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Test Bank For

Varc Carolis' Foundations of Psychiatric-Mental Health Nursing 9th Edition By Margaret Jordan Halter

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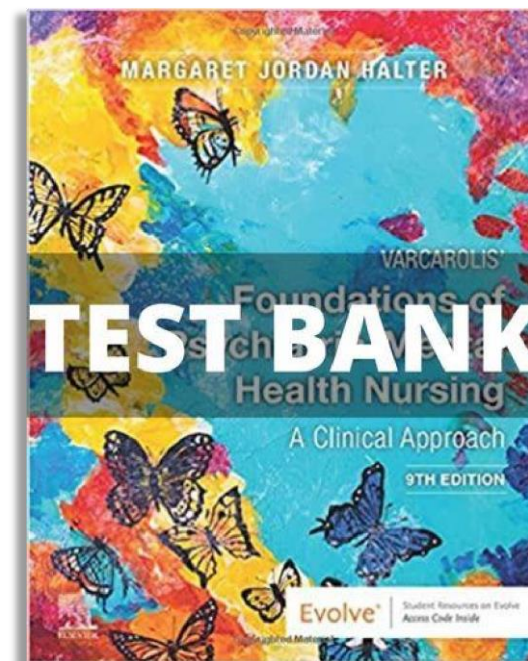
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Chapter 01: Mental Health and Mental Illness Halter: Varcarolis' Foundations of Psychiatric-Mental Health Nursing: A Clinical Approach, 9th Edition

MULTIPLE CHOICE

1. The scope of practiced for an advanced nurse practitioner would include which intervention?
 - a. Conducting a mental health assessment.
 - b. Prescribing psychotropic medication.
 - c. Establishing a therapeutic relationship.
 - d. Individualizing a nursing care plan.

ANS: B

In most states, prescriptive privileges are granted to master's-prepared nurse practitioners and clinical nurse specialists who have taken special courses on prescribing medication. The nurse prepared at the basic level is permitted to perform mental health assessments, establish relationships, and provide individualized care planning.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Implementation MSC: Client Needs: Safe, Effective Care Environment

2. A nursing student expresses concerns that mental health nurses "lose all their clinical nursing skills." Select the best response by the mental health nurse.
 - a. "Psychiatric nurses practice in safer environments than other specialties. Nurse-to-client ratios must be better because of the nature of the clients' problems."
 - b. "Psychiatric nurses use complex communication skills as well as critical thinking to solve multidimensional problems. I am challenged by those situations."

- c. “That’s a misconception. Psychiatric nurses frequently use high technology monitoring equipment and manage complex intravenous therapies.”
- d. “Psychiatric nurses do not have to deal with as much pain and suffering as medical–surgical nurses do. That appeals to me.”

ANS: B

The practice of psychiatric nursing requires a different set of skills than medical–surgical nursing, though there is substantial overlap. Psychiatric nurses must be able to help clients with medical as well as mental health problems, reflecting the holistic perspective these nurses must have. Nurse–client ratios and workloads in psychiatric settings have increased, just like other specialties. Psychiatric nursing involves clinical practice, not just documentation. Psychosocial pain and suffering are as real as physical pain and suffering.

PTS: 1

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe, Effective Care Environment

- 3. When a new bill introduced in Congress reduces funding for care of persons diagnosed with mental illness, a group of nurses write letters to their elected representatives in opposition to the legislation. Which role have the nurses fulfilled?
 - a. Recovery
 - b. Attending
 - c. Advocacy
 - d. Evidence-based practice

ANS: C

An advocate defends or asserts another's cause, particularly when the other person lacks the ability to do that for self. Examples of individual advocacy include helping clients understand their rights or make decisions. On a community scale, advocacy includes political activity, public speaking, and publication in the interest of improving the human condition. Since funding is necessary to deliver quality programming for persons with mental illness, the letter-writing campaign advocates for that cause on behalf of clients who are unable to articulate their own needs.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Evaluation MSC: Client Needs: Safe, Effective Care Environment

4. A family has a long history of conflicted relationships among the members. Which family member's comment best reflects a mentally healthy perspective?
- "I've made mistakes but everyone else in this family has also."
 - "I remember joy and mutual respect from our early years together."
 - "I will make some changes in my behavior for the good of the family."
 - "It's best for me to move away from my family. Things will never change."

ANS: C

The correct response demonstrates the best evidence of a healthy recognition of the importance of relationships. Mental health includes rational thinking, communication skills, learning, emotional growth, resilience, and self-esteem. Recalling joy from earlier in life may be healthy, but the correct response shows a higher level of mental health. The other incorrect responses show blaming and avoidance.

PTS: 1 DIF: Cognitive Level: Analyze (Analysis)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

5. Which assessment finding most clearly indicates that a client may be experiencing a mental illness?
- reporting occasional sleeplessness and anxiety.
 - reporting a consistently sad, discouraged, and hopeless mood.
 - being able to describe the difference between "as if" and "for real."
 - experiencing difficulty making a decision about whether to change jobs.

ANS: B

The correct response describes a mood alteration, which reflects mental illness. The distracters describe behaviors that are mentally healthy or within the usual scope of human experience.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

6. Which finding best indicates that the goal "*Demonstrate mentally healthy behavior*" was achieved for an adult client?
- being willing to work towards achieving ideals and meeting demands.
 - behaving without considering the consequences of personal actions.
 - aggressively meeting personal needs without considering the rights of others.
 - seeking help from others to avoid assuming responsibility for major areas of own

life.

