

ALL 14 VERSIONS OF ATI MENTAL HEALTH PROCTORED EXAM WITH NGN- REAL EXAMS

ATI MENTAL HEALTH PROCTORED EXAM VERSION 1

- 1.) A nurse manager is discussing the care of a client who has a personality disorder with a newly licensed nurse. Which of the following statements by the newly licensed nurse indicates an understanding of the teaching?
 - a. "I can promote my client's sense of control by establishing a schedule."
 - b. "I should encourage clients who have a schizoid personality disorder to increase socialization."
 - c. "I should practice limit-setting to help prevent client manipulation."
 - d. "I should implement assertiveness training with clients who have antisocial personality disorder."
- 2.) A nurse is caring for a client who has avoidant personality disorder. Which of the following statements is expected from a client who has this type of personality disorder?
 - a. "I'm scared that you're going to leave me."
 - b. "I'll go to group therapy if you'll let me smoke."
 - c. "I need to feel that everyone admires me."
 - d. "I sometimes feel better if I cut myself."
- 3.) A nurse is caring for a client who has borderline personality disorder. The client says, "The nurse on the evening shift is always nice! You are the meanest nurse ever!" The nurse should recognize the client's statement as an example of which of the following defense mechanisms?
 - a. Regression.
 - b. Splitting.
 - c. Undoing.
 - d. Identification.
- 4.) A nurse is assisting with a court-ordered evaluation of a client who has antisocial personality disorder. Which of the following findings should the nurse expect? (Select all that apply.)
 - a. Demonstrates extreme anxiety when placed in a social situation.
 - b. Has difficulty making even simple decisions.
 - c. Attempts to convince other clients to give him their belongings.

- d. Becomes agitated if his personal area is not neat and orderly.
 - e. Blames others for his past and current problems.
- 5.) A charge nurse is preparing a staff education session on personality disorders. Which of the following personality characteristics associated with all of the personality disorders should the charge nurse include in the teaching?
- a. Difficulty in getting along with other members of a group.
 - b. Belief in the ability to become invisible during times of stress.
 - c. Display of defense mechanisms when routines are changed.
 - d. Claiming to be more important than other persons.
 - e. Difficulty understanding why it is inappropriate to have a personal relationship with staff.

Chapter 21 Medications for Anxiety and Trauma- and Stressor-Related Disorders

- 1.) A nurse working in a mental health clinic is providing teaching to a client who has a new prescription for diazepam for generalized anxiety disorder. Which of the following information should the nurse provide?
- a. Three to six weeks of treatment is required to achieve therapeutic benefit.
 - b. Combining alcohol with diazepam will produce a paradoxical response.
 - c. Diazepam has a lower risk for dependence than other antianxiety medications.
 - d. Report confusion as a potential indication of toxicity.
- 2.) A nurse working in an emergency department is caring for a client who has benzodiazepine toxicity due to an overdose. Which of the following actions is the nurse's priority?
- a. Administer flumazenil.
 - b. Identify the client's level of orientation.
 - c. Infuse IV fluids.
 - d. Prepare the client for gastric lavage.
- 3.) A nurse is caring for a client who is to begin taking fluoxetine for treatment of generalized anxiety disorder. Which of the following statements indicates the client understands the use of this medication?
- a. "I will take the medication at bedtime."
 - b. "I will follow a low-sodium diet while taking this medication."

- c. "I will need to discontinue this medication slowly."
 - d. "I will be at risk for weight loss with long-term use of this medication."
- 4.) A nurse is assessing a client 4 hr after receiving an initial dose of fluoxetine. Which of the following findings should the nurse report to the provider as indications of serotonin syndrome? (Select all that apply.)
- a. Hypothermia.
 - b. Hallucinations.
 - c. Muscular flaccidity.
 - d. Diaphoresis.
 - e. Agitation.
- 5.) A nurse is caring for a client who takes paroxetine to treat posttraumatic stress disorder. The client states that he grinds his teeth during the night, which causes pain in his mouth. The nurse should identify which of the following interventions as possible measures to manage the client's bruxism? (Select all that apply.)
- a. Concurrent administration of buspirone.
 - b. Administration of a different SSRI.
 - c. Use of a mouth guard.
 - d. Changing to a different class of anti-anxiety medication.
 - e. Increasing the dose of paroxetine.

