

# ATI MENTAL HEALTH

## Proctored Exam

### Version-1

1. A nurse is reviewing the medication administration record of a client who has major depressive disorder and a new prescription for selegiline. The nurse should recognize that which of the following client medications is contraindicated when taken with selegiline?
  - a. Warfarin
  - b. Fluoxetine
  - c. Calcium carbonate
  - d. Acetaminophen
  
2. A nurse in a long-term care facility is assessing a client who has dementia. Which of the following findings should the nurse identify as a risk for this client?
  - a. Outside doors have locks
  - b. The bed is in the low position
  - c. Hallways are long distances
  - d. The room has an area rug
  
3. A nurse is providing behavioral therapy for a client who has obsessive-compulsive disorder. The client repeatedly checks that the doors are locked at night. Which of the following instructions should the nurse give the client when using thought stopping technique?
  - a. "Ask a family member to check the locks for you at night"
  - b. "Keep a journal of how often you check the locks each night"
  - c. "Snap a rubber band on your wrist when you think about checking the locks"
  - d. "Focus on abdominal breathing whenever you go to check the locks"

4. A nurse in an inpatient mental health facility is assessing a client who has schizophrenia and is taking haloperidol. Which of the following clinical findings is the nurse's priority?
  - a. Insomnia
  - b. Urinary hesitancy
  - c. Headache
  - d. High fever
  
5. A nurse is caring for a client who has Alzheimer's disease. Which of the following findings should the nurse expect?
  - a. Failure to recognize familiar objects
  - b. Altered level of consciousness
  - c. Excessive motor activity
  - d. Rapid mood swings
  
6. A nurse in a mental health facility is interviewing a new client. Which of the following outcomes must occur if the nurse is to establish a therapeutic nurse-client relationship?
  - a. The nurse is seen as an authority figure
  - b. A written contract is established to clarify the steps of the treatment plan
  - c. The nurse maintains confidentiality unless the client's safety is compromised
  - d. The nurse is seen as a friend
  
7. A nurse is teaching a client who has a new prescription for disulfiram. Which of the following statements by the client indicates an understanding of the teaching?
  - a. "If I cut myself, I can clean the wound with isopropyl alcohol"
  - b. "I can wear my cologne on special occasions"
  - c. "When I bake my favorite cookies, I can use pure vanilla extract for flavoring"
  - d. "I can continue to eat aged cheese and chocolate"
  
8. A nurse is planning care for a client who has narcissistic personality disorder. Which of the following actions is appropriate for the nurse to include in the plan of care?

- a. Ask the client to sign a no-suicide contract
  - b. Remain neutral when communicating with the client
  - c. Request an antipsychotic medication from the provider
  - d. Provide the client with high-calorie finger foods
9. A nurse is reviewing the laboratory report of a client who is taking carbamazepine for bipolar disorder. Which of the following laboratory results should the nurse report to the provider?
- a. Urine specific gravity 1.029
  - b. Platelets 90,000/mm<sup>3</sup>
  - c. Urine pH 5.6
  - d. RBC 4.7/mm<sup>3</sup>
10. A nurse is providing teaching about relapse prevention to a client who has schizophrenia. Which of the following statements by the client indicates an understanding of the teaching?
- a. "I should avoid being around others if I think I'm having a relapse"
  - b. "I should let my counselor know if I am having trouble sleeping"
  - c. "I shouldn't worry about the voices because they are a part of my illness"
  - d. "I should increase my carbohydrate intake to maintain my energy level"
11. A nurse is assessing a client for negative manifestations of schizophrenia. Which of the following findings should the nurse expect?
- a. Echopraxia
  - b. Delusions
  - c. Anergia
  - d. Tangentiality

12. A nurse is preparing for an interprofessional team meeting regarding a newly admitted client who has major depressive disorder. Which of the following findings obtained during the initial assessment is the priority to report to other disciplines?
- Poor problem-solving skills
  - Markedly neglected hygiene
  - Significant weight loss
  - Psychomotor retardation
13. A nurse is preparing to administer methylphenidate 25 mg PO to a school age child who has ADHD. Available is methylphenidate 10mg/5mL liquid. How many mL should the nurse administer? (Round to nearest tenth)
- 12.5
14. A nurse is caring for a school age child who has a fractured arm. The child has other injuries that cause the nurse to suspect abuse. Which of the following actions is appropriate for the nurse to take when assessing the child's situation?
- Ask the parents directly if the child's fracture is due to physical abuse
  - Direct the parents to the waiting room before interviewing the child
  - Interview the child with the provider and social worker present
  - Ask clarifying questions as the child explains how the injuries occurred
15. A nurse is assisting with obtaining consent for a client who has been declared legally incompetent. Which of the following actions should the nurse take?
- Ask the charge nurse to obtain informed consent
  - Contact the facility social worker to obtain consent
  - Request that the client's guardian sign the consent
  - Explain implied consent to the clients family