ANS: A

Mental health is a state of well-being in which individuals reach their own potential, cope with the normal stresses of life, work productively, and contribute to the community. Mental health provides people with the capacity for rational thinking, communication skills, learning, emotional growth, resilience, and self-esteem. The correct response describes an adaptive, healthy behavior. The distracters describe maladaptive behaviors.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Evaluation MSC: Client Needs: Psychosocial Integrity

7. A nurse encounters an unfamiliar psychiatric disorder on a new client's admission form. Which resource should the nurse consult to determine criteria used to establish this diagnosis?
- International Statistical Classification of Diseases and Related Health Problems (ICD-10)*
 - The ANA's Psychiatric-Mental Health Nursing Scope and Standards of Practice*
 - Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*
 - A behavioral health reference manual

ANS: C

The *DSM-V* gives the criteria used to diagnose each mental disorder. It is the official guideline for diagnosing psychiatric disorders. The distracters may not contain diagnostic criteria for a psychiatric illness.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Assessment MSC: Client Needs: Safe, Effective Care Environment

8. A nurse wants to find a description of diagnostic criteria for anxiety disorders. Which resource would have the most complete information?
- Nursing Outcomes Classification (NOC)*
 - DSM-V*
 - The ANA's Psychiatric-Mental Health Nursing Scope and Standards of Practice*
 - ICD-10*

ANS: B

The *DSM-V* details the diagnostic criteria for psychiatric clinical conditions. It is the official guideline for diagnosing psychiatric disorders. The other references are good resources but do not define the diagnostic criteria.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Implementation MSC: Client Needs: Safe, Effective Care Environment

9. Which individual behavior demonstrates resilience?
- Repress stressors associated with a divorce.
 - Continuing to grieve the death of a spouse for 5 years.
 - Continuing to live in a shelter for 2 years after the home is destroyed by fire.
 - Taking a temporary job to maintain financial stability after loss of a permanent job.

ANS: D

Resilience is closely associated with the process of adapting and helps people facing tragedies, loss, trauma, and severe stress. It is the ability and capacity for people to secure the resources they need to support their well-being. Repression and protracted grief are unhealthy. Living in a shelter for 2 years shows a failure to move forward after a tragedy. See related audience response question.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

10. The relationship of the North American Nursing Diagnosis Association (NANDA) is to clinical judgment as *Nursing Interventions Classification (NIC)* is to what?
- client outcomes.
 - nursing actions.
 - diagnosis.
 - symptoms.

ANS: B

Analogies show parallel relationships. NANDA, the North American Nursing Diagnosis Association, identifies diagnostic statements regarding human responses to actual or potential health problems. These statements represent clinical judgments. *NIC (Nursing Interventions Classification)* identifies actions provided by nurses that enhance client outcomes. Nursing care activities may be direct or indirect.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Evaluation MSC: Client Needs: Safe, Effective Care Environment

11. An adult says, "Most of the time I'm happy and feel good about myself. I have learned that what I get out of something is proportional to the effort I put into it." Which number on this mental health continuum should the nurse select?

Mental Illness Mental Health

1 2 3 4 5

- 1
- 2
- 3
- 4
- 5

ANS: E

The adult is generally happy and has an adequate self-concept. The statement indicates the adult is reality-oriented, works effectively, and has control over own behavior. Mental health does not mean that a person is always happy.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

12. Which disorder is an example of a culture-bound syndrome?
- Epilepsy
 - Schizophrenia
 - Running amok
 - Major depressive disorder

ANS: C

Culture-bound syndromes occur in specific sociocultural contexts and are easily recognized by people in those cultures. A syndrome recognized in parts of Southeast Asia is running amok, in which a person (usually a male) runs around engaging in furious, almost indiscriminate violent behavior.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

13. What does the *DSM-V* classify?
- deviant behaviors
 - present disability or distress
 - people with mental disorders
 - mental disorders

ANS: D

The *DSM-V* classifies disorders people have rather than people themselves. The terminology of the tool reflects this distinction by referring to individuals with a disorder rather than as a "schizophrenic" or "alcoholic," for example. Deviant behavior is not generally considered a mental disorder. Present disability or distress is only one aspect of the diagnosis.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Implementation MSC: Client Needs: Safe, Effective Care Environment

14. A citizen at a community health fair asks the nurse, "What is the most prevalent mental disorder in the United States?" Select the nurse's correct response.
- Schizophrenia
 - Bipolar disorder
 - Dissociative fugue
 - Alzheimer's disease

ANS: D

The 12-month prevalence for Alzheimer's disease is 10% for persons older than 65% and 50% for persons older than 85. The prevalence of schizophrenia is 1.1% per year. The prevalence of bipolar disorder is 2.6%. Dissociative fugue is a rare disorder.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance

15. In the majority culture of the United States, which individual has the greatest risk to be labeled mentally ill?
- One who describes hearing God's voice speaking.
 - One who is usually pessimistic but strives to meet personal goals.
 - One who is wealthy and gives away \$20 bills to needy individuals.
 - One who always has an optimistic viewpoint about life

ANS: A

The question asks about risk. Hearing voices is generally associated with mental illness, but in charismatic religious groups, hearing the voice of God or a prophet is a desirable event. Cultural norms vary, which makes it more difficult to make an accurate diagnosis. The individuals described in the other options are less likely to be labeled mentally ill.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

16. A client's relationships are intense and unstable. The client initially idealizes the significant other and then devalues him or her, resulting in frequent feelings of emptiness. This client will benefit from interventions to develop which aspect of mental health?
- Effectiveness in work
 - Communication skills
 - Productive activities
 - Fulfilling relationships

ANS: D

The information given centers on relationships with others that are described as intense and unstable. The relationships of mentally healthy individuals are stable, satisfying, and socially integrated. Data are not present to describe work effectiveness, communication skills, or activities.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Planning MSC: Client Needs: Psychosocial Integrity

17. Which belief will best support a nurse's efforts to provide client advocacy during a multidisciplinary client care planning session?
- All mental illnesses are culturally determined.
 - Schizophrenia and bipolar disorder are cross-cultural disorders.
 - Symptoms of mental disorders are unchanged from culture to culture.
 - Assessment findings in mental illness reflect a person's cultural patterns. ANS: D

Symptoms must be understood in terms of a person's cultural background. A nurse who understands that a client's symptoms are influenced by culture will be able to advocate for the client to a greater degree than a nurse who believes that culture is of little relevance. The distracters are untrue statements.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

18. A nurse is part of a multidisciplinary team working with groups of depressed clients. One group of clients receives supportive interventions and antidepressant medication. The other group receives only medication. The team measures outcomes for each group. Which type of study is evident?
- Incidence
 - Prevalence
 - Comorbidity
 - Clinical epidemiology

ANS: D

Clinical epidemiology is a broad field that addresses studies of the natural history (or what happens if there is no treatment and the problem is left to run its course) of an illness, studies of diagnostic screening tests, and observational and experimental studies of interventions used to treat people with the illness or symptoms. *Prevalence* refers to numbers of new cases. *Comorbidity* refers to having more than one mental disorder at a time. *Incidence* refers to the number of new cases of mental disorders in a healthy population within a given period. See related audience response question.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Evaluation MSC: Client Needs: Safe, Effective Care Environment

19. The spouse of a client diagnosed with schizophrenia says, "I don't understand how events from childhood have anything to do with this disabling illness." Which response by the nurse will best help the spouse understand the cause of this disorder?
- "Psychological stress is the basis of most mental disorders."
 - "This illness results from developmental factors rather than stress."
 - "Research shows that this condition more likely has a biological basis."
 - "It must be frustrating for you that your spouse is sick so much of the time."

