

# M\_PMHNPQ (600+ Questions) - Quiz Questions with Answers

1.

Patients with bipolar disorder are often treated with interpersonal and social rhythm therapy. This therapy helps patients:

recognize triggers to mood changes.

manage stress.

**establish consistent sleep and physical activity schedules.**

cope with bipolar disorder.

***Explanation:***

*Interpersonal and social rhythm therapy helps patients with bipolar disorder establish consistent sleep and physical activity schedules. The patients utilize a self-monitoring instrument to monitor their daily activities, including their sleep patterns. Maintaining consistent patterns of activities and sleeping at the same time and for the same duration each night helps to reduce manic and depressive episodes. Patients may also engage in cognitive behavioral therapy, family therapy, and group therapy. If symptoms are severe and the patient does not respond to other treatments, electroconvulsive therapy (ECT) may be considered.*

2.

A group cognitive behavioral therapy (CBT) approach that focuses on relapse prevention for substance use disorders will likely:

stress the importance of attending Alcoholics or Narcotics Anonymous® (AA) meetings.

stress mindfulness and accepting oneself.

**help patients identify situations that make them vulnerable to relapse.**

advise patients to serve as mentors for each other.

***Explanation:***

*A cognitive behavioral therapy (CBT) approach that focuses on relapse prevention for drug use disorders will likely help patients identify situations that make them vulnerable to relapse. Therapy may include training in behavioral skills and the use of cognitive interventions to assist them to identify triggers or situations that result in relapse as well as to provide tools they can use if faced with a situation that is placing the patient at risk, such as when associates are engaging in addictive behavior.*

3.

A patient with court-ordered therapy for antisocial personality disorder is very manipulative and exhibits unacceptable behavior. Part of his therapy includes limit setting. If the patient asks the psychiatric and mental health nurse a personal question, such as "Do you live with your boyfriend?" the most appropriate response is:

"That is none of your business."

**"It is not appropriate to ask me personal questions."**

"Why are you asking me that?"

“What is the rule about these types of questions?”

**Explanation:**

*If a patient with antisocial personality disorder asks the psychiatric and mental health nurse a personal question, such as “Do you live with your boyfriend?” the most appropriate response is “It is not appropriate to ask me personal questions.” Consequences for inappropriate behavior should be clearly outlined, so the nurse may follow this statement with another: “If you continue to ask inappropriate questions, I will stop our discussion because that is the consequence for this behavior.” The nurse should use care not to try to coax or threaten the patient into behaving more appropriately.*

4.

**A 62-year old-male with fragile X syndrome has been diagnosed with fragile X tremor-ataxia syndrome. The psychiatric and mental health nurse should expect the patient to exhibit:**

tremor and ataxia only.

tremor, ataxia, mood changes, paresis, dementia.

**tremor, ataxia, mood changes, cognitive decline, dementia.**

tremor, ataxia, mood changes, cognitive decline, paresis.

**Explanation:**

*If a patient is diagnosed with fragile X tremor-ataxia syndrome (FXTAS), the psychiatric and mental health nurse should expect the patient to exhibit intention tremors, ataxia, mood changes (anxiety, depression), cognitive decline, and dementia. This neurological decline associated with FXTAS occurs later in life and increases with age with 17% of those between 50 and 59 exhibiting symptoms and 74% of those over 80 years. Early symptoms include difficulty writing, using utensils, and frequent falls. FXTAS rarely affects females.*

5.

The most common behavioral therapy used to help patients with Tourette's syndrome control tics is:

interoceptive exposure.

contingency management.

massed negative practice.

**habit reversal training.**

***Explanation:***

*The most common behavioral therapy used to help patients with Tourette's syndrome control tics is habit reversal training, which helps patients recognize habitual pattern and motor sequences associated with tics so they can identify the times and conditions under which the urge to tic occurs. People learn routines to counter the tic, such as breathing slowly with the mouth closed to control vocal tics or covering the mouth as for a cough with a tic that involves sticking out the tongue.*

6.

Which of the following herbal preparations should be avoided with other psychoactive drugs?

Chamomile.

Ginseng.

Fennel.

**St. John's wort.**

***Explanation:***

*St. John's wort, which is used to treat mild to moderate depression, should be avoided with other psychoactive drugs. St. John's wort may increase symptoms of ADHD if patients are taking methylphenidate. St. John's wort may also increase episodes of mania in patients with bipolar disorder and may increase risk of developing mania in those with major depression. St. John's wort may trigger psychosis in some patients with schizophrenia. St. John's wort is associated with many drug interactions, including alprazolam (Xanax®), birth control pills, phenobarbital, phenytoin, amitriptyline (Elavil®), and SSRI.*

7.

**When screening an older adult for depression with the Geriatric Depression Scale (short form) with 15 questions, what is the minimal score that indicates possible depression?**

3.

6.

8.

10.

***Explanation:***

*When screening an older adult for depression with the Geriatric Depression Scale, short form, (GDS-SF) with 15 questions, the minimal score that indicates possible depression is 6 (greater than 5). Patients answer "yes/no" to questions about their satisfaction with life, feelings, memory problems, and general situation with "yes" answers indicating depression. Patients who score above 5 should be further evaluated. A score above 10 almost always indicates*

*depression. The short form requires about 5 to 7 minutes to complete. A long form with 30 questions is also available although the short form is more commonly used for screening.*

8.

The evidence-based Suicide Assessment Five-step Evaluation and Triage (SAFE-T) tool indicates that a patient has modifiable risk factors for suicide and strong protective factors, resulting in an overall low risk factor although the patient admits to thoughts of death but denies a plan or intent. The intervention that is most indicated is:

outpatient treatment and crisis numbers.

crisis plan and crisis numbers.

admission to inpatient facility and crisis plan.

admission to inpatient facility with suicide precautions.

***Explanation:***

*Since the evidence-based SAFE-T tool indicates that the patient is at low risk for suicide because risks (such as access to guns and health concerns) are modifiable and protective factors (such as religious beliefs and social supports) are strong, the intervention that is most indicated is outpatient treatment with crisis numbers to call if the patient needs support. The SAFE-T tool has 5 steps: (1) assessment of risk factors, (2) assessment of protective factors, (3) suicide inquiry (specific questions about plans, intent, ideation), (4) assignment of risk level (low, moderate, high) and appropriate intervention, and (5) documentation and plans.*

9.

The patient's medication list includes both a monoamine oxidase (MAO) inhibitor (isocarboxazid), which the patient has taken for many years, and an SSRI (fluoxetine), which was recently prescribed by another doctor. The psychiatric and mental health nurse should advise the patient that this combination may result in:

neuroleptic malignant syndrome.

hypotension.

hypertensive crisis.

**serotonin syndrome.**

***Explanation:***

*If the patient's medication list includes both a monoamine oxidase (MAO) inhibitor (isocarboxazid) and an SSRI (fluoxetine), the psychiatric and mental health nurse should advise the patient that this combination may result in serotonin syndrome, which can be life-threatening. Symptoms include confusion, hallucinations, fever, and myopathy. MAO inhibitors are no longer in common use because of multiple food and drug interactions that increase risk to patients. Patients prescribed an MAOI should always be advised to notify the prescribing physician before taking any other medication or herbal product.*

10.

**When conducting the physical examination on a patient, the psychiatric and mental health nurse notes that the patient has dysphonia and can only speak in a hoarse whisper, a symptom that has persisted for over 6 months. Based on this observation, the cranial nerve that should be assessed is:**

I (one).

II (two).

VIII (eight).

X (ten).

**Explanation:**

*Because the patient has longstanding dysphonia and can only speak in a hoarse whisper, the cranial nerve that should be assessed is cranial nerve X (ten), because it provides sensation and innervation to the larynx per the laryngeal nerves. Injury or paralysis of either or both of these nerves can result in persistent hoarseness. To assess cranial nerve X, the patient is asked to open the mouth and say "Ahh" while the nurse observes the movement of the soft palate and pharynx. Normal response is symmetrical elevation of the palate and bilateral medial movement of the pharynx with the uvula mid-center.*

11.

A 25-year-old female with bipolar disorder is to begin treatment with lithium. Which laboratory tests should be carried out prior to beginning treatment with lithium?

Thyroid function.

Liver function.

Renal function.

Cardiovascular function.

**Explanation:**

*Before a patient begins treatment with lithium, thyroid function tests should be completed in order to ensure that hypothyroidism is not a contributing cause to the patient's depression and to serve as a baseline for subsequent monitoring of thyroid function. Lithium decreases production of thyroid hormones, so lithium-induced hypothyroidism can occur. If the baseline thyroid function tests are normal, then thyroid function is usually monitored every 6 to 12*

months; but, if the TSH level is elevated, every 3 to 6 months. About 40 to 50% of patients receiving lithium develop goiter.

12.

When utilizing a cognitive behavioral therapy (CBT) approach with a patient who has anxiety disorder and panic attacks, the psychiatric and mental health nurse asks the patient, "What is the worst thing that can happen to you?" This technique is an example of:

positive reframing.

**decatastrophizing.**

thought stopping.

assertiveness.

***Explanation:***

*Asking a patient with anxiety disorder and panic attacks, "What is the worst thing that can happen to you?" is an example of decatastrophizing, in which the psychiatric and mental health nurse uses questions to help the patient view the situation more realistically. Thought stopping, forcing oneself to stop thinking about a stressor, can be used to stop negative thoughts. Positive reframing is a technique in which the patient reframes negative thoughts, such as "I'm dying" into more positive thoughts, such as "This is just anxiety and will pass." Assertiveness training may help the patient can confidence.*

13.

If the patient is in the precontemplation stage of change regarding smoking, according to the Transtheoretical Model (TTM), the initial step in helping the patient quit smoking through a self-help program should be to:

advise the patient to wait until the patient is psychologically ready.

advise the patient to immediately begin the self-help program.

advise the patient that self-help programs are generally ineffective.

**help the patient progress beyond the stage of precontemplation.**

***Explanation:***

*If the patient is in the precontemplation stage of change regarding smoking, according to the Transtheoretical Model (TTM), the initial step in helping the patient quit smoking through a self-help program should be to help the patient progress beyond the state of precontemplation with a brief intervention, which may include educating the patient and helping motivate the patient to change. Studies have shown that failure rates are high if patients attempt change from a baseline precontemplation stage (92%) with the failure rate decreasing if the patient begins at Contemplation (85%) or Preparation (75%).*

14.

The treatment of choice for generalized anxiety disorder (GAD) in older adults is:

benzodiazepine.

tricyclic antidepressants.

**SSRI.**

alpha-adrenergic agonist.

**Explanation:**

*The treatment of choice for generalized anxiety disorder (GAD) in older adults is an SSRI. Doses are usually started at a lower level than for younger adults as high doses may increase anxiety. In older adults, late onset GAD and panic attacks (less common) are most often associated with depression and, in some cases, physical illness, such as heart disease. As well as GAD, agoraphobia and other phobias are common conditions associated with anxiety in older adults.*

15.

When assessing a patient with obsessive-compulsive disorder (OCD), which of the following behaviors would be classified as an obsession?

Desire for symmetry.

Hoarding.

Repeating actions.

Continuously making lists.

**Explanation:**

*When assessing a patient with obsessive-compulsive disorder (OCD), a desire for symmetry would be classified as an obsession, which is a repetitive thought process rather than an action. Obsessions commonly present with OCD include concerns about contamination, safety, and the need to act in a particular way. Some people may have persistent sexual or aggressive thoughts. Compulsions are irresistible urges to carry out certain actions, such as washing the hands, touching or tapping items, hoarding, making lists, repeatedly checking the same thing, and making lists.*

16.

Which of the following SSRIs should be avoided in patients with congenital long QT syndrome (LQTS)?

Fluoxetine (Prozac®).

Paroxetine (Paxil®).

Sertraline (Zoloft®).

Citalopram (Celexa®).

**Explanation:**

*The SSRI that should be avoided in patients with congenital long QT syndrome (LQTS) is citalopram because it may cause QT prolongation, and doses of the drug should be limited to no more than 40 mg/day to avoid this adverse effect. Long QT syndrome (congenital or induced), a disruption of the electrical system of the heart, is characterized by irregular cardiac rhythms because depolarization after a contraction is delayed. Patients may develop palpitations and ventricular fibrillation, which can result in death. Long QT syndrome may also result from malnutrition that leads to decreased levels of potassium or magnesium, as may occur with anorexia nervosa.*

17.