16. A nurse in a mental health facility is reviewing a client's medical record. Which of the following actions should the nurse take first? (Click on the exhibit button for additional information about the client. There are 3 tabs that contain separate categories of data)
- Teach the client about nutritional needs
  - Initiate 0.9% sodium chloride with 40 mEq potassium chloride
  - Administer acetaminophen 500 mg PO
  - Encourage the client to attend group therapy sessions
17. A nurse is assessing a client who has delirium. Which of the following findings requires immediate intervention by the nurse?
- Rapid mood swings
  - Command hallucinations
  - Impaired memory
  - Inappropriate speech patterns
18. A nurse is developing a teach plan for the family of an older adult client who is to receive transcranial magnetic stimulation. Which of the following information should the nurse include in the teaching plan?
- The client is at risk for aspiration during treatment
  - The client will experience a seizure during treatment
  - The client will require intubation after treatment
  - The client might have a headache after treatment
19. A nurse is obtaining a medical history from a client who is requesting a prescription for bupropion for smoking cessation. Which of the following assessment findings in the client's history should the nurse report to the provider?
- Recent head injury
  - Hypothyroidism
  - Knee arthroplasty 1 month ago

- d. Hepatitis B infection
20. A nurse is developing a plan of care for a client who has paranoid personality disorder. Which of the following actions should the nurse include in the plan?
- a. Provide written information about the client's treatment plan
  - b. Monitor the client for splitting behaviors
  - c. Encourage countertransference when developing the nurse-client relationship
  - d. **Isolate the client from social or group interactions**
21. A nurse is caring for a client who receives lamotrigine daily for bipolar disorder and reports a rash on his arm. Which of the following actions should the nurse take?
- a. Ask the client about a recent change in laundry detergent
  - b. Explain that the medication causes a temporary rash
  - c. Apply hydrocortisone cream on the client's rash
  - d. **Withhold the next dose of the medication**
22. A nurse is caring for a client who begins yelling and pacing around the room. Which of the following actions should the nurse take? (select all that apply)
- a. Stand directly in front of the client
  - b. **Identify the client's stressors**
  - c. Request that security guards restrain the client
  - d. **Talk to the client using short, simple sentences**
  - e. Speak to the client in a loud voice
23. A nurse is developing a plan of care for a school-age child who has autism spectrum disorder. Which of the following interventions should the nurse include in the plan?
- a. Allow flexibility in the child's daily schedule
  - b. Assign the child to a room with another child of the same age
  - c. Discourage the child from making eye contact with caregivers
  - d. **Use a reward system for appropriate behavior**

24. A nurse is caring for a client who has post-traumatic stress disorder. Which of the following clinical findings is associated with this disorder?
- Depersonalization
  - Pressured speech
  - Hypervigilance
  - Compulsive behavior
25. A nurse is teaching a client about the use of cognitive reframing for stress management. Which of the following statements by the client indicates an understanding of the teaching?
- "I will focus on a mental image while concentration on my breathing."
  - "I will practice replacing negative thoughts with positive self-statements."
  - "I will progressively relax each of my muscle groups when feeling stressed."
  - "I will learn how to voluntarily control my blood pressure and heart rate."
26. A nurse is caring for a client who has schizophrenia and has been taking chlorpromazine for 5 years. Which of the following assessment tools should the nurse use to determine if the client is experiencing adverse effects of the medication?
- Addiction Severity Index (ASI)
  - Mood Disorder Questionnaire (MDQ)
  - Abnormal Involuntary Movement Scale (AIMS)
  - Hamilton Depression Scale
27. A nurse in a mental health facility is assessing a client for suicide risk factors using the SAD PERSONS scale. Which of the following finding indicates a risk suicide?
- The client is married
  - The client has diabetes mellitus

