CHAPTER 2

1.1 The nurse knows that clear boundaries within family systems: a. Isolate family members from one another. b. Result in a loss of autonomy. c. Support and nurture, but allow a certain degree of autonomy. d. Promote rigidity and chaos.	Answer: c Rationale: Boundaries are the invisible lines that define the amount and kind of contact allowable among members of the family and between the family and outside systems. Boundaries determine the patterns of how, when, and to whom family members relate. Boundaries define the divisions among the spousal, parental, and sibling subsystems. Clear boundaries are firm yet flexible; family members are supported and nurtured but also allowed a certain degree of autonomy. Clear boundaries do not result in a loss of autonomy. With rigid boundaries, family members are isolated from one another and there is little room for negotiation and individual development. Chaos would likely be found in families with diffuse boundaries where everyone is into everyone else's business, there is little distinction between family members, and there is too much negotiation, resulting in

	a loss of autonomy. Application Assessment Psychosocial Integrity Learning Objective 1.1
1.2 The nursing instructor teaches that boundaries are social constructs that are: a. Similar in all cultures. b. Beneficial for cohesion. c. Always clearly defined. d. Culturally determined.	Answer: d Rationale: Boundaries are a social construction and, as such, are culturally determined and may vary from culture to culture. Boundaries that are rigid or diffuse may not be beneficial for cohesion. Boundaries are not always clearly defined. Application Implementation Psychosocial Integrity Learning Objective 1.2
1.3 The nurse knows that family cohesion is the emotional bond family members have toward one another and the level of cohesion that contributes to optimal family competency is:	Answer: a Rationale: In Western, developed societies, it is believed that the central ranges of cohesion (separated and connected) contribute to

a. Connection. b. Loyalty. c. Depression. d. Security.	optimal family competency. The extremes (disengaged or enmeshed) are seen as less adaptive. Disengaged families seem almost like a group of strangers who happen to be living together. There is little loyalty or closeness. Members of enmeshed families cannot develop a separate identity, and each person must yield autonomy to belong to the family. In an enmeshed family system, uniqueness is experienced as distance, and individuality is viewed as alienation and disloyalty. Application Assessment Psychosocial Integrity Learning Objective 1.3
1.4 The amount of change in a family's leadership, role relationships, and rules is known as: a. Communication. b. Flexibility. c. Cohesion.	Answer: b Rationale: Family flexibility is the amount of change in a family's leadership, role relationships, and relationship rules. Flexibility also refers to the family's ability to respond to stress. Communication may impact a family's

d. Boundaries.	flexibility. Cohesion is the emotional bonding that family members have toward one another. Boundaries determine the patterns of how, when, and to whom family members relate. Application Assessment Psychosocial Integrity Learning Objective 1.4
1.5 The nursing student knows that clients whose families evolve and shift with changing situations are: a. Great communicators. b. In crisis. c. Emotionally available. d. Resilient.	Answer: d Rationale: The most distinctive trait of competent families is the ability to productively manage stress. Simply put, adaptive families evolve and shift with changing situations. This is often referred to as resiliency. Families that evolve and shift may or may not include emotional availability and great communicators and are not necessarily in crisis. Analysis Assessment Psychosocial Integrity

	Learning Objective 1.5
2.1 The nursing student knows that grieving is essential for: a. Religious and cultural purposes. b. Mental and physical health. c. Self-confidence. d. Social reasoning.	Answer: b Rationale: The process of grieving is essential for mental and physical health because it allows us to cope with loss gradually and to accept it as part of reality. Our families, our religious beliefs, and our cultural customs influence mourning and grieving. It is a social process and is best shared and carried out with the help of others. None of us grieves predictably or uniformly. Caring nurses must always respect individuality in the way persons grieve and mourn. Grieving is not essential for religious and cultural purposes, self-confidence, or social reasoning. Application Assessment Psychosocial Integrity Learning Objective 2.1
2.2 The nurse knows that during the grief process, men may choose:	Answer: c

