

# Diagnostic and Statistical Manual of Mental Disorders Testbank/Study Guide

## Chapter 1 Introduction

### MULTIPLE CHOICE

1. Which understanding is the basis for the nursing actions focused on minimizing mental health promotion of families with chronically mentally ill members?

- a. Family members are at an increased risk for mental illness.
- b. The mental health care system is not prepared to deal with family crises.
- c. Family members are seldom prepared to cope with a chronically ill individual.
- d. The chronically mentally ill receive care best when delivered in a formal setting.

ANS: A

When families live with a dominant member who has a persistent and severe mental disorder the outcomes are often expressed as family members who are at increased risk for physical and mental illnesses. The remaining options are not necessarily true.

2. Which nursing activity shows the nurse actively engaged in the primary prevention of mental disorders?

- a. Providing a patient, whose depression is well managed, with medication on time
- b. Making regular follow-up visits to a new mother at risk for post-partum depression
- c. Providing the family of a patient, diagnosed with depression, information on suicide prevention
- d. Assisting a patient who has obsessive compulsive tendencies prepare and practice for a job interview

ANS: B

Primary prevention helps to reduce the occurrence of mental disorders by staying involved with a patient. Providing medication and information on existing illnesses are examples of secondary prevention which helps to reduce the prevalence of mental disorders. Assisting a mentally ill patient with preparation for a job interview is tertiary prevention since it involves rehabilitation.

3. Which intervention reflects attention being focused on the patients intentions regarding his diagnosis of severe depression?

- a. Being placed on suicide precautions
- b. Encouraging visits by his family members
- c. Receiving a combination of medications to address his emotional needs
- d. Being asked to decide where he will attend his prescribed therapy sessions

ANS: D

A primary factor in patient treatment includes consideration of the patients intentions regarding his or her own care. Patients are central to the process that determines their care as their abilities allow. Under the guidance of PMH nurses and other mental health personnel, patients are encouraged to make decisions and to actively engage in their own treatment plans to meet their needs. The remaining options are focused on specifics of the determined plan of care.

4. When a patients family asks why their chronically mentally ill adult child is being discharged to a community-based living facility, the nurse responds:

- a. It is a way to meet the need for social support.
- b. It is too expensive to keep stabilized patients in acute care settings.
- c. This type of facility will provide the specialized care that is needed.
- d. Being out in the community will help provide hope and purpose for living.

ANS: D

Hospitalization may be necessary for acute care, but, when patients are stabilized, they move into community-based, patient-centered settings or are discharged home with continued outpatient

treatment in the community. Concentrated efforts are made to reduce the patient's sick role by providing opportunities for the development of a purposeful life and instilling hope for each patient's future. Although social support is important, such a living arrangement is not the only way to achieve it. Although acute care is expensive, it is not the major concern when determining long-term care options. Community-based facilities are not the only option for specialized care.

5. What is the best explanation to offer when the mother of a chronically ill teenage patient asks, Under what circumstances would he be considered incompetent?

- a. When you can provide the court with enough evidence to show that he is not able to care for himself safely.
- b. It is not likely that someone his age would be determined to be incompetent regardless of his mental condition.
- c. He would have to engage in behavior that would result in harm to himself or to someone else; like you or his siblings.
- d. If the illness becomes so severe that his judgment is impaired to the point where the decisions he makes are harmful to himself or to others.

ANS: D

When a person is unable to cognitively process information or to make decisions about his or her own welfare, the person may be determined to be mentally incompetent. Providing self-care is not the only criteria considered. Age is not a factor considered. The decision is often based on the potential for such behavior.

6. Which psychiatric nursing intervention shows an understanding of integrated care?

- a. A chronically abused woman is assessed for anxiety.
- b. A manic patient is taken to the gym to use the exercise equipment.
- c. The older adult diagnosed with depression is monitored for suicidal ideations.
- d. A teenager who refuses to obey the unit's rules is not allowed to play video games.

ANS: A

The majority of health disciplines now recognize that mental disorders and physical illnesses are closely linked. The presence of a mental disorder increases the risk for the development of physical illnesses and vice versa. Assessing a chronically abused individual for anxiety call should attention to the psychiatric disorder that could develop from the abuse. The remaining options show interventions that are appropriate for the mental disorder.

7. What reason does the nurse give the patient for the emphasis and attention being paid to the recovery phase of their treatment plan?

- a. Recovery care, even when intensive, is less expensive than acute psychiatric care.
- b. Effective recovery care is likely to result in fewer relapses and subsequent hospitalizations.
- c. Planning for recovery care is time consuming and involves dealing with many complicated details.
- d. Recovery care is usually done on an outpatient basis and so is generally better accepted by patients.

ANS: B

Much attention is paid to recovery care since effective recovery care helps improve patient outcomes and thus minimize subsequent hospitalizations. Recovery care is not necessarily less expensive than acute care. Although effective recovery care planning may be time consuming and detail oriented, that is not the reason for implementing it. Recovery care is not necessarily well accepted by patients.