Chapter 22 Medications for Depressive Disorders

- 1.) A nurse is providing teaching to a client who has a new prescription for amitriptyline. Which of the following statements by the client indicates an understanding of the teaching?
- a. "While taking this medication, I'll need to stay out of the sun to avoid a skin rash."
 - b. "I may feel drowsy for a few weeks after starting this medication."
 - c. "I cannot eat my favorite pizza with pepperoni while taking this medication."
 - d. "This medication will help me lose the weight that I have gained over the last year."
- 2.) A nurse is caring for a client who is taking phenelzine. For which of the following adverse effects should the nurse monitor? (Select all that apply.)
- a. Elevated blood glucose levels.

- b. Orthostatic hypotension.
 - c. Priapism.
 - d. Headache.
 - e. Bruxism.
- 3.) A nurse is reviewing the medical record of a client who has a new prescription for bupropion for depression. Which of the following findings is the priority for the nurse to report to the provider?
- a. The client has a family history of seasonal pattern depression.
 - b. The client currently smokes 1.5 packs of cigarettes per day.
 - c. The client had a motor vehicle crash last year and sustained a head injury.
 - d. The client has a BMI of 25 and has gained 10 lb over the last year.
- 4.) A nurse is teaching a client who has a new prescription for imipramine how to minimize anticholinergic effects. Which of the following instructions should the nurse include in the teaching? (Select all that apply.)
- a. Void just before taking the medication.
 - b. Increase the dietary intake of potassium
 - c. Wear sunglasses when outside.
 - d. Change positions slowly when getting up.
 - e. Chew sugarless gum.
- 5.) A charge nurse is discussing mirtazapine with a newly licensed nurse. Which of the following statements by the newly licensed nurse indicates understanding?
- a. "This medication increases the release of serotonin and norepinephrine."
 - b. "I will need to monitor the client for hyponatremia while taking this medication."
 - c. "This medication is contraindicated for clients who have an eating disorder."
 - d. "Sexual dysfunction is a common adverse effect of this medication."

Chapter 23 Medications for Bipolar Disorders

- 1.) A nurse is caring for a client who is prescribed lithium therapy. The client states that he wants to take ibuprofen for osteoarthritis pain relief. Which of the following statements should the nurse make?

- a. "That is a good choice. Ibuprofen does not interact with lithium."
 - b. "Regular aspirin would be a better choice than ibuprofen."
 - c. "Lithium decreases the effectiveness of ibuprofen."
 - d. "The ibuprofen will make your lithium level fall too low."
- 2.) A nurse is discussing early indications of toxicity with a client who has a new prescription for lithium carbonate for bipolar disorder. The nurse should include which of the following manifestations in the teaching? (Select all that apply.)
- a. Constipation.
 - b. Polyuria.
 - c. Rash.
 - d. Muscle weakness.
 - e. Tinnitus.
- 3.) A nurse is discussing routine follow-up needs with a client who has a new prescription for valproate. The nurse should inform the client of the need for routine monitoring of which of the following?
- a. AST/ALT and LDH.
 - b. Creatinine and BUN.
 - c. WBC and granulocyte counts.
 - d. Serum sodium and potassium.
- 4.) A nurse is caring for a client who is experiencing extreme mania due to bipolar disorder. Prior to administration of lithium carbonate, the client's lithium blood level is 1.2 mEq/L. Which of the following actions should the nurse take?
- a. Administer the next dose of lithium carbonate as scheduled.
 - b. Prepare for administration of aminophylline.
 - c. Notify the provider for a possible increase in the dosage of lithium carbonate.
 - d. Request a stat repeat of the client's lithium blood level.
- 5.) A nurse is admitting a client who has a new diagnosis of bipolar disorder and is scheduled to begin lithium therapy. When collecting a medical history from the client's adult daughter, which of the following statements is the priority to report to the provider?
- a. "My mother has diabetes that is controlled by her diet."
 - b. "My mother recently completed a course of prednisone for acute bronchitis."
 - c. "My mother received her flu vaccine last month."

d. "My mother is currently on furosemide for her congestive heart failure."

