TEST BANK FOR VARCAROLIS' Foundations Of Psychiatric-Mental Health Nursing, 8th Edition, By Morrison-Valfre -100% verified -2023-2024

TABLE OF CONTENTS

UNIT I: FOUNDATIONS IN THEORY

- 1. Mental Health and Mental Illness
- 2. Theories and Therapies
- 3. Psychobiology and Psychopharmacology

UNIT II: FOUNDATIONS FOR PRACTICE

- 4. Treatment Settings
- 5. Cultural Implications
- 6. Legal and Ethical Considerations

UNIT III: PSYCHOSOCIAL NURSING TOOLS

- 7. The Nursing Process and Standards of Care
- 8. Therapeutic Relationships
- 9. Therapeutic Communication
- 10. Stress Responses and Stress Management

UNIT IV: PSYCHOBIOLOGICAL DISORDERS

- 11. Childhood and Neurodevelopmental Disorders
- 12. Schizophrenia Spectrum Disorders
- 13. Bipolar and Related Disorders
- 14. Depressive Disorders
- 15. Anxiety and Obsessive-Compulsive Disorders
- 16 Trauma, Stressor-Related, and Dissociative Disorders
- 17. Somatic Symptom Disorders
- 18. Eating and Feeding Disorders
- 19. Sleep-Wake Disorders
- 20. Sexual Dysfunction, Gender Dysphoria, and Paraphilias
- 21. Impulse Control Disorders
- 22. Substance-Related and Addictive Disorders
- 23. Neurocognitive Disorders

24. Personality Disorders

UNIT V: TRAUMA INTERVENTIONS

- 25. Suicide and Nonsuicidal Self-Injury
- 26. Crisis and Disaster
- 27. Anger, Aggression, and Violence
- 28. Child, Older Adult, and Intimate Partner Violence
- 29. Sexual Assault

UNIT VI: INTERVENTIONS FOR SPECIAL POPULATIONS

- 30. Dying, Death, and Grieving
- 31. Older Adults
- 32. Serious Mental Illness
- 33. Forensic Nursing

UNIT VII: OTHER INTERVENTION MODALITIES

- 34. Therapeutic Groups
- 35. Family Interventions
- 36. Integrative Care

Chapter 01: Mental Health and Mental Illness

Halter: Varcarolis' Foundations of Psychiatric Mental Health Nursing: A Clinical Approach, 8th Edition

MULTIPLE CHOICE

- 1. A staff nurse completes orientation to a psychiatric unit. This nurse may expect an advanced practice nurse to perform which additional intervention? a. Conduct mental health assessments.
 - b. Prescribe psychotropic medication.
 - c. Establish therapeutic relationships.
 - d. Individualize nursing care plans.

ANS: B

In most states, prescriptive privileges are granted to master's-prepared nurse practitioners and clinical nurse specialists who have taken special courses on prescribing medication. The nurse prepared at the basic level is permitted to perform mental health assessments, establish relationships, and provide individualized care planning.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension) REF: Page 1-23 TOP:

Nursing Process: Implementation

MSC: Client Needs: Safe, Effective Care Environment

- 2. A nursing student expresses concerns that mental health nurses "lose all their clinical nursing skills." Select the best response by the mental health nurse.
 - a. "Psychiatric nurses practice in safer environments than other specialties. Nurse-to-patient ratios must be better because of the nature of the patients' problems."
 - b. "Psychiatric nurses use complex communication skills as well as critical thinking to solve multidimensional problems. I am challenged by those situations."
 - c. "That's a misconception. Psychiatric nurses frequently use high technology monitoring equipment and manage complex intravenous therapies."
 - d. "Psychiatric nurses do not have to deal with as much pain and suffering as medical—surgical nurses do. That appeals to me."

ANS: B

The practice of psychiatric nursing requires a different set of skills than medical—surgical nursing, though there is substantial overlap. Psychiatric nurses must be able to help patients with medical as well as mental health problems, reflecting the holistic perspective these nurses must have. Nurse—patient ratios and workloads in psychiatric settings have increased, just like other specialties. Psychiatric nursing involves clinical practice, not just documentation. Psychosocial pain and suffering are as real as physical pain and suffering.

PTS: 1 DIF: Cognitive Level: Apply (Application)

REF: Pages 1-2, 21 TOP: Nursing Process: Implementation

MSC: Client Needs: Safe, Effective Care Environment

- 3. When a new bill introduced in Congress reduces funding for care of persons diagnosed with mental illness, a group of nurses write letters to their elected representatives in opposition to the legislation. Which role have the nurses fulfilled?
 - a. Recovery
 - b. Attending
 - c. Advocacy
 - d. Evidence-based practice

ANS: C

An advocate defends or asserts another's cause, particularly when the other person lacks the ability to do that for self. Examples of individual advocacy include helping patients understand their rights or make decisions. On a community scale, advocacy includes political activity, public speaking, and publication in the interest of improving the human condition. Since funding is necessary to deliver quality programming for persons with mental illness, the letter-writing campaign advocates for that cause on behalf of patients who are unable to articulate their own needs.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension) REF: Page 1-26 TOP:

Nursing Process: Evaluation

MSC: Client Needs: Safe, Effective Care Environment

- 4. A family has a long history of conflicted relationships among the members. Which family member's comment best reflects a mentally healthy perspective?
 - a. "I've made mistakes but everyone else in this family has also."
 - b. "I remember joy and mutual respect from our early years together."
 - c. "I will make some changes in my behavior for the good of the family."
 - d. "It's best for me to move away from my family. Things will never change."