Considering Maslow's hierarchy, in which order should the following nursing diagnoses for a patient be prioritized (first to last)?

(1) Deficient fluid volume, (2) risk for self-injury, (3) sexual dysfunction, and (4) low self-esteem.

(1) Low self-esteem, (2) risk for self-injury, (3) low self-esteem, and (4) sexual dysfunction.

(1) Deficient fluid volume, (2) low self-esteem, (3) risk for self-injury, and (4) sexual dysfunction.

(1) Risk for self-injury, (2) deficient fluid volume, (3) sexual dysfunction, and (4) low self-esteem.

**Explanation:**

*Considering Maslow's hierarchy, the order in which the nursing diagnoses for a patient should be prioritized (first to last) is:*

- **Physiological needs:** Deficient fluid volume.
- **Safety needs:** Risk of self-injury.
- **Love/belonging needs:** Sexual dysfunction.
- **Esteem needs:** Low self-esteem.

*Physiological needs, especially those that are critical to life, should always be a top priority. However, prioritizing does not necessarily mean that the first priority must be dealt with before the psychiatric and mental health nurse can deal with the second priority because, in reality, many diagnoses may be attended to simultaneously.*

18.

At the end of a discussion with a patient about modifying the patient's plan of care, the psychiatric and mental health nurse states: "I understand you to say that you want to try some alternative treatments, such as imagery and relaxation, to help cope with your anxiety." This is an example of:

validating.

summarizing.

restating.

assessing.

**Explanation:**

*If a psychiatric nurse ends a discussion with the patient about modifying the patient's plan of care by saying, "I understand you to say that you want to try some alternative treatments, such as imagery and relaxation, to help cope with your anxiety," this is an example of summarizing. With summarizing, it's important to accurately reflect the patient's statements without judgment. Stating the summary verbally helps to verify that the nurse's understanding is correct and helps the patient feel the patient's ideas are validated.*

19.

**In milieu therapy (AKA therapeutic community), if a person exhibits inappropriate behavior, the correct response is to:**

ignore the behavior.

ask the other patients to determine consequences.

**help the patient examine the effect the behavior has on others.**

apply punishment or restrictions for the inappropriate behavior.

**Explanation:**

*In milieu therapy (AKA therapeutic community), if a person exhibits inappropriate behavior, the correct response is to help the patient examine the effect the behavior has on others and to discuss more appropriate ways of behaving. With milieu therapy, expectations are that all patients can grow and that all interactions have the potential to be therapeutic. Patients "own" their environment and behavior and must be responsible for both. Peer pressure is used to provide direct feedback, and consequences (punishment/restrictions) are to be avoided.*

20.

If the interdisciplinary team believes that a patient's mother may be giving him drugs during visits and wants to videotape their interactions in the patient's room, the team must:

get a physician's order for video monitoring.

discuss it with the ethics committee.

**get a court order to allow use of video monitoring.**

have a video camera placed without the patient's awareness.

***Explanation:***

*If the interdisciplinary team believes that a patient's mother may be giving him drugs during visits and wants to videotape their interactions in the patient's room, the team must get a court order for video monitoring because, otherwise, this is an invasion of the patient's right to privacy as well as that of the mother. State laws vary somewhat regarding video monitoring of patients, but such monitoring without a court order is usually restricted to public areas, such as hallways and nursing desks.*

21.

If a patient is being evaluated for depression and laboratory results show that the patient's free T4 level is 0.6 ng/dL (normal value 0.8 to 1.5 ng/dL) and the TSH level is 7.4 U/mL (normal value is 0.4 to 4.0 mIU/L), this suggests that depression:

may result from hypoparathyroidism related to pituitary dysfunction.

**may result from hypothyroidism related to thyroid dysfunction.**

may result from hyperparathyroidism related to thyroid dysfunction.

is likely unrelated to thyroid dysfunction.

**Explanation:**

*If a patient is being evaluated for depression and laboratory results show that the patient's free T4 level is 0.6 ng/dL (normal value 0.8 to 1.5 ng/dL) and the TSH level is 7.4 mIU/mL (normal value 0.4 to 4.0 mIU/L), this suggests that depression may result from hypothyroidism related to thyroid dysfunction. Typically, the TSH level rises to stimulate the thyroid to produce T4, so the levels may remain normal for a while because of the increased TSH or may begin to fall. If thyroid dysfunction were related to pituitary dysfunction, the TSH level would generally be decreased instead of elevated.*

22.

An 18-year-old university student who attended an off-campus drinking party and was attacked and raped is having difficulty coping and tells the nurse, "I'm so stupid. It was my fault!! I shouldn't have gone to the party!" Which of the following is the best response?

"Do not worry, everything will be ok."

**"You're not to blame for someone else's actions. It's not your fault."**

"Yes, it was irresponsible, but you need to move forward now."

"Perhaps you were both too drunk to be responsible for your actions."

**Explanation:**

*While getting drunk at a party at age 18 is likely foolish, rape is a criminal action, and the patient's getting drunk was in no way an invitation to rape. If the patient states, "I'm so stupid. It was my fault! I shouldn't have gone to the party!" the best response is "You're not to blame for someone else's actions. It's not your fault" because the patient is experiencing guilt and self-blame, common emotional responses to trauma.*

23.

The public health model (Caplan) of mental health care is based on the concepts of:

primary, secondary, and tertiary prevention.

education, research, and application.

patient, family, and community.

community care, independence, monitoring.

***Explanation:***

*The public health model (Caplan) of mental health care is based on the concepts of primary, secondary, and tertiary prevention. Primary prevention focuses on both preventive efforts for the individual and the environment to assist people to increase their ability to cope and to decrease stressors in the community. Secondary prevention involves promptly providing effective treatment for identified problems. Tertiary prevention aims to prevent complications of existing conditions and to promote rehabilitation.*

24.

If the psychiatric and mental health nurse overhears other staff beginning to discuss difficulties caring for an unnamed patient in the staff dining room where other staff are present, the nurse should:

intervene to tell staff that their comments can be overheard.

reprimand the staff for violating privacy.

take no action as the patient was unnamed.

report the violation of privacy to a supervisor.

**Explanation:**

*If the psychiatric and mental health nurse overhears other staff beginning to discuss difficulties caring for an unnamed patient in the staff dining room where other staff is present, the nurse should intervene to tell staff that their comments can be overheard. Staff members often discuss patient care issues over lunch or breaks without considering that others may overhear. It is a violation of privacy whether or not the patient is named because some identifying information (age, gender, diagnosis) may be divulged unintentionally.*

25.

Which of the following is an example of a situational crisis?

Retirement.

Marriage.

**Poverty.**

Parenthood.

**Explanation:**

*Poverty is an example of a situational crisis, which is acute response to a stressor that relates to external circumstances. Other situational crises may include losing a job, environmental conditions (storms, tornados, hurricanes), and trauma (auto accident, falls). A maturational*

*crisis, on the other hand, are experiences that are associated with different stages of growth and development, including adolescences, marriage, empty-nest situation, and retirement.*

26.

An appropriate primary intervention for patients at risk of emotional illness resulting from trauma, such as an act of violence, is to:

clarify the patient's problem.

refer for inpatient treatment.

provide behavioral modification therapy.

institute a suicide prevention plan.

***Explanation:***

*An appropriate primary intervention for patients at risk of emotional illness resulting from trauma, such as an act of violence, is to clarify the patient's problem to ensure that both the patient and the psychiatric and mental health nurse are perceiving the problem in the same manner. Other primary interventions related to trauma include focusing on a reality approach, avoiding lengthy explanations of the problem, helping the patient understand what precipitated the problem, acknowledging the patient's feelings, and showing unconditional acceptance.*

27.

The primary advantage of case management for community care of a patient with severe mental health issues is that case management:

is more cost-effective than hospitalization.

eases the burdens of other care providers.

**relieves the patient of the responsibility to coordinate and manage care.**

allows insurance companies to better determine allowable coverage for services.

***Explanation:***

*The primary advantage of case management for community care of a patient with severe mental health issues is that case management relieves the patient of the responsibility of coordinating and managing care, especially those patients with limited support systems. Patients may easily feel overwhelmed if they have to access services from a number of different resources and may fail to follow through with the care plan, resulting in recurrence or exacerbation of symptoms.*

28.

**The patient that would likely derive the most benefit from Assertive Community Treatment (ACT) is a:**

65-year-old male with history of liver disease and severe alcohol use disorder.

**40-year-old male with history of history of severe schizophrenia and alcohol use disorder.**

30-year-old female recovering from injuries related to intimate-partner abuse.

20-year-old male recovering from methamphetamine use disorder.

***Explanation:***

*The patient that would likely derive the most benefit from Assertive Community Treatment (ACT) is a 40-year-old male with history of history of severe schizophrenia and alcohol use disorder. ACT is designed to treat patient with severe and complex multiple health problems. A case manager is part of a team of members with specialties in psychiatry, social work, nursing, vocational rehabilitation, and substance abuse with services provided 24 hours a day every day of the year in order to lesson symptoms, meet the patients' needs, lesson the families' burdens, and promote independence.*

29.

**A 32-year old male patient with schizophrenia has stabilized during hospitalization, has taken medications regularly, and is eager for discharge but nervous, as the patient has little work history and few life management skills. The best solution may be to:**

refer the patient to an Assertive Community Treatment (ACT) program.

provide a list of community resources the patient can access.

**transfer the patient to a transitional living facility that provides supervision.**

refer the patient to a partial hospitalization program.

***Explanation:***

*The best solution for a patient who has stabilized while hospitalized and on medication but is nervous about discharge and has little work history or life management skills because of his history of schizophrenia is to transfer the patient to a transitional living facility that provides supervision so the patient can have some assistance in managing his medications, learning to live independently, and finding a job before he has to do so on his own so that he can gain confidence in his ability to manage.*

30.

**In building trust with a patient, an example of congruence is:**

trying to disregard dislike for a patient.

**providing honest feedback to a patient.**

arriving late for a meeting with a patient.

saying what the patient wants you to say to avoid confrontation.

***Explanation:***

*In building trust with a patient, an example of congruence is providing honest feedback to a patient because the essential element in congruence is that words and actions match and that the psychiatric and mental health nurse be honest with the patient. Incongruence occurs if the patient cannot believe or trust the nurse, such as when the nurse says one thing and acts in another way, expresses emotions at odds with words, or fails to follow through with commitments.*

31.

**Exhibiting positive regard for a patient means to:**

**show the patient respect and a nonjudgmental attitude.**

make only positive statements to the patient.

make value judgments about the patient's behavior.

personally like and have positive regard for the patient.

**Explanation:**

*Exhibiting positive regard for a patient means to show the patient respect and a nonjudgmental attitude, without regard to the patient's history, behavior, or lifestyle. Positive regard develops when the psychiatric and mental health nurse makes an effort to get to know patients by spending time with them, listening to their concerns and responding honestly, and calling the patients by their names. The nurse can also show positive regard by encouraging the patients to participate in their plans of care.*

32.

**If a patient with antisocial behavior begins to stroke the psychiatric and mental health nurse's arm and hand suggestively during a session, which of the following is the most appropriate response?**

"Stop touching me this instance. You know very well that is inappropriate behavior."

"If you don't stop touching me immediately, you will lose all TV privileges."

Without speaking, stand and walk away from the patient

**"Remove your hand. We are discussing your plan of care, and you don't need to touch me."**

**Explanation:**

*If a patient with antisocial behavior begins to stroke the psychiatric and mental health nurse's arm and hand suggestively during a session, the most appropriate response is "Remove your hand. We are discussing your plan of care, and you don't need to touch me." It is imperative that the nurse maintains boundaries and responds to inappropriate behavior firmly and assertively but should avoid expressing judgment or anger. The nurse should also avoid making threats in response to the behavior.*

33.

In preparing the discharge plan for a patient and reviewing medications, which statement by the patient most suggests that more information is needed?

"I'm going to work hard to give up cigarettes and alcohol."

