

Varc Carolis: Foundations of Psychiatric Mental Health Nursing: A Clinical Approach, 5th Edition

Test Bank

Chapter 2: Relevant Theories and Therapies for Nursing Practice

MULTIPLE CHOICE

- 1) At the well-child clinic the nurse notices that a 26-month-old boy is displaying negative behavior. His mother relates that he refuses to have anything to do with toilet training and often shouts “no!” when given direction. His mother asks what might be the matter with her son. On the basis of knowledge of growth and development, the nurse should reply
- A. “He is behaving normally for his age. He is striving for independence.”
 - B. “He needs firmer control. He should be scolded when he tells you ‘no’ and is defiant.”
 - C. “I suspect he has a serious developmental problem because most children are toilet trained by the age of 2 years.”
 - D. “He seems to be developing some undesirable attitudes. A child psychologist might be able to help you develop a remedial plan.”

ANS: A

Options B, C, and D all indicate the child’s behavior is abnormal when, in fact, this behavior is typical of a child around the age of 2 years whose developmental task is to develop autonomy.

DIF: Cognitive Level: Application REF: Text Page: 19

TOP: Nursing Process: Implementation

MSC: NCLEX: Health Promotion and Maintenance

- 2) A 26-month-old child often displays negative behavior, refuses to have anything to do with toilet training, and often shouts “no!” when given direction. By using Freud’s stages of psychosexual development, the nurse would assess the child’s behavior as being consistent with the stage of development termed
- A. oral.
 - B. anal.
 - C. phallic.
 - D. genital.

ANS: B

The anal stage occurs from age 1 to 3 years and has as its focus toilet training and learning to delay immediate gratification. Option B: The oral stage occurs between birth and 1 year. Options C and D: The phallic stage occurs between 3 and 5 years, and the genital stage occurs between age 13 and 20 years.

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TOP: Nursing Process: Assessment
MSC: NCLEX: Health Promotion and Maintenance

- 3) A 26-month-old child often displays negative behavior, refuses to have anything to do with toilet training, and often shouts “no!” when given direction. His mother asks the nurse what might be the matter with the child. The counseling the nurse gives the mother should be based on the premise that the child is engaged in the psychosocial crisis of
- 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 is related 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. Option A: Trust versus mistrust is the crisis of the infant. Option B: Initiative versus guilt is the crisis of the preschool and early school-aged child. Option C: Industry versus inferiority is the crisis of the 6- to 12-year-old child.

DIF: Cognitive Level: Application REF: Text Page: 19
TOP: Nursing Process: Assessment
MSC: NCLEX: Health Promotion and Maintenance

- 4) A 4-year-old child seen at the well-child clinic is noted to grab toys from his sibling, saying, “I want that toy, now!” The sibling usually cries, and the child’s mother becomes upset with the behavior. By using Freudian theory the nurse can interpret this behavior to the mother as being as a product of impulses originating in the
- A. id.
 - B. ego.
 - C. superego.
 - D. preconscious.

ANS: A

The id operates on the pleasure principle, seeking immediate gratification of impulses. Option B: The ego acts as a mediator of behavior and would weigh the consequences of the action, perhaps determining that taking the toy is not worth the mother’s wrath. Option C: The superego would oppose the impulsive behavior as “not nice.” Option D: The preconscious is a level of awareness.

DIF: Cognitive Level: Application REF: Text Page: 16, Text Page: 17
TOP: Nursing Process: Assessment
MSC: NCLEX: Health Promotion and Maintenance

- 5) The mother of a 4-year-old child rewards and praises the child for helping his younger brother and for being polite and using good manners. The nurse supports the use of praise because the qualities of politeness and helpfulness will likely be internalized and become part of the child's
- A. id.
 - B. ego.
 - C. superego.
 - D. preconscious.

ANS: C

The superego contains the "thou shalts," or moral standards internalized from interactions with significant others. Praise fosters internalization of desirable behaviors. Option A: The id is the center of basic instinctual drives, and the ego is the mediator. Option B: The ego is the problem-solving and reality-testing portion of the personality that negotiates solutions with the outside world. Option D: The preconscious is a level of awareness from which material can be retrieved rather easily with conscious effort.