1.) A nurse is providing teaching for a client who is scheduled to receive ECT for the treatment of major depressive disorder. Which of the following client statements indicates understanding of the teaching?

a. "It is common to treat depression with ECT before trying medications."

b. "I can have my depression cured if I receive a series of ECT treatments."

c. "I should receive ECT once a week for 6 weeks."

d. "I will receive a muscle relaxant to protect me from injury during ECT."

2.) A charge nurse is discussing TMS with a newly licensed nurse. Which of the following statements by the newly licensed nurse indicates an understanding of the teaching?

a. "TMS is indicated for clients who have schizophrenia spectrum disorders."

b. "I will provide postanesthesia care following TMS."

c. "TMS treatments usually last 5 to 10 minutes."

d. "I will schedule the client for daily TMS treatments for the first several weeks."

3.) A nurse is assessing a client immediately following an ECT procedure. Which of the following findings should the nurse expect? (Select all that apply.)

a. Hypotension.

b. Paralytic ileus.

c. Memory loss.

d. Nausea.

e. Confusion.

4.) A nurse is leading a peer group discussion about the indications for ECT. Which of the following indications should the nurse include in the discussion?

a. Borderline personality disorder.

b. Acute withdrawal related to a substance use disorder.

c. Bipolar disorder with rapid cycling.

- d. Dysphoric disorder.
- 5.) A nurse is planning care for a client following surgical implantation of a VNS device. The nurse should plan to monitor for which of the following adverse effects? (Select all that apply.)
- a. Voice changes.
 - b. Seizure activity.
 - c. Disorientation.
 - d. Dysphagia.
 - e. Neck pain.

Chapter 16 Personality Disorders

- 6.) A nurse manager is discussing the care of a client who has a personality disorder with a newly licensed nurse. Which of the following statements by the newly licensed nurse indicates an understanding of the teaching?
- a. "I can promote my client's sense of control by establishing a schedule."
 - b. "I should encourage clients who have a schizoid personality disorder to increase socialization."
 - c. "I should practice limit-setting to help prevent client manipulation."
 - d. "I should implement assertiveness training with clients who have antisocial personality disorder."
- 7.) A nurse is caring for a client who has avoidant personality disorder. Which of the following statements is expected from a client who has this type of personality disorder?
- a. "I'm scared that you're going to leave me."
 - b. "I'll go to group therapy if you'll let me smoke."
 - c. "I need to feel that everyone admires me."
 - d. "I sometimes feel better if I cut myself."
- 8.) A nurse is caring for a client who has borderline personality disorder. The client says, "The nurse on the evening shift is always nice! You are the meanest nurse ever!" The nurse should recognize the client's statement as an example of which of the following defense mechanisms?
- a. Regression.
 - b. Splitting.
 - c. Undoing.

- d. Identification.
- 9.) A nurse is assisting with a court-ordered evaluation of a client who has antisocial personality disorder. Which of the following findings should the nurse expect? (Select all that apply.)
- a. Demonstrates extreme anxiety when placed in a social situation.
 - b. Has difficulty making even simple decisions.
 - c. Attempts to convince other clients to give him their belongings.
 - d. Becomes agitated if his personal area is not neat and orderly.
 - e. Blames others for his past and current problems.
- 10.) A charge nurse is preparing a staff education session on personality disorders. Which of the following personality characteristics associated with all of the personality disorders should the charge nurse include in the teaching?
- a. Difficulty in getting along with other members of a group.
 - b. Belief in the ability to become invisible during times of stress.
 - c. Display of defense mechanisms when routines are changed.
 - d. Claiming to be more important than other persons.
 - e. Difficulty understanding why it is inappropriate to have a personal relationship with staff.

Chapter 21 Medications for Anxiety and Trauma- and Stressor-Related Disorders

- 6.) A nurse working in a mental health clinic is providing teaching to a client who has a new prescription for diazepam for generalized anxiety disorder. Which of the following information should the nurse provide?
- a. Three to six weeks of treatment is required to achieve therapeutic benefit.
 - b. Combining alcohol with diazepam will produce a paradoxical response.
 - c. Diazepam has a lower risk for dependence than other antianxiety medications.
 - d. Report confusion as a potential indication of toxicity.
- 7.) A nurse working in an emergency department is caring for a client who has benzodiazepine toxicity due to an overdose. Which of the following actions is the nurse's priority?
- a. Administer flumazenil.
 - b. Identify the client's level of orientation.

