Introductory Mental Health Nursing 4th edition Womble Test Bank

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Chapter 12: Personality Disorders

MULTIPLE CHOICE

1. The nurse is caring for a client diagnosed with histrionic personality disorder who is exhibiting manipulative behaviors. Which action by the nurse would be appropriate?
   A) Allow the client to express feelings.
   B) Provide negative reinforcement.
   C) Set limits with consequences.
   D) Employ emphasis-guided imagery.

   ANS: C
   Feedback: Clients exhibiting manipulative behaviors would benefit from limit setting with appropriate consequences. Expression of feelings would be appropriate for clients in cluster C. Negative reinforcement could increase manipulative behavior in clients with histrionic personality disorder. Emphasis-guided behavior is helpful in reducing stress in clients not decreasing manipulative behavior.

   PTS: 1 DIF: Moderate
   REF: Header: Histrionic Personality Disorder, Interventions | Page: 190 | Page: 195
   OBJ: 7 NAT: Client Needs: Psychosocial Integrity
   TOP: Chapter 12
   KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
   BLM: Cognitive Level: Apply

2. The nurse is interviewing a client diagnosed with avoidant personality disorder. The nurse would expect this client to exhibit which behavior?
   A) Preoccupation with details
   B) Extreme shyness
   C) Inability to make decisions
   D) Manipulation

   ANS: B
   Feedback: Clients diagnosed with avoidant personality disorder exhibit extreme shyness and sensitivity to rejection. Clients with obsessive-compulsive personality disorder have a preoccupation with details. An inability to make decisions occurs in clients diagnosed with dependent personality disorder. Manipulation occurs in clients diagnosed with borderline personality disorder.

   PTS: 1 DIF: Moderate
   REF: Header: Avoidant Personality Disorder | Page: 191 OBJ: 2
   NAT: Client Needs: Psychosocial Integrity TOP: Chapter 12
   KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
   BLM: Cognitive Level: Apply

3. The nurse considers facilitating behavioral changes for a client diagnosed with a personality disorder. Which focus has **priority** when planning nursing interventions?
   A) Helping the client gain insight regarding the connection between the client's behaviors and problems

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B) Educating the client to the benefits of both group and individual cognitive-behavioral therapy sessions
C) Identifying and effectively treating any associated mental illness disorder the client may be experiencing
D) Setting appropriate limits to manage existing manipulative or aggressive behaviors employed as coping mechanisms by the client

ANS: A
Feedback: Members of the health care community join together in providing an environment in which the client with a personality disorder can affect behavior change. To accomplish this, the client must gain perspective into the problem underlying his or her maladaptive response to the world. This is often difficult because most people with these disorders lack insight and resist attempts to impose change. To facilitate behavioral change, the priority focus is to help the client gain insight into his or her problematic behaviors and so provide the motivation to work on and bring about personal change. While the other options identify foci that require attention, none of them have the priority that achieving self-awareness has on fostering behavioral changes.

PTS: 1 DIF: Difficult
REF: Header: Treatment of Personality Disorders | Page: 193 OBJ: 3
NAT: Client Needs: Psychosocial Integrity TOP: Chapter 12
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

4. A client diagnosed with borderline personality disorder has been admitted to the inpatient medical unit for crisis management after being told the client's spouse wants a divorce. Considering the behaviors associated with this disorder, which intervention would take **priority** for this client?
A) Keeping a self-reflective journal
B) Developing a no-harm contract
C) Being restricted to the unit
D) Encouraging the client to participate in unit activities

ANS: B
Feedback: When a relationship ends, this person may experience feelings of worthlessness. Dissociation may occur to escape the feeling of being alone. At times, there may be brief episodes of paranoia and hallucinations because the person's ability to maintain a reality state is unstable. This is often the time when repeated threats of suicide or self-mutilation are exhibited. With a no-suicide contract, the client signs an agreement promising not to do anything to harm or kill himself within a specified period of time. The contract may also "require" the client to take some specified action if he wants to act on suicidal thoughts such as call 911 or if hospitalized, notify staff. The other interventions may be appropriate for this client but would not take priority since they do not address the issue of client safety.

PTS: 1 DIF: Moderate REF: Header: Interventions | Page: 196
OBJ: 7 NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 12
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

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5. A client is diagnosed with narcissistic personality disorder. Which classic behavior should the nurse expect to assess?
   A) Sense of entitlement
   B) Current paranoid behaviors
   C) History of unstable relationships
   D) History of self-mutilation

   ANS: A
   Feedback: Behaviors associated with narcissistic personality disorder include a sense of entitlement, grandiose sense of self-importance, and a demand for the best of everything. Paranoid behavior occurs in a variety of disorders but is not a classic characteristic of narcissistic personality disorders. Unstable relationships and self-mutilation are more likely to occur in borderline personality disorder.

