___ Urgency ___ Hematuria

___ Retention ___ Burning ___ Hesitancy ___ Pressure

Incontinency: ___ No ___ Yes ___ daytime ___ nighttime

___ occasional difficulty delaying voiding

Assistive Devices: ___ intermittent catheterization ___ indwelling cath

___ external catheter ___ incontinent briefs

Ostomy: type: ________ ___ Appliance ___ self-care

Inspect Abdomen: ___ symmetry ___ flat ___ rounded ___ obese

Auscultate Abdomen: ___ normal bowel sounds ___ Hypoactive ___ Hyperactive

Palpate abdomen: ___ soft ___ firm ___ tender: describe __________________________

___ distention: describe: _____________________________
## 4. ACTIVITY-EXERCISE

Not Assessed

**A. Musculoskeletal:**
- tremors
- atrophy
- swelling

**Self-Care Ability:**
- 0=Independent
- 1=Assistive device
- 2=Assistance from others
- 3=Assistance from person and equipment
- 4=Dependent/Unable

<table>
<thead>
<tr>
<th>Eating</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tr>
<td>Bathing</td>
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<td>Dressing</td>
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<td>Toileting</td>
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<td>Bed Mobility</td>
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<td>Transferring</td>
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<td>Ambulating</td>
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<td>Stairs</td>
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<td>Shopping</td>
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<td>Cooking</td>
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<tr>
<td>Home Maint.</td>
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</tbody>
</table>

**Assistive Devices:**
- none
- crutches
- Bedside commode
- Walker
- cane
- splint/brace
- wheelchair
- other

**Gait:**
- normal
- abnormal

**Range of Motion:**
- normal
- limited

**Posture:**
- normal
- Kyphosis
- Lordosis

**Deformities:**
- no
- yes

**Amputation:**
- Prosthesis

**Physical Development Assessment:**
- normal
- abnormal

---

## B. CV

Not Assessed

**Pulse:**
- regular
- irregular
- strong
- weak
- radial rate
- apical rate

**Blood Pressure:**
- standing
- lying
- sitting

**Extremities:**
- Temperature:
  - cold
  - cool
  - warm
  - hot
- Capillary Refill:
  - brisk
  - sluggish
- Color:
  - (describe)
- Homan's Sign:
  - Negative
  - Positive

**Nails:**
- Normal
- Thickened
- Other:

**Hair Distribution:**
- normal
- abnormal

**Pulses:**
- Femoral
- Popliteal
- Post-tibial
- Dorsalis
- Palpable
- Doppled

**Claudication:**
- yes
- no

---

## C. Respiratory
Not Assessed

Inspect chest: ______ symmetrical ______ asymmetrical
Respirations ___ rate ___ depth (shallow, deep, abdominal, diaphragmatic)
__________ regular ______ irregular __________________ periods of apnea
____ dyspnea at rest ______ orthopnea ______ dyspnea on exertion
____ Cough: dry/productive describe ____________________________
____ Sputum: describe ______________________________________

Auscultate chest: ______ crackles ______ rhonchi ______ friction rub ______ wheezing
______ describe: ____________________________________________

Other: _______ chest tube _______ tracheostomy Describe: ____________________________

Oxygen: _______________________________________________________

5. SLEEP-REST

Not Assessed
Usual Sleep Habits: _____ hours per night _______ consecutive hours slept per noc
____ a.m. nap ______ b.m. nap
____ feel rested after sleep__yes__no awakening during night __yes ___no
____ insomnia _yes _no
Methods used to promote sleep: __ medication: _____________________________
______ warm fluids
______ rituals: (bathing, reading, tv, music)

