ATI MENTAL HEALTH PROCTORED EXAM 2019 WITH NGN QUESTIONS AND VERIFIED SOLUTIONS/ A+ GRADE UPDATED

- A client is fearful of driving and enters a behavioral therapy program to help him overcome his anxiety. Using systematic desensitization, he is able to drive down a familiar street without experiencing a panic attack. The nurse should recognize that to continue positive results, the client should participate in which of the following? a. Biofeedback or d. Positive reinforcement
- A nurse is counseling a client following the death of the client's partner 8 months ago. Which of the following client statements indicates maladaptive grieving? d. "I still don't feel up to returning to work."
- A nurse in an inpatient mental health facility is assessing a client who has schizophrenia and is taking haloperidol (antipsychotic, 1st gen). Which of the following clinical findings is the nurse's priority? d. High fever (Complication → agranulocytosis)
- A nurse is planning care for a client who has obsessive compulsive disorder. Which of the following recommendations should the nurse include in the client's plan of care? c. Thought Stopping
- A nurse is providing teaching to the daughter of an older client who has obsessive-compulsive disorder. Which of the following statements by the daughter indicates an understanding of the teaching? b. "I will limit my mother's clothing choices when she is getting dressed."
- A nurse is caring for a client who is in the manic phase of bipolar disorder. Which of the following actions should the nurse take? c. Avoid power struggles by remaining neutral
- A nurse is providing behavioral therapy for a client who has OCD. The client repeatedly checks that the doors are locked at night. Which of the following instructions should the nurse give the client when using thought stopping technique? d. "Snap a rubber band on your wrist when you think about checking the locks."
- A nurse is caring for a client who has a cocaine use disorder. Which of the following manifestations should the nurse expect the client to have during withdrawal? b. Fatigue

- A nurse is reviewing the medical record of a client who is taking clozapine. For which of the following findings should the nurse withhold the medication and notify the provider? a. WBC
- A nurse is creating a plan of care for a client who has major depressive disorder. Which of the following interventions should the nurse include in the plan? b. Encourage physical activity for the client during the day
- A nurse is assessing a client who is experiencing acute alcohol withdrawal. Which of the following findings should the nurse expect? c. Insomnia
- A nurse is caring for a client who has schizophrenia and displays severe symptoms of the disorder. Which of the following actions should the nurse take? d. Direct the client to perform her own daily hygiene and grooming tasks
- A nurse is caring for a client who was involuntarily committed and is scheduled to receive electroconvulsive therapy. The client refuses the treatment and will discuss why with the healthcare team. Which of the following actions should the nurse take? a. Document the client's refusal of the treatment in the medication record
- A nurse is providing crisis intervention for a client who was involved in a violent mass casualty situation in the community. Which of the following actions should the nurse take during the initial session with the client? a. Identify the client's usual coping style.
- A nurse in the emergency department is caring for a client who reports feeling sad, worthless, and hopeless 9 months after the death of her son. Which of the following actions should the nurse take first? d. Ask the client if she has thought about harming herself given -.
- A nurse is planning care for an adolescent who has autism spectrum disorder. Which of the following outcomes should the nurse include in the plan of care? c. Initiate social interactions with caregiver
- A nurse is caring for a client who is experiencing active auditory hallucination. Which of the following should the nurse take? d. Focus the client on reality based activities
- A nurse is conducting an admission interview with a client who is experiencing mania. Which of the following findings the nurse reports to the provider? a. Reports eating twice in the past week 't bathed in 2 days
- A nurse is caring for a client who has anorexia nervosa. Which of the following findings requires immediate intervention by the nurse? c. +2 edema of the lower extremities

- A nurse is planning care for a client who has a recent diagnosis of antisocial personality disorder. Which of the following outcomes should the nurse in the care plan? a. The client treats others with respect
- A nurse is caring for a client who is prescribed massage therapy to treat panic disorder. The client states "I can't stand to be touched by another person". Which of the following response should the nurse make? c. I will tell your provider know that you would like a treat other than a message (avoid triggers)

??(doubled)21. A nurse in a group home facility is caring for a client who is developmentally disabled. The client has been stealing belongings from the other clients. Which of the following techniques should the nurse use? b. Positive reinforcement