- c. The client is 50 years of age
  - d. The client is female
28. A nurse is providing crisis intervention for a client who was involved in a violent mass casualty situation in the community. Which of the following actions should the nurse take during the initial session with the client?
- a. Identify the client's usual coping style
  - b. Help the client focus on a wide variety of topics regarding the crisis
  - c. Tell the client that his life will soon return to normal
  - d. Encourage the client to display anger toward the cause of the crisis
29. A nurse is caring for a client who has schizophrenia and is experiencing auditory hallucinations. Which of the following actions should the nurse take first?
- a. Encourage the client to listen to music
  - b. Monitor the client for indications of anxiety
  - c. Ask the client what she is missing
  - d. Focus the client on reality-based topics
30. A nurse is planning to lead a support group for clients who have alcohol use disorder. One of the group members is a client who speaks a different language than the nurse. The nurse should ask which of the following individuals to assist with communication?
- a. A family member of the client
  - b. Another client who speaks the same language as the client
  - c. A translator of the same gender as the client
  - d. A unit secretary who speaks the same language as the client
31. A nurse in an emergency department is assessing a client who reports recently using cocaine. Which of the following clinical manifestations should the nurse expect?
- a. Lethargy
  - b. Hypothermia

- c. Hypertension
  - d. Bradycardia
32. A nurse is caring for a client who has severe depression and is scheduled to receive electroconvulsive therapy. The nurse should recognize that the client will receive succinylcholine to prevent which of the following adverse effects?
- a. Muscle distress
  - b. Aspiration
  - c. Elevated blood pressure
  - d. Decreased heart rate
33. A nurse in an outpatient clinic is assessing a client who has anorexia nervosa. Which of the following findings indicates the need for hospitalization?
- a. Temperature 35.6 C (96.1 F)
  - b. Heart rate 56/min
  - c. Weight 10% below ideal weight
  - d. Potassium 3.8 mEq/L
34. A nurse is caring for a client who is under observation for suicidal ideations and has verbalized a suicide plan. The client demands privacy and to be left alone. Which of the following statements should the nurse make?
- a. "Since you are trying to follow the treatment plan, we can submit your request to the provider."
  - b. "We are concerned about you and need to keep you safe."
  - c. "Until your medication has reached therapeutic levels, you will need constant observation."
  - d. "If you complete a contract that states you will not harm yourself, you can be alone."

35. A nurse on a mental health unit is leading a therapy session for a group of clients. One client challenges the nurse and shows no empathy for others in the group. Which of the following actions should the nurse take?

- a. Request that the client leave the therapy session immediately
- b. Place the client in seclusion
- c. Reassign the client to another group
- d. Ask the client privately what is causing the anger

36. A nurse in a mental health clinic is assessing a client who has borderline personality disorder. Which of the following findings should the nurse expect?

- a. Inability to maintain employment
- b. Intense efforts to avoid abandonment
- c. Avoidance of interpersonal relationships
- d. Reluctance to discard worthless objects

37. A nurse in a long-term care facility is assessing an older adult client for depression.

Which of the following findings should the nurse expect?

- a. Rapid mood swings
- b. Sun downing
- c. Insomnia
- d. Rambling speech

38. A nurse is assessing a client who has been taking thioridazine for 2 weeks. The client reports an inability to be still. Which of the following adverse effects should the nurse suspect?

- a. Tardive dyskinesia
- b. Pseudo parkinsonism
- c. Akathisia
- d. Acute dystonia

39. A nurse in a mental health facility is making plans for a client's discharge. Which of the following interdisciplinary team members should the nurse contact to assist the client with housing placement?

- a. Clinical nurse specialist
- b. Social worker
- c. Occupational therapist
- d. Recreational therapist

40. A nurse is interviewing a client who was recently sexually assaulted. The client cannot recall the attack. The nurse should identify that the client is using which of the following defense mechanisms?

- a. Sublimation
- b. Reaction formation
- c. Suppression
- d. Repression

41. A nurse is assessing a client who has antisocial personality disorder. Which of the following client behaviors should the nurse expect?

- a. Attention-seeking
- b. Anxious
- c. Projects blame
- d. Manipulative

42. A nurse is caring for a client who has physical restraints applied. The nurse determines that the restraints should be removed when which of the following occurs?