6. COGNITIVE-PERCEPTUAL

Not Assessed
Level of Consciousness: _______ alert _______ lethargic _______ drowsy _______ stuporous _______ comatose
Mood (subjective): ___ pleasant ___ irritable ___ calm ___ happy ___ euphoric
_______ anxious ___ fearful ___ other: _____________________________
Affect (objective): __ surprise __ anger ___ sadness ___ joy ___ disgust ___ fear ___ flat ___ blunted
full _____
Orientation Level: _____ person _____ place _____ time _____ significant other
Memory: recent: ___ yes ___ no Remote: ___ yes ___ no
Pupils: ______ size ______ Reaction (brisk/sluggish)
Reflexes: ______ normal ______ absent
Grasps: ______ Right: strong/weak ______ left: strong/weak
Push/Pulls: ______ right: strong/weak ______ left: strong/weak
Other: ______ numbness ______ tingling
Pain: ______ Denies
____ Location: describe: _____________________________
____ Radiation: describe: _____________________________
____ Intensity: (0-10 scale)
____ Timing (how often, events that precipitate)
When did pain begin? ______________________________________
What alleviates pain? ______________________________________
What increases pain? ______________________________________

Thought Content: ______________________________________________________________________

Senses: Visual Acuity: ______ wnl ______ glasses ______ contacts ______ blind (R/L)
Prosthesis: (artificial eye) R/L
Hearing: _____ wnl _____ impaired (R/L) ______ deaf(R/L) ______ hearing aid
______ tinnitus ______ drainage from ears
Touch: ______ wnl ______ abnormal: describe______ tingling _____ numbness
Smell ______ normal ______ abnormal
Ability to communicate: language spoken______ read ______ clear___ articulate____
Ability to make decisions____easy ___moderately easy ___moderately difficult ___difficult
(subjective)

7. SELF-PERCEPTION-SELF-CONCEPT
_______Not Assessed
Appearance:______calm______ anxious______ irritable______ withdrawn _____restless
______appropriate dress ______ hygiene
Level of anxiety: (subjective) Rate on 0-10 scale ________________
(objective) face reddened: ______no _____yes
voice volume changes ___no ___yes(loud/soft) voice quality
___no ___ yes(quavering/hesitation) muscle tenseness: relaxed
fists/teeth clenched
Body language describe________________________________________________________
Eye contact:
Answers questions: ______readily__________hesitantly
Usual view of self_____ positive ______neutral ______ somewhat negative (subjective)
Level of control in this situation_____________(0-10) (subjective)
Usual level of assertiveness__________________ (0-10) (subjective)
Body Image: Is current illness going to result in a change in body structure or function? _____no
_______unsure _____yes describe: ________________________________(subjective)

8. ROLE-RELATIONSHIP
_______Not Assessed
Does patient live alone ____yes ____no: with
whom
Married__________ Children________________________
Next of Kin________________________________________
Occupation:
Employment Status:___employed ____short-term disability_____long-term disability
______retired______unemployed
Support System: _____spouse ______neighbors/friends________none
________family in same residence -family in separate residence
Family: Interaction: (describe)________________________________________
Question patient regarding:
Concerns about illness:
Will admission cause significant changes in usual role?
Social activities:______active _______limited _______none
Activities participated
in:
Comfort in social situations (subjective) _______ comfortable_________uncomfortable
**** if patient is dependent on others for care note any evidence of physical or
psychosocial abuse
9. SEXUALITY-REPRODUCTIVE

Not Assessed

Female: date of LMP Para Gravida Pregnant

Menopause no yes year

Contraception no yes Type

Hx. of vaginal bleeding no yes (describe)

Last Pap Smear

History of sexually transmitted disease no yes

Male: History of Prostate problems yes no History of penile discharge, bleeding, lesions; yes no

describe:

Last prostate exam:

History of sexually transmitted disease no yes:

Both: Problems with sexual functioning?

Sexual concerns at this time?

10. COPING-STRESS TOLERANCE

Not Assessed

Overt signs of stress (crying, wringing of hands, clenched fists)

Describe:

Question patient regarding:

Primary way you deal with stress?