- c. Infuse IV fluids.
 - d. Prepare the client for gastric lavage.
- 8.) A nurse is caring for a client who is to begin taking fluoxetine for treatment of generalized anxiety disorder. Which of the following statements indicates the client understands the use of this medication?
- a. "I will take the medication at bedtime."
 - b. "I will follow a low-sodium diet while taking this medication."
 - c. "I will need to discontinue this medication slowly."
 - d. "I will be at risk for weight loss with long-term use of this medication."
- 9.) A nurse is assessing a client 4 hr after receiving an initial dose of fluoxetine. Which of the following findings should the nurse report to the provider as indications of serotonin syndrome? (Select all that apply.)
- a. Hypothermia.
 - b. Hallucinations.
 - c. Muscular flaccidity.
 - d. Diaphoresis.
 - e. Agitation.
- 10.) A nurse is caring for a client who takes paroxetine to treat posttraumatic stress disorder. The client states that he grinds his teeth during the night, which causes pain in his mouth. The nurse should identify which of the following interventions as possible measures to manage the client's bruxism? (Select all that apply.)
- a. Concurrent administration of buspirone.
 - b. Administration of a different SSRI.
 - c. Use of a mouth guard.
 - d. Changing to a different class of antianxiety medication.
 - e. Increasing the dose of paroxetine.

Chapter 24 Medications for Psychotic Disorders

- 1.) A nurse is caring for a client who has schizophrenia and exhibits a lack of grooming and a flat affect. The nurse should anticipate a prescription of which of the following medications?
- a. Chlorpromazine.
 - b. Thiothixene.
 - c. Risperidone.

- d. Haloperidol.
- 2.) A nurse is caring for a client who takes ziprasidone. The client reports difficulty swallowing the oral medication and becomes extremely agitated with injectable administration. The nurse should contact the provider to discuss a change to which of the following medications? (Select all that apply.)
- a. Olanzapine.
 - b. Quetiapine.
 - c. Aripiprazole.
 - d. Clozapine.
 - e. Asenapine.
- 3.) A charge nurse is discussing manifestations of schizophrenia with a newly licensed nurse. Which of the following manifestations should the charge nurse identify as being effectively treated by first-generation antipsychotics? (Select all that apply.)
- a. Auditory hallucinations.
 - b. Withdrawal from social situations.
 - c. Delusions of grandeur.
 - d. Severe agitation.
 - e. Anhedonia.
- 4.) A nurse is assessing a client who is currently taking perphenazine. Which of the following findings should the nurse identify as an extrapyramidal symptom (EPS)? (Select all that apply.)
- a. Decreased level of consciousness.
 - b. Drooling.
 - c. Involuntary arm movements.
 - d. Urinary retention.
 - e. Continual pacing.
- 5.) A nurse is providing discharge teaching for a client who has schizophrenia and a new prescription for iloperidone. Which of the following client statements indicates understanding of the teaching?
- a. "I will be able to stop taking this medication as soon as I feel better."
 - b. "If I feel drowsy during the day, I will stop taking this medication and call my provider."
 - c. "I will be careful not to gain too much weight while taking this medication."
 - d. "This medication is highly addictive and must be withdrawn slowly."

Chapter 25 Medications for Children and Adolescents Who Have Mental Health Issues

