Psychiatric Mental Health Nursing 9th edition Townsend Test Bank

SKU: 9780803660540-TEST-BANK

Chapter 02. Mental Health/Mental Illness: Historical and Theoretical Concepts

Multiple Choice

1. A nurse is assessing a client who is experiencing occasional feelings of sadness because of the recent death of a beloved pet. The clients appetite, sleep patterns, and daily routine have not changed. How should the nurse interpret the clients behaviors?

A. The clients behaviors demonstrate mental illness in the form of depression.

B. The clients behaviors are extensive, which indicates the presence of mental illness.

C. The clients behaviors are not congruent with cultural norms.

D. The clients behaviors demonstrate no functional impairment, indicating no mental illness.

ANS: D

The nurse should assess that the clients daily functioning is not impaired. The client who experiences feelings of sadness after the loss of a pet is responding within normal expectations. Without significant impairment, the clients distress does not indicate a mental illness.

KEY: Cognitive Level: Analysis | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

2. At what point should the nurse determine that a client is at risk for developing a mental disorder?

A. When thoughts, feelings, and behaviors are not reflective of the *DSM-5* criteria

B. When maladaptive responses to stress are coupled with interference in daily functioning

C. When the client communicates significant distress

D. When the client uses defense mechanisms as ego protection

ANS: B

The nurse should determine that the client is at risk for mental disorder when responses to stress are maladaptive and interfere with daily functioning. The *DSM-5* indicates that in order to be diagnosed with a mental disorder, there must be significant disturbance in cognition, emotion, regulation, or behavior that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning. These disorders are usually associated with significant distress or disability in social, occupational, or other important activities. The clients ability to communicate distress would be considered a positive attribute.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

3. A nurse is assessing 15-year-old identical twins who respond very differently to stress. One twin becomes anxious and irritable, while the other withdraws and cries. How should the nurse explain these different responses to stress to the parents?

A. Reactions to stress are relative rather than absolute; individual responses to stress vary.

B. It is abnormal for identical twins to react differently to similar stressors.

C. Identical twins should share the same temperament and respond similarly to stress.

D. Environmental influences weigh more heavily than genetic influences on reactions to stress.

Psychiatric Mental Health Nursing 9th edition Townsend Test Bank

ANS: A

Responses to stress are variable among individuals and may be influenced by perception, past experience, and environmental factors in addition to genetic factors.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Implementation | **Client Need:** Psychosocial Integrity

4. A client has a history of excessive drinking, which has led to multiple arrests for driving under the influence (DUI). The client states, I work hard to provide for my family. I dont see why I cant drink to relax. The nurse recognizes the use of which defense mechanism?

A. Projection

B. Rationalization

C. Regression

D. Sublimation

ANS: B

The nurse should recognize that the client is using rationalization, a common defense mechanism. The client is attempting to make excuses and create logical reasons to justify unacceptable feelings or behaviors.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

5. Which client should the nurse anticipate to be most receptive to psychiatric treatment?

A. A Jewish, female journalist

B. A Baptist, homeless male

C. A Catholic, black male

D. A Protestant, Swedish business executive

ANS: A

The nurse should anticipate that the client of Jewish culture would place a high importance on preventative health care and would consider mental health as equally important as physical health. Women are also more likely than men to seek treatment for mental health problems.

KEY: Cognitive Level: Comprehension | **Integrated Processes:** Nursing Process: Planning | **Client Need:** Psychosocial Integrity

6. A new psychiatric nurse states, This clients use of defense mechanisms should be eliminated. Which is a correct evaluation of this nurses statement?