ANS: C

Many of the most prevalent and disabling mental disorders have strong biological influences. Genetics are only one part of biological factors. Empathy does not address increasing the spouse's level of knowledge about the cause of the disorder. The other distracters are not established facts.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

20. A category 5 tornado occurred in a community of 400 people. Many homes and businesses were destroyed. In the 2 years following the disaster, 140 individuals were diagnosed with posttraumatic stress disorder (PTSD). Which term best applies to these newly diagnosed cases?

- a. Prevalence
- b. Comorbidity
- c. Incidence
- d. Parity

ANS: C

Incidence refers to the number of new cases of mental disorders in a healthy population within a given period of time. Prevalence describes the total number of cases, new and existing, in a given population during a specific period of time, regardless of when they became ill. Parity refers to equivalence, and legislation required insurers that provide mental health coverage to offer annual and lifetime benefits at the same level provided for medical–surgical coverage. Comorbidity refers to having more than one mental disorder at a time.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Planning | Nursing Process: Outcomes Identification MSC:
Client Needs: Safe, Effective Care Environment

21. Which component of treatment of mental illness is specifically recognized by Quality and Safety Education for Nurses (QSEN)?
- a. All genomes are unique.
 - b. Care is centered on the client.
 - c. Healthy development is vital to mental health.
 - d. Recovery occurs on a continuum from illness to health.

ANS: B

The key areas of care promoted by QSEN are client-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Implementation MSC: Client Needs: Safe, Effective Care Environment

22. What is the best response for the nurse to provide to a question from another health professional regarding the difference between a diagnosis in *DSM-V* and a nursing diagnosis.
- a. “There is no functional difference between the two. Both identify human disorders.”
 - b. “The *DSM-V* diagnosis disregards culture, whereas the nursing diagnosis takes culture into account.”
 - c. “The *DSM-V* diagnosis describes causes of disorders whereas a nursing diagnosis does not explore etiology.”
 - d. “The *DSM-V* diagnosis guides medical treatment, whereas the nursing diagnosis offers a framework for identifying interventions for issues a client is experiencing.”

ANS: D

The medical diagnosis is concerned with the client’s disease state, causes, and cures, whereas the nursing diagnosis focuses on the client’s response to stress and possible caring interventions. Both tools consider culture. The *DSM-V* is multiaxial. Nursing diagnoses also consider potential problems.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Implementation MSC: Client Needs: Safe, Effective Care Environment

23. Which nursing intervention below is part of the scope of an advanced practice psychiatric/mental health nurse rather than a basic level registered nurse?
- Coordination of care
 - Health teaching
 - Milieu therapy
 - Psychotherapy

ANS: D

Psychotherapy is part of the scope of practice of an advanced practice nurse. The distracters are within a basic level registered nurse's scope of practice.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Implementation MSC: Client Needs: Safe, Effective Care Environment

MULTIPLE RESPONSE

1. An experienced nurse says to a new graduate, "When you've practiced as long as I have, you automatically know how to take care of clients experiencing psychosis." Which factors should the new graduate consider when analyzing this comment? (*Select all that apply.*)
- The experienced nurse may have lost sight of clients' individuality, which may compromise the integrity of practice.
 - New research findings should be integrated continuously into a nurse's practice to provide the most effective care.
 - Experience provides mental health nurses with the essential tools and skills needed for effective professional practice.
 - Experienced psychiatric nurses have learned the best ways to care for mentally ill clients through trial and error.
 - An intuitive sense of clients' needs guides effective psychiatric nurses.

ANS: A, B

Evidence-based practice involves using research findings and standards of care to provide the most effective nursing care. Evidence is continuously emerging, so nurses cannot rely solely on experience. The effective nurse also maintains respect for each client as an individual. Overgeneralization compromises that perspective. Intuition and trial and error are unsystematic approaches to care.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Diagnosis | Nursing Process: Analysis MSC:
Client Needs: Safe, Effective Care Environment

2. Which findings are signs of a person who is mentally healthy? (*Select all that apply.*)
- Says, "I have some weaknesses, but I feel I'm important to my family and friends."

- b. Adheres strictly to religious beliefs of parents and family of origin.
- c. Spends all holidays alone watching old movies on television.
- d. Considers past experiences when deciding about the future.
- e. Experiences feelings of conflict related to changing jobs.

ANS: A, D, E

Mental health is a state of well-being in which each individual is able to realize his or her own potential, cope with the normal stresses of life, work productively, and make a contribution to the community. Mental health provides people with the capacity for rational thinking, communication skills, learning, emotional growth, resilience, and self-esteem.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

3. A client in the emergency department says, "Voices say someone is stalking me. They want to kill me because I developed a cure for cancer. I have a knife and will stab anyone who is a threat." Which aspects of the client's mental health have the greatest and most immediate concern to the nurse? (*Select all that apply.*)
- a. Happiness
 - b. Appraisal of reality
 - c. Control over behavior
 - d. Effectiveness in work
 - e. Healthy self-concept

ANS: B, C, E

The aspects of mental health of greatest concern are the client's appraisal of and control over behavior. The appraisal of reality is inaccurate. There are auditory hallucinations, delusions of persecution, and delusions of grandeur. In addition, the client's control over behavior is tenuous, as evidenced by the plan to stab anyone who seems threatening. A healthy self-concept is lacking, as evidenced by the delusion of grandeur. Data are not present to suggest that the other aspects of mental health (happiness and effectiveness in work) are of immediate concern.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

Chapter 02: Theories and Therapies Halter: Varcarolis' Foundations of Psychiatric-Mental Health Nursing: A Clinical Approach, 9th Edition

MULTIPLE CHOICE

1. A parent says, "My 2-year-old child refuses toilet training and shouts 'No!' when given directions. What do you think is wrong?" What is the nurse's best reply?
 - a. "Your child needs firmer control. It is important to set limits now."
 - b. "This is normal for your child's age. The child is striving for independence."
 - c. "There may be developmental problems. Most children are toilet trained by age 2."
 - d. "Some undesirable attitudes are developing. A child psychologist can help you develop a plan."