8. The nurse is attending a neighborhood meeting where a half-way house is being proposed for the neighborhood when a member of the community states, We dont want the facility; we especially dont want violent people living near us. The response by the nurse that best addresses the publics concern is:

- a. In truth, most individuals with psychiatric disorder are passive and withdrawn and pose little threat to those around them.
- b. The mentally ill seldom behave in the manner they are portrayed by movies; they are people just like the rest of us.

- c. Patients with psychiatric disorder are so well medicated that they do not display violent behaviors.
- d. The mentally ill deserve a safe, comfortable place to live among people who truly care for them.

ANS: A

A major reason for the existence of the stigma placed on persons with mental illness is lack of knowledge. The main fear is of violence, although only a small percentage of patients with mental illness display this behavior. Providing the public with accurate information can help reduce stigma. The remaining options do not directly address the concerns stated.

9. Which activity shows that a therapeutic alliance has been established between the nurse and patient?

- a. The nurse respects the patients right to privacy when visitors are spending time with the patient.
- b. The patient is eagerly attending all group sessions and working independently on identifying their personal stressors.
- c. The patient is freely describing their feelings related to the physical and emotional trauma they experienced as a child with the nurse.
- d. The nurse dutifully administers the patients medications on time and with appropriate knowledge of the potential side effects.

ANS: C

A primary aspect of working with patients in any setting and particularly in the psychiatric setting is the development of a therapeutic alliance with the patient. Such an alliance is established on trust. It is a professional bond between the nurse and the patient that serves as a vehicle for patients to freely discuss their needs and problems in the absence of the nurses criticism or judgment. Any nurse has an obligation to respect the patients rights and administer care effectively. The patients willingness to participate in the plan of care reflects self motivation.

10. Mental health care reform has called for parity between psychiatric and medical diagnoses. Which is an example of such parity?

- a. Depression treatment is not paid for as readily as is treatment for asthma.
- b. The mentally ill patient will be protected by law against social stigma.
- c. Medical practitioners are trained to be proficient at treating mental disorders.
- d. Psychiatric service reimbursement will be equivalent to that of medical services.

ANS: D

The term *parity* as used here refers to payments for mental health services that equal payment schedules for medical or surgical conditions. The remaining options(B and C) do not relate to financial reimbursement or funds allocated for mental health care being equal to those of medical diagnoses.

### **MULTIPLE RESPONSE**

1. Which assessment findings suggest to the nurse that this patient has characteristics seen in an individual who has reached self-actualization? Select all that apply.

- a. Reports to have, found peace and security in my religious faith
- b. Effectively changed occupations when a chronic vision problem worsened
- c. Has consistently earned a six-figure salary as an architect for the last 10 years
- d. Has been in a supportive, loving relationship with the same individual for 15 years
- e. Provides free literacy tutoring help at the local homeless shelter 3 evenings a week

ANS: A, B, D, E Characteristics of self actualization would include: spiritual well-being, open and flexible, relationally fulfilled, and generosity toward others. Salary doesn't necessarily reflect self-actualization.

2. Which nursing activities represent the tertiary level of mental health care? Select all that apply.

- a. Providing a depression screening at a local college
- b. Helping a mental-challenged patient learn to make correct change
- c. Reporting an incidence of possible elder abuse to the appropriate legal agency
- d. Regularly assessing a patients understanding of their prescribed antidepressants
- e. Providing a 6-week parenting class to teenage parents through a local high school

ANS: B, D Tertiary prevention reduces the residual effects of the disorder such as depression and mental retardation. There is no quaternary level of prevention. Primary prevention reduces occurrences of mental disorders such as screenings and parenting classes, and secondary prevention reduces the prevalence of disorders as evidenced by assessing knowledge.

3. Which nursing actions indicate an understanding of the priority issues currently facing psychiatric mental health nursing today? Select all that apply.

- a. Working on the facilitys Safe Use of Restraints Policy revision committee
- b. Advocating for increased salaries for all levels of psychiatric mental health nurses
- c. Attending a political rally for increased state funding for mental health service providers
- d. Offering an in-service to facility staff regarding the cultural implications of caring for the Hispanic patient
- e. Joining the state nursing committee working on the role and scope of practice of the advanced practice psychiatric nurse

ANS: A, C, D, E Priority issues include funding, safety issues in psychiatric treatment centers particularly the use of patient restraints, quality-of-care issues, access to health care for minority populations, and standardization of advanced practice nurse roles.

4. Which assessment findings describe risk factors that increase the potential risk for mental illness? Select all that apply.

- a. Possesses high tolerance for stress

- b. Is very curious about how things work
- c. Admits to being a member of an ethnic gang
- d. Only practicing Jew among school classmates
- e. Has a younger sibling who is mentally challenged

ANS: C, D, E Risk factors are internal predisposing characteristics and external influences that increase a persons vulnerability and potential for developing mental disorders. Types of risk factors and examples include the following: having a mentally-challenged family member in the home; belonging to a punitive gang; and being the object of reject or bullying. The remaining options are protective factors.

5. Which nursing actions show a focus on the fundamental goals that guide psychiatric mental health nurses in providing patient care? Select all that apply.

