

TEST BANK

Psychiatric Mental Health Nursing

Katherine M. Fortinash, Patricia A. Holoday Worret

5th Edition

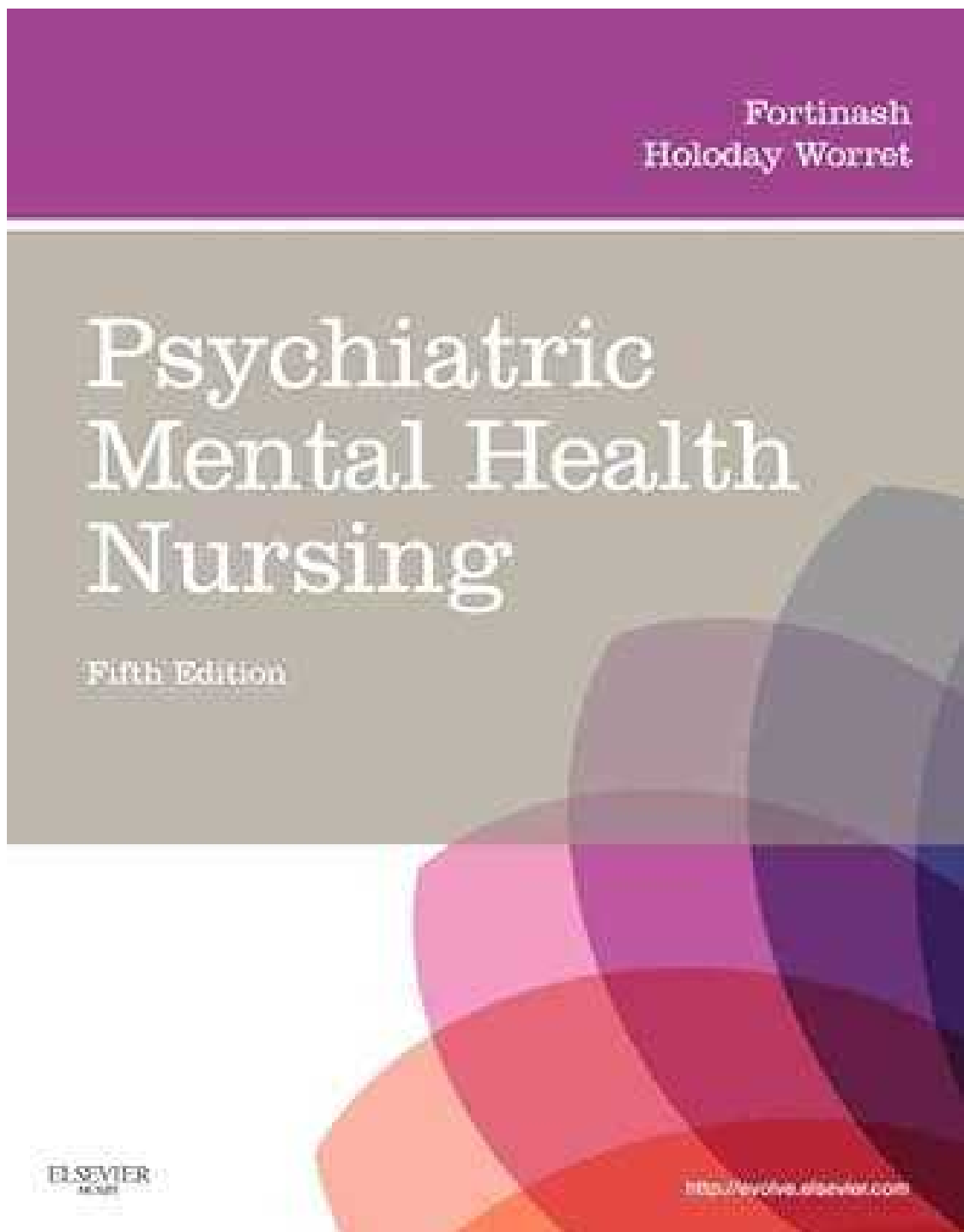


Table of Contents

1. Psychiatric Nursing: Theory, Principles, and Trends
2. Nursing Practice in the Clinical Setting
3. The Nursing Process and Standards of Care
4. Therapeutic Communication: Interviews and Interventions
5. Adaptation to Stress
6. Neurobiology in Mental Health and Mental Disorder
7. Human Development Across the Life Span
8. Culture, Ethnicity, and Spirituality: A Global Perspective
9. Legal and Ethical Aspects in Clinical Practice
10. Anxiety and Related Disorders
11. Somatoform, Factitious, and Dissociative Disorders
12. Mood Disorders: Depression, Bipolar, and Adjustment Disorders
13. Schizophrenia and Other Psychotic Disorders
14. Personality Disorders
15. Substance Related Disorders and Addictive Behaviors
16. Cognitive Disorders: Delirium, Dementia, and Amnestic Disorders
17. Disorders of Infancy, Childhood, and Adolescence
18. Eating Disorders: Anorexia Nervosa and Bulimia Nervosa
19. Sleep Disorders: Dyssomnias and Parasomnias
20. Sexual Disorders: Sexual Dysfunctions and Paraphilias
21. Crisis: Theory and Intervention
22. Suicide: Prevention and Intervention
23. Violence: Anger, Abuse, and Aggression
24. Forensic Nursing in Clinical Practice
25. Psychopharmacology
26. Therapies: Theory and Clinical Practice
27. Complementary and Alternative Therapies
28. Grief in Loss and Death
29. Emotional and Mental Responses to Medical Illness
30. Community Mental Health Nursing for Patients with Severe and Persistent Mental Illness

Fortinash: Psychiatric Mental Health Nursing, 5th Edition

Chapter 01: Psychiatric Nursing: Theory, Principles, and Trends

1. Which understanding is the basis for the nursing actions focused on minimizing mental health promotion of families with chronically mentally ill members?

a.	Family members are at an increased risk for mental illness.
b.	The mental health care system is not prepared to deal with family crises.
c.	Family members are seldom prepared to cope with a chronically ill individual.
d.	The chronically mentally ill receive care best when delivered in a formal setting.

ANS: A

When families live with a dominant member who has a persistent and severe mental disorder the outcomes are often expressed as family members who are at increased risk for physical and mental illnesses. The remaining options are not necessarily true.