ANS: B

This behavior is conventional of a child around the age of 2 years, whose developmental task is to develop autonomy. The distracters indicate the child's behavior is abnormal.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance

2. A nurse wants to find information on current evidence-based research, programs, and practices regarding mental illness and addictions. Which resource should the nurse consult?
 - a. American Psychiatric Association
 - b. American Psychological Association (APA)
 - c. Clinician's Quick Guide to Interpersonal Psychotherapy
 - d. Substance Abuse and Mental Health Services Administration (SAMHSA)

ANS: D

The SAMHSA maintains a National Registry of Evidence-based Practices and Programs. New therapies are entered into the database on a regular basis. The incorrect responses are resources but do not focus on evidence-based information.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Planning MSC: Client Needs: Management of Care

3. A 26-month-old displays negative behavior, refuses toilet training, and often says, "No!" Which psychosocial crisis is evident?
 - a. Trust versus mistrust
 - b. Initiative versus guilt
 - c. Industry versus inferiority
 - d. Autonomy versus shame and doubt

ANS: D

The crisis of autonomy versus shame and doubt relates to the developmental task of gaining control of self and environment, as exemplified by toilet training. This psychosocial crisis occurs during the period of early childhood. Trust versus mistrust is the crisis of the infant. Initiative versus guilt is the crisis of the preschool and early-school-aged child. Industry versus inferiority is the crisis of the 6- to 12-year-old child.

PTS: 1

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

4. A 4-year-old grabs toys from other children and says, "I want that now!" From a psychoanalytic perspective, this behavior is a product of impulses originating in which system of the personality?
- Id
 - Ego
 - Superego
 - Preconscious

ANS: A

The id operates on the pleasure principle, seeking immediate gratification of impulses. The ego acts as a mediator of behavior and weighs the consequences of the action, perhaps determining that taking the toy is not worth the mother's wrath. The superego would oppose the impulsive behavior as "not nice." The preconscious is a level of awareness rather than an aspect of personality.

PTS: 1

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

5. The parent of a 4-year-old rewards and praises the child for helping a sibling, being polite, and using good manners. These qualities are likely to be internalized and become part of which system of the personality?
- Id
 - Ego
 - Superego
 - Preconscious
- ANS: C

The superego contains the "shoulds," or moral standards internalized from interactions with significant others. Praise fosters internalization of desirable behaviors. The id is the center of basic instinctual drives, and the ego is the mediator. The ego is the problem-solving and reality-testing portion of the personality that negotiates solutions with the outside world. The preconscious is a level of awareness from which material can be retrieved easily with conscious effort. This item relates to an audience response question.

PTS: 1

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Implementation

MSC: Client Needs: Health Promotion and Maintenance

6. A nurse supports a parent for praising a child who behaves in helpful ways to others. When this child behaves with politeness and helpfulness in adulthood, which feeling will most likely result?
- Guilt
 - Anxiety
 - Humility
 - Self-esteem

ANS: D

The individual will be living up to the ego ideal, which will result in positive feelings about self. The other options are incorrect because each represents a negative feeling.

PTS: 1

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Implementation

MSC: Client Needs: Health Promotion and Maintenance

7. An adult says, "I never know the answers," and "My opinion does not count." Which psychosocial crisis was unsuccessfully resolved for this adult?
- Initiative versus guilt
 - Trust versus mistrust
 - Autonomy versus shame and doubt
 - Generativity versus self-absorption

ANS: C

These statements show severe self-doubt, indicating that the crisis of gaining control over the environment was not met successfully. Unsuccessful resolution of the crisis of initiative versus guilt results in feelings of guilt. Unsuccessful resolution of the crisis of trust versus mistrust results in poor interpersonal relationships and suspicion of others. Unsuccessful resolution of the crisis of generativity versus self-absorption results in self-absorption that limits the ability to grow as a person.

PTS: 1

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

8. Which statement by a client would lead the nurse to suspect unsuccessful completion of the psychosocial developmental task of infancy?
- "I know how to do things right, so I prefer jobs where I work alone rather than on a team."
 - "I do not allow other people to truly get to know me."
 - "I depend on frequent praise from others to feel good about myself."
 - "I usually need to do things several times before I get them right."

ANS: B

According to Erikson, the developmental task of infancy is the development of trust. The correct response is the only statement clearly showing lack of ability to trust others. An inability to work with others, coupled with a sense of superiority, suggests unsuccessful completion of the task of intimacy versus isolation. Relying on praise from others suggests

unsuccessful completion of the task of identity versus role confusion. Shame suggests failure to resolve the crisis of initiative versus guilt.

PTS: 1 DIF: Cognitive Level: Analyze (Analysis)
TOP: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

9. A client is suspicious and is frequently sarcastic toward others. To which psychosexual stage do these traits relate?
- Oral
 - Anal
 - Phallic
 - Genital

ANS: A

The behaviors in the stem develop as the result of attitudes formed during the oral stage, when an infant first learns to relate to the environment. Anal-stage traits include stinginess, stubbornness, orderliness, or their opposites. Phallic-stage traits include flirtatiousness, pride, vanity, difficulty with authority figures, and difficulties with sexual identity. Genital-stage traits include the ability to form satisfying sexual and emotional relationships with members of the opposite sex, emancipation from parents, a strong sense of personal identity, or the opposites of these traits.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

10. A client expresses a desire to be cared for by others and often behaves in a helpless fashion. Which stage of psychosexual development is most relevant to the client's needs?
- Latency
 - Phallic
 - Anal
 - Oral

