

Faculty of Nursing  
Psychiatric mental Health Nursing  
Fourth year Final Exam  
Second semester  
2015- 2016

Course Title: Psychiatric Mental Health Nursing

Date: 4/6/2016

Time allowed: 3 hours

Number of exam paper:

(Including cover sheet)

Parts	Questions	Marks	Student's marks
Part 1	Multiple choice questions	30	
Part II	True & false	10	
Part III	Matching	10	
Part IV	List questions	25	
Part V	situation	25	
Total		100	

Signatures:

1-

2

Part I:- Multiple choice questions: ( 30Marks

Read the following statements and encircle the correct answer. There is only one best answer:

1. You would expect a client with a diagnosis of bipolar disorder to be treated with:
  - a- librium
  - b- lioresal
  - c- lithium
  - d- lindane
  
2. The nurse is preparing a patient for the termination phase of the nurse-patient relationship. Which nursing task that is most appropriate for this phase
  - a- Planning short-term goals
  - b- Decrease her visited to patient
  - c- Developing realistic solution.
  - d- Tries to keep patient dependent on her
  
3. A client is diagnosed with obsessive compulsive disorder. Which behavioral symptoms would the nurse expect to assess?
  - a- Restlessness and pacing
  - b- Exhibit diaphoresis and tachycardia
  - c- Use breathing techniques to decrease anxiety
  - d- Use excessive and ritualistic behaviors to relieve anxiety.
  
4. The nurse caring for an individual with schizoid personality disorder would expect to assess:
  - a- Impulsive, restless, aggressive behavior.
  - b- Magical thinking and suspicious, odd behavior.
  - c- Distrustful, cold, often angry behaviors.
  - d- Few interactions wish other and little verbalization
  
5. An angry man channels his hostilities into competitive sports in which there are many opportunities for combat. This is an example of.
  - a- Sublimation
  - b- Rationalization
  - c- Repression
  - d- Reaction formation

6. Which of the following statements indicates that the speaker is missing an important aspect of a mentally health life?
- a- "I am responsible for my reactions to situation; others have no control over my emotion."
  - b- "My goal in life is to always treat other people as I want to be treated."
  - c- "I am self-sufficient; I do not need personal relationships with other people."
  - d- "I see each problem as a challenges and a source of creative growth."
7. A client with delusion of persecution believes the hospital food is being poisoned by the staff. The nurse knows the best appropriate method to encourage client to eat is:
- a- Put the client's favorite foods in an attractive arrangement
  - b- Present only the warm foods that arrive from the kitchen.
  - c- The client prepared the food by himself and packaged in his items.
  - d- food items that are the same as what other clients in the dining room are eating
8. Odd, eccentric, cold, withdrawn, and irrational describe the symptoms associated with which cluster of personality disorder?
- a- Cluster A
  - b- Cluster B
  - c- Cluster C
  - d- Cluster D
9. School phobia is usually treated by
- a- Returning the child to the school immediately with family support.
  - b- Calmly explaining why attendance in school is necessary
  - c- Allowing the child to enter the school before the other children
  - d- Allowing the parent to accompany the child in the classroom
10. What would the nurse most expect to observe in a client with impulsive behavior?
- a- ability to delay gratification
  - b- low tolerance for frustration
  - c- good problem solving skills
  - d- commitment to long term goal

11. A client who is taking chlorpromazine hydrochloride (Thorazine) is experiencing extrapyramidal side effects (EPS). The nurse understands that EPS is:
- a- Dysfunction of the cardiovascular system
  - b- Involuntary muscle movements
  - c- Similar to a seizure disorder
  - d- toxic reaction of the liver
12. The nurse knows the most common side effect of benzodiazepine antianxiety medications is:
- a- Confusion
  - b- Headache
  - c- Sedation
  - d- Flatulence
13. The nurse is interviewing an elderly client who may have been abused by the neighbor. The nurse during interview should:
- a- be confrontational
  - b- Blame patient about this abuse.
  - c- be nonthreatening and nonjudgmental
  - d- Avoid asking the client about the potential abuse in the future.
14. A client is admitted through the emergency department with a diagnosis of depression. During the initial phase of the relationship with this client, the nurse would expect which reaction to interpersonal communication?
- a- insight
  - b- Silence
  - c- Anger
  - d- elation
15. Which of the following are considered the positive signs of schizophrenia?
- a- Delusions ,anhedonia, ambivalence
  - b- Hallucinations, illusions, ambivalence.
  - c- Delusions, hallucinations , disorganized thought
  - d- Disordered thinking, anhedonia, illusions.