   PTS: 1 DIF: Easy
   REF: Header: Signs and Symptoms | Box 12.7: Symptoms of Narcissistic Personality Disorder | Page: 189 | Page: 190 OBJ: 4
   NAT: Client Needs: Psychosocial Integrity TOP: Chapter 12
   KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
   BLM: Cognitive Level: Apply

6. A client shares with another client, “That nurse is mean and hates me. I want to have another nurse take care of me because that nurse is nice all the time.” The client is exhibiting which manifestation of borderline personality disorder?
   A) Dissociation
   B) Impulse
   C) Manipulation
   D) Splitting

   ANS: D
   Feedback: Along with mood changes, the client diagnosed with borderline personality disorder usually demonstrates an extreme view, or splitting, of his or her relationship to the world. Things are seen as all or none, black or white, love or hate, with no neutral ground. The client's statement is not reflective of dissociation, an impulse, or manipulation.

   PTS: 1 DIF: Moderate
   REF: Header: Borderline Personality Disorder | Page: 187 OBJ: 2
   NAT: Client Needs: Psychosocial Integrity TOP: Chapter 12
   KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
   BLM: Cognitive Level: Apply

7. A client is diagnosed with histrionic personality disorder. When assisting with the plan of care, interventions would focus on which classic behavior?
   A) Preoccupation with orderliness
   B) Fear of disapproval
   C) Dependency needs
   D) Extreme egocentricity

   ANS: D

Feedback: Clients diagnosed with histrionic personality disorder exhibit extreme egocentricity, shallow superficial relationships, and exaggerated behavior. A fear of disapproval occurs in avoidant personality disorder. A preoccupation with orderliness occurs in clients diagnosed with obsessive-compulsive personality disorder. Dependency needs occur in dependent personality disorder.

PTS: 1 DIF: Moderate
REF: Header: Signs and Symptoms | Page: 190 OBJ: 7
NAT: Client Needs: Psychosocial Integrity TOP: Chapter 12
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

8. A client is diagnosed with schizotypal personality disorder. The nurse would identify which thought pattern as consistent with this condition?
   A) Self-absorbed thoughts
   B) Magical thinking
   C) Egocentric
   D) Preoccupation with perfection

   ANS: B
   Feedback: The thinking patterns and opinions of people diagnosed with schizotypal personality disorder are unusual and bizarre, often with paranoid undertones. They often display magical thinking or the belief that thoughts, words, and actions can cause or prevent an occurrence by extraordinary means. Self-absorbed thoughts are characteristic of schizoid personality disorder. An egocentric thought pattern is indicative of histrionic personality disorder. Clients diagnosed with obsessive-compulsive personality disorder are preoccupied with perfection and orderliness.

   PTS: 1 DIF: Easy
   REF: Header: Signs and Symptoms | Page: 184 OBJ: 4
   NAT: Client Needs: Psychosocial Integrity TOP: Chapter 12
   KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
   BLM: Cognitive Level: Apply

9. Which nursing diagnosis should the nurse expect to be the **priority** in the care plan for a client diagnosed with borderline personality disorder?
   A) Self-Esteem Disturbance, related to unmet dependency needs
   B) Risk for Self-Directed Violence, related to self-mutilating behaviors
   C) Impaired Communication, related to social withdrawal
   D) Impaired Social Interaction, related to indifference toward others

   ANS: B
   Feedback: Risk for self-directed violence, related to self-mutilating behaviors would be the priority nursing diagnosis for a client diagnosed with borderline personality disorder. Self-Esteem Disturbance would be consistent with dependent personality disorder. Impaired Communication, related to social withdrawal, relates to schizoid personality disorder. Impaired social interaction, related to indifference toward others, is consistent with the diagnosis of schizotypal personality disorder.

   PTS: 1 DIF: Moderate

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REF: Header: Selected Nursing Diagnoses | Page: 195 OBJ: 5
NAT: Client Needs: Psychosocial Integrity TOP: Chapter 12
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

10. A client is being seen in the mental health clinic. When taking the health history, the nurse notes that the client has a history of vandalism, verbal assaults, and truancy. The nurse interprets these behaviors as being consistent with which personality disorder?
A) Dependent
B) Narcissistic
C) Antisocial
D) Borderline

ANS: C
Feedback: Antisocial personality disorder is characterized by the client acting impulsively and recklessly. Vandalism, fighting, verbal assaults, and truancy are characteristic behaviors. Clients with dependent personality disorders feel a need to be taken care of. Clients with narcissistic personality disorders have a consistent need for attention. Borderline clients are manipulative and impulsive.