DIF: Cognitive Level: Application REF: Page 3

2. Which nursing activity shows the nurse actively engaged in the primary prevention of mental disorders?

a.	Providing a patient, whose depression is well managed, with medication on time
b.	Making regular follow-up visits to a new mother at risk for post-partum depression
c.	Providing the family of a patient, diagnosed with depression, information on suicide prevention
d.	Assisting a patient who has obsessive compulsive tendencies prepare and practice for a job interview

ANS: B

Primary prevention helps to reduce the occurrence of mental disorders by staying involved with a patient. Providing medication and information on existing illnesses are examples of secondary prevention which helps to reduce the prevalence of mental disorders. Assisting a mentally ill patient with preparation for a job interview is tertiary prevention since it involves rehabilitation.

DIF: Cognitive Level: Application REF: Page 4

3. Which intervention reflects attention being focused on the patient's intentions regarding his diagnosis of severe depression?

a.	Being placed on suicide precautions
b.	Encouraging visits by his family members
c.	Receiving a combination of medications to address his emotional needs
d.	Being asked to decide where he will attend his prescribed therapy sessions

ANS: D

A primary factor in patient treatment includes consideration of the patient's intentions regarding his or her own care. Patients are central to the process that determines their care as their abilities allow. Under the guidance of PMH nurses and other mental health personnel, patients are encouraged to make decisions and to actively engage in their own treatment plans to meet their needs. The remaining options are focused on specifics of the determined plan of care.

DIF: Cognitive Level: Application REF: Page 5

4. When a patient's family asks why their chronically mentally ill adult child is being discharged to a community-based living facility, the nurse responds:

a.	"It is a way to meet the need for social support."
b.	"It is too expensive to keep stabilized patients in acute care settings."
c.	"This type of facility will provide the specialized care that is needed."
d.	"Being out in the community will help provide hope and purpose for living."

