Varcarolis' Essentials of Psychiatric Mental Health Nursing 5th edition Fosbre Test Bank

SKU: 9780323811507-TEST-BANK

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Chapter 02: Mental Health and Mental Illness
Varcarolis: Essentials of Psychiatric Mental Health Nursing: A Communication Approach to Evidence-Based Care, 5e

MULTIPLE CHOICE

1. An 86 year old, previously healthy and independent, falls after an episode of vertigo. Which statement made by this patient best demonstrates resilience?
   a. "I knew this would happen eventually."
   b. "Attending my weekly water aerobics class is too risky."
   c. "I don't need that silly walker to get around by myself."
   d. "Maybe some physical therapy will help me with my balance."

   ANS: D
   Resiliency is the ability to recover from or adjust to misfortune and change. The correct response indicates that the patient is hopeful and thinking positively about ways to adapt to the vertigo. Saying "I knew this would happen eventually" and discontinuing healthy activities suggest a hopeless perspective on the health change. Refusing to use a walker indicates denial.

   DIF: Cognitive Level: Analysis (Analyzing)
   TOP: Nursing Process: Assessment MSC: NCLEX: Psychosocial Integrity

2. Which basic intervention should a psychiatric mental health nurse plan to provide for a patient diagnosed with a mood disorder?
   a. Sharing clinical expertise to enhance patient treatment
   b. Performing individual or group psychotherapy for the patient
   c. Using appropriate diagnostic tests to monitor patient condition
   d. Conducting stress reduction and health maintenance classes

   ANS: D
   Conducting stress reduction and health maintenance classes is the basic intervention that should be performed by a psychiatric mental health nurse. These classes will provide individualized guidance to patients to prevent or reduce mental illness and improve mental health. Community screenings and stress management classes are examples of health maintenance classes. Consulting nurses from other disciplines to share clinical expertise and enhance patient treatment is an advanced practice psychiatric mental health nursing intervention. Performing individual and group psychotherapy and performing diagnostic tests like blood pressure, etc., are also advanced practice psychiatric mental health nursing interventions.

   DIF: Cognitive Level: Application (Applying) TOP: Nursing Process: Planning
   MSC: NCLEX: Psychosocial Integrity

3. A patient is admitted to the psychiatric hospital. Which assessment finding best indicates that the patient has a mental illness? The patient:
   a. describes coping and relaxation strategies used when feeling anxious.
   b. describes mood as consistently sad, discouraged, and hopeless.
   c. can perform tasks attempted within the limits of own abilities.
   d. reports occasional problems with insomnia.

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ANS: B
A patient who reports having a consistently negative mood is describing a mood alteration that affects the ability to function optimistically. The incorrect options describe mentally healthy behaviors and common problems that do not indicate mental illness.

DIF: Cognitive Level: Application (Applying)
TOP: Nursing Process: Assessment MSC: NCLEX: Psychosocial Integrity

4. The goal for a patient is to increase resiliency. Which outcome should a nurse add to the plan of care to be achieved within 3 days?
   a. Patient describes feelings associated with loss and stress.
   b. Patient meet own needs before considering the rights of others.
   c. Patient will identify healthy coping behaviors in response to stressful events.
   d. Patient will allow others to assume responsibility for major areas of own life.

ANS: C
The patient's ability to identify healthy coping behaviors indicates adaptive, healthy behavior and demonstrates an increased ability to recover from severe stress. Describing feelings associated with loss and stress does not move the patient toward adaptation. The remaining options are maladaptive behaviors.

DIF: Cognitive Level: Analysis (Analyzing)
TOP: Nursing Process: Outcomes Identification
MSC: NCLEX: Psychosocial Integrity

5. A nurse at a behavioral health clinic sees an unfamiliar psychiatric diagnosis on a patient's insurance form. Which resource should the nurse consult to discern the criteria used to establish this diagnosis?
   a. A psychiatric nursing textbook
   b. *NANDA International (NANDA-I)*
   c. A behavioral health reference manual
   d. *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*)

ANS: D
The *DSM-5* gives the criteria used to diagnose each mental disorder. The *NANDA-I* focuses on nursing diagnoses. A psychiatric nursing textbook or behavioral health reference manual may not contain diagnostic criteria.

DIF: Cognitive Level: Application (Applying)
TOP: Nursing Process: Analysis | Nursing Process: Diagnosis
MSC: NCLEX: Safe, Effective Care Environment

6. A nurse must assess several new patients at a community mental health center. Conclusions concerning current functioning should be made on the basis of what factor?
   a. The degree of conformity of the individual to society's norms.
   b. The degree to which an individual appears logical and rational.
   c. A continuum from mentally healthy to mentally unhealthy.
   d. The rate of their intellectual and emotional growth.