- A nurse in a mental facility is caring for a newly admitted client. Which of the following resources should the nurse recommend to help the client adapt to the healthcare setting? a. A Community meeting
- A nurse is teaching the caregiver of a client who has advanced Alzheimer's disease about home safety. Which of the following statements by the caregiver indicates an understanding of the teaching? b. I will place a sliding bolt lock just above the doorknob
- A nurse is beginning a therapeutic relationship with a client. The nurse should plan to accomplish which of the following tasks during the working phase? b. Evaluate progress toward predetermined goals
- A nurse Is planning care for a client who has anorexia nervosa and is admitted to an inpatient eating disorder unit. Which of the following is an appropriate intervention? (p. 167) c. Initiate a relationship built on trust with the client.
- A nurse is providing discharge teaching about manifestations of relapse to the family of a client who has schizophrenia. Which of the following information should the nurse include in the teaching a. The client develops an inability to concentrate
- A nurse in a mental health facility is caring for a client. Which of the following actions should the nurse take during the working phase of the nurse-client relationship? c. Promote problem- solving skills.
- A nurse is planning care for a client who has dementia. Which of the following interventions should the nurse include in the plan? d. Provide finger food to enhance caloric intake (ensure adequate food/fluid intake)
- A nurse is developing a teaching plan for the family of an older adult client who is to receive transcranial magnetic stimulation. Which of the following information should the

nurse include in the teaching plans? a. The client might have a headache after treatment (a/e mild discomfort and tingling sensation at the site of the electromagnet)

- A nurse overhears a client saying, "I am a spy, a spy for the FBI. I am an I, an eye for an eye, an eye in the sky. Sky is up high. The nurse should document the client's statement as which of the following speech alterations? a. Clang association
- A nurse is assessing a client who has neuroleptic malignant syndrome. Which of the following clinical findings should the nurse expect? b. Temperature 40 (104F) (sudden high fever)
- A nurse in an acute care mental health facility is planning discharge care for a client who sustained a traumatic brain injury. For which of the following needs should the nurse collaborate with a clinical psychologist? a. The client needs to begin a group therapy program prior to

discharge

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

???34. A nurse is teaching a client who has schizophrenia about her new prescription for risperidone. Which of the following statements should be included in the teaching? a. You should discontinue this medication if you develop muscle rigidity

- A nurse is talking to a client following a group therapy session. The client tells the nurse that one of the other clients in the group made an inappropriate comment. Which of the following responses should the nurse make? a. You sound upset about today's session
- A nurse is reviewing the laboratory report of a client who is taking carbamazepine for bipolar disorder. Which of the following laboratory results should the nurse report to the provider? b. Platelets 90,000/mm
- A nurse is providing teaching about disorder management for a client who has PTSD. Which of the following statements should the nurse include in the teaching?c. Talking about the traumatic experience is recommended

37.A nurse is providing teaching about disulfiram to a client who has a history of alcohol use. Which of the following instructions should the nurse include in the teaching? a. You will need to take the medication once daily e. You should avoid using mouthwash that contain alcohol

- A nurse in a mental health facility is making plans for a client's discharge. Which of the following interdisciplinary team members should the nurse contact to assist the client with housing placement? a. Social worker
- A nurse is providing teaching to a client who has depressive disorder and a new prescription for doxepin. Which of the following instructions should the nurse include in the teaching? b. Sit on the side of the bed for a few minutes before standing
- A nurse is caring for a client who has borderline personality disorder and has been engaging in self-mutilation. The nurse should encourage the client to participate in which of the following groups? d. Dialectical Behavior Treatment
- A nurse is caring for a client following a physical assault. The client states, "I don't remember what happened to me." The nurse should recognize that the client is using which of the following defense mechanisms? b.Repression
- A nurse is preparing to administer haloperidol 7mg IM to a client who is severely agitated.

Available is haloperidol injection 5mg/mL. How many mL should the nurse administer? 1.4 mL

- A charge nurse is discussing the care of a client who has a substance use disorder with a staff nurse. Which of the following statements by the staff nurse should the charge nurse identify as countertransference? a. The client is just like my brother who finally overcome his habit
- A nurse is teaching a client who has a new prescription for phenelzine to treat depression. The nurse instructs the client to avoid foods with tyramine to prevent which of the following?b. Hypertensive crisis
- A nurse is caring for a client who has a personality disorder and is using transference to cope. Which of the following behaviors should the nurse expect? b. Reaction to the nurse as though she were his mother
- ***46. A nurse is admitting a client who has generalized anxiety disorder. Which of the following actions should the nurse plan to take first? a. Determine how the client handles stress I'm just thinking this cuz it said first and this seems like an assessment which is what you do first b. Ask the client to identify her strengths c. Provide the client with a quiet environment at the same time it is important to provide them with a calm quiet environment, but I think this one is if they are experiencing panic-level anxiety. Idk. I might be overthinking d. Teach the client to use guided imagery
- 47. A nurse is teaching a client who has bipolar disorder and a new prescription for lithium carbonate. Which of the following statements by the client indicates an understanding of the teaching? d. I will call my doctor if I have a diarrhea