ANS: D

Fixation at the oral stage sometimes produces dependent infantile behaviors in adults. Latency fixations often result in difficulty identifying with others and developing social skills, resulting in a sense of inadequacy and inferiority. Phallic fixations result in having difficulty with authority figures and poor sexual identity. Anal fixation sometimes results in retentiveness, rigidity, messiness, destructiveness, and cruelty. This item relates to an audience response question.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

11. A nurse listens to a group of recent retirees. One says, "I volunteer with Meals on Wheels, coach teen sports, and do church visitation." Another laughs and says, "I'm too busy taking care of myself to volunteer to help others." Which psychosocial developmental task do these statements contrast?
- Trust and mistrust

- b. Intimacy and isolation
- c. Industry and inferiority
- d. Generativity and self-absorption

ANS: D

Both retirees are in middle adulthood, when the developmental crisis to be resolved is generativity versus self-absorption. One exemplifies generativity; the other embodies self-absorption. This developmental crisis would show a contrast between relating to others in a trusting fashion and being suspicious and lacking trust. Failure to negotiate this developmental crisis would result in a sense of inferiority or difficulty learning and working as opposed to the ability to work competently. Behaviors that would be contrasted would be emotional isolation and the ability to love and commit oneself.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

12. An adult dies in a tragic accident. Afterward, the siblings plan a funeral service. Which statement by a sibling best indicates a sense of self-actualization?
- a. "Of all of us, I am the most experienced with planning these types of events."
 - b. "Funerals are supposed to be conducted quietly, respectfully, and according to a social protocol."
 - c. "This death was unfair, but I hope we can plan a service that everyone feels is a celebration of life."
 - d. "This death was probably the consequence of years of selfish and inconsiderate behavior by our sibling."

ANS: C

The correct response shows an accurate perception of reality as well as a focus on solving the problem in a way that involves others. These factors are characteristic of self-actualization. The incorrect responses demonstrate self-centeredness, rigidity, and blaming which are characteristic of a failure to achieve self-actualization.

PTS: 1 DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

13. A student nurse says, "I don't need to interact with my clients. I learn what I need to know by observation." An instructor can best interpret the nursing implications of Sullivan's theory to this student by providing what response?
- a. "Interactions are required in order to help you develop therapeutic communication skills."
 - b. "Nurses cannot be isolated. We must interact to provide clients with opportunities to practice interpersonal skills."
 - c. "Observing client interactions will help you formulate priority nursing diagnoses and appropriate interventions."
 - d. "It is important to pay attention to clients' behavioral changes, because these signify adjustments in personality."

ANS: B

The nurse's role includes educating clients and assisting them in developing effective interpersonal relationships. Mutuality, respect for the client, unconditional acceptance, and empathy are cornerstones of Sullivan's theory. The nurse who does not interact with the client cannot demonstrate these cornerstones. Observations provide only objective data. Priority nursing diagnoses usually cannot be accurately established without subjective data from the client. The other distracters relate to Maslow and behavioral theory. This item relates to an audience response question.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance

14. A nurse consistently encourages client to do his or her own activities of daily living. If the client is unable to complete an activity, the nurse helps until the client is once again independent. This nurse's practice is most influenced by which theorist?
- Betty Neuman
 - Patricia Benner
 - Dorothea Orem
 - Joyce Travelbee

ANS: C

Orem emphasizes the role of the nurse in promoting self-care activities of the client; this has relevance to the seriously and persistently mentally ill client.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Evaluation MSC: Client Needs: Psychosocial Integrity

15. A nurse uses Maslow's hierarchy of needs to plan care for a client diagnosed with mental illness. Which problem will receive priority?
- Refusal to eat or bathe.
 - Reporting feelings of alienation from family.
 - Reluctance to participate in unit social activities.
 - Being unaware of medication action and side effects.

ANS: A

The need for food and hygiene are physiological and therefore take priority over psychological or meta-needs in care planning.

PTS: 1 DIF: Cognitive Level: Analyze (Analysis)
TOP: Nursing Process: Planning | Nursing Process: Outcomes Identification MSC:
Client Needs: Safe, Effective Care Environment

16. Operant conditioning is part of the treatment plan to encourage speech in a child who is nearly mute. Which technique applies?
- Encourage the child to observe others talking.
 - Include the child in small group activities.
 - Give the child a small treat for speaking.
 - Teach the child relaxation techniques.

ANS: C

Operant conditioning involves giving positive reinforcement for a desired behavior. Treats are rewards and reinforce speech through positive reinforcement.

PTS: 1

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Psychosocial Integrity

17. The parent of a child diagnosed with schizophrenia tearfully asks the nurse, "What could I have done differently to prevent this illness?" What is the nurse's best response?
- "Although schizophrenia results from impaired family relationships, try not to feel guilty. No one can predict how a child will respond to parental guidance."
 - "Schizophrenia is a biological illness resulting from changes in how the brain and nervous system function. You are not to blame for your child's illness."
 - "There is still hope. Changing your parenting style can help your child learn to cope effectively with the environment."
 - "Most mental illnesses result from genetic inheritance. Your genes are more at fault than your parenting."

ANS: B

The parent's comment suggests feelings of guilt or inadequacy. The nurse's response should address these feelings as well as provide information. Clients and families need reassurance that the major mental disorders are biological in origin and are not the "fault" of parents. One distracter places the burden of having faulty genes on the shoulders of the parents. The other distracters are neither wholly accurate nor reassuring.

PTS: 1

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Psychosocial Integrity

18. A nurse influenced by Peplau's interpersonal theory works with an anxious, withdrawn client. What principle will the interventions be focused on?
- Rewarding desired behaviors.
 - Using assertive communication.
 - Changing the client's self-concept.
 - Administering medications to relieve anxiety.

ANS: B

The nurse-client relationship is structured to provide a model for adaptive interpersonal relationships that can be generalized to others. Helping the client learn to use assertive communication will improve the client's interpersonal relationships. The distracters apply to theories of cognitive, behavioral, and biological therapy.

PTS: 1

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Implementation

MSC: Client Needs: Psychosocial Integrity

19. A client participated in psychotherapy weekly for 5 months. The therapist used free association, dream analysis, and facilitated transference to help the client understand conflicts and foster change. What is the term that applies to this method?