PTS: 1 DIF: Easy
REF: Header: Signs and Symptoms | Page: 186 OBJ: 4
NAT: Client Needs: Psychosocial Integrity TOP: Chapter 12
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

11. A client diagnosed with which personality disorder would a nurse expect to find disregard and infringement on the rights of others?
A) Antisocial
B) Narcissistic
C) Histrionic
D) Dependent

ANS: A
Feedback: Antisocial personality disorder exhibits a persistent pattern of disregard and infringement on the rights of others in a society. A false sense of privileged revenge against others is demonstrated by their basic cold indifference to the laws of society and humanity. The other personality disorders are not associated with a sense of societal disregard.

PTS: 1 DIF: Easy
REF: Header: Antisocial Personality Disorder | Page: 185 | Page: 186
OBJ: 2 NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 12
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

12. Which personality disorder is associated with the nursing diagnosis of impaired social interaction, related to indifference toward others?
A) Schizoid
B) Histrionic

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C) Dependent
D) Antisocial

ANS: A
Feedback: People with a schizoid personality disorder are withdrawn and secluded and demonstrate an emotional indifference toward social relationships. The other personality disorders do not meet these criteria.

PTS: 1 DIF: Moderate
REF: Header: Schizoid Personality Disorder | Box 12.2: Symptoms of Schizoid Personality Disorder | Page: 184 OBJ: 5 NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 12
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Understand

13. The nurse is assessing a client diagnosed with borderline personality disorder. Which assessment would be **most** important for the nurse to make?
A) Inconsistencies between vocalizations and behaviors
B) Evidence of scars or cuts
C) Nonverbal behaviors
D) Resistance to questioning

ANS: B
Feedback: It would be important to assess for any scars or cuts that may indicate self-mutilating behaviors since this behavior raises safety concerns. The other areas of assessment would be important but would not take priority.

PTS: 1 DIF: Moderate REF: Header: Assessment | Page: 194
OBJ: 4 NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 12
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

14. A client is diagnosed with antisocial personality disorder. Which outcome would be the **most** appropriate for the behaviors associated with this condition?
A) Increases interactions with others
B) Exhibits relaxed posture
C) Decreases manipulative behaviors
D) Gains control over impulses

ANS: D
Feedback: The person with this disorder is suspicious and feels betrayed by the world. Thinking that humans are basically evil and out to undermine, the person performs actions impulsively and recklessly to avoid being sabotaged. The other outcomes are not associated with characteristics that are classically demonstrated by individuals diagnosed with antisocial personality disorder.

PTS: 1 DIF: Moderate REF: Header: Expected Outcomes | Page: 195
OBJ: 6 NAT: Client Needs: Psychosocial Integrity

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TOP: Chapter 12
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Understand

15. Which response by the nurse manager would **best** address the concerns of a nurse who expresses uncertainty about how to evaluate the short-term progress of a client being treated for borderline personality disorder?
    A) "It's hard since the behaviors are so deeply established into the way the client interacts with others."
    B) "Focus on how the client's use of effective impulse control has improved since admission."
    C) "If behavioral changes don't occur during hospitalization, the prognosis for change is poor."
    D) "No real progress will be made until the client recognizes and accepts that a problem exists."

    ANS: B
    Feedback: The effectiveness of implemented interventions for clients with personality disorders is difficult to measure. Changes do not occur quickly and are often not recognizable during the brief treatment period. Short-term outcomes that involve interaction with other clients and impulse control can be evaluated within the confined milieu. The client's behavior following discharge will demonstrate whether actual improvement has occurred. While true that the potential for improvement is limited by the deeply ingrained patterns of pervasive behaviors and self-reflection is needed, these statements don't help the nurse evaluate the client's progress.

    PTS: 1 DIF: Moderate REF: Header: Evaluation | Page: 196
    OBJ: 8 NAT: Client Needs: Psychosocial Integrity
    TOP: Chapter 12
    KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
    BLM: Cognitive Level: Analyze

16. Which personality disorder is associated with an increased risk for physical, verbal, emotional, or sexual abuse?
    A) Histrionic
    B) Dependent
    C) Schizoid
    D) Borderline

    ANS: B
    Feedback: There is an increased incidence of abuse and surrender in clients with dependent personality disorder. Because the abused person is so afraid of being alone, the abuse is endured even when help is offered to leave the situation. The other personality disorders do not carry with them the increased incidence of abuse.

    PTS: 1 DIF: Moderate
    REF: Header: Signs and Symptoms | Page: 192 OBJ: 2
    NAT: Client Needs: Psychosocial Integrity TOP: Chapter 12
    KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
    BLM: Cognitive Level: Understand

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MULTIPLE RESPONSE

17. When gathering data about a client with suspected obsessive-compulsive personality disorder, which characteristics would the nurse most likely find? Select all that apply.
    A) Detail-focused
    B) Stubbornness
    C) Insecurity
    D) Perfectionism
    E) Flexible control

    ANS: A, B, D
    Feedback: Insecurity is not a manifestation of obsessive-compulsive personality disorder. Stubbornness, a focus on details, rigid control, and striving for perfection occur in clients diagnosed with obsessive-compulsive personality disorder.