a. Flexible grief strategies. b. Emotional responses. c. Physical diversions. d. Prolonged crying.	Rationale: In mainstream North American culture, women are often the ones who grieve outwardly in the form of tears and sorrow, whereas men are expected to "be strong" and show minimal emotion during grief. Men may choose strategies such as logical reasoning or diversional activities, as opposed to emotional expression or flexible grief strategies, to manage their unacknowledged feelings. Application Assessment Psychosocial Integrity Learning Objective 2.2
2.3 When the family experiences a death, relationships with people outside the family change because the death disrupts: a. How families respond to each other. b. Developmental changes within the family. c. The reminiscent pattern of families. d. Established patterns of interaction.	Answer: d Rationale: Relationships with people outside the family often change because death disrupts established patterns of interaction. Some families are able to reach out to others, but some withdraw from their friends and other support networks. At times, families may be overprotective toward some or all members,

	effectively isolating these individuals. Application Assessment Psychosocial Integrity Learning Objective 2.3
2.4 A nursing student learns that children experience the same emotions of grief as adults, but are: a. Less likely to initially show acute grief. b. Unable to effectively handle those emotions. c. Afraid to show those emotions. d. Too developmentally immature to process them.	Answer: a Rationale: Children experience the same emotions of grief as adults but are less likely to show acute grief in the initial phase and are more likely to experience the process over a much longer period. Children are not unable, afraid, or too developmentally immature to deal with the emotions; at each developmental level, children rework the meaning of their grief from a more mature cognitive and emotional functioning level. Application Assessment Psychosocial Integrity Learning Objective 2.4
2.5 The nurse knows that the length of grieving	Answer: a

is subjective and bound by cultural considerations, but complicated grief is considered: a. Incapacitating distress for at least six months and is associated with mental disorders. b. Uncontrolled grief. c. Inconsolable grief that lasts longer than a year. d. Objective and the same for every culture.	Rationale: The boundaries between normal and complicated grief are unclear. The judgment that a person's grief is complicated is based not only on the individual, but also on the range and tolerance of differences in grieving allowed by the culture. Complicated grief is generally considered the presence of unremitting and incapacitating distress for at least six months and is associated with the presence of mental disorders. Complicated grief is not considered uncontrolled or inconsolable grief, and is not the same for every culture. Application Assessment Psychosocial Integrity Learning Objective 2.5
3.1 The student nurse has studied that at any given time, about 50% of the 48 million Americans who suffer from severe and persistent mental illness:	Answer: b Rationale: Family members of individuals with mental illness often share in the many losses

a. Do not have adequate family support. b. Live on a regular basis with their families. c. Have attacked family members. d. Consider health care professionals as family.	that accompany the illness. Families are the major source of support and rehabilitation for their loved ones. Of clients discharged from acute care, 65 percent return to their families. At any given time, 40 to 50 percent of the 48 million Americans who are severely and persistently mentally ill live with their families on a regular basis. Even when they do not live at home, their families are often the only source of support; thus, there is data to indicate that most do have adequate family support. There is no data to support that approximately half of Americans with severe and persistent mental illness have attacked family members or that they consider health care professionals as family. Application Assessment Psychosocial Integrity Learning Objective 3.1
3.2 The nurse is providing family counseling for a client who has recently been discharged	Answer: a

from acute care and is living with her family. The family is concerned because the client has been away from home for extended periods and has refused to explain the absences. The client states she feels shamed because: a. Family monitoring feels like mistrust. b. Family members constantly remind her of the support they are lending. c. She does not feel "normal." d. Shame is a symptom of mental illness.	Rationale: When clients try to assert their autonomy, families may worry about what will happen and become critical or try to control the situation. Clients may experience a sense of shame over being mistrusted and monitored. There is no information in the scenario to indicate that family members constantly remind the client of their support or that the client does not feel "normal." Shame is not a symptom of mental illness. Application Assessment Psychosocial Integrity Learning Objective 3.2
3.3 When assessing the family of a client recently diagnosed with schizophrenia, the nurse notes that they mention feeling hopeless and frustrated. The nurse knows that this is known as: a. Objective family burden. b. Subjective family burden.	Answer: b Rationale: The subjective family burden is defined as the psychological distress of the family members in relation to the objective burden. They often experience frustration, anxiety, depression, hopelessness, and helplessness. Families also experience intense