DIF: Cognitive Level: Application REF: Text Page: 16, Text Page: 17
TOP: Nursing Process: Implementation
MSC: NCLEX: Health Promotion and Maintenance

- 6) The nurse who supports parental praise of a child who is behaving in a helpful way can hypothesize that in adulthood, when the individual behaves with politeness and helpfulness, she will feel
- A. guilt.
 - B. anxiety.
 - C. unsatisfied.
 - D. positive self-esteem.

ANS: D

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

DIF: Cognitive Level: Application REF: Text Page: 16, Text Page: 17
TOP: Nursing Process: Implementation
MSC: NCLEX: Health Promotion and Maintenance

- 7) A client says, "I never know the answers" or "My opinion doesn't count for much." The nurse can correctly assess that, according to Erikson, the client has had difficulty resolving the crisis of
- A. initiative versus guilt.
 - B. trust versus mistrust.
 - C. autonomy versus shame and doubt.
 - D. generativity versus self-absorption.

ANS: C

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

DIF: Cognitive Level: Application

REF: Text Page: 19

TOP: Nursing Process: Assessment

MSC: NCLEX: Psychosocial Integrity

- 8) Which client statement would lead the nurse to suspect that the developmental task of infancy was not successfully completed by the client?
- A. "Andy and I are very warm and close friends."
 - B. "I'm afraid to allow anyone to really get to know me."
 - C. "I'm always absolutely right, so don't bother saying more."
 - D. "I'm so ashamed because I didn't do it correctly in the first place."

ANS: B

According to Erikson the developmental task of infancy is the development of trust. Option B is the only statement clearly showing lack of ability to trust others. Option A suggests the developmental task of infancy was successfully completed. Option C suggests rigidity rather than mistrust. Option D suggests failure to resolve the crisis of initiative versus guilt.

DIF: Cognitive Level: Analysis

REF: Text Page: 19

TOP: Nursing Process: Assessment

MSC: NCLEX: Health Promotion and Maintenance

- 9) The nurse caring for a client makes the assessment that the client is suspicious of others and frequently engages in manipulation of others. To plan care, the nurse should consider these traits as being related to Freud's
- A. oral stage.
 - B. anal stage.
 - C. phallic stage.
 - D. genital stage.

ANS: A

Each of the behaviors mentioned develops as the result of attitudes formed during the oral stage, when an infant first learns to relate to the environment. Option B: Anal stage traits include stinginess, stubbornness, orderliness, or their opposites. Option C: Phallic stage traits include flirtatiousness, pride, vanity, difficulty with authority figures, and difficulties with sexual identity. Option D: 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.

DIF: Cognitive Level: Application

REF: Text Page: 18

TOP: Nursing Process: Planning

MSC: NCLEX: Psychosocial Integrity

- 10) The nurse notes that an assigned client expresses the wish to be taken care of and that the client often behaves in a helpless fashion. The client can be assessed as having needs related to the stage of psychosexual development termed the
- A. latency stage.
 - B. phallic stage.
 - C. anal stage.
 - D. oral stage.

ANS: D

Fixation at the oral stage sometimes produces dependent infantile behaviors in adults. Option A: Latency fixations often result in difficulty identifying with others and developing social skills, resulting in a sense of inadequacy and inferiority. Option B: Phallic fixations result in having difficulty with authority figures and poor sexual identity. Option C: Anal fixation sometimes results in retentiveness, rigidity, messiness, destructiveness, and cruelty.

DIF: Cognitive Level: Application

REF: Text Page: 18

TOP: Nursing Process: Assessment

MSC: NCLEX: Health Promotion and Maintenance

- 11) A is a 55-year-old retiree who volunteers 5 days a week helping with Meals on Wheels, coaching teen sports, and doing church visitation. B is a 58-year-old retiree who laughs at A and says, "I'm too busy taking care of myself to volunteer. I don't care much about doing good for others." These behaviors can be assessed as showing the difference between
- A. trust and mistrust.
 - B. industry and inferiority.
 - C. intimacy and isolation.
 - D. generativity and self-absorption.

ANS: D

Both men are in middle adulthood, when the developmental crisis to be resolved is generativity versus self-absorption. A exemplifies generativity; B embodies self-absorption. Option A: This developmental crisis would show a contrast between relating to others in a trusting fashion or being suspicious and lacking trust. Option B: 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. Option C: Behaviors that would be contrasted would be emotional isolation and the ability to love and commit oneself.