ANS: D

Hospitalization may be necessary for acute care, but, when patients are stabilized, they move into community-based, patient-centered settings or are discharged home with continued outpatient treatment in the community. Concentrated efforts are made to reduce the patient's sick role by providing opportunities for the development of a purposeful life and instilling hope for each patient's future. Although social support is important, such a living arrangement is not the only way to achieve it. Although acute care is expensive, it is not the major concern when determining long-term care options. Community-based facilities are not the only option for specialized care.

DIF: Cognitive Level: Application REF: Page 5

5. What is the best explanation to offer when the mother of a chronically ill teenage patient asks, "Under what circumstances would he be considered incompetent?"

a.	"When you can provide the court with enough evidence to show that he is not able to care for himself safely."
b.	"It is not likely that someone his age would be determined to be incompetent regardless of his mental condition."
c.	"He would have to engage in behavior that would result in harm to himself or to someone else; like you or his siblings."
d.	"If the illness becomes so severe that his judgment is impaired to the point where the decisions he makes are harmful to himself or to others."

ANS: D

When a person is unable to cognitively process information or to make decisions about his or her own welfare, the person may be determined to be mentally incompetent. Providing self-care is not the only criteria considered. Age is not a factor considered. The decision is often based on the potential for such behavior.

DIF: Cognitive Level: Application REF: Page 6

6. Which psychiatric nursing intervention shows an understanding of integrated care?

a.	A chronically abused woman is assessed for anxiety.
b.	A manic patient is taken to the gym to use the exercise equipment.
c.	The older adult diagnosed with depression is monitored for suicidal ideations.
d.	A teenager who refuses to obey the unit's rules is not allowed to play video games.

ANS: A

The majority of health disciplines now recognize that mental disorders and physical illnesses are closely linked. The presence of a mental disorder increases the risk for the development of physical illnesses and vice versa. Assessing a chronically abused individual for anxiety should call attention to the psychiatric disorder that could develop from the abuse. The remaining options show interventions that are appropriate for the mental disorder.

DIF: Cognitive Level: Application REF: Page 6

7. What reason does the nurse give the patient for the emphasis and attention being

paid to the recovery phase of their treatment plan?

a.	Recovery care, even when intensive, is less expensive than acute psychiatric care.
b.	Effective recovery care is likely to result in fewer relapses and subsequent hospitalizations.
c.	Planning for recovery care is time consuming and involves dealing with many complicated details.
d.	Recovery care is usually done on an outpatient basis and so is generally better accepted by patients.

ANS: B

Much attention is paid to recovery care since effective recovery care helps improve patient outcomes and thus minimize subsequent hospitalizations. Recovery care is not necessarily less expensive than acute care. Although effective recovery care planning may be time consuming and detail oriented, that is not the reason for implementing it. Recovery care is not necessarily well accepted by patients.

DIF: Cognitive Level: Application REF: Page 7

8. The nurse is attending a neighborhood meeting where a half-way house is being proposed for the neighborhood when a member of the community states, "We don't want the facility; we especially don't want violent people living near us." The response by the nurse that best addresses the public's concern is:

a.	"In truth, most individuals with psychiatric disorder are passive and withdrawn and pose little threat to those around them."
b.	"The mentally ill seldom behave in the manner they are portrayed by movies; they are people just like the rest of us."
c.	"Patients with psychiatric disorder are so well medicated that they do not display violent behaviors."
d.	"The mentally ill deserve a safe, comfortable place to live among people who truly care for them."

ANS: A

A major reason for the existence of the stigma placed on persons with mental illness is lack of knowledge. The main fear is of violence, although only a small percentage of patients with mental illness display this behavior. Providing the public with accurate information can help reduce stigma. The remaining options do not directly address the concerns stated.

DIF: Cognitive Level: Application REF: Pages 13-14

9. Which activity shows that a therapeutic alliance has been established between the nurse and patient?

a.	The nurse respects the patient's right to privacy when visitors are spending time with the patient.
b.	The patient is eagerly attending all group sessions and working independently on identifying their personal stressors.
c.	The patient is freely describing their feelings related to the physical and emotional trauma they experienced as a child with the nurse.
d.	The nurse dutifully administers the patient's medications on time and with appropriate knowledge of the potential side effects.