- a. Rational-emotive behavior therapy
- b. Psychodynamic psychotherapy
- c. Cognitive-behavioral therapy
- d. Operant conditioning

ANS: B

The techniques are aspects of psychodynamic psychotherapy. The distracters use other techniques.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

20. Consider this comment from a therapist: “The client is homosexual but has kept this preference secret. Severe anxiety and depression occur when the client anticipates family reactions to this sexual orientation.” Which perspective is evident in the speaker?
- a. Theory of interpersonal relationships
 - b. Classical conditioning theory
 - c. Psychosexual theory
 - d. Behaviorism theory

ANS: A

The theory of interpersonal relationships recognizes the anxiety and depression as resulting from unmet interpersonal security needs. Behaviorism and classical conditioning theories do not apply. A psychosexual formulation would focus on uncovering unconscious material that relates to the client problem.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

21. A psychotherapist works with an anxious, dependent client. Which strategy is most consistent with psychoanalytic psychotherapy?
- a. Identifying the client’s strengths and assets
 - b. Praising the client for describing feelings of isolation
 - c. Focusing on feelings developed by the client toward the therapist
 - d. Providing psychoeducation and emphasizing medication adherence

ANS: C

Positive or negative feelings of the client toward the therapist indicate transference. Transference is a psychoanalytic concept that can be used to explore previously unresolved conflicts. The distracters relate to biological therapy and supportive psychotherapy. Use of psychoeducational materials is a common “homework” assignment used in cognitive therapy.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

22. A person says, “I was the only survivor in a small plane crash. Three business associates died. I got depressed and saw a counselor twice a week for 4 weeks. We talked about my feelings

related to being a survivor, and I'm better now." Which type of therapy was used? a.

Systematic desensitization

- b. Psychoanalysis
- c. Behavior modification
- d. Interpersonal psychotherapy

ANS: D

Interpersonal psychotherapy returned the client to his former level of functioning by helping him come to terms with the loss of friends and guilt over being a survivor. Systematic desensitization is a type of therapy aimed at extinguishing a specific behavior, such as the fear of flying. Psychoanalysis would call for a long period of exploration of unconscious material. Behavior modification would focus on changing a behavior rather than helping the client understand what is going on in his life.

PTS: 1 DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

23. Which technique is most applicable to aversion therapy?

- a. Punishment
- b. Desensitization
- c. Role modeling
- d. Positive reinforcement

ANS: A

Aversion therapy is akin to punishment. Aversive techniques include pairing of a maladaptive behavior with a noxious stimulus, punishment, and avoidance training.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Planning MSC: Client Needs: Psychosocial Integrity

24. A client says to the nurse, "My father has been dead for over 10 years but talking to you is almost as comforting as the talks he and I had when I was a child." Which term applies to the client's comment?

- a. Superego
- b. Transference
- c. Reality testing
- d. Countertransference

ANS: B

Transference refers to feelings a client has toward the health care workers that were originally held toward significant others in his or her life. Countertransference refers to unconscious feelings that the health care worker has toward the client. The superego represents the moral component of personality; it seeks perfection.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Evaluation MSC: Client Needs: Psychosocial Integrity

25. A college student received an invitation to attend the wedding of a close friend who lives across the country. The student is afraid of flying. Which type of therapy would be most helpful for this client?
- Psychoanalysis
 - Aversion therapy
 - Systematic desensitization
 - Short-term dynamic therapy

ANS: C

Systematic desensitization is a type of therapy aimed at extinguishing a specific behavior, such as the fear of flying. Psychoanalysis and short-term dynamic therapy seek to uncover conflicts. Aversion therapy involves use of a noxious stimulus, punishment, and avoidance.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Planning MSC: Client Needs: Psychosocial Integrity

26. A client repeatedly stated, "I'm stupid." Which statement by that client would show progress resulting from cognitive-behavioral therapy?
- "Sometimes I do stupid things."
 - "Things always go wrong for me."
 - "I always fail when I try new things."
 - "I'm disappointed in my lack of ability." ANS: A

"I'm stupid" is a cognitive distortion. A more rational thought is "Sometimes I do stupid things." The latter thinking promotes emotional self-control. The distracters reflect irrational or distorted thinking. This item relates to an audience response question.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Evaluation MSC: Client Needs: Psychosocial Integrity

27. A client says, "All my life I've been surrounded by stupidity. Everything I buy breaks because the entire American workforce is incompetent." This client is experiencing what type of reaction?
- self-esteem deficit.
 - cognitive distortion.
 - deficit in motivation.
 - deficit in love and belonging.

ANS: B

Automatic thoughts, or cognitive distortions, are irrational and lead to false assumptions and misinterpretations. See related audience response question.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

28. A client is fearful of riding on elevators. The therapist first rides an escalator with the client. The therapist and client then stand in an elevator with the door open for 5 minutes and later with the elevator door closed for 5 minutes. Which technique has the therapist used?
- Classic psychoanalytic therapy
 - Systematic desensitization
 - Rational emotive therapy
 - Biofeedback

ANS: B

Systematic desensitization is a form of behavior modification therapy that involves the development of behavior tasks customized to the client's specific fears. These tasks are presented to the client while using learned relaxation techniques. The client is incrementally exposed to the fear.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

29. A client says, "I always feel good when I wear a size 2 petite." Which type of cognitive distortion is evident?
- Disqualifying the positive
 - Overgeneralization
 - Catastrophizing
 - Personalization

ANS: B

Automatic thoughts, or cognitive distortions, are irrational and lead to false assumptions and misinterpretations. The stem offers an example of overgeneralization. See related audience response question.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

30. Which comment best indicates a client is self-actualized?
- "I have succeeded despite a world filled with evil."
 - "I have a plan for my life. If I follow it, everything will be fine."
 - "I'm successful because I work hard. No one has ever given me anything."
 - "My favorite leisure is walking on the beach, hearing soft sounds of rolling waves."