- a. The client states that he will harm himself unless the restraints are removed
- b. The client refuses to take his medication unless he is released

- c. The client demonstrates that he is oriented to person, place, and time
  - d. The client is able to follow commands
43. A nurse is caring for a client who states, "Things will never work out." Which of the following responses should the nurse make?
- a. "Why do you feel like things will never work?"
  - b. "Have you been thinking about harming yourself?"
  - c. "You should try to focus on yourself for a change."
  - d. "Maybe an antidepressant will make you feel better."
44. A nurse in an emergency department is caring for a client who reports a recent sexual assault by her partner. Which of the following statements is the priority for the nurse make?
- a. "I want you to know that you are in a safe place here."
  - b. "I can contact a support person for you."
  - c. "A trained sexual-assault nurse will be assigned to your care."
  - d. "I can provide information about an advocacy group in your area"
45. After assessing a client in a crisis situation, a nurse determines the client is safe. Which of the following actions should the nurse take first?
- a. Help the client identify social support
  - b. Involve the client in planning interventions
  - c. Assist the client to lower his anxiety level
  - d. Teach the client specific coping skills to handle stressful situations
46. A nurse is assessing a client who has bulimia nervosa. Which of the following findings should the nurse expect?
- a. Acrocyanosis
  - b. Amenorrhea
  - c. Lanugo

d. Hyponatremia

47. A nurse is caring for client who reports smoking marijuana several times per day. The client tells the nurse, " I don't know what the big deal is marijuana is a harmless herb"

The nurse should identify that the client is displaying which of the following mechanisms?

a. Rationalization

b. reaction formation

c. compensation

d. suppression

48. A nurse is creating a plan of care for a client who has major depressive disorder. Which of the following interventions should the nurse include in the plan?

a. identify and schedule alternative group activities for the client

b. encourage physical activity for the client during the day

c. discourage the client from expressing feelings of anger

d. keep a bright light on in the client's room at night.

49. A nurse is teaching the family of a client who has Alzheimer's disease about the safety interventions for nighttime wandering, which of the following interventions should the nurse include?

a. place rubber backed throw rugs on tile floors

b. encourage the client to take naps during the day

c. install locks at the bottom of exit doors

d. place the clients mattress on the floor.

50. A nurse in a mental health facility is reviewing the lab results of a client who is taking lithium carbonate. Which of the following findings places the client at risk for lithium toxicity.

a. calcium 10.0

b. WBC 6,0000

c. sodium 132 mEq/L

d. aspartate aminotransferase 40 units/L

51. a nurse in an acute care facility is planning care for a client who has a history of alcohol use disorder and is admitted while intoxicated. Which of the following interventions should the nurse plan for the client

a. monitor for orthostatic hypotension

b. administer methadone hydrochloride

c. implement seizure precautions

d. acidify the client's urine

52. a nurse is developing a safety plan for a client who has experienced intimate partner abuse. Which of the following items should the nurse include in the plan that will provide immediate safety for the client and her children?

a. the phone numbers for law enforcement agencies

b. a code phrase to use when it is time to leave the house

c. the phone number of the local shelter

d. a referral to a support group

53. A nurse is caring for a client who reports that he is angry with his partner because she thinks he is just trying to gain attention. When the nurse attempts to talk to the client, he becomes angry and tells her to leave. Which of the following defense mechanisms is the client demonstrating?

a. Denial

b. Rationalization

c. displacement

d. compensation

54. A nurse is observing a newly licensed nurse administer an IM medication to a client who is manic and refuses the medication. Which of the following actions should the nurse take first?

- a. stop the newly licensed nurse from administering the medication
- b. call the provider for an alternate medication route
- c. report the occurrence to the nurse manager
- d. talk to the newly licensed nurse about the incident

55. A nurse is planning care for a client who demonstrates prolonged depression related to the loss of her partner 6 months ago. Which of the following actions should the nurse take?

- a. explain that it can take a year or more to learn to live with loss
- b. discourage the client from reliving the events surrounding her loss
- c. suggest that the client avoid social interactions that remind her of her partner
- d. direct the client to maintain an unstructured daily routine

56. A nurse is caring for a client who has bipolar disorder. The client is walking in and out of rooms, speaking inappropriately, and giggling. Which of the following actions should the nurse take?

- a. tell the client there will be negative consequences for her behavior
- b. take the client to the day room to watch a movie with the other clients
- c. have the client return to her room to read a book
- d. lead the client outside for a walk

57. A nurse is admitting a client who has a new diagnosis of schizophrenia and a history of aggression. Which of the following actions should the nurse include in the clients initial plan of care?