ANS: C

A primary aspect of working with patients in any setting and particularly in the

psychiatric setting is the development of a therapeutic alliance with the patient. Such an alliance is established on trust. It is a professional bond between the nurse and the patient that serves as a vehicle for patients to freely discuss their needs and problems in the absence of the nurse's criticism or judgment. Any nurse has an obligation to respect the patient's rights and administer care effectively. The patient's willingness to participate in the plan of care reflects self motivation.

DIF: Cognitive Level: Application REF: Page 9

10. Mental health care reform has called for parity between psychiatric and medical diagnoses. Which is an example of such parity?

a.	Depression treatment is not paid for as readily as is treatment for asthma.
b.	The mentally ill patient will be protected by law against social stigma.
c.	Medical practitioners are trained to be proficient at treating mental disorders.
d.	Psychiatric service reimbursement will be equivalent to that of medical services.

ANS: D

The term *parity* as used here refers to payments for mental health services that equal payment schedules for medical or surgical conditions. The remaining options(B and C) do not relate to financial reimbursement or funds allocated for mental health care being equal to those of medical diagnoses.

DIF: Cognitive Level: Application REF: Page 15

1. Which assessment findings suggest to the nurse that this patient has characteristics seen in an individual who has reached self-actualization? Select all that apply.

a.	Reports to have, "found peace and security in my religious faith"
b.	Effectively "changed occupations" when a chronic vision problem worsened
c.	Has consistently earned a six-figure salary as an architect for the last 10 years
d.	Has been in a supportive, loving relationship with the same individual for 15 years
e.	Provides free literacy tutoring help at the local homeless shelter 3 evenings a week

ANS: A, B, D, E

Characteristics of self actualization would include: spiritual well-being, open and flexible, relationally fulfilled, and generosity toward others. Salary doesn't necessarily reflect self-actualization.

DIF: Cognitive Level: Application REF: Page 4

2. Which nursing activities represent the tertiary level of mental health care? Select all that apply.

a.	Providing a depression screening at a local college
b.	Helping a mental-challenged patient learn to make correct change
c.	Reporting an incidence of possible elder abuse to the appropriate legal agency
d.	Regularly assessing a patient's understanding of their prescribed antidepressants
e.	Providing a 6-week parenting class to teenage parents through a local high school

ANS: B, D

Tertiary prevention reduces the residual effects of the disorder such as depression and mental retardation. There is no quaternary level of prevention. Primary prevention reduces occurrences of mental disorders such as screenings and parenting classes, and secondary prevention reduces the prevalence of disorders as evidenced by assessing

knowledge.

DIF: Cognitive Level: Application REF: Page 4

3. Which nursing actions indicate an understanding of the priority issues currently facing psychiatric mental health nursing today? Select all that apply.

a.	Working on the facility's 'Safe Use of Restraints Policy' revision committee
b.	Advocating for increased salaries for all levels of psychiatric mental health nurses
c.	Attending a political rally for increased state funding for mental health service providers
d.	Offering an in-service to facility staff regarding the cultural implications of caring for the Hispanic patient
e.	Joining the state nursing committee working on the role and scope of practice of the advanced practice psychiatric nurse

ANS: A, C, D, E

Priority issues include funding, safety issues in psychiatric treatment centers—particularly the use of patient restraints, quality-of-care issues, access to health care for minority populations, and standardization of advanced practice nurse roles.

DIF: Cognitive Level: Application REF: Page 9

4. Which assessment findings describe risk factors that increase the potential risk for mental illness? Select all that apply.

a.	Possesses high tolerance for stress
b.	Is very curious about 'how things work'
c.	Admits to being a member of an ethnic gang
d.	Only practicing Jew among school classmates
e.	Has a younger sibling who is mentally challenged

ANS: C, D, E

Risk factors are internal predisposing characteristics and external influences that increase a person's vulnerability and potential for developing mental disorders. Types of risk factors and examples include the following: having a mentally-challenged family member in the home; belonging to a punitive gang; and being the object of reject or bullying. The remaining options are protective factors.