"I'm so happy to finally be getting home to my family."

"Once I get home, I have to take twice as many medications."

"I'm going to attend Alcoholics Anonymous meetings every day."

***Explanation:***

*In preparing a patient for discharge and reviewing medications and the discharge plan, the patient's statement that most suggests that more information is needed is "Once I get home, I have to take twice as many medications." If the patient will be taking more medications at home, this suggests that the patient's medication list is incomplete, a common occurrence as patients often forget medications or neglect to tell healthcare providers all of the medications they are taking.*

34.

An abstract standard that a person uses to determine a personal code of conduct is a(n):

belief.

attitude.

judgment.

value.

**Explanation:**

*An abstract standard that a person uses to determine a personal code of conduct is a value. Common values are honesty, cleanliness, and hard work. Beliefs, on the other hand, are ideas that the person believes to be true, such as "UFOs are real" or "UFOs are not real." Some beliefs can be proven objectively but others cannot, and some beliefs are irrational. Attitude is the general frame of reference by which the person views the world, such as optimistic or pessimistic. Judgment is defining something as negative or positive.*

35.

Which of the following is an example of giving a broad opening as a therapeutic communication technique?

"What seemed to lead up to your panic attack?"

"What would you like to discuss this morning?"

"I notice that you are wringing your hands."

"I understand what you are saying."

**Explanation:**

*Therapeutic communication includes:*

- **Giving a broad opening:** "What would you like to discuss this morning?" This allows the patient to control the interaction and shows respect for the individual.
- **Establishing time sequence:** "What seemed to lead up to your panic attack?" This helps to establish the relationship among different events.
- **Observing:** "I notice that you are wringing your hands." This helps the patient to recognize behaviors.

- **Accepting:** "I understand what you are saying." This helps to convey regard for the patient and reception for the patient's ideas.

36.

**Mindfulness Based Stress Reduction (MBSR) combines two modalities—mindfulness meditation and:**

aromatherapy.

**yoga.**

massage.

acupuncture.

***Explanation:***

*Mindfulness Based Stress Reduction (MBSR) combines two modalities—mindfulness meditation and yoga. MBSR is used not only to reduce stress (its original intent) but also to reduce blood pressure, promote healing, and modify emotional reactions. Patients attend classes weekly for 8 weeks in attempt to develop a greater understanding of the connections between the body and the mind. Studies show that practicing MBSR helps to improve patients' self-esteem. The yoga portion of MBSR helps to improve physical fitness and decrease the muscle atrophy associated with disuse.*

37.

**Aromatherapy is used with mental health patients primarily to:**

**induce relaxation and improve sleep.**

increase appetite.

reduce hallucinations and delusions.

potentiate the effects of medications.

***Explanation:***

*Aromatherapy is used with mental health patients primarily to induce relaxation and improve sleep. The most commonly used essential oils are lemon and lavender. Although aromatherapy is used for a number of different reasons, such as to decrease anxiety and agitation, and there is much anecdotal testimony to the positive benefits, there are few evidence-based studies to support these uses although one study showed that aromatherapy can reduce agitation in patients with Alzheimer's disease.*

38.

If a psychiatric and mental health nurse is creating a Johari window to gain better personal insight and the lists in quadrant 1 (open/public self) and quadrant 3 (hidden/private self) are very short, this likely indicates:

openness to other people.

unwillingness to share personal information.

**limited personal insight.**

good personal insight.

***Explanation:***

*If a psychiatric and mental health nurse is creating a Johari window to gain better personal insight and the lists in quadrant 1 (open/public self) and quadrant 3 (hidden/private self) are very short, this likely indicates limited personal insight. The four quadrants are (1) open/public self (qualities recognized by the self and others), (2) blind/unaware self (qualities known only by others), (3) hidden/private self (qualities known only by self), and (4) Unknown (undiscovered qualities). Input is from the individual (self-assessment) and from interviews with others (public assessment).*

39.

**If a psychiatric and mental health nurse recognizes from the expression on a patient's face that the patient is hiding something, what pattern of knowing (Carper) is the nurse exhibiting?**

Empirical.

**Personal.**

Ethical.

Aesthetic.

***Explanation:***

*If a psychiatric and mental health nurse recognizes from the expression on a patient's face that the patient is hiding something, the pattern of knowing (Carper) that the nurse is exhibiting is personal knowing. Four patterns include:*

- ***Empirical:*** *Acquired from science and evidence-based research about nursing.*
- ***Personal:*** *Acquired from experiential learning, life experiences.*
- ***Ethical:*** *Acquired from moral/ethical knowledge of nursing.*
- ***Aesthetic:*** *Acquired from the art of nursing.*

40.

Considering the phases of the nurse-patient relationship, during which phase is the patient likely to exhibit behavior that vacillates between dependency and independence?

Orientation.

Identification.

**Exploitation.**

Termination.

***Explanation:***

*Considering the phases of the nurse-patient relationship, the phase in which the patient is likely to exhibit behavior that vacillates between dependency and independence is the phase of exploitation. The phases of the nurse-patient relationship include the orientation phase, during which the patient conveys needs and expectations and the nurse establishes parameters, gathers information, and helps patient identify problems. The working phase of the relationship includes identification and exploitation. This is followed by the termination phase.*

41.

Seasonal affective disorder is most often treated with:

cognitive behavioral therapy.

psychotherapy.

exposure and response prevention (ERP).

**sensory stimulation therapy (light).**

***Explanation:***

*Seasonal affective disorder, which affects some patients when light is reduced to 10 hours daily, is most often treated with sensory stimulation therapy in the form of phototherapy in which the patient is exposed to light from light boxes that provide 10,000 lux of light in the mornings for approximately 30 minutes daily, but this duration may vary with the patient. Most patients see a reduction in depression within one to two weeks. Patients typically start therapy in October or November and stop in March or April.*

42.

When working with an outpatient with conduct disorder who has exhibited sociopathic behavior, which of the following comments by the patient is the most cause for concern?

**"That pretty little daughter of your goes to Farmin School, doesn't she?"**

"I'll bet you have no friends outside of work."

"I know more about you than you know about me."

"This therapy is a complete waste of time."

***Explanation:***

*When working with an outpatient with conduct disorder who has exhibited sociopathic behavior, the comments by the patient of the most cause for concern is "That pretty little daughter of yours goes to Farmin School, doesn't she?" because this could be construed as an implied threat. The patient should have no personal information about the psychiatric and mental health nurse, especially about the nurse's children. This suggests that the patient may be stalking the nurse.*

43.

If the psychiatric and mental health nurse is doing a self-assessment with the Nursing Boundary Index and answers "never" to 6 out of 12 questions, this suggests:

excellent maintenance of nurse-patient boundaries.

grossly inappropriate setting of nurse-patient boundaries.

**inadequate setting of nurse-patient boundaries.**

normal, adequate setting of nurse-patient boundaries.

***Explanation:***

*If the psychiatric and mental health nurse is doing a self-assessment with the Nursing Boundary Index and answers "never" to 6 out of 12 questions, this suggests inadequate setting of nurse-patient boundaries because the nurse answered affirmatively to 6 of the questions. The three choices for affirmative responses are "rarely," "sometimes," and "often." Any answers of "sometimes" or "often" are cause for concern, and answers of "rarely" may be of concern unless the answers refer to isolated incidences.*

44.

If a psychiatric and mental nurse has very negative feelings about a patient who was committed for beating his partner after the patient went off his medications for bipolar disease, the best solution for the nurse is probably to:

avoid the patient as much as possible.

**discuss the issue with a colleague.**

treat the patient and try to hide feelings.

ask that the patient be assigned to a different nurse.

**Explanation:**

*If a psychiatric and mental nurse has very negative feelings about a patient who was committed after beating his partner when the patient went off his medications for bipolar disease, the best solution for the nurse is probably to discuss the issue with a colleague, exploring the feelings and trying to reach a resolution. It's not unusual to have negative feelings about patients, but the nurse should face these feelings honestly. If the nurse cannot provide adequate care or overcome the negative feelings, then the patient may need to be assigned to a different nurse.*

45.

Which role is the psychiatric and mental health nurse assuming when the nurse assists a patient to obtain necessary services on discharge?

Teacher.

Caregiver.

**Advocate.**

Parent surrogate.

**Explanation:**

*The role that the psychiatric and mental health nurse is assuming when the nurse assists a patient to obtain necessary services on discharge is the role of advocate. The four primary roles of a nurse in a therapeutic relationship include:*

- **Advocate:** *Informs, supports (when possible), and acts of the patient's behalf.*

- **Caregiver:** Helps the patient in problem solving and meeting psychological needs.
- **Teacher:** Educates the patient about medicines, treatments, and aspects of care.
- **Parent surrogate:** Assumes a parental attitude in caring for a patient as the nurturer and person in authority.

46.

The four nonverbal behaviors that are associated with active listening include sitting:

beside the patient, maintaining open posture, leaning back comfortably, and maintaining eye contact.

across from patient, maintaining closed posture, leaning forward, and avoiding eye contact.

across from patient, maintaining open posture, leaning forward, and maintaining eye contact.

beside the patient, maintaining open posture, leaning forward, and maintaining eye contact

**Explanation:**

*The four nonverbal behaviors associated with active listening include:*

- **Sit across from patient:** Facing the patient directly helps to convey interest.
- **Maintain open posture:** Keeping the arms and legs uncrossed helps to show the person is open to the other person's ideas and is less defensive than a closed position.
- **Lean forward:** Leaning toward the patient slightly shows engagement in the interaction.
- **Maintain eye contact:** Maintaining eye contact helps to show interest in the person; however, the psychiatric and mental health nurse should keep cultural differences in mind as direct eye contact is not the norm in all cultures

47.

The term used to describe a patient that intentionally feigns or causes a physical or mental illness to gain attention is:

factitious disorder.

malingering.

body integrity disorder.

body dysmorphic disorder.

***Explanation:***

*Factitious disorder: The term used to describe a patient that intentionally feigns or causes a physical or mental illness to gain attention. This disorder is AKA Munchausen syndrome or Munchausen syndrome by proxy if the patient causes the illness in another person, such as a child. Malingering: Intentionally producing the signs or symptoms of a physical or mental disorder for a purpose, such as to avoid work. Body integrity disorder: Feeling alienated from part of the body and wanting it amputated. Hypochondriasis: Being preoccupied with fear of having an illness.*

48.

The treatment for a 26-year-old female patient with bulimia nervosa sets limits regarding the patient's eating habits. Which of the following limits is counterproductive?

Requiring the patient to eat in the dining room.

Asking the patient to keep a food diary.

Discussing reactions to different types of food.

**Assigning daily “grades” for compliance with eating limits.**

***Explanation:***

*If the treatment for a 26-year-old female patient with bulimia nervosa sets limits regarding the patient’s eating habits, the limit that is counterproductive is assigning daily “grades” for compliance with eating limits as this may be viewed as punishment, especially if the patient’s grades are low. A better approach is to use positive reinforcement when the patient does well. Other reasonable limits include requiring the patient to eat in the dining room, keep a food diary, discuss reactions to different types of food, and stay out of the bathroom for 2 hours after eating.*

49.

**A patient with phobic disorder has a nursing diagnosis of social isolation. The most appropriate outcome is that the patient will:**

be able to function despite presence of phobic object.

**participate in group activities voluntarily.**

carry out role-related activities.

acknowledge the need for social connections.

***Explanation:***

*An appropriate outcome for a patient with a phobic disorder and a nursing diagnosis of social isolation is “Patient will participate in group activities voluntarily,” as this action would demonstrate that the patient no longer feels compelled to be isolated. The psychiatric and mental health nurse should remain supportive and honest, attending meetings with the patient if necessary to alleviate fears, teaching the patient thought stopping activities to alleviate anxiety, and providing positive reinforcement.*

50.

For patients with dissociative amnesia, the type of amnesia that involves the inability to recall a traumatic event for a few hours or few days after the event is classified as:

localized.

selective

generalized.

systematized.

***Explanation:***

*Dissociative amnesia:*

- **Localized:** Inability to recall a traumatic event for a few hours or few days after the event.
- **Selective:** Inability to recall some aspects of a traumatic event for a period after the trauma.
- **Generalized:** Inability to recall any of previous history, including identity.
- **Systematized:** Inability to recall a specific category of information or a specific person or event.
- **Continuous:** Inability to recall events after a specific time until the present.