Concerns regarding hospitalization/illness: (financial, self-care)

Major loss within last year yes no

Describe:

11. VALUE-BELIEF

Not Assessed

Religion: Protestant Catholic Jewish Muslim Buddhist None other:

Question Patient regarding:

Religious Restrictions:

Religious Practices:

Concerns related to ability to practice usual spiritual or religious customs?

no yes Describe:

Revised 05/00
<table>
<thead>
<tr>
<th>Level</th>
<th>Physiology</th>
<th>Cognitive Response</th>
<th>Emotion</th>
<th>Behavior</th>
<th>Nursing Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal (apathy)</td>
<td>Decreased pulse, respiration, blood pressure, no muscle tension, relaxation, pupil constriction</td>
<td>Daydream, transcendental mediation, early sleep stages imagining</td>
<td>Little emotional activity, emotionally flat</td>
<td>No talking, no interaction</td>
<td>1-Help patient recognize it, 2-Help him</td>
</tr>
<tr>
<td>Mild</td>
<td>Minimal muscle tension, relaxed facial expression,</td>
<td>Takes in many stimuli- more than usual, observant,</td>
<td>Safety, comfort, pleasure</td>
<td>Automatic visual habits, non-competitive games,</td>
<td></td>
</tr>
</tbody>
</table>

**LEVELS OF ANXIETY**
<table>
<thead>
<tr>
<th>Level</th>
<th>Minimal Interaction</th>
<th>Curious, Butterflies in Stomach</th>
<th>Solitary Activities, Voice Calm with Interactions, Questions</th>
<th>Describe Thoughts, Feelings, Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>Increased Muscle Tension, Blush, Beginning to Feel Out of Control</td>
<td>Ability to Use Learning Process</td>
<td>Emotional Discomfort, Challenges, Fear/Anger, Need to Handle Situation at Hand</td>
<td>Repetitive Questioning Learning, Selfish Behavior Meets Own Needs, Assist Others to Meet Needs, Competitive Activities, Withdraw, Attack, Compromise</td>
</tr>
<tr>
<td>Severe</td>
<td>Restlessness, Sleeplessness, Pounding Heart, Perspiration Stomach Discomfort, N/V, Headache, Backache, Vertigo, Dilated Pupils, Taut Facial Expression, Altered Pain Perception, Appetite Changes</td>
<td>Focused Perceptual Field-One Detail Only, Cannot Learn-May or May Not Open Field When Directed, Distorted Time Sense, Problem Solving Difficulties Dissociating, Selective Enhancement</td>
<td>Awe, Threat, Terror, Fear/Anger, Feeling of Impeding Doom</td>
<td>Alternate Withdraw/Attack, Personal Space Extended, Depression Somatization, Verbal Activity Speed vs. Blocking, Purposeless Activity, Distorted Thinking</td>
</tr>
<tr>
<td>Panic</td>
<td>Facial Expression of Terror, Grimacing, Poor Motor Coordination, Minimal Response to Pain, Noise</td>
<td>Detail is Blown Out of Proportion—Cannot Open Perceptual Field Even When Directed, Ego Boundaries Are Weak, Can No Longer Distinguish Dangerous /Harmless Stimuli</td>
<td>Terror, Horror, Rage, Dread</td>
<td>Unable to Communicate, Hyperactive, Random Uncontrolled Attack, Primitive Crying, Curling Up, Biting, Flailing, Voice Loud-High Pitched, Rapid Speech</td>
</tr>
</tbody>
</table>

**Maslow's Hierarchy of Needs**

Maslow's hierarchy of needs is based on the idea that lower-level physiologic needs must be met before higher-level abstract needs can be met. Considering need categories as patient problems are identified will help decide what nursing diagnosis to use, and how to plan and implement care.
For example, a victim of physical abuse first needs his physical injuries treated (physiologic needs). Next, he may need protection from future episodes of abuse (safety and security). Moving up the hierarchy, the patient is next helped by providing support and reassurance (love and belonging). Long-term goals may include helping him build self-esteem. A patient's need level may change throughout planning and intervention, so continual reassessment of the patient and re-evaluation of the patient's priority needs are necessary.