DIF: Cognitive Level: Application REF: Page 11

5. Which nursing actions show a focus on the fundamental goals that guide psychiatric mental health nurses in providing patient care? Select all that apply.

a.	Offering an informational session of identifying signs of depression at a local senior center
b.	Attending a workshop on evidence practice interventions for the chronically depressed patient
c.	Keeping strict but appropriate boundaries with a patient diagnosed with a personality disorder
d.	Asking a parent who has just experienced the death of a child if they could consider talking with a grief counselor
e.	Identifying what help a patient diagnosed with Alzheimer's disease will need with instrumental activities of daily living (IADLs)

ANS: A, B, D, E

Standard objectives guide PMH nurses and members of related disciplines in the care of patients (individuals, families, communities, and organizations). The objectives and criteria are as follows: the promotion and protection of mental health, the prevention of mental disorders, the treatment of mental disorders, and recovery and rehabilitation. Keeping appropriate boundaries is a generalized nursing responsibility.

DIF: Cognitive Level: Analysis REF: Page 3

Chapter 02: Nursing Practice in the Clinical Setting

1. Which nursing action is a reflection of Hildegard Peplau's theoretic framework regarding psychiatric mental health nursing?

a.	Basing patient outcomes on expected instinctual responses
b.	Discussing a patient's feelings regarding parents and siblings
c.	Providing the patient with clean clothes and wholesome food
d.	Centering professional practice in a state run psychiatric facility

ANS: B

Peplau's pioneering endeavors and contributions were largely influenced by interpersonal psychotherapy. She believed that disorders evolved in the social context of interpersonal interactions. (i.e., what went on between people). Instinctual responses are more related to intrapersonal interactions. Florence Nightingale was instrumental in the holistic approach to nursing care, whereas Linda Richards' practice was centered on institutional care of the mental ill.

DIF: Cognitive Level: Application REF: Page 18

2. The nurse is attempting to provide a safe environment for a patient at great risk for self-harm. Which intervention shows an understanding of evidence-based practice (EBP)?

a.	Using physical restraints only after all other options have been proven ineffective
b.	Referring to the facility's policies manual for guidelines for applying physical restraints
c.	Collecting data regarding the short-term effects of using physical restraints on an aggressive patient
d.	Requiring constant monitoring of a patient whose inability to self-regulate anger has required the use of physical restraints

ANS: B

Health care systems are participating in the shift in nursing practice by encouraging research in their facilities and by implementing interventions that increase nurses' knowledge about EBP. Nurses are participating to make evidence-based nursing practices available for their use, and they are helping to determine the outcomes that will benefit patients. The remaining options are examples of long-standing practice related to the use of physical restraints.

DIF: Cognitive Level: Application REF: Page 19

3. Which statement by the patient reflects patient education that was based on the concept of integrated patient care?

a.	"I know I'm anxious when I get a tension headache."
b.	"My anxiety is a result of stressors I don't cope well with."
c.	"Medication has helped me tremendously with anxiety control."

- d. "Anxiety runs in my family; my entire family is trying to deal with it."

ANS: A

Integrated patient care is the recognition of the interplay between physical and mental health. In integrated care, these disorders are not treated as separate illnesses; rather, they are treated together. The remaining options make no mention of a relationship between mental and physical illness.

DIF: Cognitive Level: Application REF: Page 19

4. The nurse demonstrates objective patient care when:

- | | |
|----|---|
| a. | Being sympathetic to the patient's recent loss of a spouse |
| b. | Protecting the anxious patient by eliminating stressors in the milieu |
| c. | Responding to the patient by stating, "I know exactly how you feel." |
| d. | Facilitating the patient's exploration of various stress reduction techniques |

ANS: D

The nurse demonstrates objectivity by helping the patient to process and organize thoughts that are directed toward the solving of his or her own problems. With sympathy, the nurse loses objectivity and moves into his or her own personal feelings. Removing all stress does not allow the patient to develop necessary coping skills.