ANS: C

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Because mental health and mental illness are relative concepts, assessment of functioning is made by using a continuum. Mental health is not based on conformity; some mentally healthy individuals do not conform to society's norms. Most individuals occasionally display illogical or irrational thinking. The rate of intellectual and emotional growth is not the most useful criterion to assess mental health or mental illness.

DIF: Cognitive Level: Application (Applying)
TOP: Nursing Process: Diagnosis | Nursing Process: Analysis
MSC: NCLEX: Psychosocial Integrity

7. A 40-year-old adult living with parents' states, "I'm happy but I don't socialize much. My work is routine. When new things come up, my boss explains them a few times to make sure I understand. At home, my parents make decisions for me, and I go along with them." A nurse should identify interventions to improve which patient characteristic?
   a. Self-concept
   b. Overall happiness
   c. Appraisal of reality
   d. Control over behavior

   ANS: A
   The patient feels the need for multiple explanations of new tasks at work and, despite being 40 years of age, allows both parents to make all decisions. These behaviors indicate a poorly developed self-concept. Although the patient reports being happy, the subsequent comments refute that self-appraisal. The patient's comments do not indicate that he/she is out of touch with reality. The patient's needs are broader than control over own behavior.

   DIF: Cognitive Level: Application (Applying) TOP: Nursing Process: Planning
   MSC: NCLEX: Psychosocial Integrity

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8. A patient tells a nurse, "I have psychiatric problems and am in and out of hospitals all the time. Not one of my friends or relatives has these problems." What is the nurse's best response?
   a. "Comparing yourself with others has no real advantages."
   b. "Why do you blame yourself for having a psychiatric illness?"
   c. "Mental illness affects 50% of the adult population in any given year."
   d. "Are you are concerned that others don't experience the same challenges as you."

   ANS: D
   Mental illness affects many people at various times in their lives. No class, culture, or creed is immune to the challenges of mental illness. The correct response also demonstrates the use of reflection, a therapeutic communication technique. It is not true that mental illness affects 50% of the population in any given year. Asking patients if they blame themselves is an example of probing.

   DIF: Cognitive Level: Application (Applying)
   TOP: Nursing Process: Implementation MSC: NCLEX: Psychosocial Integrity

9. A critical care nurse asks a psychiatric nurse about the difference between a diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) and a nursing diagnosis. What is the psychiatric nurse's best response?
   a. "No functional difference exists between the two diagnoses. Both serve to identify

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a human deviance."
b. "The *DSM-5* diagnosis disregards culture, whereas the nursing diagnosis includes cultural variables."
c. "The *DSM-5* diagnosis profiles present distress or disability, whereas a nursing diagnosis considers past and present responses to actual mental health problems."
d. "The *DSM-5* diagnosis influences the medical treatment; the nursing diagnosis offers a framework to identify interventions for problems a patient has or may experience."

ANS: D
The medical diagnosis, defined according to the *DSM-5*, is concerned with the patient's disease state, causes, and cures, whereas the nursing diagnosis focuses on the patient's response to stress and possible caring interventions. Both the *DSM-5* and a nursing diagnosis consider culture. Nursing diagnoses also consider potential problems.

DIF: Cognitive Level: Application (Applying)
TOP: Nursing Process: Implementation MSC: NCLEX: Safe, Effective Care Environment

10. The partner of a patient diagnosed with schizophrenia says, "I don't understand why childhood experiences have anything to do with this disabling illness." Which nurse's response will best help the partner understand this condition?
a. "Psychological stress is actually at the root of most mental disorders."
b. "We now know that all mental illnesses are the result of genetic factors."
c. "It must be frustrating for you that your spouse is sick so much of the time."
d. "Research has shown schizophrenia has a biological rather than psychological origin."

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ANS: D
Many of the most prevalent and disabling mental disorders have been found to have strong biological influences. Helping the partner understand the importance of his or her role as a caregiver is also important. Empathy is important but does not increase the spouse's level of knowledge about the cause of the patient's condition. Not all mental illnesses are the result of genetic factors. Psychological stress is not at the root of most mental disorders.