- 1.) A nurse is teaching the parents of a child who has autism spectrum disorder and a new prescription for imipramine about indications of toxicity. Which of the following should the nurse include in the teaching? (Select all that apply.)
 - a. Seizures.
 - b. Agitation.
 - c. Photophobia.
 - d. Dry mouth.
 - e. Irregular pulse.
- 2.) A nurse is providing teaching to an adolescent client who has a new prescription for clomipramine for OCD. Which of the following information should the nurse provide?
 - a. Eat a diet high in fiber.
 - b. Check temperature daily.
 - c. Take medication first thing in the morning before eating.
 - d. Add extra calories to the diet as between-meal snacks.
- 3.) A nurse is providing teaching to an adolescent client who is to begin taking atomoxetine for ADHD. The nurse should instruct the client to monitor for which of the following adverse effects? (Select all that apply.)
 - a. Somnolence.
 - b. Yellowing skin.
 - c. Increased appetite.
 - d. Fever.
 - e. Malaise.
- 4.) A nurse is caring for a school age child who has conduct disorder and a new prescription for methylphenidate transdermal patches. Which of the following information should the nurse provide about the medication?
 - a. Apply the patch once daily at bedtime.
 - b. Place the patch carefully in a trash can after removal.
 - c. Apply the transdermal patch to the anterior waist area.
 - d. Remove the patch each day after 9 hr.
- 5.) A nurse is teaching a client who has intermittent explosive disorder about a new prescription for fluoxetine. Which of the following information should the nurse provide? (Select all that apply.)

- a. An adverse effect of this medication is CNS depression.
- b. Administer the medication in the morning.
- c. Monitor for weight loss while taking this medication.
- d. Therapeutic effects of this medication will take 1 to 3 weeks to fully develop.
- e. This medication blocks the synaptic reuptake of serotonin in the brain.

Chapter 26 Medications for Substance Use Disorders

- 1.) A nurse is providing teaching to a client who has alcohol use disorder and a new prescription for carbamazepine. Which of the following information should the nurse include in the teaching?
 - a. “This medication will help prevent seizures during alcohol withdrawal.”
 - b. “Taking this medication will decrease your cravings for alcohol.”
 - c. “This medication maintains your blood pressure at a normal level during alcohol withdrawal.”
 - d. “Taking this medication will improve your ability to maintain abstinence from alcohol.”
- 2.) A nurse is assisting in the discharge planning for a client following alcohol detoxification. The nurse should anticipate prescriptions for which of the following medications to promote long-term abstinence from alcohol? (Select all that apply.)
 - a. Lorazepam.
 - b. Diazepam.
 - c. Disulfiram.
 - d. Naltrexone.
 - e. Acamprosate.
- 3.) A nurse is evaluating a client’s understanding of a new prescription for clonidine for the treatment of opioid use disorder. Which of the following statements by the client indicates an understanding of the teaching?
 - a. “Taking this medication will help reduce my craving for heroin.”
 - b. “While taking this medication, I should keep a pack of sugarless gum.”
 - c. “I can expect some diarrhea from taking this medicine.”

- d. "Each dose of this medication should be placed under my tongue to dissolve."
- 4.) A nurse is teaching a client who has tobacco use disorder about the use of nicotine gum. Which of the following information should the nurse include in the teaching?
- Chew the gum for no more than 10 minutes.
 - Rinse out the mouth immediately before chewing the gum.
 - Avoid eating 15 minutes prior to chewing the gum.
 - Use of the gum is limited to 90 days.
- 5.) A nurse is discussing the use of methadone with a newly licensed nurse. Which of the following statements by the newly licensed nurse indicates an understanding of the teaching? (Select all that apply.)
- "Methadone is a replacement for physical dependence to opioids."
 - "Methadone reduces the unpleasant effects associated with abstinence syndrome."
 - "Methadone can be used during opioid withdrawal and to maintain abstinence."
 - "Methadone increases the risk for acetaldehyde syndrome."
 - must be prescribed and dispensed by an approved treatment center."
 -

"Methadone

ATI Mental Health Proctored

A charge nurse is discussing mental status exams with a newly licensed nurse. Which of the following statements by the newly licensed nurse indicates an understanding of the teaching? (Select all that apply)

- "To assess cognitive ability, I should ask the client to count backward by sevens."
- "To assess affect, I should observe the client's facial expression."
- "To assess language ability, I should instruct the client to write a sentence."
- "To assess remote memory, I should have the client repeat a list of objects."

E. "To assess the client's abstract thinking, I should ask the client to identify our most recent presidents."

A nurse is planning care for a client who has a mental health disorder. Which of the following actions should the nurse include as a psychobiological intervention?

- A. Assist the client with systematic desensitization therapy.
- B. Teach the client appropriate coping mechanisms.
- C. Assess the client for comorbid health conditions.
- D. Monitor the client for adverse effects of the medications.