- a. agree with the client when he is upset until he can calm down
- b. provide physical exercise activity for the client

- c. avoid eye contact with the client for the first few days
  - d. ignore the clients hallucinations
58. a nurse is caring for a client who has bipolar disorder and is exhibiting mania. Which of the following findings should the nurse expect?
- a. disorganized speech
  - b. heightened concentration
  - c. hypersomnia
  - d. agoraphobia
59. a nurse is caring for a client who has schizophrenia. The client's employer calls to discuss the client's condition. Which of the following is the appropriate nursing action?
- a. consult the client
  - b. consult the client's family
  - c. contact the provider
  - d. contact the facility legal department
60. A nurse is providing teaching to a client who is prescribed methylphenidate for ADHD. Which of the following statements by the client indicates accurate understanding of this medications effects?
- a. I know that I will be able to think more clearly now
  - b. this medicine will help me relax and feel less anxious
  - c. ill take my medicine at bedtime because it will make my drowsy
  - d. I need to tell my doctor if I start gaining weight
61. An older adult client is brought to the mental health clinic by her daughter. The daughter reports that her mother is not eating and seems very uninterested in routine activities. The daughter states " im so worried that my mother is depressed" Which of the following responses should the nurse take?
- a. "you shouldn't worry about this, because depressive disorder is easily treated"

- b. older adults are usually diagnosed with depressive disorder as they age
- c. tell me the reasons you think your mother is depressed
- d. everyone gets depressed from time to time.

62. A nurse is providing teaching to a client who has a new prescription for tranylcypromine.

Which of the following over the counter medications should the nurse instruct the client to avoid taking due to adverse interactions?

- a. Ranitidine
- b. Pseudoephedrine
- c. Ibuprofen
- d. magnesium hydroxide

63. A nurse in the ED is admitting a client who has a history of alcohol use disorder. The client has a blood alcohol level of 0.26 g/dl. The nurse should anticipate a prescription for which of the following medications?

- a. Disulfiram
- b. Chlordiazepoxide
- c. Naltrexone
- d. Acamprosate

64. A nurse is building a therapeutic relationship with a client who has an eating disorder.

Which of the following activities should the nurse initiate during the relationships orientation phase?

- a. Mutually deciding and agreeing on the goals of the relationship
- b. using memories to validate the relationship experience
- c. discussing the incorporation of new strategies into daily life
- d. teaching and encouraging the use of problem solving skills

65. A nurse is assessing a client who has schizophrenia. The client tells the nurse, "My heart exploded and my blood is draining out" The nurse should interpret this statement as which of the following manifestations?

- a. concrete thinking
- b. a visual hallucination
- c. a somatic delusion
- d. paranoia

66. A nurse is interviewing a client who has schizophrenia. The client states, "aliens are going to abduct me at midnight tonight" Which of the following responses should the nurse make?

- a. why are the aliens going to abduct you?
- b. you are safe from aliens here
- c. believing that aliens will abduct you must be scary
- d. have you ever been abducted by aliens before?

67. A nurse is caring for a client who has generalized anxiety disorder and a history of substance abuse use disorder. Which of the following medications would the nurse expect the provider to prescribe?

- a. Chlordiazepoxide
- b. Clonazepam
- c. Busprione
- d. Alprazolam

68. A nurse in an ED is creating a plan of care for a client who reports experiencing intimate partner violence. Which of the following interventions should the nurse include as the priority?

- a. teach the client stress reduction techniques
- b. help the client devise a safety plan
- c. refer the client to a support group

d. Alprazolam

68. A nurse in an ED is creating a plan of care for a client who reports experiencing intimate partner violence. Which of the following interventions should the nurse include as the priority?

- a. teach the client stress reduction techniques
- b. help the client devise a safety plan
- c. refer the client to a support group

d. follow the facilities protocol for reporting the abuse

69. A nurse in a mental health facility is caring for a client who is being aggressive toward other clients. Which of the following actions is the priority for the nurse to take?

- a. Assist the client to explore techniques to reduce stress
- b. Ask the client if he intends to harm others,
- c. role model healthy ways to express anger

d. suggest the client make a list of things that make him angry.

70. A nurse in the ED is caring for a client who has serotonin syndrome. The nurse should assess the client for which of the following manifestations?

a. Hyperpyrexia

b. Priapism

c. Parathesisa

d. bradycardia

# ATI MENTAL HEALTH

1. A nurse is caring for a school-aged child who has conduct disorder and is being physically aggressive toward other children in the unit. Which of the following actions should the nurse take first?
  - a. Place the child in seclusion
  - b. Use therapeutic hold technique
  - c. Apply wrist restraints
  - d. Administer risperidone
  
2. A nurse is caring for a client who has a new diagnosis of bulimia nervosa. Which of the following diagnosis procedures should the nurse anticipate the provider should describe during the medical evaluation?
  - a. Chest x-ray
  - b. ECG
  - c. Coagulation studies
  - d. Liver function test
  
3. A nurse is caring for a client who exhibits excessive compliance, passivity, and self-denial. The nurse should recognize that these findings are associated with which of the following personality disorders?
  - a. Dependent
  - b. Paranoid
  - c. Borderline
  - d. Histrionic