DIF: Cognitive Level: Application REF: Text Page: 19
TOP: Nursing Process: Assessment
MSC: NCLEX: Health Promotion and Maintenance

- 12) The student nurse notes that a client uses a number of behaviors designed to relieve anxiety. The student asks the coassigned staff nurse if ego defense mechanisms and security operations are identical. The nurse should explain that, although both are unconsciously determined and designed to relieve anxiety, the major difference is that
- A. defense mechanisms are always intrapsychic and not observable.
 - B. defense mechanisms always lead to arrested personal development.
 - C. security operations are interpersonal relationship activities.
 - D. security operations are masterminded by the id and superego.

ANS: C

Sullivan's theory explains that security operations are interpersonal relationship activities designed to relieve anxiety. Because they are interpersonal in nature they can be observed. Option A: Defense mechanisms are unconscious and automatic. Repression is entirely intrapsychic, but other mechanisms result in observable behaviors. Option B: Frequent, continued use of many defense mechanisms often results in reality distortion and interference with healthy adjustment and emotional development. Occasional use of defense mechanisms is considered normal and does not markedly interfere with development. Option D: Security operations are ego centered.

DIF: Cognitive Level: Application REF: Text Page: 17, Text Page: 18
TOP: Nursing Process: Implementation
MSC: NCLEX: Health Promotion and Maintenance

- 13) A student nurse tells the clinical instructor, "I've found that I do not need to interact with my assigned clients. I learn what I need to know simply by observing them." The instructor can best interpret the nursing implications of Sullivan's theory to the student by responding
- A. "Nurses cannot be isolated from the therapeutic situation. We need to interact with clients to provide opportunities for them to practice interpersonal skills."
 - B. "Observing client interactions can provide sufficient data to formulate priority nursing diagnoses and appropriate interventions."
 - C. "I wonder how accurate your assessment of the client's needs hierarchy can be if you do not interact with the client."

- D. "It is important to note client behavioral changes because these signify changes in personality."

ANS: A

Sullivan believed that 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. These cornerstones cannot be demonstrated by the nurse who does not interact with the client. Option B: Observations provide only objective data. Priority nursing diagnoses usually cannot be accurately established without subjective data from the client. Option C: This response pertains to Maslow's theory. Option D: This response pertains to behavioral theory.

DIF: Cognitive Level: Application REF: Text Page: 18, Text Page: 19
TOP: Nursing Process: Implementation
MSC: NCLEX: Safe, Effective Care Environment;

- 14) A psychiatric technician mentions that little of what takes place on the behavioral health unit seems to be theory based. The nurse can enlighten the technician by citing the fact that many of Sullivan's theoretic constructs are used in
- A. the ongoing use of restraint and seclusion as behavior management tools.
 - B. the structure of the therapeutic milieu of most behavioral health units.
 - C. assessment tools based on age-appropriate versus arrested behaviors.
 - D. the method nurses use to determine the best sequence for nursing actions.

ANS: B

The structure of the therapeutic environment has as foci an accepting atmosphere and provision of opportunities for practicing interpersonal skills. Both constructs are directly attributable to Sullivan's theory of interpersonal relationships. Option A: Sullivan's interpersonal theory did not specifically consider use of restraint or seclusion. Option C: Assessment based on developmental level is more the result of Erikson's theories. Option D: Sequencing nursing actions based on client priority needs is related to Maslow's hierarchy of needs.

DIF: Cognitive Level: Application REF: Text Page: 18, Text Page: 19
TOP: Nursing Process: Implementation
MSC: NCLEX: Safe, Effective Care Environment;

- 15) When the nurse uses Maslow's hierarchy of needs to plan care for a client who is psychotic, which client problem below will receive priority?
- A. Refusal to eat
 - B. Feelings of alienation from family
 - C. Reluctance to participate in unit social activities
 - D. Need to be taught about medication action and side effects

ANS: A

The need for food is a physiological need; therefore it takes priority over psychological or meta-needs in care planning.

DIF: Cognitive Level: Analysis REF: Text Page: 20, Text Page: 21
TOP: Nursing Process: Planning
MSC: NCLEX: Safe, Effective Care Environment;

- 16) Operant conditioning will be used to encourage speech in a child who is nearly mute. Which technique would the nurse include in the treatment plan?
- A. Spanking the child for silence
 - B. Having the child observe others talking
 - C. Giving the child a small candy for speaking
 - D. Teaching the child relaxation techniques, then coaxing speech

ANS: C

Operant conditioning involves giving positive reinforcement for a desired behavior. Presuming the child likes candy, candy will reinforce speech. Option A describes an aversive therapy technique. Option B describes modeling. Option D is an example of systematic desensitization.