DIF: Cognitive Level: Application REF: Pages 21- 22

5. Which nursing intervention would be appropriately addressed during the orientation phase of the nurse-patient relationship?

- | | |
|----|--|
| a. | Self reflection by the nurse regarding personal biases and prejudices regarding the patient |
| b. | Patient works at prioritizing personal needs and develops realistic expected outcomes |
| c. | Establishing the contract between the nurse and the patient regarding mutual needs and expectations |
| d. | Patient commits to the reinforcement of positive personal characteristics while working on problems and concerns |

ANS: C

A contract or agreement is established during the orientation phase of the relationship. The contract defines limits and expectations of both the patient and the nurse. Self Reflection occurs during the pre-orientation phase while the remaining options are addressed during the working phase of the relationship.

DIF: Cognitive Level: Analysis REF: Page 22

6. Which action on the part of a novice psychiatric mental health nurse shows a need for future development of altruism?

- | | |
|----|--|
| a. | Excusing a patient from attending group because, "all that talking makes me so anxious" |
| b. | Not permitting two patients who are physically attracted to each other to engage in public displays of affection |
| c. | Placing a physically aggressive patient in restraints when they are unable to internally calm their anger |
| d. | Self-reflecting on "why I continue to work with patients who are so emotionally damaged they will never be normal" |

ANS: A

This option shows a misguided kindness that will ultimately have a negative impact on the patient's treatment. The remaining options show responsible nursing interventions that include self-reflection of personal motivation for such work.

DIF: Cognitive Level: Application REF: Page 24

7. The greatest negative outcome resulting from a nurse's fear of a mentally ill patient is that the:

a.	Nurse will reinforce negative stereotyping of the mentally ill.
b.	Patient will experience increased bias against the nursing staff.
c.	Public's fearfulness of the mentally ill will continue to be exaggerated.
d.	Therapeutic alliance between the nurse and patient will not develop effectively.

ANS: D

Unrealistic preconceived images, stereotyping, and biases have an effect on nurses that, when resulting in fear, will negatively impact the therapeutic effectiveness of the nurse and the care provided. The remaining options do not have the priority that providing quality patient care has.

DIF: Cognitive Level: Application REF: Page 26

8. Which action on the part of a novice mental health nurse will best minimize fear related to effectively working with the psychotic patient?

a.	Be knowledgeable about psychotropic medications and their affect on psychosis.
b.	Always arrange for staff support when working one-on-one with a psychotic patient.
c.	Take advantage of opportunities to attend workshops devoted to the care of the psychotic patient.
d.	Recognize that the psychotic patient is not in control of their behaviors due to their altered thought processes.

ANS: C

Fear breeds avoidance, but knowledge and preparation diminish fear and bring confidence. Being prepared before entering the psychiatric setting includes having knowledge and understanding of mental disorders. The remaining options do not provide confidence but rather means of controlling or avoiding the psychotic patient.

DIF: Cognitive Level: Analysis REF: Page 26

9. Which response by the nurse manager to a novice mental health nurse is most effective when the nurse asks, "How do I justify not keeping a patient's secret?"

a.	"Never promise the patient that you will keep a secret for them."
b.	"Always stop the patient from telling you something as a secret."
c.	"Let the patient know that you will not keep a secret that could ultimately cause harm or affect their treatment."
d.	"Keep reminding yourself that you are not the patient's friend but rather a professional mental health provider."

ANS: C

Nurses and other healthcare professionals do not keep secrets or make promises to patients when the secret may interfere with the patient's treatment or put them or others at risk for harm. The remaining options offer appropriate nursing actions but do not effectively answer the nurse's question.

DIF: Cognitive Level: Analysis REF: Page 30

10. The nurse is effectively facilitating the nurse-patient relationship when:

a.	Sharing with an angry patient who is verbally abusive that, "Although I can accept that you are angry, I cannot and will not accept your verbal abuse."
b.	Focusing on the patient's life experience without relating to the similarities of one's own experiences
c.	Objectively providing constructive criticism that is directed to helping the patient identify inappropriate behaviors
d.	Refraining from abandoning the patient regardless of the frustration the interaction causes

ANS: A

Accepting the patient's feelings is essential; however, it is not necessary to accept all of the patient's behaviors. Assist the patient by setting limits on patient behaviors that are self-defeating or that threaten the patient or others in any way. Setting these limits allows for mutual respect in the therapeutic alliance. The remaining options enhance the patient's clinical experience rather than the nurse-patient relationship.