- a. Offering an informational session of identifying signs of depression at a local senior center
- b. Attending a workshop on evidence practice interventions for the chronically depressed patient
- c. Keeping strict but appropriate boundaries with a patient diagnosed with a personality disorder
- d. Asking a parent who has just experienced the death of a child if they could consider talking with a grief counselor
- e. Identifying what help a patient diagnosed with Alzheimers disease will need with instrumental activities of daily living (IADLs)

ANS: A, B, D, E Standard objectives guide PMH nurses and members of related disciplines in the care of patients (individuals, families, communities, and organizations). The objectives and criteria are as follows: the promotion and protection of mental health, the prevention of mental disorders, the treatment of mental disorders, and recovery and rehabilitation. Keeping appropriate boundaries is a generalized nursing responsibility.

## Chapter 2 Use of the Manual

1. What are the 5 different dimension of the DSM Manual that were removed?

ANS. The DSM-IV-TR described disorders using five different dimensions.

### **Axis I: Clinical Syndromes**

This axis described clinical symptoms that cause significant impairment. Disorders were grouped into different categories such as mood disorders, anxiety disorders, or eating disorders.

### **Axis II: Personality and Mental Retardation**

This axis described long-term problems in functioning that were not considered discrete Axis I disorders. Personality disorders cause significant problems in how a patient relates to the world and include antisocial personality disorder and histrionic personality disorder. Mental retardation is characterized by intellectual impairment and deficits in other areas such as self-care and interpersonal skills.

### **Axis III: Medical Conditions**

These included physical and medical conditions that influence or worsen Axis I and Axis II disorders. Some examples include HIV/AIDS and brain injuries.

### **Axis IV: Psychosocial and Environmental Problems**

Any social or environmental problems that may impact Axis I or Axis II disorders were accounted for in this axis. These include such things as unemployment, relocation, divorce, or the death of a loved one.

### **Axis V: Global Assessment of Functioning**

This axis allowed the clinician to rate the client's overall level of functioning. Based on this assessment, clinicians could better understand how the other four axes interacted and the effect on the individual's life.

2. Which of the following did not change in new DSM-5?

**Answer: C.** The diagnostic model for personality disorders

Rationale: Despite multiple proposed categorical or dimensional changes, only a few were adopted in the final version of DSM-5. One of the major proposals rejected was the revision of *the hybrid categorical-dimensional model for personality disorders*. Implementation of this proposed new model by October 2014 would probably have imposed significant burden on clinical practice and the research community and would have required a revision of academic curricula for residency programs and clinical practice guidelines. Instead, this model was included in Section III for further research.

3. A 7-year-old boy in second grade displays significant delays in his ability to reason, problem-solve, and learn from his experiences. He has been slow to develop reading, writing, and mathematics skills in school. All through development, these skills lagged behind peers', though he is making slow progress. These deficits significantly impair his ability to play in an age-appropriate manner with peers and to begin to acquire independent skills at home. He requires ongoing assistance with basic skills (dressing, feeding, and bathing himself, doing any type of schoolwork) on a daily basis. Which DSM-5 diagnosis best fits this boy?
- a) child onset major neurocognitive disorder
  - b) specific learning disorder
  - c) intellectual development disorder, moderate
  - d) communication disorder
  - e) autistic spectrum disorder

Correct Answer: C. intellectual development disorder, moderate Rationale: Although IQ testing would be informative (in previous DSM classifications, subtypes of mild, moderate, severe, and profound were categories based on IQ scores), DSM-5 specifies, "Severity is based on adaptive functioning, not on IQ scores, and reflects limitations in adaptive functioning that originate from the intellectual disability." Thus, the specifiers of "mild," "moderate," "severe," and "profound" relate to adaptive functioning, not IQ. Adaptive functioning involves adaptive reasoning in three domains: conceptual, social, and practical. The conceptual (academic) domain involves competence in memory, language, reading, writing, math reasoning, acquisition of practical knowledge, problem solving, and judgment in novel situations, among others. The social domain involves awareness of others' thoughts, feelings, and experiences, empathy, interpersonal communication skills, friendship abilities, and social judgment, among others. The practical domain involves learning and self management across life settings, including personal care, job responsibilities, money management, recreation, managing one's behavior, and organizing school and work tasks, among others. Assessment is based on both clinical assessment and standardized testing. With respect to severity, the "moderate" qualifier reflects skills that have chronically lagged behind peers and the need for assistance in most activities of daily living, but the fact that the child is slowly developing these skills (which would peak at roughly the elementary school level according to DSM-5). In specific learning disorders and communication disorders, there is no general intellectual impairment.

4. A 7-year-old girl presents with a history of normal language skills (vocabulary and grammar intact) but is unable to use language in a socially pragmatic manner to share ideas and feelings. She has never made good eye contact and has difficulty reading social cues. Consequently, she has had difficulty making friends, which is further complicated by her being somewhat obsessed with cartoon characters, which she repetitively scripts. She tends to excessively smell objects and it is difficult for her to get dressed, as she insists on wearing the same shirt and shorts every day, regardless of the season. These symptoms have dated from early childhood and cause significant impairment in her functioning. According to DSM5, what diagnosis would she receive?