DIF: Cognitive Level: Application REF: Text Page: 22
TOP: Nursing Process: Planning
MSC: NCLEX: Safe, Effective Care Environment;

- 17) The mother of a young adult client who has schizophrenia tearfully asks the nurse what she could have done differently to prevent her child's illness. The most reassuring response for the nurse would be
- A. "Although schizophrenia is caused by impaired interpersonal relationships between parents and the child, try not to feel guilty. No one can predict how a child will respond to parental guidance."
 - B. "Most of the damage is done, but there is still hope. By changing your parenting style, you can help your child learn to cope more effectively with the environment."
 - C. "Schizophrenia is a biological illness not unlike diabetes and heart disease. You are not to blame for your child's illness."
 - D. "Most mental illnesses result from genetic inheritance. Your genes are more at fault than your parenting."

ANS: C

Clients and families need reassurance that the major mental disorders are biological in origin and are not the "fault" of parents. Knowing the biological nature of the disorder relieves feelings of guilt over being responsible for the illness. Option A is neither wholly accurate nor reassuring. Option B falls short of being reassuring. Option D places the burden of having faulty genes on the shoulders of the parents.

DIF: Cognitive Level: Application
REF: Text Page: 22, Text Page: 23, Text Page: 24
TOP: Nursing Process: Implementation
MSC: NCLEX: Health Promotion and Maintenance

- 18) A nurse using Peplau's interpersonal therapy while working with an anxious, withdrawn client will plan interventions focusing on
- A. changing the client's cognitions about self.
 - B. improving the client's interactional skills.
 - C. reinforcing specific behaviors.
 - D. liberally using 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. Option A would be appropriate for cognitive therapy. Option C would be used in behavioral therapy. Option D would be the focus of biological therapy.

DIF: Cognitive Level: Application REF: Text Page: 24
TOP: Nursing Process: Planning MSC: NCLEX: Psychosocial Integrity

- 19) A client tells the nurse she had psychotherapy weekly for 3 years. The client states the therapist used the techniques of free association, dream analysis, and facilitation of awareness of transference feelings to help her understand unconscious processes and foster personality change. The nurse can determine that the client was treated with
- A. short-term dynamic psychotherapy.
 - B. transactional analysis.
 - C. cognitive therapy.
 - D. psychoanalysis.

ANS: D

The client described traditional psychoanalysis. Option A: Short-term dynamic psychotherapy would last less than a year. Options B and C: Neither transactional analysis nor cognitive therapy makes use of the techniques described.

DIF: Cognitive Level: Application REF: Text Page: 25
TOP: Nursing Process: Assessment MSC: NCLEX: Psychosocial Integrity

- 20) The nurse states "The patient is a lesbian and is experiencing severe anxiety and depression as she anticipates a problem with acceptance by her family when she reveals her sexual orientation." The nurse has formulated the client's problem from the vantage point of a therapist who uses
- A. cognitive therapy.

- B. behavioral therapy.
- C. interpersonal psychotherapy.
- D. psychodynamic psychotherapy.

ANS: C

By using the interpersonal model, the therapist sees the anxiety and depression as resulting from unmet interpersonal security needs. Option A: A cognitive theory formulation would focus on faulty cognitions of the client. Option B: A behavioral formulation would focus on changing specific behaviors of the client. Option D: A psychodynamic formulation would focus on uncovering unconscious material that relates to the client problem.

DIF: Cognitive Level: Application

REF: Text Page: 25, Text Page: 26, Text Page: 27, Text Page: 28

TOP: Nursing Process: Assessment MSC: NCLEX: Psychosocial Integrity

- 21) The nurse psychotherapist is working with an anxious, dependent client. The therapeutic strategy most consistent with the framework of psychodynamic or psychoanalytic psychotherapy would be
- A. emphasizing medication compliance.
 - B. identifying client strengths and assets.
 - C. using psychoeducational materials.
 - D. focusing on feelings developed by the client toward the nurse.

ANS: D

Positive or negative feelings of the client toward the nurse or the therapist are called transference. Transference is a psychoanalytic concept. Transference can be used to explore previously unresolved conflicts. Option A would be more related to biological therapy. Option B would be consistent with supportive psychotherapy. Option C: Use of psychoeducational materials is a common “homework” assignment used in cognitive therapy.