51.

Patients with paraphilias often come into therapy as a result of:

desire for change.

co-morbidity with serious psychiatric disorders.

family pressure.

**criminal prosecution.**

***Explanation:***

*Patients with paraphilias often come into therapy as the result of criminal prosecution related to the activity. Most people with paraphilias do not desire to change the behavior, and most are very secretive about the practices. Common elements of paraphilias include sexual fantasies or arousal and sexual intercourse related to non-human or non-living objects, children, or non-consenting adults. Arousal often results from suffering or humiliation of the victim. Paraphilias usually start after puberty and persist throughout life, often resulting in significant social and occupational impairment.*

52.

**Patients taking lithium for bipolar disease are likely to begin to exhibit signs of toxicity if levels exceed:**

0.5 mEq/L.

0.8 mEq/L.

1.0 mEq/L.

**1.5 mEq/L.**

***Explanation:***

*Patients taking lithium for bipolar disease are likely to begin to exhibit signs of toxicity if levels exceed 1.5 mEq/L. Lithium levels should remain between 0.6 to 1.4 mEq/L for adults, a narrow therapeutic range. Levels should be measured about 8 to 12 hours after the last dose because*

*the half-life ranges from 18 to 24 hours. Sodium levels should also be monitored and maintained in normal range (135 to 145 mEq/L).*

53.

If a patient with bipolar disease takes antidepressants, they may contribute to:

predominance of mania.

**rapid cycling.**

weight gain and diabetes.

hypertension.

***Explanation:***

*If a patient with bipolar disease takes antidepressants, they may contribute to rapid cycling, especially in patients with bipolar I disorder. Because of this, antidepressants are contraindicated for treatment of bipolar disease even though they are fairly commonly prescribed, especially if bipolar disease is misdiagnosed or treatment is instituted during a depressive phase. The FDA has not approved antidepressants as a treatment for bipolar disorder.*

54.

If a patient complains of difficulty focusing attention on more than an immediate task and difficulty concentrating as well as experiencing frequent headaches, GI upset, and muscle tension, the level of anxiety would likely be classified as:

mild.

moderate.

severe.

panic.

***Explanation:***

*If a patient complains of difficulty focusing attention on more than an immediate task and difficulty concentrating as well as experiencing frequent, headache, GI upset, and muscle tension, the level of anxiety would likely be classified as moderate. Patients often function better with mild anxiety but may feel restless and complain of insomnia and hypersensitivity to noise or other distraction. With severe anxiety, patients may have difficulty completing tasks or solving problems and behavior may focus on relieving anxiety. Physical symptoms may resemble a panic attack. With panic, patients cannot think or act rationally and may experience hallucinations and delusions.*

55.

**The Hamilton Rating Scale for Depression is intended for:**

diagnosing depression.

self-assessment of depression.

**determining the severity of diagnosed depression.**

determining suicidal ideation associated with depression.

***Explanation:***

*The Hamilton Rating Scale for Depression (HAM-D) is completed by the observer and is intended to determine the severity of diagnosed depression. The items on the scale are scored from 0 to 4 or 0 to 2, depending on the nature of the item. The seventeen items included for evaluation of depression include depressed mood; guilt; suicide; initial, middle, and delayed insomnia; work and interest; retardation; agitation: psychic and somatic anxiety; somatic (gastrointestinal); somatic (general); genital; hypochondriasis; insight; and weight loss. Four other items are assessed for general information: diurnal variation, depersonalization, paranoia, and obsessional symptoms.*

56.

**The organization that provides a wide range of continuing education courses, webinars, and podcasts regarding psychiatric mental health nursing is the:**

American Nurses Credentialing Center (ANCC).

National Alliance on Mental Illness (NAMI).

**American Psychiatric Nurses Association (APNA).**

American Nurses Association (ANA).

***Explanation:***

*The organization that provides a wide range of continuing education courses, webinars, and podcasts regarding psychiatric mental health nursing is the American Psychiatric Nurses Association (APNA). Both members and non-members can browse lists of continuing education resources in the eLearning Center although some courses are restricted to APNA members. Additionally, the APNA sponsors two conferences annually. The APNA also advocates for mental health care and represents more than 9000 nurses psychiatric and mental health nurses.*

57.

Considering para-verbal communication, if a person speaks slowly and in a low-pitched monotone voice, the listener is likely to feel that the speaker is:

bored with the conversation.

intelligent and deliberate.

confused about the topic of conversation.

angry about something.

***Explanation:***

*Considering para-verbal communication, if a person speaks slowly and in a low-pitched monotone voice, the listener is likely to feel that the speaker is bored with the conversation. Para-verbal communication refers to the cadence of speech (slow, fast, deliberate) as well as the tone (low-pitched, high-pitched, monotone, trembling voice) and volume (loud, quiet). Para-verbal communication often communicates the feelings of the speaker, even though that may be unintentional. For example, when people are angry, their speech tends to be louder, more high-pitched, and more rapid.*

58.

A patient whose husband died in a car accident 8 months earlier is in a deep state of despair and is unable to function in normal activities. She has exaggerated expressions of anger, sadness, and guilt and often blames herself. This type of grief is:

prolonged.

inhibited.

distorted.

anticipatory.

**Explanation:**

*Distorted grief, which results in severe despair, inability to function, exaggerated expressions of grief (anger, sadness, guilt), and self-blame, is a maladaptive grief response. Prolonged grief may persist for years with the person vacillating between anger and denial. Inhibited/Delayed grief occurs when the person is not able to get past the denial stage of grief and cannot come to emotional terms with the death. Anticipatory grief is grieving that occurs before an anticipated loss, such as when a partner is nearing death.*

59.

**A patient with opioid use disorder is to be maintained as an outpatient on Suboxone® (buprenorphine plus naloxone). The psychiatric and mental health nurse expects that the patient will begin with:**

Suboxone®, with first administration 24 hours after last opioid.

Subutex® for one day and then switch to Suboxone®.

Suboxone®, with first administration immediately after last opioid.

**Subutex® (buprenorphine only) for two days and then switch to Suboxone®.**

**Explanation:**

*If a patient with opioid use disorder is to be maintained as an outpatient on Suboxone® (buprenorphine/naloxone), the patient will usually begin with Subutex® (buprenorphine only) for two days and then switch to Suboxone®. Subutex® is initiated when the patient begins experiencing withdrawal symptoms ( $\geq 4$  hours after last narcotic dose) as the drug helps to*

*reduce cravings and prevent withdrawal symptoms. Suboxone® contains the opioid antagonist naloxone, which may cause severe withdrawals if the patient has not been free of narcotics. If a patient takes narcotics while on Suboxone®, the patient will experience immediate withdrawal, and this provides some insurance against drug abuse.*

60.

According to Piaget's stages of development, adjusting schemas in response to new information is a process called:

assimilation.

**accommodation.**

acclimation.

actuation.

***Explanation:***

*According to Piaget's stages of development, adjusting schemas (theories about the manner in which the world functions) in response to new information is a process called accommodation. Applying the schemas to new situations is a process Piaget called assimilation. Piaget believed that there were three tasks that were essential to development and needed to be mastered during childhood: (1) how the world functions, (2) how this functioning is represented in the child's mind, and (3) how this functioning is represented in the minds of others.*

61.

Therapy for obsessive-compulsive disorder (OCD) usually includes:

psychodynamic psychotherapy.

flooding.

meditation.

exposure and response prevention (ERP).

***Explanation:***

*Therapy for obsessive-compulsive disorder (OCD) usually includes exposure and response prevention (ERP), a specific component of cognitive behavioral therapy (CBT) designed to help patients with OCD learn or extinguish compulsive responses. Patients rank order stressors and then, in a systematic manner, are exposed to triggers while trying not to respond with ritualistic behavior. Over time, patients should be able to face triggers without responding, but compliance with therapy is relatively poor. Other aspects of CBT are also included in therapy, and some benefit from meditation. Psychodynamic psychotherapy does not generally help relieve OCD symptoms.*

62.

If a 16-year-old female is severely anorexic, weighing 85 pounds and experiencing amenorrhea, hair loss, and cardiac abnormalities, according to Maslow's Hierarchy of Needs, which of the following needs is most dominant in this patient?

Physiological.

Safety and security.

Belonging/Love.

Self-actualization.

**Explanation:**

*If a 16-year-old female is severely anorexic, weighing 85 pounds and experiencing amenorrhea, hair loss, and cardiac abnormalities, according to Maslow's Hierarchy of Needs, the need that dominates is physiological because the patient is literally starving herself to death.*

*Physiological needs form the base of Maslow's hierarchy because these needs must be met first. The next level is safety and security needs followed by belonging and love needs, and esteem needs. The highest level is self-actualization.*

63.

**When completing the patient assessment and developing the plan of care with a patient with an eating disorder, it is especially important to ask the patient about:**

motivation to change behavior.

**self-injurious behavior.**

sexual dysfunction.

goal for weight.

**Explanation:**

*When completing the patient assessment and developing the plan of care with a patient with an eating disorder, it is especially important to ask the patient about self-injurious behavior.*

*Patients with eating disorders often engage in superficial self-mutilating behaviors, such as cutting, burning, and hair pulling, and these actions may increase as an outlet for the patient's emotional distress as the eating disorder is controlled. All patients with eating disorders should be screened for self-injurious behavior and should be monitored carefully during therapy.*

64.

A 68-year-old woman with increasing confusion is to be assessed for dementia related to Alzheimer's. Which of the following would generally preclude the use of the Mini-Mental Status Exam (MMSE) to measure cognitive impairment?

Patient is highly intelligent and well educated.

Patient is bilingual in English and Spanish.

**Patient attended school for only 5 years.**

Patient has Parkinson's disease.

***Explanation:***

*Attending school for only 5 years generally precludes the use of the Mini-Mental Status Exam (MMSE) to assess for dementia related to Alzheimer's disease because the test is intended only for those who have at least an eighth-grade education. The patient should also be fluent in English (if the test is administered in English), but being bilingual is not a problem. While patients who are highly intelligent and well educated may be tested with the MMSE, they may be able to achieve scores that are not a real reflection of their cognitive impairment.*

65.

When assessing a 35-year-old Arab American female, the psychiatric and mental health nurse notes that, while discussing her family, the patient uses a louder voice than while discussing other issues. This probably means that issues about her family are:

a private matter.

a cause for shame.

of lesser importance than other issues.

**of special importance.**

***Explanation:***

*If, when assessing a 35-year-old Arab American female, the psychiatric and mental health nurse notes that, while discussing her family, the patient uses a louder voice than while discussing other issues, this probably means that issues about her family are of special importance because speaking more loudly about important issues is characteristic of Arab Americans. People in this culture often stand close to others but avoid physical and eye contact with those of the opposite gender. However, it's important to remember what holds true in general for a culture may not hold true for an individual in the culture.*

66.

**Which of the following ethnic groups is most likely to believe that mental illness is the result of a loss of self-control or punishment for bad behavior?**

Mexican Americans.

**Japanese Americans.**

Puerto Ricans.

Chinese.

***Explanation:***

*The ethnic group that is most likely to believe that mental illness is the result of a loss of self-control or punishment for bad behavior is Japanese American. Puerto Ricans often believe that mental illness results from heredity or from prolonged suffering. Chinese are more likely to believe that mental illness results from evil spirits or a lack of harmony in emotions. Mexican*

Americans attribute mental illness to a variety of causes, including God, spirituality, and interpersonal relationships.

67.

A 16-year-old male admitted to the mental health unit for alcohol use disorder has repeatedly failed to maintain sobriety and consistently missed support meetings while partying with his friends. What is the most likely reason that the patient is not compliant with treatment?

Disturbance of body image.

Embarrassment.

**Fear of being different from peers.**

Guilt about illness.

***Explanation:***

*A 16-year-old patient who has repeatedly failed to maintain sobriety and consistently missed support meetings while partying with his friends has most likely done so out of fear of being different from his peers. Peer relationships are especially important to adolescents who are still developing a sense of self, so if an adolescent is involved in drinking with his friends, he may be reluctant to change the dynamic by remaining sober and may feel he will be abandoned or ridiculed if his behavior changes.*

68.