The following diagram of Maslow should be both familiar to you and helpful in assisting students to determine priority nursing problems and needs.

**NURSING DIAGNOSES AND MASLOW'S HIERARCHY OF NEEDS**

The diagram below depicts Maslow's hierarchy of needs. You can use this system when determining priorities for patient care. Show at left is the ascending hierarchy of human needs; the definitions at right explain the five need categories.

<table>
<thead>
<tr>
<th>Need Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Self-actualization</td>
<td>Recognize and realization of one's potential, growth, health, and autonomy</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>Sense of self-worth, self-respect, independence, dignity, privacy, self-reliance</td>
</tr>
<tr>
<td>Love and Belonging</td>
<td>Affiliation, affection, intimacy, support, reassurance</td>
</tr>
<tr>
<td>Safety and Security</td>
<td>Safety from physiologic and psychological threat; protection, continuity; stability, lack of danger</td>
</tr>
<tr>
<td>Psychological Needs</td>
<td>Oxygen, food, elimination, temperature, sex, movement, rest, comfort</td>
</tr>
</tbody>
</table>

**ERIKSON STAGES AND TASKS**

Each stage represents a series of changes in behavior throughout the lifetime. The struggle is unconscious and is effected by the social process. Significant positive influences always bring the chance that a good change can take place.

Resolution (or lack of) at any stage effects later development and difficulty at an early stage will manifest difficulty in healthy development. Each stage involves issues and builds on strengths of earlier stages.
TRUST VS. MISTRUST- Birth to 18 months

The development of trust and confidence is basic to the development of personality, in particular, a person’s self concept, sense of worthiness. The infant expresses need through crying and is dependent on others to meet the needs quickly and gently. Acquisition of hope and to count on others.

Trust is developed through adequate nurturing and meeting oral needs, of receiving affection and feeling valued. Learns that others can be trusted that leads to a sense of trust in the self. "Mother” is the primary figure.

Deprivation, abuse isolation, 'Lack of love, too early or too harsh weaning and discipline with "You ought to be ashamed of yourself" leads to mistrust, withdrawal, estrangement.

Adult Commendable Qualities
- To get and give in return (exchange)
- Be able to count on others
- Sharing time, opinions, emotions, experiences
- Asking for help with the expectation of receiving it
- Accepting help from others comfortably

Verbal Expressions
- "I believe you"
- "I can tell you about…"
- "You will help me, I know"

Adult Negative Behavior
- Restricting conversation to superficialities. Refusing to provide information
- Unable to accept assistance
- Withdrawal and estrangement, discomfort
- Refusing to share time, opinions, emotions, experiences
- Controlling behavior so that only that which is usually socially approved is exhibited

Verbal Expressions
- "I am afraid of you"
- "I can't tell you about anything"
- "You cheat" "You stool pigeon"

AUTONOMY VS. DOUBT AND SHAME-18 months to 3 years

Autonomy: Beginning of differentiation from parents, but still dependent. Acquisition of self-control and willpower. Having learned they are good, with a sense of self-confidence, the child can learn to appreciate their impulses and gain a sense of self-control without a loss of self-esteem. The child learns to cooperate and express itself, developing a sense if "I", and to "do it myself". Father emerges as an important figure.

Shame and doubt: inhibition of self, poor self-confidence, afraid to develop new skills. Over protection may lead to inadequate self-esteem.
Adult commendable Qualities

Self control
Curiosity
Will power
Toilet training
Accepting group rules but expressing dissent appropriately when it is felt
Accepting leadership role when appropriate
Expressing own opinion
Exceptioning postponement of wish gratification easily

Verbal Expressions
"I will" "I won't"
"I can wait"
"If you want me to, I will this time. next time, maybe not."