DIF: Cognitive Level: Application

REF: Text Page: 26, Text Page: 27

TOP: Nursing Process: Implementation MSC: NCLEX: Psychosocial Integrity

- 22) A client tells the nurse, “I was the lone survivor in a small plane crash in which three of my business associates were killed. I got anxious and depressed and saw a counselor three times a week for 4 weeks. The therapist and I talked about my feelings about being a survivor. I’m OK now, back to being my old self.” The nurse can correctly conclude that the type of therapy the client underwent was
- A. milieu therapy.
 - 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. Option A: Milieu therapy refers to environmental therapy. Option B: Psychoanalysis would call for a long period of exploration of unconscious material. Option C: Behavior modification would focus on changing a behavior rather than helping the client understand what is going on in his life.

DIF: Cognitive Level: Application
TOP: Nursing Process: Assessment

REF: Text Page: 26
MSC: NCLEX: Psychosocial Integrity

- 23) A cognitive strategy the nurse could use to help an excessively dependent client would be to have the client
- A. reveal his or her dreams.
 - B. take prescribed medications.
 - C. examine his or her thoughts about being independent.
 - D. choose an applicable diagnostic label from the *DSM-IV-TR*.

ANS: C

Cognitive theory suggests that one's thought processes are the basis of emotions and behavior. Changing faulty learning makes development of new adaptive behaviors possible. Option A would be used in psychoanalytically oriented therapy. Option B is an intervention associated with biological therapy. Option D is not an appropriate intervention. Medical diagnosis is the prerogative of the medical practitioner or advanced practice registered nurse.

DIF: Cognitive Level: Application
TOP: Nursing Process: Implementation

REF: Text Page: 26, Text Page: 27
MSC: NCLEX: Psychosocial Integrity

- 24) A 39-year-old businesswoman and single parent of three is experiencing many feelings of inadequacy in her job and family situation since her 16-year-old daughter ran away several weeks ago. She seeks the help of a therapist specializing in cognitive therapy. The nurse psychotherapist who uses cognitive therapy will treat the client by
- A. focusing on unconscious mental processes.
 - B. negatively reinforcing an undesirable behavior.
 - C. discussing ego states.
 - D. helping her identify and change faulty thinking.

ANS: D

Cognitive therapy emphasizes the importance of changing erroneous ways people think about themselves. Once faulty thinking is changed, the individual's behavior changes. Option A describes a psychoanalytic approach. Option B describes behavior modification, and option C relates to transactional analysis.

DIF: Cognitive Level: Application
TOP: Nursing Process: Implementation

REF: Text Page: 26, Text Page: 27
MSC: NCLEX: Psychosocial Integrity

- 25) A college student has been invited to be the best man at the wedding of a college friend who lives across the country. The wedding is in 6 weeks. He must travel by plane but is afraid of flying. A nurse suggests seeing a therapist. What type of therapy would the nurse be most likely to recommend?
- A. Psychoanalysis
 - B. Milieu therapy
 - C. Systematic desensitization
 - D. 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. Options A and D: Psychoanalysis and short-term dynamic therapy are aimed at uncovering conflicts. Option B: Milieu therapy involves environmental factors. None of these would be likely to cause behavioral change in 6 weeks.

DIF: Cognitive Level: Analysis

REF: Text Page: 29

TOP: Nursing Process: Planning

MSC: NCLEX: Psychosocial Integrity

- 26) The advanced practice nurse concludes a client would profit from the type of therapy in which peers and interdisciplinary staff all have a voice in determining the level of client privileges. The nurse would arrange for
- A. milieu therapy.
 - B. cognitive therapy.
 - C. short-term dynamic therapy.
 - D. systematic desensitization.

ANS: A

Milieu therapy is based on the idea that all members of the environment contribute to the planning and functioning of the setting. The other therapies are all individual therapies that do not fit the description given.

DIF: Cognitive Level: Application

REF: Text Page: 30, Text Page: 31

TOP: Nursing Process: Planning

MSC: NCLEX: Safe, Effective Care Environment;

- 27) A client expresses suicidal ideation and admits to having a plan for committing suicide. The advanced practice nurse assesses the client as being at risk for suicide. In arranging for the client's admission to the inpatient unit, the nurse has used principles of
- A. a practice beyond the scope of nursing licensure.
 - B. interpersonal relationship therapy.
 - C. short-term dynamic therapy.
 - D. milieu therapy.