A. Defense mechanisms can be self-protective responses to stress and need not be eliminated.

B. Defense mechanisms are a maladaptive attempt of the ego to manage anxiety and should always be eliminated.

C. Defense mechanisms, used by individuals with weak ego integrity, should be discouraged and not eliminated.

D. Defense mechanisms cause disintegration of the ego and should be fostered and encouraged.

ANS: A

The nurse should know that defense mechanisms serve the purpose of reducing anxiety during times of stress. A client with no defense mechanisms may have a lower tolerance for stress, predisposing him or her to anxiety disorders. Defense mechanisms should be confronted when they impede the client from developing healthy coping skills.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Implementation | **Client Need:** Psychosocial Integrity

7. During an intake assessment, a nurse asks both physiological and psychosocial questions. The client angrily responds, Im here for my heart, not my head problems. Which is the nurses best response?

A. Its just a routine part of our assessment. All clients are asked these same questions.

B. Why are you concerned about these types of questions?

C. Psychological factors, like excessive stress, have been found to affect medical conditions.

D. We can skip these questions, if you like. It isnt imperative that we complete this section.

ANS: C

The nurse should attempt to educate the client on the negative effects of excessive stress on medical conditions. It is not appropriate to skip either physiological or psychosocial questions, as this would lead to an inaccurate assessment.

KEY: Cognitive Level: Analysis | **Integrated Processes:** Nursing Process: Implementation | **Client Need:** Health Promotion and Maintenance

8. Which statement reflects a student nurses accurate understanding of the concepts of mental health and mental illness?

A. The concepts are rigid and religiously based.

B. The concepts are multidimensional and culturally defined.

C. The concepts are universal and unchanging.

D. The concepts are unidimensional and fixed.

ANS: B

The student nurse should understand that mental health and mental illness are multidimensional and culturally defined. It is important for nurses to be aware of cultural norms when evaluating a clients mental state.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Evaluation | **Client Need:** Safe and Effective Care Environment

9. A mental health technician asks the nurse, How do psychiatrists determine which diagnosis to give a patient? Which of these responses by the nurse would be most accurate?

A. Psychiatrists use pre-established criteria from the APAs Diagnostic and Statistical Manual of Mental Disorders (*DSM-5*).

B. Hospital policy dictates how psychiatrists diagnose mental disorders.

C. Psychiatrists assess the patient and identify diagnoses based on the patients unhealthy responses and contributing factors.

D. The American Medical Association identifies 10 diagnostic labels that psychiatrists can choose from.

ANS: A

The *DSM-5* is an organized manual describing mental disorders and the criteria that determine whether a given diagnosis is appropriate. It is published by the American Psychiatric Association (APA). It intends to facilitate accurate and reliable medical diagnosis and treatment. Item C describes nursing rather than medical diagnosis.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

10. The nurse is preparing to provide medication instruction for a patient. Which of the following understandings about anxiety will be essential to effective instruction?

A. Learning is best when anxiety is moderate to severe.

B. Learning is enhanced when anxiety is mild.

C. Panic level anxiety helps the nurse teach better.

D. Severe anxiety is characterized by intense concentration and enhances the attention span.

ANS: B

Mild anxiety sharpens the senses, increases the perceptual field, and results in heightened awareness of the environment. Learning is enhanced. As anxiety increases, attention span decreases and learning becomes more difficult.

KEY: Cognitive Level: Comprehension | **Integrated Processes:** Nursing Process: Planning | **Client Need:** Health Promotion and Maintenance

11. Which of the following are identified as psychoneurotic responses to severe anxiety as they appear in the *DSM-5?*

A. Somatic symptom disorders

B. Grief responses

C. Psychosis

D. Bipolar disorder

ANS: A

Somatic symptom disorder is characterized by preoccupation with physical symptoms for which there is no demonstrable organic pathology. One of the diagnostic criteria is a high level of anxiety about health concerns or illness.

KEY: Cognitive Level: Comprehension | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

12. An employee uses the defense mechanism of displacement when the boss openly disagrees with suggestions. What behavior would be expected from this employee?