DIF: Cognitive Level: Application REF: Page 35

11. An often expressed intrinsic reward of psychiatric mental health nursing is:

a.	Seeing the seriously ill recover their health
b.	Working with patients of all ages and walks of life
c.	Working with well-trained, caring health care providers
d.	Having time to really focus on the human who is the patient

ANS: D

Psychiatric mental health nurses are able to spend the time to know the patient not only as a patient but as an individual. This is an opportunity most nurses whose practice is based on the physical care of the patient is not afforded. The remaining options are not necessarily unique to psychiatric nursing.

DIF: Cognitive Level: Application REF: Page 36

12. Which statement is an example of an inference?

a.	"He is an alcoholic because his wife nags a lot."
b.	"He states he binges after arguing with his wife."
c.	"You say your alcohol intake exceeds a quart a day."
d.	"So you are saying that you were drinking earlier today."

ANS: A

An inference is an interpretation of behavior that is made by finding motive and forming conclusions without having all the necessary information. The nurse interprets the patient's behavior, decides on a reason, assigns a motive, and forms a conclusion. The remaining options are validations of observations.

DIF: Cognitive Level: Application REF: Page 34

1. Which interactions are likely outcomes of a well-established therapeutic alliance? Select all that apply.

a.	The nurse states, "I'm not here to judge but rather to help."
b.	The patient states, "I really think I can handle this problem now."
c.	The patient asks his abusive father to attend counseling with him.
d.	The nurse sets boundaries for a patient who has few social skills.

- | | |
|----|---|
| e. | The patient with anger issues voluntarily goes into the seclusion room. |
|----|---|

ANS: A, B, C, E

The alliance serves as a vehicle that provides patients with an opportunity to freely discuss their needs and problems in the absence of judgment and criticism, to gain insight into their abilities, to practice new coping skills, and to heal emotional wounds. Setting boundaries is not an outcome of such an alliance.

DIF: Cognitive Level: Application REF: Page 19

2. Which nursing interventions are directly related to the principles on which a therapeutic alliance is based? Select all that apply.

a.	Graciously declining to, "Come visit when I get discharged."
b.	Establishing the topic to be discussed at each group session
c.	Explaining to the patient the purpose of terminating the alliance
d.	Sharing how the nurse also has experienced the same problems
e.	Providing subjective feedback to the patient's efforts at therapy

ANS: A, B, C

The principles that focus on the development and maintenance of a healthy alliance include: the relationship is therapeutic rather than social; the focus remains on the patient's needs and problems rather than on the nurse; the relationship is purposeful and goal directed; the relationship is objective rather than subjective in quality; and the relationship is time-limited rather than open-ended. The sharing of experiencing is not patient centered.

DIF: Cognitive Level: Application REF: Page 20

3. The nurse is attempting to minimize the group's display of resistance during a therapy session. Which patients are at risk for displaying such behavior? Select all that apply

a.	The patient who is cognitively impaired
b.	The patient who is older and well educated
c.	The patient who is aggressive and attention seeking
d.	The patient who has attended similar therapy groups in the past
e.	The patient who has been diagnosed with paranoid schizophrenia

ANS: A, D, E

A patient who redirects the focus away from himself or herself by changing the subject is engaging in resistance behavior. Patients divert the topic for one or more of several reasons: a fear of being judged; avoiding the repetition of material that has been previously discussed; or the inability to stay cognitively focused. The attention-seeking patient may attempt to monopolize the discussion but not necessarily be at risk for resisting the topic. Age and education are not risk factors.

DIF: Cognitive Level: Application REF: Pages 20-21

Chapter 03: The Nursing Process and Standards of Practice

1. The patient asks the nurse, "I've heard the student nurses talk about the nursing process. Why is there so much emphasis on using the nursing process?" The response that explains the need for nurses to understand and use the nursing