    PTS: 1 DIF: Moderate
    REF: Header: Obsessive-Compulsive Personality Disorder | Page: 192
    OBJ: 4 NAT: Client Needs: Psychosocial Integrity
    TOP: Chapter 12
    KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
    BLM: Cognitive Level: Apply

18. When considering the treatment for personality disorders, the nurse should reinforce teaching that focuses on which interventions? Select all that apply.
    A) Minimization of external stimuli by use of stress reduction techniques
    B) Attempts to correct error in thinking with risperidone
    C) Usefulness of behavioral therapy to bring about changes in conduct
    D) Improvement of interpersonal relationships through the development of trust
    E) Improvement of problem-solving skills through use of critical thinking

    ANS: B, C, D, E
    Feedback: A combination of psychotherapy and medication is the preferred approach to treatment of personality disorders, although the symptoms of these disorders are less responsive to drugs. Thinking errors can be somewhat improved with antipsychotic medications such as risperidone and olanzapine. Behavioral therapy and attention to the development of trust are appropriate for such clients. This disorder often manifests with poor problem-solving skills and so therapy attempts to address this dysfunction. The inability to manage external stimuli is not a characteristic of personality disorders.

    PTS: 1 DIF: Difficult
    REF: Header: Treatment of Personality Disorders | Page: 193 | Page: 194
    OBJ: 3 NAT: Client Needs: Psychosocial Integrity
    TOP: Chapter 12
    KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
    BLM: Cognitive Level: Apply

19. When assessing a client diagnosed with antisocial personality disorder, the nurse should expect to observe which characteristics? Select all that apply.

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A) Dishonesty
B) Grandiose view of self
C) Inability to make self-care decisions
D) Preoccupation with orderliness
E) Lack of guilt

ANS: A, E
Feedback: The nurse would expect deceit and dishonesty and lack of guilt to occur in the client diagnosed with antisocial personality disorder. A grandiose view of self occurs in narcissistic personality disorder. Clients diagnosed with dependent personality disorder have an inability to make self-care decisions. A preoccupation with orderliness occurs in clients diagnosed with obsessive-compulsive personality disorders.

PTS: 1 DIF: Moderate
REF: Header: Signs and Symptoms | Box 12.4: Symptoms of Antisocial Personality Disorder | Page: 186 OBJ: 4 NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 12
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

20. Which interventions would the nurse consider for inclusion into the care plans of clients demonstrating characteristics of cluster B personality disorders? Select all that apply.
A) Reintroduce stated outcomes when unit rules are broken.
B) Monitor frequently for indications of self-mutilation.
C) Approach the client from the front to avoid triggering aggressive behavior.
D) Reinforce that staff does not show favoritism toward certain clients.
E) Intervene when client dress is sexually provocative.

ANS: A, B, C, D, E
Feedback: Dramatic, emotional, or erratic behavior is characteristic of individuals with a cluster B personality disorder. The category includes the antisocial, borderline, narcissistic, and histrionic personality disorders. Persons with antisocial personality disorder exhibit a persistent pattern of disregard and infringement on the rights of others in a society. A false sense of privileged revenge against others is demonstrated by their basic cold indifference to the laws of society and humanity. Persons diagnosed with borderline personality disorder have a persistent pattern of unstable interpersonal relationships, insecure self-image, and mood swings that can include intentional acts of inflicting bodily injury without intent to die as a result (self-mutilation). Although ashamed of their actions, they feel a compelling need to continue the behavior. Persons with a narcissistic personality disorder have a continued need for lavish attention and admiration with little regard for the feelings of others. This is exhibited as arrogance and claims of entitlement that others owe them because of their superiority. Typically, persons with histrionic personality disorder display a pattern of egocentric and excessive emotion in a demanding manner to gain personal attention and are overly dramatic and may seem fake or exaggerated in their behavior. By creating a scene that gets the attention of others, they usually receive sympathy or affectionate gestures in return. Provocative dress and mannerisms are often used to draw attention.