DIF: Cognitive Level: Application (Applying)
TOP: Nursing Process: Implementation MSC: NCLEX: Health Promotion and Maintenance

11. Which belief by a nurse supports the highest degree of patient advocacy during a multidisciplinary patient care planning session?
a. All mental illnesses are culturally determined.
b. Schizophrenia and bipolar disorder are cross-cultural disorders.
c. Symptoms of mental disorders are constant from culture to culture.
d. Some symptoms of mental disorders may reflect a person's cultural patterns.

ANS: D
A nurse who understands that a patient's symptoms are influenced by culture will be able to advocate for the patient to a greater degree than a nurse who believes that culture is of little relevance. All mental illnesses are *not* culturally determined. Schizophrenia and bipolar disorder are cross-cultural disorders, but this understanding has little relevance to patient advocacy. Symptoms of mental disorders change from culture to culture.

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DIF: Cognitive Level: Application (Applying) TOP: Nursing Process: Planning
MSC: NCLEX: Safe, Effective Care Environment

12. A patient's history shows intense and unstable relationships with others. The patient initially idealizes an individual and then devalues the person when the patient's needs are not met. Which aspect of mental health is a problem for this patient?
    a. Effectiveness in work
    b. Communication skills
    c. Productive activities
    d. Maintaining relationships

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

    DIF: Cognitive Level: Application (Applying)
    TOP: Nursing Process: Assessment MSC: NCLEX: Psychosocial Integrity

13. In the majority culture of the United States, which individual is at greatest risk to be incorrectly labeled mentally ill?
    a. Person who is usually pessimistic but strives to meet personal goals.
    b. Wealthy person who gives $20 bills to needy individuals in the community.
    c. Person with an optimistic viewpoint about getting his or her own needs met.
    d. Person who expresses strong beliefs about the existence of alien abductions.

    ANS: D
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    Possessing and expressing unpopular or unsubstantiated beliefs often suggests an individual is mentally unstable. In this situation, cultural norms vary, making it more difficult to make an accurate *DSM-5* diagnosis. The individuals described in the other options are less likely to be labeled as mentally ill.

    DIF: Cognitive Level: Application (Applying)
    TOP: Nursing Process: Assessment MSC: NCLEX: Psychosocial Integrity

14. A participant at a community education conference asks, "What is the most prevalent type of mental disorder in the United States?" What is the nurse's best response?
    a. "Why do you ask?"
    b. "Schizophrenia"
    c. "Affective disorders"
    d. "Anxiety disorders"

    ANS: D
    The prevalence for schizophrenia is 1.1% per year. The prevalence of all affective disorders (e.g., depression, dysthymic disorder, bipolar) is 9.5%. The prevalence of anxiety disorders is 18.1%.

    DIF: Cognitive Level: Comprehension (Understanding)
    TOP: Nursing Process: Implementation MSC: NCLEX: Health Promotion and Maintenance

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15. A nurse wants to find a description of diagnostic criteria for a person diagnosed with schizophrenia. Which resource should the nurse consult?
    a. U.S. Department of Health and Human Services
    b. *Journal of the American Psychiatric Association*
    c. *North American Nursing Diagnosis Association International* (NANDA-I)
    d. *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*)

    ANS: D
    The *DSM-5* identifies diagnostic criteria for psychiatric diagnoses. The other sources have useful information but are not the best resources for finding a description of the diagnostic criteria for a psychiatric disorder.

    DIF: Cognitive Level: Application (Applying)
    TOP: Nursing Process: Analysis | Nursing Process: Diagnosis
    MSC: NCLEX: Health Promotion and Maintenance

MULTIPLE RESPONSE

1. A patient in the emergency department reports, "I hear voices saying someone is stalking me. They want to kill me because I found the cure for cancer. I will stab anyone that threatens me." Which aspects of mental health have the greatest immediate concern to a nurse? (*Select all that apply.*)
    a. Happiness
    b. Appraisal of reality
    c. Control over behavior
    d. Effectiveness in work
    e. Healthy self-concept

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

    DIF: Cognitive Level: Application (Applying)
    TOP: Nursing Process: Assessment MSC: NCLEX: Safe, Effective Care Environment

2. Which statements most clearly reflect the stigma of mental illness? (*Select all that apply.*)
    a. "Many mental illnesses are hereditary."
    b. "Mental illness can be evidence of a brain disorder."
    c. "People claim mental illness, so they can qualify for disability."
    d. "If people with mental illness went to church, they would be fine."
    e. "Mental illness is a result of the breakdown of the American family."

    ANS: C, D, E
    Stigma is represented by judgmental remarks that discount the reality and validity of mental illness. Many mental illnesses are genetically transmitted. Neuroimaging can show changes associated with some mental illnesses.

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