c. Guilt. d. Shame.	feelings of grief and loss. They must mourn for the person they knew before the onset of the illness and the potential loss of hopes, dreams, and expectations. Objective family burden is related to actual and identifiable family problems. Feelings of hopelessness and frustration are not normally correlated to guilt and shame. Application Assessment Psychosocial Integrity Learning Objective 3.3
3.4 A client with bipolar disorder arrives at the emergency department disheveled, arguing with family members. The nurse recognizes that the family is suffering from an objective family burden which is related to: a. The client's symptomatic behaviors. b. Caregiving problems. c. Fear. d. Family conflict.	Answer: a Rationale: The objective family burden is related to the actual, identifiable family problems associated with the person's s mental illness. One burden the family must manage relates to symptomatic behaviors. Deficit behaviors of their loved ones—such as lack of motivation, difficulty in completing tasks, isolation from others, inability to manage money, poor grooming and personal care, and

	poor eating and sleeping behavior—can be of great concern to families. Intrusive or acting-out behaviors—such as lack of consideration for others, excessive arguing, conflicts with neighbors and friends, damaging material possessions, inappropriate sexual behavior, suicide attempts, substance abuse, and violent outbursts—are very disturbing to family members. The family may be experiencing problems, fear, or family conflict, but these arise from the client's symptomatic behaviors. Application Assessment Psychosocial Integrity Learning Objective 3.4
3.5 The nurse knows that because people with mental illness continue to be ostracized from mainstream society, families must cope with the burden of: a. Isolation b. Stigma.	Answer: b Rationale: Families must also cope with the burden of stigma, which is a collection of negative attitudes and beliefs that lead people to fear, reject, avoid, and discriminate against people with mental illness. In response to

c. Dementia. d. Shame.	stigma, people with mental disorders internalize these attitudes and become ashamed of themselves and their illness. Families may become isolated if they avoid others who misunderstand the illness. Analysis Assessment Psychosocial Integrity Learning Objective 3.5
4.1 The nurse knows that coping strategies protect families of the mentally ill. Some of these strategies include: a. Suggesting alternatives and denigrating the client. b. Seeking social support and increasing conflict. c. Expressing affection and seeking social support. d. Expressing affection and sorrow.	Answer: c Rationale: Coping strategies protect the affected family member and maintain the stability of family functioning. Some of these strategies include expressing affection, suggesting alternatives, reducing conflict, seeking social support, and trying to make the best of their experiences by focusing on the positive parts of the relationship with the ill family member. Increasing conflict, denigrating the client and expressing sorrow are not protective coping strategies.

	Application Assessment Psychosocial Integrity Learning Objective 4.1
4.2 When teaching students about family recovery after diagnosis of a mental illness, the nursing instructor knows to include that Stage 1 is one of: a. Coping and recognition. b. Recognition and denial. c. Acceptance and coping. d. Discovery and denial.	Answer: d Rationale: Stage 1 of family recovery is one of discovery and denial. Family members are often the first to notice that another member is exhibiting unusual behavior. The family's initial response may range from minimizing (it is not so serious) to denial (it is just a phase). Rather than maladaptive, this response is a temporary reaction to avoid a painful reality. Recognition, acceptance, and coping are elements of later stages. Application Implementation Psychosocial Integrity Learning Objective 4.2
4.3 The nurse knows that when clients become severely mentally ill, they have trouble coping	Answer: d