Adult Negative Behavior

Failure to express one's needs
Not expressing one's own opinion when opposed
Overly concerned with being clean
Defiance, willfulness, obstinate, vindictive
Inability to accept authority and responsibility
Reckless, shamelessness
Discomfort is now anxiety
Feel dirty or bad, also soiling underwear
Compulsive, possessive
Parsimony, hoarding
Unable to wait, impatient, demanding

Verbal Expressions
"My opinion doesn't count"
"I never know the answers"
"Whatever you say..."
"I should do that"
"I don't want to hear what you say"
"I must be right"

INITIATIVE VS. GUILT - 3 years to 6 years

Initiative: The child learns to develop plans and put them into action, acquire directions and purpose, some ability and to evaluate own behavior. Gains skills, incorporating social values and patterns. Explores the world and lives out various roles through play. Family relationships contribute to an early sense of responsibility and conscience. Begins to imitate and model self after authority figures; imagination flourishes; testing behavior. Is still self centered, shows off, looks for approval.

Guilt: conscience is developing into harsh a manner, lacking spontaneity, evasive. Unduly limiting children may lead to a sense of guilt on their part.

Adult Commendable Qualities

Realistic sense of purpose
Accepts consequences of acts and a sense of responsibility
Explores and expresses curiosity
Enjoys being original
Starts new projects with eagerness
Has a conscience

   Verbal Expressions
       "Let me try!"
       "What is this?" "How does it work?"
       "Where does that road go?"

Adult Negative Behavior
   Lack of self-confidence, fear of wrong-doing
   If disciplined with shame will- develop guilt and low self worth
   Imitating others rather than developing independent ideas
   Apologizing and being very embarrassed over a small mistake
   Verbalizing fear about starting new projects
   Self denial and self restriction
   Pessimism

Verbal Expression
   "I am afraid to start."
   "You go first and I will follow."
   "I am ashamed to make a mistake."
INDUSTRY VS. INFERIORITY - 6 to 12 years

Industry: Learning to obtain recognition by producing things, to manipulate tools and concentrate upon a task. To use energies to create and develop a sense of accomplishment about efforts. Realizes competence and sometimes competes. Verbalize feeling and expresses both positive and negative Judgements. Is an active period of moving out from the family for socialization? Motivated to adhere to social rules.

Inferiority: Feelings of inadequate, doom self before any new project is begun, does not assert self. Criticism and rejection of their activities leads to a sense of inferiority.

Adult: Commendable Behavior
- Sharing, compromise, cooperation
- Perseverance, competence
- Completing a task one 4 it has been started
- Working well with others
- Using time effectively

Verbal Expressions
- "I am working on this. When it is done,"
- "I will start that."
- "I like to be busy"
- "Group projects are fun"

Adult Negative Behavior
- Not completing tasks started
- Not assisting with work of others
- Not organizing work
- Feeling that one would never be any good
- Disappointment in own abilities
- Sense of being mediocre, inadequate
- Loss of hope
- Withdrawn from school and peers

Verbal Expressions
- "I can't work with other people."
- "I have a lot of things going but nothing finished."

IDENTITY VS ROLE CONFUSION - 13-21 years

Identity; Adolescents reassess all their adoptive mechanisms as childhood responses are no longer appropriate. Begin to work toward the kind of adult they wish to become. Forms a sense of self-identity separate from the family. Plans to realize one's ambitions. Search for self in which peers play an important part. Learns who he is and what he can do and know what others think of him. Sexual preference for the opposite sex. Acquire devotion and fidelity in relationships with others. Open to mentor relationships.

Role confusion: Self conscious, poor value judgment, work role confusion, bisexual confusion. Possible anti social behavior begins to show.

Adult Commendable Qualities
Establishing relationships with same sex then with opposite sex
Planning realistically for future roles
Re-examining values
Trying new roles
Asserting independence
Collaboration
Fidelity

Verbal Expression
"I am going to be a nurse"
"I believe in these principles"
"I am on my own"

Adult Negative Behavior
Failing to differentiate roles or goals in life
Failing to assume responsibility for directing own behavior-----
Imitating others indiscriminately
Accepting values of others without question
Confusion, indecisiveness, anxiety
Doubts about sexual role
Problems with interpersonal relationships Difficulty choosing a career or vocation

Verbal Expression
"I don't know who I am"
"Where am I going?"
"Is it better to be male or female?"
"I don't know what I mean."