- a) Asperger's disorder
- b) autism spectrum disorder
- c) pervasive developmental disorder NOS
- d) social communication disorder
- e) Rett syndrome

Correct Answer: B. autism spectrum disorder Rationale: This child might have met criteria for Asperger's or PDD NOS in DSM-IV. Autism spectrum disorder in DSM-5 subsumed Asperger's disorder and PDD NOS. Although she has intact formal language skills, "it is the use of language for social communication that is particularly affected in autistic spectrum disorder." A specific language delay is not required. She meets all three components of Criteria A (deficits in social-emotional reciprocity, deficits in nonverbal communication behaviors used for social interaction, and deficits in developing and maintaining friendships) and two components of Criteria B (highly restricted, fixated interests that are abnormal in intensity or focus; and hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment).

5. A 52-year-old man presents to a psychiatrist on the advice of his primary care doctor with raw, chafed hands. He reports that he washes at least four hours a day, using abrasive cleansers and scalding hot water. Although he admits his hands are uncomfortable, he is entirely convinced that unless he washes in this manner, he will become gravely ill. Outside of his hands, a medical workup is unrevealing, and he takes no medications. Which of the following is the most appropriate diagnosis for this man?

- a) delusional disorder, somatic type
- b) illness anxiety disorder
- c) obsessive-compulsive disorder with absent insight
- d) obsessive-compulsive personality disorder
- e) generalized anxiety disorder

Correct Answer: C. obsessive-compulsive disorder with absent insight Rationale: DSM-5 has added an insight specifier to the diagnosis of obsessive-compulsive disorder (OCD) to acknowledge that persons with the disorder can range from having good insight into the irrationality of their behaviors to persons who have no insight (that is, are delusional). In DSM-5 if the delusional belief is limited to the obsessions and compulsions, a separate psychotic disorder diagnosis is not required. Individuals with illness anxiety disorder worry about having an illness; however, they do not have the classic obsessions and compulsions found in OCD. Individuals with generalized anxiety disorder may constantly worry; however, their worries are usually about real-life concerns.

6. A 19-year-old woman is referred to a psychiatrist by her internist after she admits to him that she repetitively pulls at her eyebrows to the point that she has scarring and has little or no eyebrow hair. She confides that her normal eyebrows look repulsive to her: she sees them as too bushy,

saying that she “looks like a caveman.” Pictures of her prior to the hair pulling show a normal looking teenager. Which of the following is the most likely diagnosis?

- a) hair pulling disorder (trichotillomania)
- b) body dysmorphic disorder
- c) delusional disorder, somatic type
- d) normal age appropriate appearance concerns
- e) obsessive-compulsive disorder

Correct Answer: B. body dysmorphic disorder Rationale: There can be a variety of causes for hair pulling. Individuals with hair pulling disorder (trichotillomania) pull hair out of anxiety or boredom; the behavior provides distraction, pleasure, or a relief from anxiety. When hair pulling is purely for the purpose of improving a perceived defect in appearance, the behavior is better conceptualized as symptomatic of a body dysmorphic disorder (BDD).

7. Which of the following is new in DSM-5 for the diagnosis of ODD?

- a) Categorization of ODD symptoms
- b) Failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others
- c) The individual feels an increasing sense of tension or arousal before the act, pleasure, gratification, or relief during the act
- d) The individual experiences a sense of relief from the urge after the act
- e) Premeditation of the act

Correct Answer: A. Categorization of ODD symptoms. Rationale: DSM-5 has instituted a new categorization of ODD symptoms that groups together symptoms based on whether they have an emotional component (for example, angry, irritable, resentful), a behavioral element (for example, argumentative, defiant), or a spiteful/ vindictive aspect to them. This classification structure is important because recent research suggests that the emotional symptoms are linked to the development of future mood and anxiety disorders and spiteful and vindictive behaviors are predictive of conduct disorder and delinquent behaviors.

8. Which disorder is most commonly comorbid with ODD?

- a) ADHD b) Mood disorder
- c) Conduct disorder
- d) Bipolar disorder
- e) Learning disorders

Correct Answer: A. ADHD Rationale: The most common disorder that coexists with ODD is (ADHD, with comorbidity rates reportedly reaching up to 39%. Other disorders that frequently occur with ODD include anxiety and depressive disorders.

9. A 21-year-old male with history of oppositional defiant disorder presents with frequent impulsive behavioral outbursts that are grossly out of proportion to the stressor. He reports that he is unable to control himself and worried that he might lose his job if this behavior continues. What is his most likely diagnosis?

- a) Bipolar disorder
- b) ADHD
- c) Intermittent explosive disorder
- d) Conduct disorder
- e) Adjustment disorder

Correct Answer: C. Intermittent explosive disorder Rationale: The diagnosis of intermittent explosive disorder can be made in older adolescents and young adults aged 18 or older in addition to the diagnosis of ADHD, oppositional defiant disorder, conduct disorder, or autistic spectrum disorder when recurrent impulsive aggressive outbursts warrant independent clinical attention.

### **Chapter 3 Cautionary Statement for Forensic Use of DSM-5**

1. How does the use of an established and widely accepted system of diagnosis add value and reliability of determination of relevance of mental illness in legal uses?