A nurse in an outpatient mental health clinic is preparing to conduct an initial client interview. When conducting the interview, which of the following actions should the nurse identify as the priority?

- A. Coordinate holistic care with social services.
- B. Identify the client's perception of her mental health status.
- C. Include the client's family in the interview.
- D. Teach the client about her current mental health disorder.

A nurse is told during change of shift report that a client is stuporous. When assessing the client, which of the following findings should the nurse expect?

- A. The client arouses briefly in response to a sternal rub.
- B. The client has a glasgow coma scale score less than 7.
- C. The client exhibits decorticate rigidity.
- D. The client is alert but disoriented to time and place.

A nurse is planning a peer group discussion about the DSM-5. Which of the following information is appropriate to include in the discussion? (Select all that apply)

- A. The DSM-5 includes client education handouts for mental health disorders.
- B. The DSM-5 establishes diagnostic criteria for individual** mental health disorders.
- C. The DSM-5 indicates recommended pharmacological treatment for mental health disorders.
- D. The DSM-5 assists nurses in planning care for client's who have mental health disorders.**
- E. The DSM-5 indicates expected assessment** findings of mental health disorders.

A nurse in an emergency mental health facility is caring for a group of clients. The nurse should identify that which of the following clients requires a temporary emergency admission?

- A. A client who has schizophrenia with delusions of grandeur
- B. A client who has manifestations of depression and attempted suicide a year ago
- C. A client who has borderline personality disorder and assaulted a homeless man with a metal rod**
- D. A client who has bipolar disorder and paces quickly around the room while talking to himself

A nurse decides to put a client who has a psychotic disorder in seclusion overnight because the unit is very short-staffed, and the client frequently fights with other clients. The nurse's actions are an example of which of the following torts?

- A. Invasion of privacy
- B. False imprisonment**
- C. Assault
- D. Battery

A client tells a nurse, "Don't tell anyone but I hid a sharp knife under my mattress in order to protect myself from my roommate, who is always yelling at me and threatening me." Which of the following actions should the nurse take?

- A. Keep the client's communication confidential, but talk to the client daily,

using therapeutic communication to convince him to admit to hiding the knife.

B. Keep the client's communication confidential, but watch the client and his roommate closely.

C. Tell the client that this must be reported to the health care team because it concerns the health and safety of the client and others.

D. Report the incident to the health care team, but do not inform the client of the intention to do so.

A nurse is caring for a client who is in mechanical restraints. Which of the following statements should the nurse include in the documentation?
(Select all that apply)

A. "Client ate most of his breakfast."

B. "Client was offered 8 oz of water every hr."

C. "Client shouted obscenities at assistive personnel."

D. "Client received chlorpromazine 15 mg by mouth at 1000."

E. "Client acted out after lunch."

A nurse hears a newly licensed nurse discussing a client's hallucinations in the hallway with another nurse. Which of the following actions should the nurse take first?

A. Notify the nurse manager.

B. Tell the nurse to stop discussing the behavior.

C. Provide an in-service program about confidentiality.

D. Complete an incident report.

A nurse is caring for the parents of a child who has demonstrated changes in behavior and mood. When the mother of the child asks the nurse for reassurance about her son's condition, which of the following responses should the nurse make?

A. "I think your son is getting better. What have you noticed."

B. "I'm sure everything will be okay. It just takes time to heal."

C. "I'm not sure what's wrong. Have you asked the doctor about your concerns?"

D. "I understand you're concerned. Let's discuss what concerns you specifically."

A nurse is caring for a client who smokes and has lung cancer. The client reports, "I'm coughing because I have that cold that everyone has been getting." The nurse should identify that the client is using which of the following defense mechanisms?

- A. Reaction formation
- B. Denial**
- C. Displacement
- D. Sublimation

A nurse is providing preoperative teaching for a client who was just informed that she requires emergency surgery. The client has a respiratory rate 30/min and says, "This is difficult to comprehend. I feel shaky and nervous." The nurse should identify that the client is experiencing which of the following levels of anxiety?

- A. Mild
- B. Moderate**
- C. Severe
- D. Panic

A nurse is caring for a client who is experiencing moderate anxiety. Which of the following actions should the nurse take when trying to give necessary information to the client? (Select all that apply.)