A. The employee assertively confronts the boss

B. The employee leaves the staff meeting to work out in the gym

C. The employee criticizes a coworker

D. The employee takes the boss out to lunch

ANS: C

The client using the defense mechanism of displacement would criticize a coworker after being confronted by

the boss. Displacement refers to transferring feelings from one target to a neutral or less-threatening target.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

13. A teenage boy is attracted to a female teacher. Without objective evidence, a school nurse overhears the boy state, I know she wants me. This statement reflects which defense mechanism?

A. Displacement

B. Projection

C. Rationalization

D. Sublimation

ANS: B

The nurse should determine that the clients statement reflects the defense mechanism of projection. Projection refers to the attribution of ones unacceptable feelings or impulses to another person. When the client passes the blame of the undesirable feelings, anxiety is reduced. Displacement refers to transferring feelings from one target to another. Rationalization refers to making excuses to justify behavior. Sublimation refers to channeling unacceptable drives or impulses into more constructive, acceptable activities.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

14. A fourth-grade boy teases and makes jokes about a cute girl in his class. This behavior should be identified by a nurse as indicative of which defense mechanism?

A. Displacement

B. Projection

C. Reaction formation

D. Sublimation

ANS: C

The nurse should identify that the boy is using reaction formation as a defense mechanism. Reaction formation is the attempt to prevent undesirable thoughts from being expressed by expressing opposite thoughts or behaviors. Displacement refers to transferring feelings from one target to another. Rationalization refers to making excuses to justify behavior. Projection refers to the attribution of unacceptable feelings or behaviors to another person. Sublimation refers to channeling unacceptable drives or impulses into more constructive, acceptable activities.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

15. Which nursing statement about the concept of neuroses is most accurate?

A. An individual experiencing neurosis is unaware that he or she is experiencing distress.

B. An individual experiencing neurosis feels helpless to change his or her situation.

C. An individual experiencing neurosis is aware of psychological causes of his or her behavior.

D. An individual experiencing neurosis has a loss of contact with reality.

ANS: B

The nurse should understand that the concept of neuroses includes the following characteristics. The client feels helpless to change his or her situation, the client is aware that he or she is experiencing distress, the client is aware the behaviors are maladaptive, the client is unaware of the psychological causes of the distress, and the client experiences no loss of contact with reality.

KEY: Cognitive Level: Comprehension | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

16. Which nursing statement about the concept of psychoses is most accurate?

A. Individuals experiencing psychoses are aware that their behaviors are maladaptive.

B. Individuals experiencing psychoses experience little distress.

C. Individuals experiencing psychoses are aware of experiencing psychological problems.

D. Individuals experiencing psychoses are based in reality.

ANS: B

The nurse should understand that the client with psychoses experiences little distress, because of his or her lack of awareness of reality. The client with psychoses is unaware that his or her behavior is maladaptive or that he or she has a psychological problem.

KEY: Cognitive Level: Comprehension | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

17. When under stress, a client routinely uses an excessive amount of alcohol. Finding her drunk, her husband yells at her about the chronic alcohol abuse. Which reaction should the nurse recognize as the use of the defense mechanism of denial?

A. Hiding liquor bottles in a closet

B. Yelling at their son for slouching in his chair

C. Burning dinner on purpose

D. Saying to the spouse, I dont drink too much!

ANS: D

The nurse should associate the client statement I dont drink too much! with the use of the defense mechanism of denial. The client who refuses to acknowledge the existence of a real situation and the feelings associated with it is using the defense mechanism of denial.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

18. Devastated by a divorce from an abusive husband, a wife completes grief counseling. Which statement by the wife should indicate to a nurse that the client is in the acceptance stage of grief?

A. If only we could have tried again, things might have worked out.

B. I am so mad that the children and I had to put up with him as long as we did.

C. Yes, it was a difficult relationship, but I think I have learned from the experience.

D. I still dont have any appetite and continue to lose weight.

ANS: C

The nurse should recognize that the client is in the acceptance stage of grief. During this stage of the grief process, the client would be able to focus on the reality of the loss and its meaning in relation to life.