ANS. The use of an established and widely accepted system of diagnosis adds to the value and reliability of determinations of the relevance of a mental illness in three ways:

1. Provides a compendium based on a review of the pertinent clinical and research literature and offers a possible understanding of the relevant characteristics of mental disorders
  2. The literature related to diagnoses serve to prevent ungrounded speculation about mental disorders and about the functioning of a particular individual
  3. Diagnostic information about the course of an illness may improve decision making when the legal issue concerns an individual's mental functioning at a past or future point in time.
2. Can someone who is not trained on DSM-5 assess a presence of a mental disorder?

ANS. The authors of DSM-5 say that it is "not advised" that nonclinical, nonmedical, or otherwise insufficiently trained individuals use DSM-5 to assess for the presence of a mental disorder. This clearly indicates that lawyers, attorneys, and/or other legal personnel who are not specifically training regarding mental illness and diagnoses should not be using the manual. Further, those decision makers are cautioned that a diagnosis does not carry any implications about the causes of the mental disorder, or the degree to which the individual might have control over the behaviors that are associated with the disorder. It is noted that, even when a disorder does involve diminished capacity as a symptom, that fact by itself does not demonstrate that a specific person did or did not have voluntary control of his/her behavior at a specific time.

3. Does a diagnosis of a mental illness imply that any legal criteria are met in the judicial system?

ANS. It is noted that a diagnosis of a mental illness does not at all imply that any legal criteria are met, such as competence, criminal responsibility, disability, etc.). Almost always, additional criteria would be necessary, along with specialized clinical/forensic skills, in order to make the proper legal recommendation. This could include information about the individual's functional impairments and how those impairments affect the person's specific abilities in question. These impairments often vary widely, even within a particular diagnostic. The assignment of a specific diagnosis does not imply a specific level of impairment or disability.

## Chapter 4 Neurodevelopmental Disorders

1. A patient with depression mentions to the nurse, My mother says depression is a chemical disorder. What does she mean? The nurses response is based on the theory that depression primarily involves which of the following neurotransmitters?

- a. Cortisol and GABA
- b. COMT and glutamate
- c. Monamine and glycine
- d. Serotonin and norepinephrine

ANS: D

One possible cause of depression is thought to involve one or more neurotransmitters. Serotonin and norepinephrine have been found to be important in the regulation of depression. There is no research to support that the other options play a significant role in the development of depression.

2. A patient has experienced a stroke (cerebral vascular accident) that has resulted in damage to the Broca area. Which evaluation does the nurse conduct to reinforce this diagnosis?

- a. Observing the patient pick up a spoon
- b. Asking the patient to recite the alphabet
- c. Monitoring the patients blood pressure
- d. Comparing the patients grip strength in both hands

ANS: B

Accidents or strokes that damage Brocas area may result in the inability to speak (i.e., motor aphasia). Fine motor skills, blood pressure control, and muscle strength are not controlled by the Broca area of the left frontal lobe.

3. The patient diagnosed with schizophrenia asks why psychotropic medications are always prescribed by the doctor. The nurses answer will be based on information that the therapeutic action of psychotropic drugs is the result of their effect on:

- a. The temporal lobe; especially Wernickes area
- b. Dendrites and their ability to transmit electrical impulses
- c. The regulation of neurotransmitters especially dopamine
- d. The peripheral nervous system sensitivity to the psychotropic medications

ANS: C

Medications used to treat psychiatric disorders operate in and around the synaptic cleft and have action at the neurotransmitter level, especially in the case of schizophrenia, on dopamine. The Wernickes area, dendrite function, or the sensitivity of the peripheral nervous system are not relevant to either schizophrenia or psychotropic medications.

4. A student nurse mutters that it seems entirely unnecessary to have to struggle with understanding the anatomy and physiology of the neurologic system. The mentor would base a response on the understanding that it is:

- a. Necessary but generally for psychiatric nurses who focus primarily on behavioral interventions
- b. A complex undertaking that advance practice psychiatric nurses frequently use in their practice
- c. Important primarily for the nursing assessment of patients with brain traumacaused cognitive symptoms
- d. Necessary for planning psychiatric care for all patients especially those experiencing psychiatric disorders

ANS: D

Nurses must understand that many symptoms of psychiatric disorders have a neurologic basis, although the symptoms are manifested behaviorally. This understanding facilitates effective care planning. The foundation of knowledge is not used exclusively by advanced practice psychiatric

nurses nor is it relevant for only behavior therapies or brain trauma since dealing with the results of normal and abnormal brain function is a responsibility of all nurses providing all types of care to the psychiatric patient.

5. A patient asks the nurse, My wife has breast cancer. Could it be caused by her chronic depression? Which response is supported by research data?

- a. Too much stress has been proven to cause all kinds of cancer.
- b. There have been no research studies done on stress and disease yet.
- c. Stress does cause the release of factors that suppress the immune system.
- d. There appears to be little connection between stress and diseases of the body

ANS: C

Research indicates that stress causes a release of corticotropin-releasing factors that suppress the immune system. Studies indicate that psychiatric disorders such as mood disorders are sometimes associated with decreased functioning of the immune system. Research does not support a connection between many cancers and stress. There is a significant amount of research about stress and the body. Research has shown that there are some connections between stress and physical disease.

6. A patient who has a parietal lobe injury is being evaluated for psychiatric rehabilitation needs. Of the aspects of functioning listed, which will the nurse identify as a focus of nursing intervention?