and keeping up with family roles and responsibilities. When family members assume these roles for the client, this is considered Stage 3 of family recovery and consists of: a. Acceptance and coping. b. Recognition and acceptance. c. Personal and political advocacy. d. Coping and competence.	Rationale: Stage 3 of family recovery is one of coping and competence. This includes day-to-day efforts to cope with all the changes in the family. When people become severely mentally ill, they may have difficulty carrying out their family roles and responsibilities. In this case, other family members must assume those roles and come to terms with an altered family lifestyle. Family members develop cognitive, emotional, and behavioral coping strategies to live with their loved one who is experiencing a mental disorder. Application Assessment Psychosocial Integrity Learning Objective 4.3
4.4 When families begin to develop their own image of the disease process and expectations of mental health professionals, they have reached Stage 2 of family recovery which consists of:	Answer: b Rationale: Stage 2 of family recovery is one of recognition and acceptance. As it becomes more evident that there is a significant

a. Personal and political advocacy. b. Recognition and acceptance. c. Coping and recognition. d. Acceptance and coping.	problem, the family begins to search for reasons and solutions by gathering available information. Families begin to develop their own image of the disease process and expectations of mental health professionals. Many families also hope for what was in the past and for what might be in the future. Application Planning Psychosocial Integrity Learning Objective 4.4
4.5 The final stage of family recovery involves working with the mental health system so the client will obtain treatment, a stage which reflects: a. Personal and political advocacy. b. Recognition and acceptance. c. Coping and competence. d. Discovery and denial.	Answer: a Rationale: The final stage of family recovery is personal and political advocacy. This stage involves working with the mental health system to obtain treatment. Family members want to be seen as partners in treatment and do not want to be excluded from discussions and treatment recommendations. Ideally, professionals, clients, and families all work together in joint problem solving. Recognition and acceptance reflect Stage 2 of the family

	recovery process. Coping and competence are elements of Stage 3. Discovery and denial are elements of Stage 1. Application Planning Psychosocial Integrity Learning Objective 4.5
5.1 Psychoeducation is an important aspect of family nursing. Nurses must be able to: a. Help families identify feelings and reactions. b. Help families identify and reduce negative perceptions and discrepancies in expectations of care. c. Prevent future episodes, maintain safety, and develop a rapport with families. d. Provide hope, support, and happiness.	Answer: a Rationale: Psychoeducation has proven to be an important aspect of family nursing. Nurses must be able to answer questions, help families identify feelings and reactions, help them adopt more flexible beliefs about the nature of their loved one's problems, and encourage their coping efforts. The purpose of psychoeducation is not to identify and reduce negative perceptions, prevent developing a rapport, or to provide hope and happiness. Application Implementation Psychosocial Integrity

	Learning Objective 5.1
5.2 To be effective, psychoeducation programs must be in effect for at least: a. Six months. b. One year. c. Two years. d. Nine months.	Answer: d Rationale: Research shows that psychoeducation programs must be at least nine months in duration to be effective. The other answer choices are not appropriate for the situation. Application Implementation Psychosocial Integrity Learning Objective 5.2
5.3 The nurse knows that the primary goal of acting as a life coach for families is to: a. Self-evaluate. b. Practice life skills. c. Improve family situations. d. Work with other families.	Answer: c Rationale: The primary goal of coaching a family is to improve the family's situation. The nurse listens to all family members, acknowledges their difficulties, and affirms the strengths and resources they bring to the situation. Self-evaluation, practicing life skills, and working with other families may be included, but they are not the primary goal. Application

	Implementation Psychosocial Integrity Learning Objective 5.3
5.4 Skills learned by families to enhance family communication include: a. Reassuring the family. b. Positive feedback and arguing with client when warranted. c. Isolating the client. d. Praise, criticism, and positive feedback.	Answer: d Rationale: As families learn new ways of talking and listening, they will experience a reduction in stress and an improvement in relationships. A life coach will discuss and role-model ways to enhance family communications, including the following skills: • Active listening (e.g., asking clarifying questions, summarizing others' statements) • Giving praise and positive feedback whenever it is legitimate • Giving criticism in a calm voice • Using positive requests (e.g., "I would like you to . . . ") • Monitoring nonverbal communication • Refraining from arguing with someone who is severely agitated or psychotic