KEY: Cognitive Level: Analysis | **Integrated Processes:** Nursing Process: Evaluation | **Client Need:** Psychosocial Integrity

19. A nurse is performing a mental health assessment on an adult client. According to Maslows hierarchy of needs, which client action would demonstrate the highest achievement in terms of mental health?

A. Maintaining a long-term, faithful, intimate relationship

B. Achieving a sense of self-confidence

C. Possessing a feeling of self-fulfillment and realizing full potential

D. Developing a sense of purpose and the ability to direct activities

ANS: C

The nurse should identify that the client who possesses a feeling of self-fulfillment and realizes his or her full potential has achieved self-actualization, the highest level on Maslows hierarchy of needs.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Assessment |**Client Need:** Psychosocial Integrity

20. According to Maslows hierarchy of needs, which situation on an inpatient psychiatric unit would require priority intervention by a nurse?

A. A client rudely complaining about limited visiting hours

B. A client exhibiting aggressive behavior toward another client

C. A client stating that no one cares

D. A client verbalizing feelings of failure

ANS: B

The nurse should immediately intervene when a client exhibits aggressive behavior toward another client. Safety and security are considered lower-level needs according to Maslows hierarchy of needs and must be fulfilled before other, higher-level needs can be met. Clients who complain, have feelings of failure, or state that no one cares are struggling with higher-level needs such as the need for love and belonging or the need for self-esteem.

KEY: Cognitive Level: Analysis | **Integrated Processes:** Nursing Process: Implementation | **Client Need:** Psychosocial Integrity

21. Which is an example of the ego defense mechanism of regression?

A. A mother blames the teacher for her childs failure in school.

B. A teenager becomes hysterical after seeing a friend killed in a car accident.

C. A woman wants to marry a man exactly like her beloved father.

D. An adult throws a temper tantrum when he does not get his own way.

ANS: D

Regression is the retreating to an earlier level of development and the comfort measures associated with that level of functioning.

KEY: Cognitive Level: Analysis | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

22. Which is the most significant consequence of the excessive use of defense mechanisms?

A. The superego will be suppressed.

B. Emotions will be experienced intensely.

C. Learning and the ability to grow will be enhanced.

D. Problem-solving will be limited.

ANS: D

Defense mechanisms become maladaptive when they are used by an individual to such a degree that there is interference with the ability to deal with reality, effective interpersonal relations, or occupational performance.

KEY: Cognitive Level: Comprehension | **Integrated Processes:** Nursing Process: Evaluation | **Client Need:** Psychosocial Integrity

23. A husband accuses his wife of infidelity. Which situation would indicate to the nurse the husbands use of the ego defense mechanism of projection?

A. The husband cries and stamps his feet, demanding that his wife be true to her marriage vows.

B. The husband ignores the wifes continued absence from the home.

C. The husband has already admitted to having an affair with a coworker.

D. The husband takes out his marital frustrations through employee abuse.

ANS: C

Projection is the attribution of feelings or impulses unacceptable to ones self to another person. In this situation, the husband attributes his infidelity to his wife.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

24. Which should the nurse recognize as a *DSM-5* disorder?

A. Obesity

B. Generalized anxiety disorder

C. Hypertension

D. Grief

ANS: B

The *DSM-5* identifies several disorders that are related to anxiety, including generalized anxiety disorder, somatic symptom disorder, and dissociative disorders.

KEY: Cognitive Level: Knowledge | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

25. A nurse is educating a patient about the difference between mental health and mental illness. Which statement by the patient reflects an accurate understanding of mental health?

Psychiatric Mental Health Nursing 9th edition Townsend Test Bank

A. Mental health is the absence of any stressors.

B. Mental health is successful adaptation to stressors in the internal and external environment.

C. Mental health is incongruence between thoughts, feelings, and behavior

D. Mental health is a diagnostic category in the *DSM-5.*

ANS: B

Several definitions of mental health exist, but this definition highlights concepts of successful adaptation to stressors, including thoughts, feelings, and behaviors that are age-appropriate and congruent with cultural and societal norms.