- a. Expression of emotion
- b. Detecting auditory stimuli
- c. Receiving visual images
- d. Processing associations

ANS: D

The parietal lobe is responsible for associating and processing sensory information that allows for functions such as following directions on a map, reading a clock, dressing self, keeping appointments, and distinguishing right from left. Emotional expression is associated with frontal lobe function. Detecting auditory stimuli is a temporal lobe function. Receiving visual images is related to occipital lobe function.

7. At admission, the nurse learns that some time ago the patient had an infarct in the right cerebral cortex. During assessment, the nurse would expect to find that the patient:

- a. Demonstrates major deficiencies in speech
- b. Is unable to effectively hold a spoon in the left hand
- c. Has difficulty explaining how to go about using the telephone
- d. Cannot use his right hand to shave himself or comb his own hair

ANS: B

The cerebral hemispheres are responsible for functions such as control of muscles. The right hemisphere mainly controls the motor and sensory functions on the left side of the body. Damage to the right side would result in impaired function on the left side of the body. The motor cortex controls voluntary motor activity. Brocas area controls motor speech. Cognitive functions are attributed to the association cortex. The right side of the bodys motor activity is controlled by the left cerebral cortex.

8. A patient with chronic schizophrenia had a stroke involving the hippocampus. The patient will be discharged on low doses of haloperidol. The nurse will need to individualize the patients medication teaching by:

- a. Including the patients caregiver in the education
- b. Being careful to stress the importance of taking the medication as prescribed
- c. Providing the education at a time when the patient is emotionally calm and relaxed
- d. Encouraging the patient to crush or dissolve the medication to help with swallowing

ANS: A

The hippocampus plays a major role in short-term memory and, hence, in learning. Taking the medication as prescribed and providing the education at a time when the patient is calm and relaxed is information or considerations that all patients should be given. The medication does not necessarily need to be crushed or dissolved since the stroke would not have caused difficulty with swallowing.

9. The physician tells the nurse, The medication I'm prescribing for the patient enhances the gamma-aminobutyric acid (GABA) system. Which patient behavior will provide evidence that the medication therapy is successful?

- a. The patient is actively involved in playing cards with other patients.
- b. The patient reports that, I don't feel as anxious as I did a couple of days ago.
- c. The patient reports that both auditory and visual hallucinations have decreased.
- d. The patient says that, I am much happier than before I came to the hospital.

ANS: B

GABA is the principle inhibitory neurotransmitter. The medication should provide an anti-anxiety effect. Alertness, psychotic behaviors, and mood elevation are not generally affected by gamma-aminobutyric acid.

10. The patient's family asks whether a diagnosis of Parkinson's disease creates an increased risk for any mental health issues. What question would the nurse ask to assess for such a comorbid condition?

- a. Has your father exhibited any signs of depression?
- b. Does your father seem to experience mood swings?
- c. Have you noticed your father talking about seeing things you can't see?
- d. Is your dad preoccupied with behaviors that he needs to repeat over and over?

ANS: A

Serotonin and its close chemical relatives, dopamine and norepinephrine, are the neurotransmitters that are most widely involved in various forms of depression. Most researchers agree that the immediate cause of parkinsonism is a deficiency of dopamine and so a patient with Parkinsons disease should be monitored for depression, The other mental health disorders (bipolar disorder, hallucinations, and obsessive compulsive disorder) have not been connected to Parkinsons disease.

11. Which explanation for the prescription of donepezil (Aricept) would the nurse provide for a patient in the early stage of Alzheimers disease?

- a. It will increase the metabolism of excess GABA.
- b. Excess dopamine will be prevented from attaching to receptor sites.
- c. Serotonin deficiency will be managed through a prolonged reuptake period.
- d. The acetylcholine deficiency will be managed by inhibiting cholinesterase.

ANS: D

Decreased levels of acetylcholine are thought to produce many of the behavioral symptoms of Alzheimers disease. The inhibiting action the drug has on cholinesterase will slow down the breakdown of acetylcholine and so delay the onset of symptoms. The other neurotransmitters (GABA, dopamine, and serotonin) are not currently believed to play a role in Alzheimers disease.

12. There remains a stigma attached to psychiatric illnesses. The psychiatric nurse makes the greatest impact on this sociological problem when:

- a. Providing educational programming for patients and the public
- b. Arranging for adequate and appropriate social support for the patient
- c. Assisting the patient to achieve the maximum level of independent functioning
- d. Regularly praising the patient for seeking and complying with appropriate treatment

ANS: A

Much of the stigma attached to psychiatric illness is due to a lack of understanding of the biologic basis of these disorders. Therefore, effective patient, family, and public teaching is an important function of the role of the psychiatric mental health nurse. While the remaining options are appropriate, they are not directed towards eliminating social stigma but rather empowering the patient.

13. The wife of a patient with paranoid schizophrenia tells the nurse, I've learned that my husband has several close relatives with the same disorder. Does this problem run in families? The response based on recent discoveries in the field of genetics would be:

- a. Your children should be monitored closely for the disorder.
- b. Research tends to support a familial tendency to schizophrenia.
- c. There is no concrete evidence; it is just as likely a coincidence.
- d. Only bipolar disorder has been identified to have a genetic component.