A psychiatric and mental health nurse finds herself feeling very angry toward a patient whose physical appearance and manner remind her of her abusive father. This is an example of which of the following?

**Countertransference.**

Transference.

Displacement.

Projection.

***Explanation:***

*If a psychiatric and mental health nurse finds herself feeling angry toward a patient whose physical appearance and manner remind her of her abusive father, this is an example of countertransference because the nurse is displacing feelings toward her father onto the patient. It's important to recognize countertransference and to examine the cause in order to increase self-awareness. In some cases, the nurse may need to discuss the issue with colleagues. Transference occurs when the patient displaces feelings for others onto the nurse.*

69.

During the orientation phase of building a therapeutic relationship, the psychiatric and mental health nurse discovers that he had come to the first meeting with preconceptions about the patient. Based on this, the nurse should:

ask another nurse to work with the patient.

apologize to the patient.

spend extra time with the patient.

recognize and set aside the preconceptions.

**Explanation:**

*While ideally a nurse should examine preconceptions and set them aside prior to meeting with the patient, once the nurse recognizes that his opinions may be colored by preconceptions, he should acknowledge them and set them aside so that he can establish a good working relationship with the patient. Since the patient is likely unaware of the nurse's preconceptions, apologizing is not necessary, nor is overcompensating by spending extra time with the patient.*

70.

A patient who lost his job because of his inability to complete his work tasks yells at the psychiatric and mental health nurse that she is "mean and stupid" and ruining his life. Which ego defense mechanism is the patient using?

Identification.

Displacement.

Sublimation.

Projection.

**Explanation:**

**Displacement:** Expressing strong feelings generated by one person to another who is less threatening. In this case, yelling at the nurse instead of the boss who fired him. **Identification:** Modeling behavior or attitudes on those of another, such as entering the same profession as a mentor. **Sublimation:** Substituting behavior that is acceptable for one that is not, such as chewing gum instead of smoking. **Projection:** Unconsciously blaming unacceptable feelings/actions on someone else, such as by attacking gay people to deny homosexual attraction.

71.

Which of the following is an example of the ego defense mechanism of rationalization?

Patient states she beats her child because the child needs to learn to have self-control.

Patient who is prejudiced against other races accuses others in the group of being bigots.

Patient attends outpatient therapy to placate spouse but refuses to participate.

Patient who experienced loss of a child refuses to think about or discuss the child's death.

***Explanation:***

*An example of the ego defense mechanism of rationalization is when a patient states that she beats her child because the child needs to learn to have self-control. The patient is trying to blame her bad behavior on the child so that she can avoid feeling guilty or acknowledging responsibility for her own behavior. Patients often try to present the rationalization in such a way that the behavior appears positive, such as by helping the child to achieve better self-control, rather than negative.*

72.

A patient who has been diagnosed with bipolar disorder but has consistently refused to take medications or attend therapy, insisting that he has been misdiagnosed and has only "mild stress," is probably experiencing:

dissociation.

resistance.

denial.

suppression.

**Explanation:**

*A patient who has been diagnosed with bipolar disorder but has consistently refused to take medications or attend therapy, insisting that he has been misdiagnosed and has only "mild stress" is probably experiencing denial, an ego defense mechanism. Denial occurs when a patient refuses to acknowledge a painful truth, such as a diagnosis of bipolar disorder. Denial may also include the failure to recognize the behavior or attitudes that allow problems to continue.*

73.

**A psychiatric and mental health nurse feels sorry for a patient because his family won't support him. The nurse offers to visit the patient's family as well as purchase some items for him. This nurse is:**

showing empathy.

**violating professional boundaries.**

building a strong therapeutic relationship.

exhibiting negligence.

**Explanation:**

*If a psychiatric and mental health nurse feels sorry for a patient who states his family won't support him and offers to visit the family as well as purchase some items for him, the nurse is violating professional boundaries by becoming overinvested in the patient and attempting to solve his problems for him rather than helping him to do so. Additionally, the nurse is*

establishing a relationship in which the patient may have unrealistic expectations of what the nurse will do, and this can lead to conflict.

74.

A patient who has developed sudden onset of blindness with no identifiable physical cause seems completely unconcerned about the deficit. This suggests:

somatization disorder.

pain disorder.

conversion disorder.

body dysmorphic disorder.

**Explanation:**

**Conversion disorder:** Sudden onset of sensory (seeing, hearing) or motor (paralysis, weakness) deficits without identifiable physical cause. *La belle indifference* (unconcern) is common.

**Somatization disorder:** Combinations of multiple physical symptoms, usually involving pain and sexual, gastrointestinal and/or pseudoneurological symptoms. **Pain disorder:** Pain that is unrelieved by analgesia and is affected by psychological status. **Body dysmorphic disorder:** Preoccupation with imagined physical defect or exaggeration of a physical defect, such as belief that one's nose is hideous, and often seeking surgical correction.

75.

The primary purpose of the American Nurses Credentialing Center (ANCC) is to:

provide political support for nurses.

provide nursing education.

promote the career of nursing.

**promote nursing excellence.**

***Explanation:***

*The primary purpose of the American Nurses Credentialing Center (ANCC), a subsidiary of the ANA, is to provide nursing excellence and to improve health care both in the United States and internationally. The ANCC provides a number of different programs and services, including an accreditation program for nursing education, certificate programs for nurses to demonstrate expertise in various specialty areas, the Pathway to Excellence® program that recognizes organizations with a positive nursing environment, a knowledge center that provides educational materials, and the Magnet Recognition Program® that recognizes an institution's excellence in patient care.*

76.

**Which of the following is a healthy response to conflict with another person?**

Belief that the other person's point of view is wrong.

Resentment toward the other person.

**Willing to seek compromise with the other person.**

Siding with the other person despite feelings of abandonment.

***Explanation:***

*A healthy response to conflict with another person is the ability to seek compromise and to let go of anger, disappointment, and resentment, which interfere with the healing process. Resolving conflicts is facilitated by a calm, reasonable approach that shows respect for the other individual despite the differences that serve as the basis of the conflict. The members to the conflict should make an effort to understand the feelings associated with the opinions.*

77.

Which of the following statements could be considered a violation of professional conduct?

"You look very nice today."

"Did you have a good weekend?"

"I like your shoes. Are they comfortable?"

"I think your comments about the patient's sexuality are inappropriate."

**Explanation:**

*"You look very nice today" could be considered a violation of professional conduct if the person to whom the comment is directed feels uncomfortable or if other people hear the comment and feel uncomfortable. Even though people working together often forge friendships, comments about physical appearance in the workplace are almost always inappropriate and can be easily misconstrued. Commenting on shoes is probably safe as are general questions, such as "Did you have a good weekend?" It is acceptable to directly address inappropriate comments by others.*

78.

When facilitating change to incorporate evidence-based findings into patient care management, the first step is:

understanding.

acting.

deciding.

**believing.**

***Explanation:***

*The first step in facilitating change to incorporate evidence-based findings into patient care management is believing because unless the psychiatric and mental health nurse believes that change is possible, the nurse is defeated before beginning. The next step is to decide on a course of action, considering various options. Next is acting and carrying out the processes of change. This is followed by honestly evaluating the results and, last, acquiring understanding of the process.*

79.

If the psychiatric and mental health nurse delegates a task to an unlicensed assistive personnel who states she has no training in the task and doesn't feel comfortable doing it, the most appropriate response is to:

**delegate the task to someone else.**

report the unlicensed personnel to a supervisor.

assure the unlicensed personnel that the task is easy.

tell the unlicensed personnel that you will check in frequently.

***Explanation:***

*If the psychiatric and mental health nurse delegates a task to an unlicensed assistive personnel who states she has no training in the task and doesn't feel comfortable doing it, the most appropriate response is to delegate the task to someone else because no unlicensed personnel should be expected to carry out tasks for which they are not trained. However, if the task is one that unlicensed assistive personnel are expected to do, the nurse should later provide or facilitate the needed training.*

80.

**If a patient who has an advance directive stating specifically that the patient does not want to be resuscitated attempts suicide by hanging and is found by a family member but is nonresponsive after being cut down, the correct action is to:**

allow patient to die.

**attempt to resuscitate the patient.**

attempt resuscitation while contacting legal counsel.

ask family member for guidance regarding resuscitation.

***Explanation:***

*If a patient who has an advance directive stating specifically that the patient does not want to be resuscitated attempts suicide by hanging and is found by a family member but is nonresponsive after being cut down, the correct action is to attempt resuscitation. While people have the right to state their preference for no resuscitation, in most states this directive is not legally binding. Additionally, the do-not-resuscitate directive was never intended to facilitate suicide.*

81.

The Peer-to-Peer program of the National Alliance on Mental Illness (NAMI) focuses on providing classes for:

family and caregivers of a children and adolescents with mental health conditions.

families, partners, and friends of adults with mental illness.

families, partners, and friends of military service members or veterans.

**adults with mental illness about mental illness.**

***Explanation:***

*While most other programs of the National Alliance on Mental Illness (NAMI) provide classes to support family, partners, and friends of patients with mental illness or to educate mental health staff, the Peer-to-Peer program is aimed at people with mental illness. Peer-to-Peer provides 10 sessions of education about dealing with mental illness to assist those who want guidance in working toward recovery and to help people develop their own relapse prevention programs and learn to better interact with healthcare providers.*

82.

If a 30-year-old patient with paranoia and schizophrenia states he does not want his parents (who are paying for his care) to visit because he believes they are “possessed by devils,” the psychiatric and mental health nurse should:

ask the physician to intervene.

allow the parents to visit.

respect the patient's request.

suggest the parents get a court order to allow visits.

**Explanation:**

*If a 30-year-old patient with paranoia and schizophrenia states he does not want his parents (who are paying for his care) to visit because he believes they are "possessed by devils," the psychiatric and mental health nurse should respect the patient's request. Patients' rights are not determined by who is paying for care but remain with the person. Unless the patient has been declared incompetent in a court proceeding and his parents granted conservatorship, the patient can deny them visitation.*

83.

Which of the following is an appropriate intervention for a nursing diagnosis of "disturbed thought processes?"

Encourage the patient to discuss delusions.

Give detailed explanations about unit procedures.

Keep a dim light on during the night to comfort the patient.

**Orient the patient to reality frequently and in various ways.**

**Explanation:**

*The appropriate intervention for a nursing diagnosis of "disturbed thought processes" is to orient the patient to reality frequently and in various ways, such as by placing clocks within view and large signs as reminders. Explanations should be kept simple to avoid overloading the patient, and the psychiatric and mental health nurse should speak slowly and in a quiet voice to*

avoid agitating the patient. The patient should not be encouraged to discuss the delusions but should be encouraged to discuss real events or people.

84.

Which of the following could be an example of elder neglect?

Insulting, name-calling.

**Lack of dentures.**

Physically restraining the patient.

Misusing patient's financial resources.

***Explanation:***

*Lack of dentures, hearing aids, or glasses may be examples of elder neglect, which may be intentional or unintentional. However, one cannot jump to conclusions. For example, the patient may have refused to wear dentures or may be unable to afford them. Other signs of neglect may include inadequate access to food or fluids, inadequate heating or air conditioning, unclean personal belongings/clothes, and lack of necessary medications. Insulting, name calling, physically restraining the patient, and misusing the patient's financial resources are indications of abuse.*

85.

An example of primary prevention is:

**providing parenting classes for prospective parents.**

referring patients for treatment.

conducting ongoing assessment of high-risk patients.

monitoring effectiveness of treatment and services.

***Explanation:***

*An example of primary prevention is providing parenting classes for prospective parents because the goal is to prevent issues, such as abuse and neglect, by providing education and support. Primary prevention goals are to identify high-risk populations and to intervene in order to decrease risk or to minimize negative consequences. Other examples of primary prevention include teaching mental health concepts to community members, providing education on dealing with life transitions (widowhood, marriage, adolescence, empty-nest), and educating people about the negative effects of alcohol and drugs.*

86.

If a patient with severe postpartum depression admits she hates her infant but states, "I would never hurt it," the first priority should be to:

encourage the patient to ask for help with childcare.

advise the patient's husband to monitor childcare.