4. A nurse is caring for a client who is involuntarily admitted for major depressive disorder and refuses to take prescribed antianxiety medication. Which of the following actions should the nurse take?
- Inform the client that he does not have the right to refuse medication
  - Administer the medication to the client via IM injection
  - Offer the client the medication at the next scheduled dose time
  - Implement consequences until the client take the medication
5. A nurse is caring for a client in the emergency department who states she was beaten and sexually assault by her partner. After a rapid assessment, which of the following actions should the nurse plan to take next?
- Conduct a pregnancy test
  - Requests mental health consultation for the client
  - Provide a trained advocate to stay with the client
  - Offer prophylactic medication to prevent STI's
6. A nurse is caring for a client who has major depressive disorder. After discussing the treatment with his partner, the client verbally agrees to electroconvulsive therapy (ECT) but will not sign the consent form. Which of the following actions should the nurse take?
- Request that the client's partner sign the consent form
  - Cancel the scheduled ECT procedure
  - Proceed with the preparation for ECT based on implied consent
  - Inform the client about the risks of refusing the ECT
7. A nurse is caring for a client who reports that he is angry with his partner because she thinks he is just trying to gain attention. When the nurse attempts to talk to the client, he becomes angry and tells her to leave. Which of the following defense mechanisms is the client demonstrating?
- Rationalization

- b. Denial
  - c. Compensation
  - d. Displacement
8. A nursing is advising an assistive personnel (AP) on the care of a client who has major depressive disorder. The AP states that he is irritated by the client's depression. Which of the following statements by the nurse is appropriate?
- a. Please don't take what the client said seriously when she is depressed
  - b. It's important that the client feel safe verbalizing how she is feeling
  - c. Everybody feels that way about this client so don't worry about it
  - d. I'll change your assignment to someone who doesn't have depressive disorder
9. A nurse is assessing a child in the emergency department. Which of the following findings places the child at the greatest risk for physical abuse?
- a. The child is 10years old
  - b. The child is homeschooled
  - c. The has no siblings
  - d. The child has cystic fibrosis
10. A nurse is providing behavioral therapy for a client who has obsessive-compulsive disorder. The client repeatedly checks that the doors are locked at night. Which of the following instructions should the nurse give the client when using thought stopping technique?
- a. Keep a journal of how often you check the locks each night
  - b. Snap a rubber band on your wrist when you think about checking the locks
  - c. Ask a family member to check the lock for you at night
  - d. Focus on abdominal breathing whenever you go to check the locks

11. A nurse is assessing a client who is experiencing alcohol withdrawal. For which of the following findings should the nurse anticipate administration of lorazepam/

- a. Bradycardia
- b. Stupor
- c. Afebrile
- d. Hypertension

12. A nurse is creating a plan of care of a client who has anorexia nervosa. Which of the following intervention should the nurse include in the plan?

- a. Weigh the client twice per day
- b. Prepare the client for electroconvulsive therapy
- c. Set a weight gain goal of 2.2kg (5lbs) per week
- d. Encourage the client to participate in family therapy

13. A nurse is planning care for a 3-year-old child who has autism spectrum disorder. Which of the following finding should the nurse expect?

- a. Readily initiates conversation
- b. Enjoys imaginative play
- c. Strong relationship with sibling and peers
- d. Attachment to objects that spin

14. A nurse is planning care for a client who has bipolar disorder. The client reports not sleeping for 3 days and is exhibiting a euphoric mood. The nurse should identify which of the following as the priority intervention.

- a. Secure the client's valuable possessions
- b. Limit loud noises in the client's environment
- c. Encourage the client to participate in structured solitary activities
- d. Provide high calorie snacks to the client

15. A nurse is evaluating the medication response of a client who takes naltrexone for the treatment of alcohol use disorder. The nurse should identify that which of the following is a therapeutic effect of this medication.
- Blocks aldehyde dehydrogenase
  - Prevents the anxiety of abstinence
  - Reduces substance craving
  - Decreases the likelihood of seizures
16. A nurse in an alcohol treatment facility is caring for a client who states “my job is so stressful that the only way I can come it is to drink.” The nurse should recognize that the client is displaying which of the following defense mechanisms?
- Repression
  - Rationalization
  - Introjection
  - Intellectualization
17. A nurse is caring for a client who has depression following a recent job loss. Which of the following questions should the nurse ask to assess the client’s personal coping skills?
- How does this situation affect your life?
  - Do you see your current situation affecting your future?
  - Can you describe how you are currently feeling?
  - How have you dealt with similar situations in the past
18. A school nurse is caring for an adolescent client whose teacher reports changes in school performance and withdrawal from interaction with classmates. Which of the following intervention is the nurse’s priority at this time?
- Contact the adolescent’s parents
  - Suggest the adolescent join support groups

- c. Ask the adolescent if he is considering hurting himself
- d. Determine when the adolescent's change in behavior began

19. A nurse is assessing a client who is withdrawing from heroin. Which of the following manifestations should the nurse expect?