ANS: D

The self-actualized personality is associated with high productivity and enjoyment of life. Self-actualized persons experience pleasure in being alone and an ability to reflect on events.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

31. A nurse presents a community education program about mental illness. Which comment by a participant best demonstrates a correct understanding of mental illness from a biological perspective?
- “Some people experience life events so traumatic that they cannot be overcome.”
 - “Disturbed and conflicted family relationships are usually a starting place for mental illness.”
 - “My friend has had bipolar disorder for years and many problems have resulted. It’s not her fault.”
 - “Mental illness is the result of developmental complications that cause a person not to grow to their full potential.”

ANS: C

The correct response demonstrates an understanding that mental illness is physical in origin. The physical origins of mental illness are aspects of the biological model. The incorrect responses assign the origins of mental illness to interpersonal relationships and traumatic events.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Evaluation MSC: Client Needs: Physiological Integrity

32. Which client is the best candidate for brief psychodynamic therapy?
- An accountant with a loving family and successful career who was involved in a short extramarital affair
 - An adult with a long history of major depression who was charged with driving under the influence
 - A woman with a history of borderline personality disorder who recently cut both wrists
 - An adult male recently diagnosed with anorexia nervosa

ANS: A

The best candidates for psychodynamic therapy are relatively healthy and well-functioning individuals, sometimes referred to as the “worried well,” who have a clearly circumscribed area of difficulty and are intelligent, psychologically minded, and well-motivated for change. Clients with psychosis, severe depression, borderline personality disorders, and severe character disorders are not appropriate candidates for this type of treatment.

PTS: 1 DIF: Cognitive Level: Analyze (Analysis)
TOP: Nursing Process: Planning MSC: Client Needs: Psychosocial Integrity

MULTIPLE RESPONSE

1. A client states, “I’m starting cognitive-behavioral therapy. What can I expect from the sessions?” Which responses by the nurse would be appropriate? (*Select all that apply.*)
- “The therapist will be active and questioning.”
 - “You will be given some homework assignments.”
 - “The therapist will ask you to describe your dreams.”
 - “The therapist will help you look at your ideas and beliefs about yourself.”

e. "The goal is to increase subjectivity about thoughts that govern your behavior."

ANS: A, B, D

Cognitive therapists are active rather than passive during therapy sessions because they help client's reality-test their thinking. Homework assignments are given and completed outside the therapy sessions. Homework is usually discussed at the next therapy session. The goal of cognitive therapy is to assist the client in identifying inaccurate cognitions and in reality-testing and formulating new, accurate cognitions. One distracter applies to psychoanalysis. Increasing subjectivity is not desirable.

PTS: 1

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Psychosocial Integrity

2. Which comments by an elderly person best indicate successful completion of the individual's psychosocial developmental task? (*Select all that apply.*)
- "I am proud of my children's successes in life."
 - "I should have given to community charities more often."
 - "My relationship with my father made life more difficult for me."
 - "My experiences in the war helped me appreciate the meaning of life."
 - "I often wonder what would have happened if I had chosen a different career."

ANS: A, D

The developmental crisis for an elderly person relates to integrity versus despair. Pride in one's offspring indicates a sense of fulfillment. Recognition of the wisdom gained from difficult experiences (such as being in a war) indicates a sense of integrity. Blaming and regret indicate despair and unsuccessful resolution of the crisis.

PTS: 1

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

3. Which comments by an adult best indicate self-actualization? (*Select all that apply.*)
- "I am content with a good book."
 - "I often wonder if I chose the right career."
 - "Sometimes I think about how my parents would have handled problems."
 - "It's important for our country to provide basic health care services for everyone."
 - "When I was lost at sea for 2 days, I gained an understanding of what is important."

ANS: A, D, E

Self-actualized persons enjoy privacy, have a sense of democracy, and show positive outcomes associated with peak experiences. Self-doubt, defensiveness, and blaming are not consistent with self-actualization.

PTS: 1

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

4. Which activities represent the caring foundation of nursing? (*Select all that apply.*)
- Administering medications on time to a group of clients
 - Listening to a new widow grieve her husband's death

- c. Helping a client obtain groceries from a food bank
- d. Teaching a client about a new medication
- e. Holding the hand of a frightened client

ANS: B, C, E

Patricia Benner described caring as the foundation professional nursing practice. Benner encourages nurses to provide caring and comforting interventions. She emphasizes the importance of the nurse-client relationship and the importance of teaching and coaching the client and bearing witness to suffering as the client deals with illness.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

5. Which therapies involve electrical brain stimulation for treatment of mental illness? (*Select all that apply.*)
- a. Aversion therapy
 - b. Operant conditioning
 - c. Systematic desensitization
 - d. Electroconvulsive therapy (ECT)
 - e. Transcranial magnetic stimulation (TMS)

ANS: D, E

ECT and TMS are therapies that use electrical stimulation of the brain as a form of treatment for mental illness. The incorrect responses are therapies that are interpersonal in nature.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Implementation MSC: Client Needs: Physiological Integrity

Chapter 03: Psychobiology and Psychopharmacology Halter: Varcarolis’ Foundations of Psychiatric-Mental Health Nursing: A Clinical Approach, 9th Edition

MULTIPLE CHOICE

1. A client asks, “What are neurotransmitters? My doctor said mine are imbalanced.” What is the nurse’s best response?
- a. “How do you feel about having imbalanced neurotransmitters?”
 - b. “Neurotransmitters protect us from harmful effects of free radicals.”
 - c. “Neurotransmitters are substances we consume that influence memory and mood.”
 - d. “Neurotransmitters are natural chemicals that pass messages between brain cells.”

ANS: D

The client asked for information, and the correct response is most accurate. Neurotransmitters are chemical substances that function as messengers in the central nervous system. They are

released from the axon terminal, diffuse across the synapse, and attach to specialized receptors on the postsynaptic neuron. The distracters either do not answer the client's question or provide untrue, misleading information.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Implementation MSC: Client Needs: Physiological Integrity

2. The parent of an adolescent diagnosed with schizophrenia asks the nurse, "My child's doctor ordered a PET. What kind of test is that?" What is the nurse's best reply?
- "This test uses a magnetic field and gamma waves to identify problem areas in the brain. Does your teenager have any metal implants?"
 - "PET means *positron-emission tomography*. It is a special type of scan that shows blood flow and activity in the brain."
 - "A PET scan passes an electrical current through the brain and shows brain-wave activity. It can help diagnose seizures."
 - "It's a special x-ray that shows structures of the brain and whether there has ever been a brain injury."