	Isolating the client and arguing with the client are nontherapeutic actions. Providing reassurance is part of the nurse's role, but it is not the focus of interventions to enhance family communication. Analysis Implementation Psychosocial Integrity Learning Objective 5.4
5.5 The nurse's role as a spiritual caregiver includes working to develop: a. Meaningful relationships with other caregivers. b. The client's sense of "self." c. A rapport with all family members. d. Caring and thoughtful relationships.	Answer: d Rationale: Spiritual care includes developing caring and thoughtful relationships. The nurse must foster family attitudes that arise from people's spiritual dimensions. Spiritual caregiving includes helping "patients" stop being patients and instead become active clients and collaborators. Supporting individuals and families who seek ways to heal and achieve balance in their lives is an important aspect of spiritual nursing care. Developing the client's sense of self and

	relationships with other caregivers are not part of the spiritual caregiver's role. Rapport with the family may be a result of developing caring and thoughtful relationships. Application Implementation Psychosocial Integrity Learning Objective 5.5
6.1 Parents of adult clients with mental health disorders struggle to find a balance between emotional support and fostering independence. The nurse helps by: a. Teaching and providing support and knowledge. b. Teaching the client how to interact with family. c. Teaching clients to embrace their future. d. Teaching clients and families about past mistakes.	Answer: a Rationale: Parents often struggle to find a balance between supporting their adult child with an illness and fostering her or his independence to the greatest extent. This balance involves both the person with the disability and the caregiving parent. Family caregivers need support and practical knowledge to enhance their ability to cope and their ability to support their loved one. The support and knowledge gained will help the clients as they interact with others, embrace their future, and learn about past mistakes.

	Analysis Implementation Psychosocial Integrity Learning Objective 6.1
6.2 The family nurse therapist may use a genogram to help: a. Comply with hospital protocol. b. Take some of the stress off the health care team. c. Identify strengths and deficits within families. d. Family members come to terms with the client's diagnosis.	Answer: c Rationale: Genograms are three-generational maps of the family system. They consider family structure and relationships and the degree of cohesion and flexibility within the various groups. Genograms help identify family strengths and deficits and tailor interventions specific to each family. Genograms may or may not take stress off the health care team, comply with protocol, and help family members deal with their family member's diagnosis. Analysis Implementation Psychosocial Integrity Learning Objective 6.2
6.3 When taking care of a client from a	Answer: b

different culture, the student nurse knows to: a. Generalize to increase level of awareness. b. Be careful when making generalizations. c. Help the client understand the majority way of life. d. Help families acclimate to the mental health clinic.	Rationale: Generalizations about ethnic groups increase our level of awareness and alert us to the possibility of differences. It is very important, however, that the nurse not assume that ethnic group generalizations accurately describe each family within the cultural group. How a problem is viewed and how distress is handled, varies with different family norms as well as cultural norms. The nurse must also recognize and understand that differences are not disease or dysfunction but simply another way of life. The skilled nurse will accept families as they are, help them achieve their goals, and facilitate health in the way that is most useful for them. Analysis Implementation Psychosocial Integrity Learning Objective 6.3
6.4 The nurse realizes that in order to help improve the functioning of mental health clients and their families, the nurse must:	Answer: b Rationale: Clients and families know more

a. Decrease the client's stress. b. Educate to enhance strength and creativity. c. Teach the client communication skills. d. Normalize the family's experience.	about their lives than others outside the family and are the best judges for future direction. Through education, nurses enhance the strengths and creativity of the family system and assist members in making changes and developing the lives they choose. Application Implementation Psychosocial Integrity Learning Objective 6.4
6.5 When a child with a mental disorder acts dangerously, the nurse helps the family understand that: a. The child's illness makes behavior self-management impossible. b. The child must learn to manage his or her behavior. c. It is not unusual for children to hurt family members. d. Because the child's behavior is unpredictable, establishing consequences	Answer: b Rationale: Nurses should help family members understand that, though children's behavior may be unpredictable, and sometimes dangerous, the expectation should be that children must learn to manage themselves. Harming family members should not be allowed. Analysis Implementation Psychosocial Integrity

for inappropriate behavior is not realistic.	Learning Objective 6.5