PTS: 1 DIF: Difficult
REF: Header: Interventions | Page: 195 | Page: 196 OBJ: 7
NAT: Client Needs: Psychosocial Integrity TOP: Chapter 12

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KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Analyze

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Chapter 2: The Delivery of Mental Health Care

MULTIPLE CHOICE

1. The nurse is preparing information for a community-focused presentation and is using the Americans with Disabilities Act (ADA) as a primary reference. Which area is the likely focus of the nurse's presentation regarding patient rights of the mentally ill?
   A) Prevention against inappropriate nursing home placement
   B) Use and availability of public transportation
   C) Appropriate community follow-up treatment
   D) Mental health insurance benefits comparable to medical health insurance benefits

   ANS: B
   Feedback: The Americans with Disabilities Act (ADA) was the first federal civil rights law to prohibit discrimination against persons with mental and physical disabilities. This legislation protects those persons with disabilities in the employment setting, while using public transportation or facilities, and in areas of mass communication. The National Mental Health Parity Act made it mandatory for insurance companies to provide annual and lifetime benefit limits for mental illnesses comparable to those allotted for physical illnesses. The Omnibus Budget Reform Act (OBRA) prevented the inappropriate placement of mentally ill clients in nursing homes. The Mental Health Act of 1983 addressed the rights of people admitted to psychiatric hospitals, including their right to refuse being admitted to a psychiatric facility against their will and their rights while in treatment, following discharge, and during community follow-up.

   PTS: 1 DIF: Moderate
   REF: Header: Community-Based Care | Page: 21 OBJ: 9
   NAT: Client Needs: Psychosocial Integrity TOP: Chapter 02
   KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
   BLM: Cognitive Level: Apply

2. The nurse is associated with a community clinic. Which intervention will this nurse initially focus on to **best** minimize the barriers to mental health care that exist for the Hispanic and Asian immigrants in an urban community?
   A) Building a trusting, respectful relationship with the immigrant community
   B) Gaining an understanding of the belief and value systems of the clinics' cultures
   C) Arranging for interpreters to be available during mental health assessments
   D) Including the family in identifying and planning mental health interventions

   ANS: B

Feedback: Cultural incompetence among mental health providers and professionals is perhaps the single most pivotal barrier to equality in the delivery of mental health care. Becoming familiar with the client's cultural values and beliefs will provide vital information into how the individual views mental illness and the possible interventions. In addition, whether perceived or inferred, racial and cultural bias and stereotyping during encounters with mental health workers often elicit hostility and breed feelings of prejudiced treatment. Once the nurse is educated in the culture, it is important to recognize that immigrant and minority families alike often demonstrate a lack of trust in the system and fear the outcome. While language and cultural practices like family hierarchy in decision making can present barriers to care, the initial focus should be on gaining an understanding of the culture and its values and beliefs.

PTS: 1 DIF: Moderate
REF: Header: Barriers to Seeking Care | Page: 21 | Page: 22 OBJ: 3
NAT: Client Needs: Psychosocial Integrity TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

3. An inmate arrives at the correctional facility and asks to speak to the nurse concerning the need for “some pills to calm my nerves.” Considering the value inmates place on medical care, what should be the nurse's initial response?
   A) Recommend the inmate to discuss the problem with the facility's psychiatrist and make the appropriate consult request.
   B) Require that the inmate be observed by correctional staff for 3 days and decide whether an assessment is appropriate based on the documentation of their observations.
   C) Conduct the mental health assessment in a calm, matter-of-fact manner being alert for possible manipulative behaviors on the part of the inmate.
   D) Recognize that a significant number of inmates experience stress-induced anxiety, especially when initially incarcerated and prepare to facilitate medication therapy for the symptoms.

   ANS: C
   Feedback: Nurses who work in a correctional facility must learn to separate what is real from what is a manipulative endeavor by the inmate. A calm, but firm and matter-of-fact approach is essential to command compliance with rules and policies of the institution. Once the assessment is completed, the nurse will refer the inmate for an extensive psychiatric evaluation if data support is the need. It is the nurse's responsibility to assess and evaluate the inmate's mental health, not the correctional staff. While inmates can be experiencing stress, the nurse should not proceed with treatment until confirmed through appropriate assessment.

   PTS: 1 DIF: Difficult
   REF: Header: Mental Health Care Issues | Page: 34 OBJ: 11
   NAT: Client Needs: Psychosocial Integrity TOP: Chapter 02
   KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
   BLM: Cognitive Level: Apply

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4. A nurse is attending an in-service presentation about the evolution of mental health care. The nurse demonstrates understanding of this information, identifying which concept as having gained acceptance in the mid 1950s as antipsychotic drugs were being introduced?
   A) Deinstitutionalization of mentally ill clients
   B) Use electric shock therapy for depressed clients
   C) Move to use antipsychotic drugs instead of physical restraints
   D) Introduction of the informed consent
   E) Inclusion of psychiatric nursing in all nursing programs

   ANS: A
   Feedback: As this new era of treatment emerged, the movement to deinstitutionalize clients with mental illness was in motion. Between 1950 and 1980, the number of institutionalized clients dropped from more than 500,000 to less than 100,000. In addition, due to the focus on improved conditions and treatment, the National League for Nursing endorsed the inclusion of psychiatric nursing in all nursing programs. None of the remaining options are associated with the introduction of psychotropic medications.