ANS: D

One aspect of milieu therapy involves providing safe and effective care environments for clients. Option A: The nurse's action is within the scope of nursing practice. Option B: The information provided is not sufficient to determine if principles of interpersonal relationship therapy were used. Option C: The information given does not describe short-term dynamic therapy.

DIF: Cognitive Level: Application REF: Text Page: 30, Text Page: 31

TOP: Nursing Process: Implementation

MSC: NCLEX: Safe, Effective Care Environment;

- 28) A nurse sees the nursing theory of Dorothea Orem as providing a suitable framework for practice. This nurse would plan care to
- A. acknowledge the client's suffering related to illness.
 - B. support client coping strategies to enhance adaptation.
 - C. assist the client to discover and use stress reduction strategies.
 - D. promote self-care activities of the seriously and persistently mentally ill client.

ANS: D

The focus of Orem's theory suggests that the goal of care for clients should be to maximize client self-care activities and abilities. Option A is associated with Benner's caring theory. Option B is emphasized in the adaptation theory of Sister Calista Roy. Option C: Betty Neuman's theory focuses on the impact of internal and external stressors of the equilibrium of the client.

DIF: Cognitive Level: Analysis

REF: Text Page: 25

TOP: Nursing Process: Planning

MSC: NCLEX: Psychosocial Integrity

- 29) The nurse providing cognitive therapy for a client who believes she is stupid would evaluate cognitive intervention as effective when the client states
- A. "I'm disappointed in my lack of ability."
 - B. "Sometimes I do stupid things."
 - C. "Things always go wrong for me."
 - D. "I always fail when I try new things."

ANS: B

"I'm stupid" is an irrational thought. A more rational thought is "Sometimes I do stupid things." The latter thinking promotes emotional self-control. Options A, C, and D reflect irrational thinking.

DIF: Cognitive Level: Evaluation

REF: Text Page: 27

TOP: Nursing Process: Evaluation

MSC: NCLEX: Psychosocial Integrity

OTHER

- 1) Desired outcomes of a nurse assuming the role of participant observer during an interaction with a client would include (more than one answer may be correct)
- A. client anxiety level decreases
 - B. nurse self-awareness is enhanced
 - C. the nurse views the client as a unique individual
 - D. the focus of the interaction remains client centered

ANS:

B, C, D

Rationale: Option B is a desirable outcome. Being a participant observer involves participating in an interaction with a client and simultaneously being aware of both the client's reactions and one's own reactions. Self-awareness promotes true mutuality. Option C: Participant observation promotes viewing the client as a person with unique attributes. Seeing the client as a unique individual diminishes distortions and stereotyping. Option D: Participant observation promotes self-awareness. The nurse who has self-awareness is able to separate his or her own needs from those of the client and remain client focused. Option A: Although anxiety reduction would be a desirable outcome, it cannot be seen as resulting from the nurse acting as a participant observer. Other interventions would probably be necessary.

DIF: Cognitive Level: Analysis REF: Text Page: 24

TOP: Nursing Process: Planning (Outcome Identification)

MSC: NCLEX: Psychosocial Integrity

- 2) A client states "I'm going to be engaging in cognitive therapy. What can I expect from the sessions?" Which responses by the nurse would be appropriate? (More than one answer may be correct.)
- A. "The therapist will be active and questioning."
 - B. "You may be given homework assignments."
 - C. "The therapist will help you look at ideas and beliefs you have about yourself."
 - D. "The goal is to increase your subjectivity about the thoughts that govern your behavior."

ANS:

A, B, C

Rationale: Option A: Cognitive therapists are active rather than passive during therapy sessions because they help clients reality test their thinking. Option B: Homework assignments are given and are completed outside the therapy sessions. Homework is usually discussed at the next therapy session. Option C: The goal of cognitive therapy is to assist the client in identifying inaccurate cognitions and in reality testing and formulating new, accurate cognitions. Option D: The desired outcome of cognitive therapy is to assist the client in increasing his or her objectivity, not subjectivity, about the cognitions that influence behavior.

DIF: Cognitive Level: Application REF: Text Page: 26, Text Page: 27

TOP: Nursing Process: Implementation MSC: NCLEX: Psychosocial Integrity