- a. Slurred speech
- b. Hypotension
- c. Bradycardia
- d. Hyperthermia

20. A nurse is assessing a client who has histrionic personality disorder. Which of the following finds should the nurse expect?

- a. Lack of remorse
- b. Attention seeking
- c. Splitting of staff
- d. Identity disturbance

21. A nurse is providing teaching to the daughter of an older client who has obsessive-compulsive disorder. Which of the following statements by the daughter indicates an understanding of the disorder?

- a. I will limit my mother's clothing choices when she is getting dressed
- b. I will provide my mother with detailed instructions about how to perform self-care
- c. I will wake my mother up a couple of times in the night to check on her
- d. I will discourage my mother from talking about physical complaints

22. A nurse in a mental health facility is caring for a client who has borderline personality disorder. Which of the following should the nurse expect?

- a. Self-mutilation
- b. Pacing back and forth
- c. Preoccupation with details

d. Disorganized speech

23. A nurse is reviewing the laboratory results on an adolescent who has anorexia nervosa.

Which of the following findings should the nurse expect?

a. Blood glucose 100 mg/dL

b. T4 11 mcg/dL

c. Potassium 3.7 mEq/L

d. Hgb 10 g/dL

24. A nurse is teaching about benztropine to a client who has schizophrenia. Which of the following statements should the nurse include in the teaching?

a. This medication is given to help with extrapyramidal side effects

b. This medication is given to help with your depression

c. Benztropine helps alleviate your hallucinations

d. Benztropine is used to counteract your tachycardia

25. A nurse is planning care for a client with acute delirium. Which of the following instructions should the nurse include in the plan?

a. Reinforce the client's orientation with the calendar

b. Refute the client's perception of visual hallucinations

c. Teach the client assertive techniques

d. Assign the client to a different caregiver each shift

26. A nurse is creating a plan of care for a client who has major depressive disorder. Which of the following interventions should the nurse include in the plan?

- a. Discourage client from expressing feelings of anger
- b. Identify and schedule alternative group activities for the client
- c. Encourage physical activity for the client during the day
- d. Keep a bright light on in the client's room at night

27. A nurse is caring for a client who has posttraumatic stress disorder related to military service. Which of the following actions should the nurse take?

- a. Encourage the client to suppress feelings of trauma
- b. Assign the same staff to care for the client each day
- c. Address the client in an authoritative manner
- d. Limit the amount of time spent with the client

28. A nurse is providing teaching for a school age child and his parents regarding a new prescription for risperidone. Which of the following statements by the parent indicates an understanding of the teaching?

- a. I will provide a low sodium diet for my son
- b. I will make sure my son takes the last dose of the day by 4 PM
- c. I should expect my son to develop hand tremors
- d. I should contact my doctor if my son urinates excessively

29. A nurse is caring for a client who has a lithium level of 0.8 mEq/L. Which of the following actions should the nurse take?

- a. Withhold the next doses of lithium
- b. Repeat the lithium level test
- c. Administer the next doses of lithium
- d. Recommend a low sodium diet

30. A nurse in a community mental health clinic is caring for a group of clients. The nurse should encourage participation in cognitive behavioral family therapy in response to which of the following client statements.

- a. I want to learn how to change the way I react to problems within my family
- b. I want to understand why my past experiences are affecting my family relationships
- c. I want to improve my family's understanding of each other's boundaries
- d. I want each of my family members to be more aware of each other's feelings

31. A nurse is providing teaching to the caregiver of an older adult client who has Alzheimer's disease and is being cared for at home. The client wanders at night and has a history of previous falls. Which of the fund instructions should nurse including? (select all) in the teaching

- a. position the mattress on the floor
- b. Install sensor devices on outside doors
- c. Encourage physical activity prior to bedtime
- d. put locks at top of doors
- e. place the client in a reclining chair

32. A nurse is reviewing laboratory values for a client who has bipolar disorder and a prescription for lithium. The nurse should identify that which of the following laboratory results places the client at risk for lithium toxicity?