**remove the infant from the patient's care.**

advise the patient to find a family member to care for the child.

***Explanation:***

*If a patient with severe postpartum depression admits she hates her infant but states "I would never hurt it," the first priority should be to remove the infant from the patient's care because the patient has admitted hating the child and has depersonalized the child by referring to the child as "it." Additionally, a patient with severe postpartum depression is at risk for postpartum psychosis, which may further increase risk to the infant.*

87.

If a psychiatric and mental health nurse is giving a series of classes about psychotropic drugs and symptom management to a group of patients with bipolar disease, this type of group would be classified as:

teaching.

supportive therapy.

self-help.

task.

***Explanation:***

*If a psychiatric and mental health nurse is giving a series of classes about psychotropic drugs and symptom management to a group of patients with bipolar disease, this type of group would be classified as teaching because the primary focus is on transmission of information rather than therapy, self-help measures, or specific tasks. Teaching groups usually are not open-ended but have a set number of classes at prescribed times. Teaching groups should include time for questions and answers and interactions among group members to facilitate recall.*

88.

Which of the following statements by a patient indicates a readiness to learn?

"I don't need to be hospitalized as there's nothing wrong with me."

"It's my mother's fault I ended up here."

"I already know all I need to."

**"I need to be in better control of my life."**

***Explanation:***

*"I need to be in better control of my life" is the statement that indicates a readiness to learn because the patient is expressing motivation. The four types of readiness to learn include (1) physical readiness (health, gender, vision, hearing), (2) emotional readiness (motivation, frame of mind, anxiety level, support system, developmental stage), (3) experiential readiness (cultural background, orientation, aspiration level, and (4) knowledge readiness (cognitive ability, learning style, learning disabilities, educational background).*

89.

A male patient has been following a female patient and claims that the female is "flirting" with him and using "sexual innuendos;" however, the female patient complains that the male patient is harassing and scaring her, and staff observations concur with the female patient's complaints. The male patient is most likely exhibiting:

introjection.

**projection.**

compensation.

identification.

**Explanation:**

*If a male patient has been following a female patient and claims the female is "flirting" with him and using "sexual innuendoes" but the female patient complains that the male patient is harassing and scaring her, and staff observations concur with the female patient's complaints, then the male patient is most likely exhibiting projection, an ego defense mechanism in which the male patient is projecting his own feelings of attraction onto the female patient.*

90.

Following the death of her infant daughter, a patient suddenly started attending church and praying obsessively while neglecting her husband and other children. According to Kübler-Ross's stages of grief, the patient is probably in what stage?

Denial.

Anger.

Depression.

**Bargaining.**

**Explanation:**

*The patient is probably in the stage of bargaining, which is often characterized by increased religious practice, such as praying, as a way to "bargain" with God to help the person cope or to somehow (even magically) change the outcome. Stages include:*

- Stage 1: Denial
- Stage 2: Anger
- Stage 3: Bargaining
- Stage 4: Depression
- Stage 5: Acceptance

*Not every patient goes through every stage, nor are the stages necessarily sequential, but most patients experiencing grief go through a number of stages, and some may become fixed at one stage, such as anger or bargaining.*

91.

**An older adult with a urinary infection may exhibit:**

**confusion.**

hallucinations.

depression.

anxiety.

***Explanation:***

*An older adult with a urinary infection may exhibit confusion rather than the more typical symptoms of burning and frequency experienced by younger adults, so urinary tract infection should be suspected in an older adult who has sudden onset of confusion or sudden worsening of pre-existing dementia. Confusion is more likely to occur with severe infections that have spread to the kidneys. The confusion associated with urinary tract infection usually clears rapidly once the infection is treated.*

92.

**If a patient with psychosis divulges that he intends to kill his parents, healthcare providers must:**

have the patient arrested.

warn the parents.

increase patient oversight.

advise the patient not to make threats.

***Explanation:***

*While what a patient says is usually protected by the regulations regarding privacy and confidentiality, if a patient makes a credible threat, such as intending to kill his parents, then the healthcare provider must warn the parents of the danger under the “duty to warn” laws. These laws may vary somewhat from one state to another with some states permitting healthcare providers to use professional judgment about warning others and other states requiring mandatory reporting.*

93.

Which of the following divisions of the International Society of Psychiatric-Mental Health Nurses (ISPN) actively promotes the autonomy of the advanced practice nurse?

Society for Education and Research in Psychiatric-Mental Health Nursing (SERPN).

Association of Child and Adolescent Psychiatric Nurses (ACAPN).

International Society of Psychiatric Consultation-Liaison Nurses (ISPCLN).

Adult and Geropsychiatric-Mental Health Nurses (AGPN).

***Explanation:***

*The Internal Society of Psychiatric-Mental Health Nurses (ISPN) comprises four divisions, which were originally independent organizations but came together to form the ISPN. The division that actively promotes the autonomy of advance practice nurses is the Society for Education and Research in Psychiatric-Mental Health Nursing (SERPN). Since the organization's original inception in 1983 (as the Council of Dean and Directors of Graduate Programs in Psychiatric-Mental Health Nursing), the organization has focused on graduate education in the field and evidence-based practice.*

94.

**If a 27-year-old patient with narcissistic personality disorder is pregnant and has made plans to have an abortion but the psychiatric and mental health nurse is opposed to abortion for religious reasons, the nurse should:**

discuss alternatives with the patient.

provide literature about adoption.

advise the patient her decision is morally wrong.

**support the patient's decision.**

***Explanation:***

*If a 27-year-old patient with narcissistic personality disorder is pregnant and has made plans to have an abortion but the psychiatric and mental health nurse is opposed to abortion for religious reasons, the nurse should support the patient's decision. The patient has the legal right to make this decision, and the nurse must use care not to impose personal religious beliefs onto the patient or try to pressure the patient into making a different decision.*

95.

**A psychiatric and mental health nurse has developed a successful strategy for working with a difficult patient and would like to share this strategy with other team members. The best method is**

likely to:

ask the supervisor to direct the team to use the strategy.

write out the steps to the strategy and give to each team member.

**discuss the strategy during a team meeting.**

ask the physician to write the strategy as a physician order.

***Explanation:***

*If a psychiatric and mental health nurse has developed a successful strategy for working with a difficult patient and would like to share this strategy with other team members, the best method is likely to discuss the strategy during a team meeting rather than trying to impose the strategy on others without discussion. During discussion, the nurse may discover that others have also devised successful strategies and have input about strategies that are less successful.*

96.

Which of the following disorders is frequently associated with sexual abuse and incest?

Conduct disorder.

Antisocial personality disorder.

Bipolar disorder.

**Borderline personality disorder.**

**Explanation:**

*Borderline personality disorder is frequently associated with a history of neglect and abuse, especially sexual abuse and incest. Studies indicate that 20 to 70% of patients with borderline personality disorder report having experienced sexual abuse, but authorities believe the percentage is higher because of patients' reluctance to admit to having been victims of sexual abuse or incest. Borderline personality disorder is characterized by fear of abandonment, unstable interpersonal relationships, poor self-image, impulsivity, suicidal ideation/self-mutilating behavior, affective instability, poor anger control, feeling of emptiness, and dissociative reactions.*

97.

If a family member of a patient asks the psychiatric and mental health nurse what constitutes probable cause for involuntary commitment, the best response is:

"You should ask an attorney about that."

**"The person is a threat to herself or others."**

"The person is uncooperative with the family."

"The person is no longer able to work and is homeless."

**Explanation:**

*While laws may vary slightly from one state to another in relation to involuntary commitment, generally probable cause is present if a person is a threat to herself or others (and usually the threat must be imminent). A second criterion is usually that the person is too disabled to provide self-care; however, this last criterion can be interpreted in a wide variety of ways (the reason so many mentally ill individuals are homeless and living on the streets) and is rarely utilized.*

98.

If a psychiatric and mental health nurse knows the employer of a patient and tells the employer that the patient is too mentally unstable to work, and the patient loses his job as a result, this may constitute:

defamation of character.

libel.

invasion of privacy.

battery.

***Explanation:***

*If a psychiatric and mental health nurse knows the employer of a patient and tells the employer that the patient is too mentally unstable to work and the patient loses his job as a result, this may constitute defamation of character since the information was detrimental to the patient's reputation. Defamation of character generally involves accusations that are malicious or false. Sharing information about the patient is a breach of confidentiality. If the nurse had put the information in writing, this would represent libel as opposed to slander, which involves orally giving malicious or false information.*

99.

If a patient states he feels "life is pointless," an appropriate response is:

"Everyone feels down at some time in his life."

"Just be patient. You will feel better soon."

“Why don’t you try to think of some positive things in your life.”

“I can see you are upset. What are you feeling now?”

**Explanation:**

*If a patient states he feels “life is pointless,” an appropriate response is “I can see you are upset. What are you feeling now?” because this acknowledges the patient’s feelings and encourages the patient to explore the cause of the feelings without rejecting or belittling the patient’s expressions. Statements that may be construed as suicidal should always be taken seriously and dealt with forthrightly, such as by asking the patient if he is considering suicide.*

100.

Which of the following feedback is specific and descriptive?

“You were very sarcastic in the group meeting today.”

“Marvin became upset when you made a joke about his failure to maintain sobriety.”

“You tend to be thoughtless when you address other patients in the group.”

“You should treat others with more respect in group meetings.”

**Explanation:**

*The feedback that is specific and descriptive is “Marvin became upset when you made a joke about his failure to maintain sobriety” because it gives the essential facts. “You were very sarcastic in the group meeting today” is evaluative (“very sarcastic”) without outlining the specific problem. “You tend to be thoughtless when you address other patient in the group” is*

too general. "You should treat others with more respect in group meetings" is giving advice ("you should") as opposed to feedback.

101.

When working with a patient with conduct disorder, limit setting includes (1) informing the patient of limits, (2) explaining the consequences of noncompliance, and (3):

providing feedback.

stating reasons.

establishing time limits

**stating expected behaviors.**

***Explanation:***

*When working with a patient with conduct disorder, limit setting includes (1) informing the patient of limits, (2) explaining the consequences of noncompliance, and (3) stating expected behaviors. Application of limit setting must be consistent and carried out by all staff members at all times. Consequences must be individualized and must have meaning for the patient so that the patient is motivated to avoid them. Negotiating a written agreement that can be referred to can prevent conflicts if the patient tries to change the limits.*

102.

In an administrative model of shared governance, the person representing the psychiatric unit is probably:

**the department head.**

a team leader.

any member of the nursing staff.

any member of the staff.

***Explanation:***

*In an administrative model of shared governance, the person representing the psychiatric unit is probably the department head because this model depends on the leaders of the institution. These leaders may preside over smaller councils, but they alone are represented on the primary legislative council. Councilor models may have a large number of councils that have some governance over their members. For example, each unit may have a council that sets work hours. In the congressional model, all nursing staff (or all staff) may be members of councils with varying degrees of autonomy.*

103.

**Which of the following statements by a psychiatric and mental health nurse demonstrates a good understanding of peer review?**

"I don't mind reviewing someone as long as my review is anonymous."

"My peer review is going to get him fired for incompetence!"

**"Peer review is a good learning experience for me and the person I'm reviewing."**

"The supervisor should do the peer reviews because the supervisor has more authority."

***Explanation:***

*The statement by a psychiatric and mental health nurse that demonstrates a good understanding of peer review is "Peer review is a good learning experience for me and the person I'm reviewing." The point of peer review is that the reviews are done by peers, those of the same rank, and not supervisors and never anonymously. The reviewer and the reviewee should discuss the review with the reviewer prompting the reviewee to seek solutions to any problems that may have been identified.*

104.

The primary focus of the Substance Abuse and Mental Health Services Administration (SAMHSA) is to:

reduce the costs associated with substance abuse and mental health.

**make information, services, and research about substance abuse and mental health more easily accessible.**

provide continuing education courses regarding substance abuse and mental health issues to healthcare providers.

serve as a political action committee to promote improvements in care for those with substance abuse or mental health issues.