**INTIMACY VS. ISOLATION - 21 to 40 years**

Intimacy: Developing close relationships with other persons. Capacity for love, intimacy, solidarity and commitment for work. (Developmental challenge of trust may be reawakened).
Learn to merge their identity with another's to establish a personal

Isolation: Results from poor relationships. Aloof, overuse of avoidance or withdrawal in relationships, demeaning manner with others, promiscuous (this trait is actually a denial of one's own basic need of a lasting loving relationship.)

**Adult Commendable Behavior**
Developing a close and intense relationship with another person
Acting out and accepting sexual behavior as desirable.
Perform work and socializes in acceptable manner

Verbal Expressions
"We are very close friends"
"I love John"
"He chased me until I caught him"

**Adult Negative Behavior**
Isolation from others/remaining alone
Unable to share feeling, thoughts, needs on an emotionally mature level
Self absorption, prejudice
Difficulty perceiving feedback
Impersonal relationships
Not seeking out others for companionship or help. Avoiding establishing contacts with members of opposite sex. Avoiding sex role by attempting to remain nondescript in mannerisms and clothing
Avoiding career or life style commitment

Verbal Expressions
"I am a loner"
"I don't need anyone"
"I don't care about anyone"

GENERATIVITY Vs. STAGNATION - 40 to 65 years

Generativity: Acquire a sense of their place in the universe and accept the inevitability of impending death. Look back on life with satisfaction. Concern with establishing and guiding the next generation. Parental responsibility, concern for others and something to be passed on, to take care of. Acquisition of care.

Stagnation: Dissatisfaction leads to despair, self-love, excludes others' needs, nonproductive and non-contributing, chronic sickliness, hypochondriasis

Adult Commendable Qualities
- Productive, creative
- Caring, guiding others
- Willingness to share work with another
- Accepting interdependence
- Establishing a priority of needs
- Involved in helping activities
- Aware of feelings

Verbal Expressions
"John and I agreed to have two children"
"He has his work and I have mine, together we make a team."
"I enjoy teaching kindergarten, the children are so happy to learn."

Adult Negative Behavior
- Self absorption/selfish/self indulgent
- Exploits others
- Overly concerned with bodily changes
- Lack of interests
- Not listening to others because of need to talk about self
- Shows concern only for self despite needs of others
- Inability to accept interdependence
- Developmental crises-involutional

Verbal Expressions
"You worked all night? Well, it's your turn to care for the baby. I'm going out."

EGO INTEGRITY VS. DESPAIR – 65 YEARS AND UP

Despair: If there is dissonance between life style and belief system will be in despair. Fear of death, longing for past, wish to relieve life and to do things differently, regrets, feelings of disgust (may mask despair).

Adult Commendable Behavior
- Wisdom and Love for mankind
- Using past experience to guide others
- Accepting new ideas
- Maintaining skill suitable to physical condition
- Maintaining productivity in some area
- Accepting limitations
- Exploring a philosophy of living and dying

Verbal Expressions
- "Life has been good to me"
- "My son will carry on my name when I am gone"
- "I can't do what I used to, but I do enjoy other things"
- "I have left my mark in the world"
- "What is death?"

Adult Negative Behavior
- Contempt for others
- Sees past as total failure
- Sense of loss, lack of meaning to life
- Crying
- Apathetic and listless
- Not developing interests beyond a few routine activities
- Not accepting changes
- Limiting interpersonal contracts
- Denying the inevitable death
- Demanding unnecessary help and attention

Verbal Expressions
- "I am no use to anyone"
- "Everyone is gone, what's the sense of living?"
- "I can't do anything"
- "Everything I did is gone now, why bother?"
- "These new ways are not good."