ANS: B

The parent is seeking information about PET scans. It is important to use terms the parent can understand, so the nurse should identify what the initials mean. The correct response is the only option that provides information relevant to PET scans. The distracters describe magnetic resonance image (MRI), computed tomography (CT) scans, and EEG. See relationship to audience response question.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Implementation MSC: Client Needs: Physiological Integrity

3. A client with a long history of hypertension and diabetes now develops confusion. The health care provider wants to make a differential diagnosis between Alzheimer's disease and multiple cerebral infarcts. Which diagnostic procedure should the nurse expect to prepare the client for first?
- Skull x-rays
 - Computerized axial tomography (CT) scan
 - Positron-emission tomography (PET)
 - Single photon emission computed tomography (SPECT)

ANS: B

A CT scan shows the presence or absence of structural changes, including cortical atrophy, ventricular enlargement, and areas of infarct, information that would be helpful to the health care provider. PET and SPECT show brain activity rather than structure and may occur later. See relationship to audience response question.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Planning MSC: Client Needs: Physiological Integrity

4. A client's history shows drinking 4 to 6 L of fluid and eating more than 6,000 calories per day. Which part of the central nervous system is most likely dysfunctional for this client?
- Amygdala
 - Parietal lobe
 - Hippocampus
 - Hypothalamus

ANS: D

The hypothalamus, a small area in the ventral superior portion of the brainstem, plays a vital role in such basic drives as hunger, thirst, and sex. See relationship to audience response question.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Assessment MSC: Client Needs: Physiological Integrity

5. The nurse prepares to assess a client diagnosed with major depressive disorder for disturbances in circadian rhythms. Which question should the nurse ask this client?
- "Have you ever seen or heard things that others do not?"
 - "What are your worst and best times of the day?"
 - "How would you describe your thinking?"
 - "Do you think your memory is failing?"

ANS: B

Mood changes throughout the day may be related to circadian rhythm disturbances. Questions about sleep pattern are also relevant to circadian rhythms. The distracters apply to assessment for illusions and hallucinations, thought processes, and memory.

PTS: 1 DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

6. The nurse administers a medication that potentiates the action of γ -aminobutyric acid (GABA). Which effect would be expected?
- Reduced anxiety
 - Improved memory
 - More organized thinking
 - Fewer sensory perceptual alterations

ANS: A

Increased levels of GABA reduce anxiety. Acetylcholine and substance P are associated with memory enhancement. Thought disorganization is associated with dopamine. GABA is not associated with sensory perceptual alterations. See relationship to audience response question.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Evaluation MSC: Client Needs: Physiological Integrity

7. A nurse would anticipate that treatment for a client with memory difficulties might include medications designed to do what?
- inhibit GABA.
 - prevent destruction of acetylcholine.
 - reduce serotonin metabolism.
 - increase dopamine activity.

ANS: B

Increased acetylcholine plays a role in learning and memory. Preventing destruction of acetylcholine by acetylcholinesterase would result in higher levels of acetylcholine, with the potential for improved memory. GABA affects anxiety rather than memory. Increased dopamine would cause symptoms associated with schizophrenia or mania rather than improve memory. Decreasing dopamine at receptor sites is associated with Parkinson's disease rather than improving memory.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Planning MSC: Client Needs: Physiological Integrity

8. A client has disorganized thinking associated with schizophrenia. Neuroimaging would likely show dysfunction in which part of the brain?
- Hippocampus
 - Frontal lobe
 - Cerebellum
 - Brainstem

ANS: B

The frontal lobe is responsible for intellectual functioning. The hippocampus is involved in emotions and learning. The cerebellum regulates skeletal muscle coordination and equilibrium. The brainstem regulates internal organs.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Assessment MSC: Client Needs: Physiological Integrity

9. The nurse should assess a client taking a drug with anticholinergic properties for inhibited function of which system or structure?
- parasympathetic
 - sympathetic
 - reticular activating
 - medulla oblongata.

ANS: A

Acetylcholine is the neurotransmitter found in high concentration in the parasympathetic nervous system. When anticholinergic drugs inhibit acetylcholine action, blurred vision, dry mouth, constipation, and urinary retention commonly occur.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Assessment MSC: Client Needs: Physiological Integrity

10. The therapeutic action of neurotransmitter inhibitors that block reuptake bring about what response?
- decreased concentration of the blocked neurotransmitter in the central nervous system.
 - increased concentration of the blocked neurotransmitter in the synaptic gap.
 - destruction of receptor sites specific to the blocked neurotransmitter.
 - limbic system stimulation.

ANS: B

If the reuptake of a substance is inhibited, it accumulates in the synaptic gap, and its concentration increases, permitting ease of transmission of impulses across the synaptic gap. Normal transmission of impulses across synaptic gaps is consistent with normal rather than depressed mood. The other options are not associated with blocking neurotransmitter reuptake.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Implementation MSC: Client Needs: Physiological Integrity

11. A client taking medication for mental illness develops restlessness and an uncontrollable need to be in motion. Which drug action causes these symptoms to develop?
- Anticholinergic effects
 - Dopamine-blocking effects
 - Endocrine-stimulating effects
 - Ability to stimulate spinal nerves

ANS: B

Medication that blocks dopamine often produces disturbances of movement, such as akathisia, because dopamine affects neurons involved in both thought processes and movement regulation. Anticholinergic effects include dry mouth, blurred vision, urinary retention, and constipation. Akathisia is not caused by endocrine stimulation or spinal nerve stimulation.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Assessment MSC: Client Needs: Physiological Integrity

12. A fearful client has an increased heart rate and blood pressure. The nurse suspects increased activity of which neurotransmitter?
- GABA
 - Norepinephrine
 - Acetylcholine
 - Histamine

ANS: B

Norepinephrine is the neurotransmitter associated with sympathetic nervous system stimulation, preparing the individual for "fight or flight." GABA is a mediator of anxiety level. A high concentration of histamine is associated with an inflammatory response. A high concentration of acetylcholine is associated with parasympathetic nervous system stimulation.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)