   PTS: 1 DIF: Easy
   REF: Header: Twentieth Century Progress | Page: 20 OBJ: 2
   NAT: Client Needs: Psychosocial Integrity TOP: Chapter 02
   KEY: Integrated Process: Teaching/Learning
   BLM: Cognitive Level: Analyze

5. A nurse is providing care to several clients at the community clinic. All of the clients have new immigrants to the United States. Which client would the nurse identify as being at highest risk for developing depression?
   A) 15-year-old male
   B) 25-year-old female
   C) 35-year-old male
   D) 45-year-old female

   ANS: D
   Feedback: According to the National Institute of Mental Health, age at the time of immigration appears to affect the onset of mental disorders. Statistics demonstrate that the younger the individual on arrival, the higher the incidence of substance abuse in Asian and Latino immigrants who arrived prior to age 12, while mood disorders (such as depression) increased in those arriving in the United States around age 40.

   PTS: 1 DIF: Moderate
   REF: Header: Barriers to Seeking Care | Page: 22 OBJ: 3
   NAT: Client Needs: Psychosocial Integrity TOP: Chapter 02
   KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
   BLM: Cognitive Level: Analyze

6. A psychiatric care facility's nursing administrator is implementing interventions to address the needs of minority groups served at the facility. Which action would most likely have the greatest impact on the mental health care provided to these individuals?
   A) Case managers are assigned to minority clients who have no family support.
   B) Translators are available for clients who experience language as a barrier.
   C) Two mandatory in-services on the delivery of culturally competent care are

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scheduled yearly.

D) Clients for whom English is a second language will receive all written educational materials in their native language.

ANS: C

Feedback: Cultural incompetence among mental health providers and professionals is perhaps the single most pivotal barrier to equality in delivery of mental health care. Requiring education to help assure staff is culturally competent demonstrates understanding of the barrier. While language and a lack of family support are definitely barriers to care, they are not thought to have the same negative impact as does incompetent cultural care.

PTS: 1 DIF: Moderate
REF: Header: Cultural Unpreparedness Within the System | Page: 22 | Page: 23
OBJ: 3 NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

7. Which nursing intervention provides the **best** method of educating newly admitted clients of their rights?

A) Discussing with all new clients the Bill of Rights that is posted on the unit
B) Providing all newly admitted clients a copy of the Bill of Rights
C) Informing the new clients that their rights are protected by Bill of Rights
D) Alerting staff to be aware that new clients may not be aware of Bill of Rights

ANS: A

Feedback: All clients entering a treatment facility have certain rights that have been documented in the Patient Bill of Rights. Those that apply to the client with mental illness were declared in the Mental Health Systems Act Bill of Rights passed by the U.S. Congress in 1980. Clients are given the opportunity to read these rights at the time of admission for treatment. This document is usually displayed in a prominent area of the client service units so that it is available to clients and families. While the remaining options are not inappropriate, they do not meet the expectations that the client be educated about and have access to a copy of their rights as clients.

PTS: 1 DIF: Moderate REF: Header: Client Rights | Page: 24
OBJ: 4 NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

8. An individual is diagnosed with a serious acute physical health issue. The client is evaluated by the nurse for the existence of anxiety and depression for which reason?

A) Physical recovery process can be delayed by the existence of mental illness.
B) Specific psychiatric care must be arranged to meet the client's mental health needs.
C) Holistic nursing care requires that attention be paid to all aspects of the client.
D) Every client has the right to appropriate care for all of their health needs.

ANS: A

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Feedback: Physical illness can create a psychological response that may interfere with treatment, result in an exacerbation of the illness, or delay a recovery. The other options are true statements but are not the primary concern related to the health concerns of a client diagnosed with an acute physical illness.

PTS: 1 DIF: Moderate
REF: Header: Nonpsychiatric Health Care Facilities | Page: 28 OBJ: 4
NAT: Client Needs: Psychosocial Integrity TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

9. A client is admitted to an inpatient psychiatric facility via an emergency protective custody order. The nurse would understand that the client can be held for how long?
A) 73 to 84 hours
B) 48 to 72 hours
C) 36 to 47 hours
D) 24 to 35 hours

ANS: B
Feedback: The client can be detained on an emergency status against the client's will for an interval of 48 to 72 hours.