16. Which principle of the psychoanalytic model is particularly useful to psychiatric nurses?
- a- **Behavior has meaning.**
  - b- Behavior that is reinforced will be perpetuated.
  - c- The first 7 years of a person's life determine personality.
  - d- Behavioral deviations result from an incongruence between verbal and nonverbal communication.
17. A nurse working with a client with agoraphobia recognizes that the most effective technique for treatment of agoraphobia is:
- a- **Gradual desensitization by controlled exposure to the situation the client fears**
  - b- Teaching relaxation techniques
  - c- Repeated exposure to the situations the client fears
  - d- Distraction each time the client brings up the problem
18. If the client was experiencing negative symptoms of schizophrenia, the nurse would expect to see :
- a- **Flat affect and little speech**
  - b- Rigid posture
  - c- Excessive purposeless movement
  - d- Inappropriate laughter
19. The secondary gain for patient with somatoform disorders are :-
- a- Getting out usual responsibilities.
  - b- Getting extra attention.
  - c- Manipulating others in the environment.
  - d- Fulfillment of dependency needs.
  - e- Financial gain from insurance, worker's compensation, or sick benefits.
20. The client's family asks the nurse " what is hypochondriasis ? . The best response by the nurse, hypochondriasis is .....
- a- **A persistent preoccupation with getting a serious disease without support by medical investigation**
  - b- An illness fully explained by a diagnosed medical condition
  - c- Characterized by a variety of symptoms over a number of years.
  - d- The eventual result of excessive worry about disease.

21. An employee uses the defense mechanism of displacement when the boss openly disagrees with suggestions. What behavior would be expected from this employee?
- The employee assertively confronts the boss.
  - The employee leaves the staff meeting to work out in the gym.
  - The employee criticizes a coworker.
  - The employee takes the boss out to lunch.
22. Which neurotransmitter has been implicated in the development of Alzheimer's disease?
- Acetylcholine
  - Dopamine
  - Epinephrine
  - Serotonin
23. Which of the following will the nurse use when communicating with a client who has a cognitive impairment?
- Complete explanations with multiple details
  - Picture or gestures instead of words
  - Stimulating words and phrases to capture the client's attention
  - Short words and simple sentences
24. What question would help the nurse determine the meaning of substance use to the individual client
- "Why are you an alcoholic?"
  - "How often do you use drugs and alcohol?"
  - "What symptoms do you have when you use drugs?"
  - "What circumstances lead you to use drugs?"
25. A client asks the nurse, "Do you think I should leave my husband?" The nurse responds, "You aren't sure if you should leave your husband?" The nurse is using which therapeutic technique?
- Restating
  - Reframing
  - Reflecting
  - Offering a general lead

26. Silence in therapeutic communication is:

- a- Not therapeutic.
- b- A means of disapproval
- c- It indicates intolerance and anger.
- d- **It allowing the client space in which to respond**

27. The main focus of milieu therapy is on

- a- Daily living skill and Increase patient's self-esteem.
- b- Crisis intervention and control deviant behavior
- c- Decrease patient anxiety and psychotic symptoms
- d- **Provide safe structured environment and sense of communication**

28. According to Maslow's hierarchy of needs, which situation on an in-patient psychiatric unit would require priority intervention?

- a- A client is disturbed that family can be seen only during visiting hours
- b- **A client exhibits hostile and angry behaviors toward another client.**
- c- A client states, "I have no one who cares about me."
- d- A client states, "I have never met my career goals."

29. A patient with bipolar disorder is pacing constantly today, while other clients are having a birthday party. There is music, noise, food. The patient walks over to the table and takes handfuls of cake to eat as he paces up and down the hall, the nurse best response to patient's behavior would be to:

- a- Let him continue to pace and eat.
- b- Medicate him with **a p.r.n anti**-anxiety drugs
- c- Restrain him in his room.
- d- **Ask patient to go outside and take a walk with you.**

30. Giving broad opening is technique of communication that

- a- **encourage the client to talk**
- b- Giving meaning to what the patient is saying.
- c- Facing the client with his behavior.
- d- observe client's nonverbal communication

Part II; True and False questions; (10 mark)

Read each statement carefully and encircle "T" if the statement is true, encircle "F" if the statement is false.