ANS: B

Familial tendencies appear with several psychiatric disorders including schizophrenia. To insinuate that the children are at such risk would not be supported by research.

14. A patient whose symptoms of mild depression have been managed with antidepressants is concerned about the affect of accepting a promotion that will require working the night shift. What will be the basis of the response the nurse gives to address the patients concern?

- a. The connection between a new job and possible depression does exist.
- b. The medication can be adjusted to manage any increase in depression.
- c. The interruption in normal wake-sleep patterns can influence mood disorders.
- d. The change in sleep routine can be managed with a healthy sleep hygiene routine.

ANS: C

Many psychiatric and medical disorders occur more frequently or are exacerbated when sleep patterns and biologic rhythms are disrupted. While the remaining options contain true

information regarding the management of depression that is a result of sleep disruption, they do not effectively address the patients concern.

15. The nurse is discouraged because the patient exhibiting negative symptoms of schizophrenia has shown no improvement with the planned interventions to reduce the symptoms. The mentors remark that helps place the problem in perspective is:

- a. You arent responsible for the behavior of any other person.
- b. Patients can be perverse and cling to symptoms despite our efforts.
- c. Negative symptoms have been associated with genetic pathology.
- d. It will take several trial and error attempts to get the right combination care.

ANS: C

A complex disorder, such as schizophrenia, most likely has multiple contributing factors, including genetic predisposition, prenatal development, and the environment. Nurse frustration can be alleviated by helping the nurse realize that negative symptoms may be the result of actual brain dysfunction, rather than psychologically determined behaviors; thus the remaining options are not appropriate since they do not address the complexity of the problem.

### **MULTIPLE RESPONSE**

1. What assessment data would reinforce the diagnosis of temporal lobe injury in patient who experienced head trauma? Select all that apply.

- a. Inability to balance a checkbook
- b. Uncharacteristically aggressive
- c. Affect fluctuates dramatically
- d. Increased interest in sexual behaviors
- e. Difficulty remembering the names of family members

ANS: C, D, E

The temporal lobe is involved with memory as well as increased sexual focus and altered emotional responses. Personality and intellectual function is not centered in the temporal lobe.

2. A patient has begun experiencing dysfunction of the hypothalamus. What nursing interventions will the nurse include in the patients plan of care? Select all that apply.

- a. Reinforcing clear physical boundaries
- b. Assisting the patient with completing daily menus
- c. Learning about healthy sleep hygiene habits
- d. Monitoring and recording temperature every 4 hours
- e. Monitoring and recording blood pressure every 4 hours

ANS: B, C, D

The hypothalamus is responsible for regulation of sleep-rest patterns, body temperature, and physical drives of hunger. Social appropriateness and blood pressure is not controlled by the hypothalamus.

3. The nurse is preparing a patient for a positron emission tomography (PET) scan. Which instructions will the nurse include? Select all that apply.

- a. There will likely be a 30 to 45 minute wait between the injection and the beginning of the scan.
- b. A blindfold and earplugs may be used to help decrease reaction to the environment during the scan.
- c. Make every attempt to lie still during the scan because movement will affect the imaging produced.
- d. No food or fluids are to be ingested for at least 8 full hours before the scan and none during the scan.
- e. Staying awake during the scan is important since the results are altered when the patient is in any phase of the sleep state.

ANS: A, B, C, E

Appropriate patient preparation for a PET scan would include information regarding the time interval between injection of the isotope and the actual scan, the fact that steps will be taken to minimize the effects of sights and sounds during the scan, lying still is critical to achieving a quality image, and that being asleep during the scan will alter the results. It is not necessary to fast before or during the scan.

4. A patient with schizophrenia is described as having difficulty with executive functions. What patient dysfunction can the nurse expect to assess behaviorally? Select all that apply.

- a. Invades the personal space of others frequently
- b. Consistently fails to bring money when going to buy snacks
- c. Cannot remember the names of staff who often provide care
- d. Requires repeated reinforcement on how to make a sandwich
- e. Frequently speaks of hurting himself or of hurting other patients

ANS: A, B, D

Executive functions include reasoning, planning, prioritizing, sequencing behavior, insight, flexibility, judgment, focusing on tasks, responding to social cues, and attending in appropriate ways to incoming stimuli. Memory is not considered an executive function and risk for harm to self and others is not generally a diagnosis appropriate for such a patient.

5. The unit physicians have ordered magnetic resonance imaging (MRI) tests for the following patients. For which patients would the nurse decline to make test arrangements without further discussion with the physician? Select all that apply.

- a. A patient who is claustrophobic
- b. A patient who is breastfeeding
- c. A patient who has an allergy to iodine
- d. A patient who had a total knee replacement
- e. A patient who is taking a neuroleptic medication

ANS: A, D

Patients with claustrophobia are often unable to complete this type of study, because the MRI machine is enclosed, and patients are required to remain motionless. Metal implants are contraindications for MRIs since metal affects the scan. Breastfeeding, iodine sensitivity, and neuroleptic medication therapy are not contraindications for an MRI.