- a. Calcium 9.0 mg/dL
- b. sodium 130 mEq/L

- c. chloride 98 mEq/L
  - d. potassium 5.0 mEq/L
33. A nurse is assisting with obtaining informed consent from client who has been declared legally incompetent. Which of the following actions should the nurse take?
- a. Contact the facility social worker to obtain the consent
  - b. Explain implied consent to the clients family
  - c. Request that the clients Guardian signed the consent
  - d. Ask the charge nurse to obtain an informed consent
34. A nurse is giving a presentation about intimate partner abuse for community group. Which of the following statements buy a group member indicates understanding of teaching?
- a. Survivors of abuse often feel guilty
  - b. abusers often have high self-esteem
  - c. the honeymoon stage of violence usually gets longer over time
  - d. as abuse continues, victims become more determined to be independent
35. A nurse is planning care for a client who has experienced intimate partner abuse. The nurse should identify which of the following outcomes as the priority?
- a. The client joins a support group
  - b. the client identifies techniques to reduce her stress
  - c. The client develops a safety plan
  - d. The client identify support systems
36. A nurse is developing a behavioral contract with the client who has antisocial personality disorder. Which of the following client goals should the nurse include in the contract?
- a. Use projection during group therapy

- b. increase self-esteem
- c. use bargaining skills for behavioral consequences
- d. **Decrease the number of verbal outbursts**

37. A nurse is caring for a client who has schizophrenia and takes clozapine. Which of the following findings is a priority for the nurse to report to the provider?

- a. Nausea
- b. Random blood glucose 130 mg/dL
- c. Heart rate 104 per minute
- d. **sore throat**

38. A nurse is counseling an adult client whose parent just died. The client states, "My son is 4, and I don't know how he'll react when he finds out that grandpa died." The nurse should inform the client that the preschool age child commonly has which of the following concepts of death?

- a. **Death is not permanent and the loved one may come back to life**
- b. Death is contagious and can cause other people he loves to die
- c. Death creates an interest in the physical aspects of dying
- d. Death is a part of life that eventually happens to everyone

39. A nurse is reviewing the medical records for clients. Which of the following findings should the nurse identify as a risk factor for violent behavior?

- a. Schizoid personality disorder
- b. **Alcohol intoxication**
- c. Dysthymic disorder
- d. long-term isolation

40. A nurse in a provider's office is assessing a school age child who has a spiral fracture.

The parent of the child provides different accounts for the cause of the injury. Which of the following actions should the nurse take first?

- a. Request that the parent leaves the room while you interview the child
- b. Report suspected abuse to child protective services
- c. Ask the child how the injury occurred
- d. Determine the immediate safety needs of the child

41. An older adult client is brought to the mental clinic by her daughter. The daughter reports that her mother is not eating and seems uninterested in routine activities. The daughter states, I'm so worried that my mother is depressed. Which of the following responses should the nurse make?

- a. Older adults are usually diagnosed with depressive disorder as they age
- b. everyone gets depressed from time to time
- c. you shouldn't worry about this, because depressive disorder is easily treated
- d. tell me the reasons you think your mother is depressed

42. A nurse in a mental health facility is caring for a client. Which of the following actions the nurse take during though working phase of the nurse-client relationship?

- a. Summarize goals and objectives
- b. Address confidentiality
- c. promote problem-solving skills
- d. establish a participation contract

43. a nurse is caring for a client who suddenly directs profanities at her, then abruptly hangs his head and says, "please forgive me, I'm not sure what came over me I don't know why said those things." The nurse interprets this behavior as which of the following?

- a. Emotional lability

- b. Confabulation
  - c. flight of ideas
  - d. Neologism
44. A nurse is providing teaching for the family of a client who has dementia. Which of the following should the nurse include in the teaching as a contributing factor for this disorder?
- a. Hypotension
  - b. alcohol use disorder
  - c. Dehydration
  - d. change in environment
45. A nurse is caring for a client who has been taking valproic acid. Which of the following is expected outcome of the medication?
- a. The client reports improved short-term memory
  - b. the client has a decreased euphoric mood
  - c. the client reports absence of auditory hallucinations
  - d. the client has decreased anxiety
46. A nurse is teaching a client who has major depressive disorder about electroconvulsive therapy. Which of the phone information should the nurse include?
- a. This therapy works as a cure for major depressive disorders
  - b. You will be awake and alert during the procedure
  - c. You might experience confusion for a few hours after treatment
  - d. This therapy will stimulate the vagus nerve to improve your mood