Statements	True	False
1. All people not necessary need a balance between energy and anxiety to preserve themselves, fulfill their beings and affirm their existence.	T	
2. Experiences provoking anxiety begins in infancy and continue throughout life	T	
3. An important distinction between anxiety and fear is that anxiety attacks at deeper level than fear	T	
4. Rationalization is seeing in others the same traits in which one feels inadequate.		F
5. Client with bulimia nervosa are in no serious medical danger as long as their weight remain near normal		F
6. The main differences between major depression and dysthymia are in the duration and severity of the symptoms	T	
7. Objectivity is an ability to evaluate exactly the patient's behavior, with mixing one's own feelings, opinion or judgment		F
8. The nurse should promoting dependence for schizophrenic patient		F
9. A professional relationship focuses upon the personal and emotional needs of the patient	T	
10. Torticollis means stiffness of the neck	T	



**Part III : Match the term in column A with the correct definition in column B (10 marks)**

Answer	A	B
10	a- projection	1- Retreating to level of behavior that reduce anxiety, allow me to feel more comfortable.
5	b- fear	2-This is voluntary conscious forcing of unpleasant anxiety producing experiences into the preconscious mind.
9	c- phobia	3- .Refers to illogical and haphazard between ideas connections
4	d- Tangentiality	4. The patient never gets from desired point to desired goal. So, he goes off the core of the topic
2	e- repression	5- is reaction to specific danger " event, situation , object "
3	f- Looseness of association	6- An unpleasant, unacceptable ideas, or impulses are involuntary stored in the unconscious mind.
6	g- Regression	7- Holding two opposing emotions, attitudes, wishes, or impulses toward the same person, at the same time
-----	h- Echolalia	8- A monotonous repetition of certain movement or speech without purpose
8	i- Stereotypy	9- irrational and persistent fear from " event, situation , object "
7	j- Ambivalence	10- The person rejects unwanted characteristics of self and assigns them to others.
2	k- Suppression:-	
-----	l- Denial	

**IV - List the followings ;( 25 marks ):**

1- Contraindications of ECT: (2marks )

- a. -----
- b. -----
- c. -----
- d. -----

2- The main principle in creating a therapeutic nurse patient relationship:  
(2marks)

- a. -----
- b. -----
- c. -----
- d. -----

3- Type of dissociative amnesia: ( 2 marks)

- a. -----
- b. -----
- c. -----
- d. -----

4- Type of abusive behaviors: (2marks )

- a. -----
- b. -----
- c. -----

5- Problems in Milieu Therapy ( 2marks)

- a. -----
- b. -----
- c. -----
- d. -----

1. Confidentiality. 2. Decision making 3.Limit setting.  
4. Parallel process: staff behavior often mirrors patient's behaviors and vices versa.

6- Kind of patient discharge from the hospital (1.5 marks)

- a. -----
- b. -----
- c. -----

Conditional discharge Absolute discharge: Judicial discha

7- Situations in which the staff must be consistent. (1.5 marks)

- a. -----
- b. -----
- c. -----

8-Discuss four concepts of positive mental health (2 marks)

- a. -----
- b. -----
- c. -----
- d. -----

9- Principles of therapeutic communication ( 2marks )

- a. -----
- b. -----
- c. -----
- d. -----

10- Functions of Ego are: (2 marks)

- a. -----
- b. -----
- c. -----
- d. -----

- 1. Control of impulses & master of body. 2. Directs motor activities. .
- 3. Maintains sense of reality through perception, memory, reason and insight. 4. preserves us from danger; help survival.
- 5. Deals effectively and balances between the forces of Id& Superego.

11- Assessment of generalized anxiety disorder ( 2marks )

- a. -----
- b. -----
- c. -----
- d. -----

- People with (GAD) are chronic worriers. Decision making is Difficult because of poor concentration and the fear of making a mistake.
- Restlessness, inability to relax, and fatigue.
- Autonomic hyperactivity e.g. Sweating, palpitations, cold clammy hands, urinary frequency, pallor or flushing, increased pulse and rapid respiration.
- Apprehensiveness.
- Insomnia: initiating sleep is difficult because the individual worries about the day's events and real or imagined mistakes. Nightmares often occur.
- Distractibility

12- Negative symptoms of schizophrenia (2 marks)

- a. -----
- b. -----
- c. -----
- d. -----

13- Assessment of thought process of bipolar patient (2 marks)

- a. -----
- b. -----
- c. -----
- d. -----

**Part V. Case study (Essay):**

**(25 marks)**

A 35-years old patient, is admitted to a psychiatric unit .It is the third admission for him .He speaks negatively about himself and states that he would be better if dead. He is complains of insomnia. Although he has been suicidal during past hospitalization, he now denies suicidal ideas and is not put on suicide alert status. He is quiet and withdrawn, and responds slowly to all stimuli.

### **Questions**

1-What assessment data does the nurse need to plan this patient? (5 marks)

2-Write two nursing diagnosis and expected outcome? (10 marks)

3-Write two nursing intervention? (10 marks)