***Explanation:***

*The primary focus of the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services, is to make information, services, and research about substance abuse and mental health more easily accessible and to reduce the impact of these issues on communities. SAMHSA has a number of Strategic Initiatives, such as "Trauma and Justice," and "Prevention of Substance Abuse and Mental Illness," as well as advisory councils and committees.*

105.

If a psychiatric and mental health nurse with many years of experience observes that a new nurse lacks essential skills, the most productive approach is to:

suggest the nurse take some continuing education courses.

provide study materials to help improve the nurse's skills.

report the nurse's lack of skills to the department head.

**offer to serve as a mentor for the nurse.**

***Explanation:***

*If a psychiatric and mental health nurse with many years of experience observes that a new nurse lacks essential skills, the most productive approach is to offer to serve as a mentor for the nurse. Many new nurses lack essential skills because they have little experience to draw from and may be overwhelmed with the responsibilities of working. Mentoring is usually an ongoing process that lasts for months and even a year or more. Mentoring may be a formal or informal arrangement.*

106.

The mother of an adolescent with autism spectrum disorder with severe impairment states she is often so tired at the end of the evening that she breaks down and cries. The care support that is probably the most essential at this time is:

**respite care.**

support group.

volunteer visitor.

spiritual support.

**Explanation:**

*Caregiving can be exhausting, so if the mother of an adolescent with autism spectrum disorder with severe impairment is so tired that she begins crying, then she is overwhelmed and is most in need of respite care. The caregiver needs a break of even a few days in order to rest and have time for herself. If this is not possible, then part-time respite care in the home to allow the caregiver to relinquish caregiving for a few hours may help to reduce stress.*

107.

When utilizing sensory stimulation therapy (SST) to improve cognition in a patient with dementia, it is important to choose sensory input that is:

meaningful to the patient.

identified through testing.

easy to demonstrate.

beneficial to multiple patients.

**Explanation:**

*If utilizing sensory stimulation therapy (SST) to improve cognition in a patient with dementia, it is important to choose sensory input that is meaningful to the patient. For example, the psychiatric and mental health nurse may show the patient family pictures and talk with the patient about the family, encouraging the patient to retrieve memories, or may play music that the patient has previously enjoyed. Certain smells, such as perfume or food smells, may also be used to elicit memories.*

108.

If a patient's nursing diagnosis is "risk for other-directed violence," an immediate expected outcome of intervention is that the patient will:

exercise control over his emotions.

**refrain from hurting others.**

express feelings in a non-threatening manner.

identify methods to relieve aggressive feelings.

***Explanation:***

*If a patient's nursing diagnosis is "risk for other-directed violence," an immediate expected outcome of intervention is that the patient will refrain from hurting others. Other outcomes that should be immediate include refraining from destroying property and demonstrating decreased acting out behavior, restlessness, fear, anxiety, and hostility. Patients may need more time and therapy to be able to exercise control over emotions, express feelings in a non-threatening manner, and identify methods to relieve aggressive feelings.*

109.

Which of the following is a Serious Reportable Event (SRE) related to patient protection?

Patient is raped by a member of the staff on the hospital grounds.

Patient receives an electric shock from faulty wiring.

Patient dies because of a medical error.

**Patient cuts his wrists while hospitalized.**

***Explanation:***

*The National Quality Forum's (NQF's) Serious Reportable Events (SREs) are those events that are harmful to patients. The SREs are divided into different areas of focus. Those events that focus on Patient Protection are especially applicable to psychiatric and mental health nursing. These events include (1) discharge of a patient unable to make decisions to an unauthorized person, (2) death or serious injury related to elopement/disappearance, and (3) suicide, attempted suicide, or self-harm resulting in serious injury while hospitalized.*

110.

The hospital has switched to a new form of electronic health record (EHR), but the psychiatric and mental health nurse is unsure how to document patient care in this new system. The nurse should:

read the manual.

**ask for instruction.**

attempt to figure it out.

make written notes as backup.

***Explanation:***

*If the psychiatric and mental health nurse is unsure how to document patient care in the new electronic health record (EHR), then the nurse should immediately ask for instruction to ensure that the nurse is using the system correctly. Because the EHR is a legal document, information that is entered into the record generally cannot be removed, so it is essential that information be entered correctly. Additionally, in some cases, entries must be made at the time medications or treatments are administered, so instruction is critical.*

111.

The term that relates to the belief that people's behavior should only be judged from the context of their own culture is:

cultural awareness.

cultural competence.

**cultural relativism.**

ethnocentrism.

***Explanation:***

*Cultural relativism: The belief that people's behavior should only be judged from the context of their own culture because behavioral norms can vary widely from one culture to another.*

*Cultural awareness: Recognizing and respecting the outward signs of cultural diversity, such as dress and physical features. Cultural competence: Recognizing one's own culture and using that understanding to avoid unduly influencing those of other cultures. Ethnocentrism: The idea that one's own cultural ideas and beliefs are superior to those of others.*

112.

Assessment of the learner involves which of the following three determinants?

Age, gender, and motivation.

Learning wishes, learning needs, and learning capacity.

Learning needs, learning capacity, and learning motivation.

## Learning needs, readiness to learn, and learning style.

### **Explanation:**

Assessment of the learner involves the following three determinants:

- **Learning needs:** Patients often disagree with others about their needs for learning, but these needs must be identified first. These needs reflect a lack of knowledge in particular areas.
- **Readiness to learn:** Physical, emotional, experiential, and knowledge readiness. Unless a patient is ready to learn or deficits are compensated, then learning may be difficult.
- **Learning style:** right brain/left brain/whole brain, field independent/field dependent, or audio/visual/kinesthetic. Patients may respond better to teaching that matches their preferred learning styles.

113.

Considering the emotional factors related to learning, high levels of anxiety may result in:

a motivation to learn.

**an inability to concentrate or focus on learning.**

a lack of interest in learning.

an increased capacity for learning.

### **Explanation:**

Considering the emotional factors related to learning, high levels of anxiety may result in inability to concentrate or focus on learning while low levels may result in lack of interest in learning because the patient doesn't perceive the need for learning. However, mild to moderate

*levels of anxiety are often conducive to learning because the patient recognizes a need to relieve the anxiety and may be open to new ideas to help to do so.*

114.

When planning an educational program for a patient with visual perceptual disorder, the psychiatric and mental health nurse must realize that the best approach to teaching the patient may be to focus on:

written materials, such as books and pamphlets, and pictures.

**audio materials, such as CDs and audiobooks.**

simplified materials, such as simple posters and diagrams.

manipulative materials, such as equipment that can be handled.

***Explanation:***

*When planning an educational program for a patient with visual perceptual disorder (dyslexia), the psychiatric and mental health nurse must realize that the best approach to teaching the patients may be to focus on audio materials, such as CDs and audiobooks because people with a visual perceptual disorder often compensate for the difficulty reading or processing visual images by listening intently and memorizing material. Patients with visual perceptual disorder may confuse words, have difficulty seeing letters, and have difficulty understanding the overall meaning of a group of words even if able to read the individual words.*

115.

When helping the family of a patient develop a crisis safety plan, which of the following approaches are appropriate to use as a de-escalation technique?

Take control of the situation.

Attempt to reason with the patient.

Touch the person on the arm or hand to defuse his or her tension.

**Quietly describe any action before carrying it out.**

***Explanation:***

*Families should be assisted to develop a crisis safety plan that includes recognizing the signs of an impending crisis and using de-escalation techniques to defuse the situation. De-escalation techniques include avoiding touching the patient without permission and quietly describing any action before carrying it out so as not to further alarm the patient. The family member should remain calm, speak quietly, listen and express concern, avoid arguing and making continuous eye contact, keep environmental stimulation low, allow the person adequate space, and offer suggestions but avoid taking control.*

116.

**A patient with schizophrenia has frequent auditory hallucinations and exhibits extremely disorganized behavior. These deficits probably result from which type of symptoms?**

**Positive.**

Negative.

Mood.

Cognitive.

**Explanation:**

*Patients with schizophrenia often exhibit four types of symptoms:*

- **Positive:** *Includes hallucinations (auditory, visual, gustatory, tactile), delusions (persecution, grandeur, reference, control, somatic, and nihilistic), and disorganized speech and behavior.*
- **Negative:** *flattening of affect, alogia (decreased fluency and content of speech), and apathy.*
- **Mood:** *Inappropriate mood (excessively happy or sad) in relation to events or situations.*
- **Cognitive:** *Memory deficit, impaired executive functioning, and impaired ability to interpret interpersonal cues related to communication.*

117.

The usual medical treatment for obsessive-compulsive disorder is a(n):

tricyclic antidepressant.

SSRI.

benzodiazepine.

antipsychotic.

**Explanation:**

*The usual medical treatment for obsessive-compulsive disorder (OCD) is an SSRI because SSRIs inhibit presynaptic reuptake of serotonin. Only one tricyclic antidepressant, clomipramine (Anafranil®), has a similar action, but it has more adverse effects, so an SSRI is usually the drug of choice. Some patients also take buspirone as an antianxiety medication, and other patients, especially those with tic disorders, may benefit from the addition of antipsychotics, such as*

*risperidone, haloperidol, or olanzapine, although not all of these drugs are not FDA-approved for OCD.*

118.

**Patients who are treated with lithium to control the symptoms of bipolar disorder must be advised to avoid:**

sun exposure.

sodium in the diet

**dehydration.**

tobacco products.

***Explanation:***

*Patients who are treated with lithium to control the symptoms of bipolar disorder must be advised to avoid dehydration because this may cause the blood level of lithium to increase, resulting in toxicity. Patients should drink 8 to 10 glasses of liquid (primarily water) daily and may need increased fluids during hot weather. Patients should not be on a low sodium diet but should maintain a fairly consistent level of sodium intake because lithium levels increase with lower sodium levels and decrease with higher.*

119.

**A patient who complains that the doctor implanted a controlling microchip in his arm and that the patient needs to cut it out is experiencing a:**

somatic delusion.

nihilistic delusion.

**delusion of control.**

delusion of persecution.

***Explanation:***

*A patient who complains that the doctor implanted a controlling microchip in his arm and that the patient needs to cut it out is experiencing a delusion of control because he believes that his behavior is under the control of someone or something else. With delusions of persecution, the patient feels threatened or frightened and believes someone or something wants to harm the patient. With a somatic delusion, the patient has unrealistic ideas about his/her body while, with a nihilistic delusion, the patient believes that an important aspect of reality (the self, the world) no longer exists.*

120.

When developing an education plan for a group of homeless patients with alcohol use disorder, the most important information to include is probably information about:

**community resources.**

inpatient facilities.

personal responsibility.

medications to control alcohol use disorder.

***Explanation:***

*When developing an education plan for a group of homeless patients with alcohol use disorder, the most important information to include is probably information about community resources, including shelters, food banks, free meals, free clinics, and self-help groups, such as Alcoholics Anonymous®. Inpatient care is often an unrealistic goal for homeless people with few or no financial resources unless care is mandated by the courts and covered by government programs. Patients who are homeless and addicted often have multiple problems, including dual diagnoses, which make personal responsibility difficult to achieve.*

121.

**Which of the following is the most common reason for non-adherence to medical treatment for mental illness?**

Patient has double diagnosis with drug or alcohol use disorder.

Patient dislikes adverse effects of medications.

Patient is too confused to take medications.

**Patient does not believe he/she has a mental illness.**

***Explanation:***

*The most common reason for non-adherence to medical treatment for mental illness is that the patient believes he/she does not have a mental illness and can manage without medication. Many patients also are dependent on alcohol or drugs and may be advised to avoid alcohol or drugs with medications, so they stop the medications. Adverse effects of medications can be troubling and may cause some patients to stop taking medications. Patients may stop treatment if they are confused although confusion may also result from decreasing or stopping medication.*

122.

**The most common co-morbid condition associated with schizophrenia is:**

panic disorder.

post-traumatic stress disorder.

**drug/alcohol use disorder.**

obsessive-compulsive disorder.

***Explanation:***

*The most common co-morbid condition associated with schizophrenia is drug and/or alcohol use disorder, sometimes as the result of trying to self-medicate. Patients with schizophrenia also often smoke, so treatment protocols should include drug, alcohol, and smoking cessation. Drug and alcohol use disorder is frequently a factor in non-adherence to treatment plans, especially if advised alcohol or drugs should be avoided with medications. Patients with schizophrenia may also have the comorbidities of post-traumatic stress disorder, panic disorder, and obsessive-compulsive disorder, complicating treatment approaches.*

123.