## Chapter 5 Schizophrenia Spectrum and Other Psychotic Disorders

### Multiple Choice

*Identify the choice that best completes the statement or answers the question.*

\_\_\_\_ 1. Your patient reports a hallucination where he is aware of strange smells that no one else is aware of. What type of hallucination is this?

- A. Olfactory
- B. Tactile
- C. Gustatory
- D. Auditory

\_\_\_\_ 2. You are asked to report any extrapyramidal symptoms (EPSs) of your patient. Which of the following are examples of EPS?

- A. Dry mouth, anorexia
- B. Heart palpitations
- C. Muscle rigidity, tremors
- D. Constipation, nausea

\_\_\_\_ 3. Which of the following is characteristic of a paranoid delusion?

- A. Suspicion and jealousy
- B. Self-pity and self-depreciation
- C. Making up words and phrases
- D. Exposing beliefs of inflated self-importance

\_\_\_\_ 4. Your new patient is admitted with a diagnosis of schizophrenia. Which of the following is he most likely to demonstrate?

- A. Concrete thinking

- B. Effective ego boundaries
- C. Inflated self-image
- D. Fatigue and loss of appetite

\_\_\_\_ 5. When is schizophrenia most likely to be diagnosed?

- A. Grade school
- B. College age
- C. After the birth of the first child
- D. After retirement

\_\_\_\_ 6. The schizophrenic patient tells you, I know that the man down the hall wants to kill me. How should you respond?

- A. I will protect you from him.
- B. What makes you say that?
- C. Lets walk over here to join in afternoon activities.
- D. You need to go to your room.

\_\_\_\_ 7. The statement made by the patient in question 6 is an example of a(n):

- A. Paranoid delusion.
- B. Visual hallucination.
- C. Idea of reference.
- D. Flight of ideas.

\_\_\_\_ 8. Your patient with schizophrenia who is English speaking says no acu moona to you. What is this called?

- A. Neologism
- B. Echolalia

- C. Echopraxia
- D. Concretism

\_\_\_\_ 9. Which statement is most true about schizophrenia treatment today?

- A. Most require lifelong institutionalization.
- B. Patients can stop taking their antipsychotics once stabilized.
- C. Psycho-education for the family is part of the treatment plan.
- D. Most can function normally in society with little support after treatment for the first episode.

\_\_\_\_ 10. A young man with severe schizophrenia is being discharged home. Which of the following medications would he most likely be taking?

- A. Amitriptyline
- B. Fluphenazine decanoate
- C. Lithium
- D. Lorazepam

\_\_\_\_ 11. Which of the following is not a positive sign of schizophrenia?

- A. Hallucinations
- B. Avolition
- C. Flat affect
- D. Social withdrawal

\_\_\_\_ 12. Which of the following is not an atypical antipsychotic?

- A. Aripiprazole
- B. Clozaril
- C. Olanzapine

D. Haloperidol

\_\_\_ 13. Your hospitalized schizophrenic patient has been taking clozapine (Clozaril) for several months. You recognize this medication is effective by which of the following patient reports?

- A. He no longer has a memory of past psychotic behavior.
- B. He is drowsier, so less bothered by the hallucinations.
- C. He no longer hears voices.
- D. He is more uncomfortable around others.

\_\_\_ 14. Which of the following is most important to monitor for your patient on Clozaril?

- A. White blood cell count
- B. Clozaril blood level
- C. Urine output
- D. Vision

\_\_\_ 15. Your psychotic patient states my arms and legs are on fire. What would be your *best* response?

- A. That's silly. There is nothing wrong with your legs.
- B. Does the fire travel from one side of your body to the other?
- C. That must be distressing. How do you stop it?
- D. I will get you some ice to put out the burning feeling.

\_\_\_ 16. Your schizophrenic patient is sitting in her room with her hands over her ears and crying. Which is the best way to approach her?

- A. Take her hands away from her ears and hold her hands in a sympathetic manner.
- B. Leave her alone as she most likely wants privacy.
- C. Make eye contact with her and ask her what is going on.

- D. Leave the room and call the charge nurse to determine if she needs an adjustment in her medication.

\_\_\_\_ 17. Later in the day you find this patient standing in the lounge in a strange position: on one leg with both arms extended. How should you respond?

- A. Ignore the behavior, as this must be something she needs to do.
- B. Tell the patient sternly that this is not appropriate and to move to her room.
- C. Calmly acknowledge the position and ask the patient to stand on both legs.
- D. Encourage other patients in the lounge to do the same position to make the patient more comfortable.

\_\_\_\_ 18. Which of the following medications would this schizophrenic patient be *least* likely to have prescribed?

- A. Fluphenazine
- B. Carbamazepine
- C. Olanzapine
- D. Quetiapine

\_\_\_\_ 19. This schizophrenic patient has been taking Prolixin for 6 months. She now is experiencing extrapyramidal symptoms (EPS). Which medication is most likely to be added?

- A. Acetaminophen (Tylenol)
- B. Alprazolam (Xanax)
- C. Benztropine (Cogentin)
- D. Amitriptyline (Elavil)

\_\_\_\_ 20. Which of the following side effects is most common with olanzapine?

- A. Weight gain
- B. Orthostatic hypotension