PTS: 1 DIF: Easy
REF: Header: Inpatient Psychiatric Settings | Page: 28 OBJ: 5
NAT: Client Needs: Psychosocial Integrity TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Understand

10. Which individual meets the criteria for an involuntary psychiatric admission?
A) Client who is prescribed cognitive psychotherapy
B) Depressed person with a history of a suicide attempt
C) Individual for whom there is current evidence of drug or alcohol abuse
D) Person clearly intent upon hurting himself or others

ANS: D
Feedback: For an involuntary admission to occur, an evaluation statement that clearly indicates that the person's mental state is a danger to himself or herself or others is necessary. While evidence that psychiatric care may be appropriate, none of the other options meet the criteria of the current intension to harm self or others.

PTS: 1 DIF: Moderate
REF: Header: Inpatient Psychiatric Settings | Page: 28 OBJ: 5
NAT: Client Needs: Psychosocial Integrity TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

11. A student nurse shadowing a staff nurse asks the nurse, “Where should I go to find information about the scope and minimum standard of practice for the care I provide? Which response by the nurse would be appropriate?
A) “Check out your school of nursing's clinical instructor.”

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B) "Go to the American Nurses Association website."
C) "Access the Student Nurses Association website."
D) "Check out your state's Nurse Practice Act."

ANS: D
Feedback: Student and licensed nurses are accountable for the care they provide, which means they must take responsibility for what they do. Each level of nursing is responsible for adhering to the standard of care that is acceptable for that particular level. The Nurse Practice Act of each state identifies the scope and minimum standards of practice for the various levels. While the other resources may provide general information, their purpose is not to define scope and minimal standards of care.

PTS: 1 DIF: Easy REF: Header: Nurse Accountability | Page: 27
OBJ: 7 NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

12. A nurse is providing care to a client who has moderate to severe Alzheimer's disease. Which action **best** demonstrates the nurse's primary legal obligation to the client?
A) Protecting the client's rights
B) Identifying the client's physical needs
C) Documenting all care provided to the client
D) Evaluating the client's condition on a regular basis

ANS: A
Feedback: The nurse has a legal and ethical responsibility to act as a client advocate to protect the clients and those rights that are legally afforded to them. The remaining options are nursing responsibilities to the client.

PTS: 1 DIF: Moderate REF: Header: Nurse Accountability | Page: 27
OBJ: 7 NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

13. Which is the primary principle to consider when determining where mental health treatment can be received?
A) Care must be delivered in the least restrictive but safe environment.
B) Client's financial situation must be considered.
C) Psychotherapy as a treatment requires inpatient care.
D) Every client has the right to choose their treatment setting.

ANS: A
Feedback: A client has the right to receive treatment in the least restrictive environment that would promote safety and therapeutic care. Psychotherapy can often be delivered in an outpatient setting. The family physician or psychiatrist makes the determination whether the client will need to receive inpatient or outpatient treatment and the appropriate setting in which that care can be provided. While cost of the treatment setting is considered, it is not the defining factor on where treatment will best occur.

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PTS: 1 DIF: Moderate
REF: Header: Practice Settings for Mental Health Care | Page: 27
OBJ: 9 NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 02 KEY: Integrated Process: Teaching/Learning
BLM: Cognitive Level: Understand

14. Which intervention should the mental health nurse implement when a client expresses the wish to register a complaint about the care the client is receiving?
A) Notify the nurse manager of the client's intent.
B) Provide the client with the information on how to file a complaint.
C) Discuss the client's reason for being dissatisfied with care.
D) Take the complaint to the client care team for discussion.

ANS: B
Feedback: Regardless of the setting in which clients receive mental health services, they have the right to receive information about how to channel complaints about their care or the professionals providing their treatment. The other options fail to meet the criteria for supporting the client's right to report complaints.

PTS: 1 DIF: Moderate
REF: Header: Appeals and Complaints | Page: 26 OBJ: 9
NAT: Client Needs: Psychosocial Integrity TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

15. When considering the scope of holistic nursing when practicing in nonpsychiatric health care facilities, which principle guides nursing care?
A) Help the clients understand their rights
B) Practice nursing according to Peplau's theory
C) Initiate interventions to address the client's psychosocial needs
D) Include the client in the decision-making process

ANS: C
Feedback: The holistic concept of nursing care incorporates the entire scope of human needs, addressing the physical, psychosocial, cultural, and spiritual issues of the individual client. Peplau's theory is focused on interpersonal relationships. The remaining options are nursing responsibilities and not exclusively associated with holistic nursing.

PTS: 1 DIF: Moderate
REF: Header: Nonpsychiatric Health Care Facilities | Page: 29 OBJ: 10
NAT: Client Needs: Psychosocial Integrity TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Understand

16. A nurse is providing care to clients in a correctional facility. Which statement demonstrates an understanding of the barriers presented to the delivery of nursing care in correctional facilities?
A) “I understand that you wish your wife would visit more often.”
B) “You are aware of the rules; you'll get your medication at 3 PM as always.”