ANS: C

The correct response demonstrates the best evidence of a healthy recognition of the importance of relationships. Mental health includes rational thinking, communication skills, learning, emotional growth, resilience, and self-esteem. Recalling joy from earlier in life may be healthy, but the correct response shows a higher level of mental health. The other incorrect responses show blaming and avoidance.

PTS: 1 DIF: Cognitive Level: Analyze (Analysis)

REF: Pages 1-2, 3, 32 (Figure 1-1) TOP: Nursing Process: Assessment MSC:

Client Needs: Psychosocial Integrity

- 5. Which assessment finding most clearly indicates that a patient may be experiencing a mental illness? The patient
 - a. reports occasional sleeplessness and anxiety.
 - b. reports a consistently sad, discouraged, and hopeless mood.
 - c. is able to describe the difference between "as if" and "for real."
 - d. perceives difficulty making a decision about whether to change jobs.

ANS: B

The correct response describes a mood alteration, which reflects mental illness. The distracters describe behaviors that are mentally healthy or within the usual scope of human experience.

PTS: 1 DIF: Cognitive Level: Apply (Application)

REF: Pages 1-2 to 4 TOP: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

- 6. Which finding best indicates that the goal "Demonstrate mentally healthy behavior" was achieved for an adult patient? The patient
 - a. sees self as capable of achieving ideals and meeting demands.
 - b. behaves without considering the consequences of personal actions.
 - c. aggressively meets own needs without considering the rights of others.
 - d. seeks help from others when assuming responsibility for major areas of own life.

ANS: A

The correct response describes an adaptive, healthy behavior. The distracters describe maladaptive behaviors.

PTS: 1 DIF: Cognitive Level: Apply (Application)

REF: Pages 1-2 to 4 TOP: Nursing Process: Evaluation

MSC: Client Needs: Psychosocial Integrity

7. A nurse encounters an unfamiliar psychiatric disorder on a new patient's admission form. Which resource should the nurse consult to determine criteria used to establish this diagnosis? a. *International Statistical Classification of Diseases and Related Health Problems*

(ICD-10)

- b. The ANA's Psychiatric-Mental Health Nursing Scope and Standards of Practice
- c. Diagnostic and Statistical Manual of Mental Disorders (DSM-V)
- d. A behavioral health reference manual

ANS: C

The *DSM-V* gives the criteria used to diagnose each mental disorder. It is the official guideline for diagnosing psychiatric disorders. The distracters may not contain diagnostic criteria for a psychiatric illness.

PTS: 1 DIF: Cognitive Level: Apply (Application)

REF: Pages 1-18, 19 TOP: Nursing Process: Assessment

MSC: Client Needs: Safe, Effective Care Environment

- 8. A nurse wants to find a description of diagnostic criteria for anxiety disorders. Which resource would have the most complete information?
 - a. Nursing Outcomes Classification (NOC)
 - b. DSM-V
 - c. The ANA's Psychiatric-Mental Health Nursing Scope and Standards of Practice d. ICD-10

ANS: B

The *DSM-V* details the diagnostic criteria for psychiatric clinical conditions. It is the official guideline for diagnosing psychiatric disorders. The other references are good resources but do not define the diagnostic criteria.

PTS: 1 DIF: Cognitive Level: Understand (Comprehension)

REF: Pages 1-18, 19 TOP: Nursing Process: Implementation

MSC: Client Needs: Safe, Effective Care Environment

- 9. Which individual is demonstrating the highest level of resilience? One who
 - a. is able to repress stressors.
 - b. becomes depressed after the death of a spouse.
 - c. lives in a shelter for 2 years after the home is destroyed by fire.
 - d. takes a temporary job to maintain financial stability after loss of a permanent job.

ANS: D

Resilience is closely associated with the process of adapting and helps people facing tragedies, loss, trauma, and severe stress. It is the ability and capacity for people to secure the resources they need to support their well-being. Repression and depression are unhealthy. Living in a shelter for 2 years shows a failure to move forward after a tragedy. See related audience response question.

PTS: 1 DIF: Cognitive Level: Apply (Application) REF: Pages 1-5, 6

TOP: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

- 10. Complete this analogy. NANDA: clinical judgment: *NIC*:______a. patient outcomes.
 - b. nursing actions.
 - c. diagnosis.
 - d. symptoms.

ANS: B

Analogies show parallel relationships. NANDA, the North American Nursing Diagnosis Association, identifies diagnostic statements regarding human responses to actual or potential health problems. These statements represent clinical judgments. *NIC (Nursing Interventions Classification)* identifies actions provided by nurses that enhance patient outcomes. Nursing care activities may be direct or indirect.

PTS: 1 DIF: Cognitive Level: Analyze (Analysis)

REF: Pages 1-21, 22 TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe, Effective Care Environment

11. An adult says, "Most of the time I'm happy and feel good about myself. I have learned that what I get out of something is proportional to the effort I put into it." Which number on this mental health continuum should the nurse select?