**Patients who engage in injection drug use should receive immunization(s) for:**

hepatitis C.

HIV/AIDS.

herpes zoster.

**hepatitis A and hepatitis B.**

**Explanation:**

According to the Centers for Disease Control and Prevention (CDC), patients who inject drugs should receive immunizations for hepatitis A and B, which are transmitted through sharing of needles contaminated with blood. There is no vaccine available for hepatitis C although patients should be screened for hepatitis C because they are at risk for the disease. There is also not any immunization for HIV/AIDS although patients may also need screening for HIV. Immunization for herpes zoster is not recommended because of injection drug use.

124.

If the AHRQ's Rapid Estimate of Adult Literacy in Medicine (short form) (REALM-SF) shows that a patient scores at the third grade level of health literacy, the psychiatric and mental health nurse should realize that the patient:

will need primarily illustrated materials, videos, or audiotapes.

will be able to read most written materials.

will be able to read low-literacy level materials only.

may have difficulty reading some educational materials.

**Explanation:**

If the Agency for Healthcare Research and Quality's (AHRQ's) Rapid Estimate of Adult Literacy in Medicine (short form) (REALM-SF), which comprises a list of seven words the patient is asked to read, shows that a patient scores at the third grade level of health literacy, the psychiatric and mental health nurse should realize that the patient will need primarily illustrated materials, videos, or audiotapes because the patient will not be able to read most reading material, even those intended for low literacy. Assessing patient's health literacy is a critical initial element in developing an individualized educational plan.

125.

The psychiatric and mental health nurse should expect that a patient with high self-efficacy would:

experience self-doubt.

**request support when needed.**

have low aspirations.

allow others to make decisions.

***Explanation:***

*Self-efficacy is the belief that people have control over the events in their lives and that their behavior can make a difference. Patients with high levels of self-efficacy would likely request support when needed because they have the confidence necessary to admit they are unable to do everything by themselves. Patients who lack adequate self-efficacy often have low aspirations and experience self-doubt and anxiety because they lack faith in their own abilities and decisions.*

126.

Which of the following is an example of resilient behavior?

Learning self-care.

Dealing with stressful situations.

Carrying out health-seeking behaviors.

**Having a positive outlook.**

***Explanation:***

*An example of resilient behavior is having a positive outlook. Patients with resilience respond in a healthy manner to stress or adverse situations and are less likely to react to stress with anxiety while patients with low levels of resilience may react to minor stressful events with severe anxiety. Resilience is closely related to resourcefulness, which is the ability to utilize problem-solving skills, and is exemplified by learning self-care, dealing with stressful situations, and carrying out health-seeking behaviors.*

127.

**A Puerto Rican outpatient almost always comes late to his therapy appointments. This is probably because of:**

lack of respect for therapist.

passive-aggressive behavior.

**cultural ideas of time.**

poor time management.

***Explanation:***

*A Puerto Rican outpatient almost always comes late to his therapy appointments. This is probably because of cultural ideas of time, which are more relaxed than common in the United States, where people are expected to be on time. When assigned a time for a meeting, the patient may believe that coming at "about" that time is acceptable and does not intend to be disrespectful or to display passive-aggressive behavior, and this behavior is usually not related to poor time management but rather a perception that other things, such as family concerns, are more important.*

128.

Which of the following is an indication that a 48-year-old-patient has met the developmental tasks appropriate for this age?

The patient has raised children into responsible adults.

The patient has established a career.

The patient has become involved in politics.

The patient has a group of close friends.

***Explanation:***

*An indication that a 48-year-old patient has met the developmental tasks appropriate for this age is that the patient has raised children into responsible adults, as this is a task associated with middle adulthood (ages 45 to 65). Other developmental tasks for middle adulthood include relinquishing control of adult children, adjusting to physical changes, using leisure time creatively, valuing old friends and making new ones, being proud of accomplishments, and expressing love emotionally as well as physically.*

129.

According to Erikson's psychosocial theory and stages of development, a 30-year-old male who remains very insecure and dependent on his parents and still lives at home has probably not successfully achieved the stage of:

trust vs mistrust.

identity vs role confusion.

industry vs inferiority

initiative vs guilt.

**Explanation:**

*According to Erikson's psychosocial theory and stages of development, a 30-year-old male who remains very insecure and dependent on his parents and still lives at home has probably not successfully achieved the stage of identity vs role confusion, which usually occurs during adolescence from age 12 to 20. The major tasks during this stage are to integrate tasks of earlier stages (developing trust, self-control, sense of purpose, and self-confidence) and to develop a strong sense of the independent self.*

130.

**If a patient is severely agitated when the psychiatric and mental health nurse tries to complete the psychosocial assessment, the best solution is to:**

proceed, completing as much as possible.

get all information from the patient's spouse.

instruct the patient in relaxation exercises.

**wait until the patient is less agitated.**

**Explanation:**

*If a patient is severely agitated when the psychiatric and mental health nurse tries to complete the psychosocial assessment, the best solution is to wait until the patient is less agitated because a patient who is agitated may not be a reliable reporter or may have difficulty focusing*

on the questions. In some cases, the patient may require medication prior to the assessment although some patients may be more relaxed once they feel more secure.

131.

Which of the following is an example of an open-ended question that can be used when completing an assessment?

“Are you experiencing hallucinations?”

“Can you tell me what has been happening with you?”

“Have you considered suicide?”

“What medications are you taking?”

**Explanation:**

*Open-ended questions are those that cannot be answered with a simple “yes” or “no” and don’t require specific information but rather allow the respondent to answer in a number of different ways, such as with “Can you tell me what has been happening with you?” Close-ended questions, such “Are you experiencing hallucinations?” and “Have you considered suicide?” usually require a follow-up question to gather meaningful information. “What medications are you taking” is a focused close-ended question.*

132.

The psychiatric and mental health nurse notes that a patient admitted for anxiety almost constantly drums fingers on the table and taps a foot. The term for this behavior is:

automatisms.

psychomotor retardation.

waxy flexibility.

nervous tics.

**Explanation:**

**Automatisms:** Repeated behaviors that are without purpose, such as drumming fingers on the table and tapping the foot. **Psychomotor retardation:** Overall slowness in movement outside of what is normal. **Waxy flexibility:** Maintaining positions or postures over a period of time that appear awkward or uncomfortable. **Nervous tics:** Rapid, repetitive involuntary movements, such as eye twitching or blinking.

133.

Throughout the entire psychosocial assessment, the patient maintains the same sad expression. The patient's affect would be described as:

restricted.

flat.

inappropriate.

blunted.

**Explanation:**

If a patient maintains the same sad expression throughout the entire psychosocial assessment, the patient's affect would be described as restricted because the patient showed only one

expression. A flat affect is characterized by no expression. An inappropriate affect occurs when the facial expression does not match the mood or situation. A blunted affect is one in which the individual shows little expression or in which the expressions respond slowly to mood or situation.

134.

If a schizophrenic patient believes that others know the thoughts in her mind, this delusional belief is called:

thought broadcasting.

thought blocking.

thought withdrawal.

circumstantial thinking.

**Explanation:**

**Thought broadcasting:** The belief that one's thoughts can be heard or known by others. **Thought blocking:** Stopping in the middle of expressing an idea and being unable to regain the train of thought and continue and complete the statement. **Thought withdrawal:** The belief that one's thoughts are being taken away by someone else and that the individual cannot stop this process. **Circumstantial thinking:** Eventually responding to a question after providing excessive and unnecessary details.

135.

If the psychiatric and mental health nurse asks a patient a question and the patient wanders completely off topic in the response and never answers the questions, this is an example of:

loose association.

word salad.

flight of ideas.

**tangential thinking.**

***Explanation:***

***Tangential thinking:*** The patient wanders completely off topic in responding to a question and never actually answers the questions. ***Loose association:*** The patient jumps haphazardly from one idea to another with no obvious association between the various thoughts expressed. ***Word salad:*** The patient uses a stream of completely unconnected words that express no meaning. ***Flight of ideas:*** The patient speaks rapidly, using many words, but ideas are fragmented and unrelated to each other.

136.

During the initial interview, the patient states repeatedly that his boss is to blame for all of the patient's problems and that the boss "is going to pay." The psychiatric and mental health nurse should respond by asking:

"Why do you feel that way?"

**"What thoughts have you had about hurting your boss?"**

"Can you think of other reasons for your problems?"

“Do you think that this anger toward your boss is productive?”

**Explanation:**

*If, during an interview the patient blames his boss for his problems and states that the boss is “going to pay,” this is an implied threat. Because of the duty to warn those who might be in danger from a patient with mental health issues, the psychiatric and mental health nurse should ask directly, “What thoughts have you had about hurting your boss?” in order to assess whether there is a risk of violence. In some cases, orientation may be extended to include the current situation of the patient.*

137.

When assessing a patient’s orientation, the psychiatric and mental health nurse should be aware that the first thing the patient is likely to lose track of is:

person.

place.

**time.**

current situation.

**Explanation:**

*When assessing a patient’s orientation, the psychiatric and mental health nurse should be aware that the first thing the patient is likely to lose track of is time, followed by place and then person. Patients may, for example, forget the day of the week or the month and date. When orientation improves, it usually does so in the reverse order, so people become oriented to person first, followed by place, and then time.*

138.

One method of assessing a patient's ability to concentrate is to ask the patient to:

give the name of the previous president.

state the patient's social security number.

state the patient's current location.

**count backward from 100 in serial 7s.**

***Explanation:***

*One method of assessing a patient's ability to concentrate is to ask the patient to count backward from 100 by serial 7s (100, 93, 86...). Other tests of concentration include asking the patient to spell the word world backward, state the days of the week backward, or carry out a simple three-part task (pick up the card, fold it in half, and place it on the desk). Requests that require the production of facts, such as "give the name of the previous president," are used to assess memory rather than concentration.*

139.

Which of the following suggests that a patient probably has good insight?

The patient blames her husband for her problems.

The patient believes changing medications will solve her problems.

**The patient states she is to blame for losing her job.**

The patient states her children purposely cry to make her punish them.

**Explanation:**

*Good insight, the ability to understand the real situation and nature of a problem, is demonstrated when the patient states she is to blame for losing her job because she is taking responsibility and not blaming her problems on other people (children, husband) or looking for a magic solution (new medication). Patients with poor insight often look outward for reasons for problems and solutions to those problems rather than inward.*

140.

A patient who has had multiple arrests for driving under the influence of alcohol has agreed to begin treatment with disulfiram. Patient education should include advising the patient that:

**drinking alcohol may result in severe illness.**

the patient should avoid driving.

the patient may experience hallucinations.

the patient must abstain from drinking for one week prior to initiating treatment.

**Explanation:**

*If a patient has agreed to begin treatment with disulfiram, the patient should be aware that drinking alcohol may result in severe illness. Patients must abstain from drinking for 12 hours before initiating treatment. Disulfiram interferes with the breakdown of acetaldehyde from ethanol, so the acetaldehyde level increases, resulting in a syndrome that can include flushing, head and neck pain, severe nausea and vomiting, third, excessive perspiration, tachycardia, hyperventilation, weakness, and blurred vision. Some people may develop more severe symptoms, such as myocardial infarction, acute heart failure, and/or respiratory depression.*

141.

An example of an objective personality test is:

Beck Depression Inventory (BDI).

sentence completion test.

Thematic Apperception Test (TAT).

Rorschach test.

**Explanation:**

*An example of an objective personality test is Beck Depression Inventory (BDI). Objective tests require the person taking the test to choose an answer, either true-false or multiple choice, and do not allow for any free expression. Other objective tests include the Minnesota Multiphasic Personality Inventory (MMPI) and the Tennessee Self-Concept Scale (TSCS). Projective tests, on the other hand, are unstructured and the responses are evaluated by the person administering the test. Projective tests include the Rorschach test, the sentence completion test, and the Thematic Apperception Test (TAT).*

142.

If a violent adult patient requires physical restraints, the patient must be evaluated by a licensed independent practitioner within:

30 minutes.

one hour.