C) "It will take at least a week to get the results back on your blood work."
D) "Arrangements will include taking you to a community hospital for the treatment."

ANS: B
Feedback: Nurses who work in a correctional facility must learn to separate what is real from what is a manipulative endeavor by the inmate. A calm, but firm and matter-of-fact approach is essential to command compliance with rules and policies of the institution. Inmates often lack family support but that is not considered a barrier to the delivery of nursing care. The other options reflect typical situations associated with the delivery of health care.

PTS: 1 DIF: Difficult
REF: Header: Mental Health Care Issues | Page: 34 OBJ: 11
NAT: Client Needs: Psychosocial Integrity TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Analyze

MULTIPLE RESPONSE

17. A nurse is providing care to several clients. Which clients present the nurse with the obligation to disclose what might be considered confidential client information? Select all that apply.
A) 6 year old whose admission physically revealed bruising of various stages
B) 17 year old who reports the abuse of alcohol and drugs on a regular basis
C) 35 year old whose blood suggests the presence of HIV
D) 48 year old who is angry with his sister for "putting me here"
E) 69 year old reported missing by family who was found after being physically assaulted

ANS: A, C, E
Feedback: Situations that may legally require disclosure of information include intent to commit a crime, duty to warn endangered persons, evidence of child abuse, initiation of involuntary hospitalization, and infection by HIV. The report of alcohol and drug abuse does not warrant mandatory reporting. Reporting of the intent to harm another is not mandatory unless the client reports a specific, plausible plan to do so.

PTS: 1 DIF: Difficult REF: Header: Confidentiality | Page: 25
OBJ: 6 NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Analyze

18. A nurse is reviewing The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the importance of confidentiality. The nurse demonstrates understanding of this information by identify which as a responsibility? Select all that apply.
A) Providing clients with access to the information contained in their medical records
B) Disclosing what information contained in their medical record is being shared
C) Protecting the client's privacy
D) Informing client about whom they provide information contained in a client's

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medical records
E) Ensuring that conversations about the client's condition are shared only with health care professionals

ANS: A, B, C, D
Feedback: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 holds mental health care professionals to a legal and ethical responsibility for the protection of the client's privacy and confidentiality of their medical records information. This act also assures that clients have the right to know the content of their medical records, what information is being disclosed for payment benefits or other treatment reasons, and to whom any disclosures are being given. Health care providers who are not consulted by the physician or providing direct client care do not have the privilege of viewing the medical record without permission.

PTS: 1 DIF: Easy REF: Header: Confidentiality | Page: 25
OBJ: 6 NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 02 KEY: Integrated Process: Communication and Documentation
BLM: Cognitive Level: Analyze

19. Which mandates are regulated by the federal government with regard to the use of physical restraints? Select all that apply.
A) Clients being restrained must be monitored every 30 minutes for safety.
B) Nurses have the legal right to supervise the application of restraints.
C) Application requires the immediate threat of harm to the client or others.
D) Application occurs only after less restrictive attempts have failed.
E) Nurses cannot be sued for false imprisonment resulting from the use of restraints.

ANS: B, C, D
Feedback: Restraining methods are only used when verbal interventions or less restrictive methods of treatment have failed or are not available. It is essential that nurses attempt to de-escalate aggressive behaviors before these measures are necessary. Continuous monitoring of the client in restraints or seclusion is mandatory. Clients who are confined without justification or who are subject to inappropriate use of seclusion or restraint can be viewed in a civil court as having been falsely imprisoned.

PTS: 1 DIF: Difficult
REF: Header: Seclusion and Restraint | Page: 26 | Page: 27 OBJ: 8
NAT: Client Needs: Psychosocial Integrity TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Apply

20. A nurse is providing care to several clients. The nurse would anticipate legal issues when addressing the need for informed consent for which client? Select all that apply.
A) 25 year old admitted with a diagnosis of anxiety disorder
B) 45 year old who lives in a group home for the cognitively impaired
C) 55 year old experiencing acute depression after the death of a spouse
D) 62 year old with delirium secondary to medication overdose
E) 75 year old admitted with a history of chronic depression and suicide attempts

ANS: B, D

Feedback: Informed consent is the client's grant of permission to undergo a specific procedure or treatment after being informed about the procedure, risks, and benefits. In the case of an incompetent or incoherent client, such as one who is experiencing cognitive impairment or delirium, a family member or legal guardian should make the decision since the client lacks the ability. None of the other options presents a client who is incompetent or incoherent.

PTS: 1 DIF: Moderate REF: Header: Informed Consent | Page: 24
OBJ: 6 NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 02
KEY: Integrated Process: Clinical Problem-Solving Process (Nursing Process)
BLM: Cognitive Level: Analyze

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