KEY: Cognitive Level: Analysis | **Integrated Processes:** Teaching/Learning | **Client Need:** Health Promotion and Maintenance

26. Most cultures label behavior as mental illness on the basis of which of the following criteria?

A. Incomprehensibility and cultural relativity

B. Strength of character and ethics

C. Goal directedness and high energy

D. Creativity and good coping skills

ANS: A

Incomprehensibility and cultural relativity are most often the criteria used to define whether something is labeled mental illness. The other identified behaviors would be more associated with health than illness.

KEY: Cognitive Level: Comprehension | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

27. Which should the nurse recognize as an example of the defense mechanism of repression?

A. A student aware of the need to study for tomorrows test goes to a movie instead.

B. A woman whose son was killed in Iraq does not believe the military report.

C. A man who is unhappily married goes to school to become a marriage counselor.

D. A woman was raped when she was 12 and no longer remembers the incident.

ANS: D

Repression is the involuntary blocking of unpleasant feelings and experiences from ones awareness.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

Multiple Response

28. Which of the following statements should a nurse recognize as true about defense mechanisms? **Select all that apply.**

A. They are employed when there is a threat to biological or psychological integrity.

B. They are controlled by the id and deal with primal urges.

C. They are used in an effort to relieve mild to moderate anxiety.

D. They are protective devices for the superego.

E. They are mechanisms that are characteristically self-deceptive.

ANS: A, C, E

Defense mechanisms are employed by the ego in the face of threats to biological and psychological integrity, ir an effort to relieve mild to moderate anxiety. Because they redirect focus, they are characteristically self-deceptive.

KEY: Cognitive Level: Analysis | **Integrated Processes**: Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

29. A nurse is assessing a client who appears to be experiencing moderate anxiety during questioning. Which symptoms might the client demonstrate? **Select all that apply.**

A. Fidgeting

B. Laughing inappropriately

C. Palpitations

D. Nail biting

E. Extremely limited attention span

ANS: A, B, D

The nurse should assess that fidgeting, laughing inappropriately, and nail biting are indicative of heightened stress levels. The client would not be diagnosed with mental illness unless there is significant impairment in other areas of daily functioning. Other indicators of more serious anxiety are restlessness, difficulty concentrating, muscle tension, and sleep disturbance.

KEY: Cognitive Level: Application | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

30. Which of the following are cultural aspects of mental illness? **Select all that apply.**

A. Local or cultural norms define pathological behavior.

B. The higher the social class the greater the recognition of mental illness behaviors.

C. Psychiatrists typically see patients when the family can no longer deny the illness.

D. The greater the cultural distance from the mainstream of society, the greater the likelihood that the illness will be treated with sensitivity and compassion.

ANS: A, B, C

The fewer ties that a group has with mainstream society, the greater the likelihood of a negative response by society to mental illness. Coercive treatments and involuntary hospitalizations are more common in this population.

KEY: Cognitive Level: Analysis | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Psychosocial Integrity

.

31. How is the *DSM-5* useful in the practice of psychiatric nursing? **Select all that apply.**

A. It informs the nurse of accurate and reliable medical diagnosis.

B. It represents progress toward a more holistic view of mindbody.

C. It provides a framework for interdisciplinary communication.

D. It provides a template for nursing care plans.

E. It provides a framework for communication with the client.

ANS: A, B, C

The *DSM-5* is useful in the practice of psychiatric nursing because it facilitates comprehensive evaluation of the client. In addition, it encourages a holistic view and provides a framework for interdisciplinary communication.

KEY: Cognitive Level: Analysis | **Integrated Processes:** Nursing Process: Assessment | **Client Need:** Safe and Effective Care Environment