- A. Reassure the client that everything will be okay.
- B. Discuss prior use of coping mechanisms with the client.**
- C. Ignore the client's anxiety so that she will not be embarrassed.
- D. Demonstrate a calm manner while using simple and clear directions.**
- E. Gather information from the client using closed-ended questions.

A nurse is talking with a client who is at risk for suicide following the death of his spouse. Which of the following statements should the nurse make?

- A. "I feel very sorry for the loneliness you must be experiencing."
- B. "Suicide is not the appropriate way to cope with loss."
- C. "Losing someone close to you must be very upsetting."
- D. "I know how difficult it is to lose a loved one."

A charge nurse is discussing the characteristics of a nurse-client relationship with a newly licensed nurse. Which of the following characteristics should the nurse include in the discussion? (Select all that apply)

- A. The needs of both participants are met.
- B. An emotional commitment exists between the participants.
- C. It is goal-directed.
- D. Behavioral change is encouraged.
- E. A termination date is established.

A nurse is in the working phase of a therapeutic relationship with a client who has methamphetamine use disorder. Which of the following actions indicates transference behavior?

- A. The client asks the nurse whether she will go out to dinner with him.
- B. The client accuses the nurses of telling him what to do just like his ex-girlfriend.
- C. The client reminds the nurse of a friend who died from a substance overdose.
- D. The client becomes angry and threatens to harm himself.

A nurse is planning care for the termination phase of a nurse-client relationship. Which of the following actions should the nurse include in the plan of care?

- A. Discussing ways to use new behaviors
- B. Practicing new problem-solving skills
- C. Developing goals
- D. Establishing boundaries

A nurse is orienting a new client to a mental health unit. When explaining the unit's community meetings, which of the following statements should the nurse make?

- A. "You and a group of other clients will meet to discuss your treatment plans."
- B. "Community meetings have a specific agenda that is established by staff."
- C. "You and the other clients will meet with staff to discuss common problems."
- D. "Community meetings are an excellent opportunity to explore your personal mental health issues."

A nurse is caring several clients who are attending community-based mental health programs. Which of the following clients should the nurse plan to visit first?

- A. A client who recently burned her arm while using a hot iron at home.
- B. A client who requests that her antipsychotic medication be changed due to some new adverse effects.
- C. A client who says he is hearing a voice that tells him he is not worth living anymore.
- D. A client who tells the nurse he experienced manifestations of severe anxiety before and during a job interview.

A community mental health nurse is planning care to address the issue of depression among older adult clients in the community. Which of the following interventions should the nurse plan as a method of tertiary prevention?

- A. Educating clients on health promotion techniques to reduce the risk of depression
- B. Performing screenings for depression at community health programs
- C. Establishing rehabilitation programs to decrease the effects of depression
- D. Providing support groups for clients at risk for depression

A nurse is working in a community mental health facility. Which of the following services does this type of program provide? (Select all that apply)

- A. Educational groups
- B. Medication dispensing programs
- C. Individual counseling programs
- D. Detoxification programs
- E. Family therapy

A nurse in an acute mental health facility is assisting with discharge planning for a client who has a severe mental illness and requires supervision much of the time. The client's wife works all day but is home by late afternoon. Which of the following strategies should the nurse suggest as appropriate follow-up care?

- A. Receiving daily care from a home health aide
- B. Having a weekly visit from a nurse case worker
- C. Attending a partial hospitalization program
- D. Visiting a community mental health center on a daily basis

A nurse is caring for a group of clients. Which of the following clients should a nurse consider for referral to an assertive community treatment (ACT) group?

- A. A client in an acute care mental health facility who has fallen several times while running down the hallway
- B. A client who lives at home and keeps "forgetting" to come in for his monthly antipsychotic injection for schizophrenia
- C. A client in a day treatment program who says he is becoming more anxious during group therapy
- D. A client in a weekly grief support group who says she still misses her deceased husband who has been dead for 3 months

A nurse is teaching a client who has an anxiety disorder and is scheduled to begin classical psychoanalysis. Which of the following client statements indicates an understanding of this form of therapy?