

Tanta University
Faculty of Nursing

Psychiatric mental Health Nursing

Psychiatric Mental Health Nursing
4th year Final Exam, First Semester

Please answer all the following questions:

Part I- Multiple choice questions (60 Marks):

1. Individual with generalized amnesia has failure to recall

 - a- Event or situation happened in the past until the present time
 - b-Some events during short period of time
 - c- All past life time
 - d-Events in circumscribed period of time .

2. Which is the priority nursing diagnosis used with border line personality disorder?

 - a- Risk for self-mutilation
 - b-Ineffective coping
 - c-Social isolation
 - d-Self- care deficit

3. When the individual is unable to recognize everyday objects and name them correctly, this is known?

 - a-Agnosia
 - b-Apraxia
 - c-Aphasia.
 - d-Anomia

4. When non- verbal cue are used in place of words, this mean that

 - a- Accenting
 - b- Relating and regulating
 - c-Substituting
 - d-Contradicting

5. Soldier exposed to traumatic experiences in camp during wartime sometime had amnesia and unable to recall traumatic events, he used defense mechanism of?

 - a- Regression
 - b-Repression
 - c-Rationalization
 - d-Intellectualization

6. In establishing a therapeutic relationship, the focus of interaction is on?

 - a-Task
 - b-Nurse
 - c-Patient
 - d-Equipment

7. Nurse is aware that the symptoms that distinguish post- traumatic stress disorder from other anxiety disorders would be:

- a- Avoidance of situation & certain activities that resemble the stress
- b- Depression and a blunted affect when discussing the traumatic situation
- c- Lack of interest in family & others
- d- Re-experiencing the trauma in dreams or flashback

8. What are the psychiatric disorder originate in oral stage of psychosexual developments ?

- a-Schizophrenia_
- b-Anxiety disorders
- c-Somatoform disorder
- d-Cognitive impairment

9. Justice is an ethical principle to nursing, that refers to obligation to

- a-Tell the truth to the patient and not to lie
- b-Be fair to all patients and give them respectful care
- c-Remain faithful to one's commitment
- d-Do good for the patient

10. Which are nursing behavior that enhancing trusting relationship with a client diagnosed with schizophrenia?

- a- Establishing personal contact with family members.
- b- Being reliable, honest, and consistent during interactions.
- c- Sharing limited personal information
- d- Sitting close to the client to establish rapport

11. Adult throws a temper tantrum when he does not get his own way. He is retreating to behavior in the past that reduced anxiety. He unconsciously used defense mechanism

- a-Regression
- b-Suppression
- c-Reaction formation
- d-Projection

12. Need for security could be done by:

- a-Maintaining consistency
- b-Affection and feeling of belonging
- c-Assuming responsibility and self-care
- d-Allowing patients to talk

13. Nurse is evaluating care of a client with schizophrenia; the nurse should keep which point in mind?

- a- Frequent reassessment is needed based on the client's response to treatment
- b- The family does not need to be included in the care because the client is an adult.
- c- The client is too ill to learn about his illness
- d- Relapse is not an issue for a client with schizophrenia

14. Veracity as an ethical principles related to nursing, it means obligation to

- a-Tell the truth to the patient and not to lie
- b-Be fair to all patients and give them respectful care
- c-Remain faithful to one's commitment
- d-Do good for the patient

15. Munchausen syndrome is a severe form of factitious disorder characterized by:

- a- Persistent of somatic symptoms that cause significant distress.
- b-Persistent change in motor or sensory function
- c-Patient intentionally produces signs or exaggerates the symptoms of disease.
- d-Excessive worry about having a medical illness.

16. A 25 -year-old male living alone starts suspecting that his neighbors are conspiring against him. He writes a complaint against them in the police station, this symptom is delusion of?

- a-Influence
- b-Persecution
- c-Broadcasting
- d-Withdrawal

17. Most psychodynamic theorists believe that dissociative symptoms are caused by one of the following?

- a-Conflict
- b-Ego state
- c-Suppression
- d-Repression

18. Fidelity means obligation to

- a-Tell the truth to the patient and not to lie
- b-To be fair to all patients and give them respectful care
- c-To remain faithful to one's commitment
- d-To do good for the patient

19. Need for independence can be met through?

- a-Encourage patient to ventilate his feeling
- b-Listen carefully to patient
- c-Encourage patient to make decision and assume responsibility
- d-Give false reassurance.

20. Show empathy regarding the client's feelings can:-

- a- Convey caring, interest, and acceptance of the client
- b- Enhance the client's sense of well-being.
- c- Help the client to discharge from hospitalization
- d- Increase interacting with reality is healthy for the client.

21. The ability of the individual to tolerate tension and frustration refer to.....

- a-Integrative capacity
- b-Autonomous behavior
- c-Emotional maturity
- d-Self – actualization

22. The biochemical theory of schizophrenia known as the dopamine hypothesis refers to:

- a- Insufficient dopamine activity
- b-Contaminated dopamine
- c-Excess dopamine activity
- d-Allergic sensitivity to dopamine

23.is symptom of neurological disorder that is characterized by loss of purposeful movement in absence of motor sensory impairments.

- a- Apraxia
- b-Aphasia
- c-Agnosia
- d-Ataxia

24. Repeating the idea that the person expressed in different words, called:

- a- Paraphrasing
- b-Validating
- c- Clarifying
- d- Active listening

25. The most common nursing diagnosis for dissociative disorder is:

- a- Impaired social interaction
- b-Ineffective individual coping
- c-Altered thought process
- d-Altered perception

26. Often the first signs of neurological disorders are deficits in basic cognitive functions and also deficits in skills that involve problem-solving, planning and engaging in goal-directed behavior. These types of functions are known as:

- a- Executive function
- b-Directive functions
- c-Management functions
- d-Slave functions

27. Somatic symptoms and related disorder characterized by presence of

- a- Somatic symptoms in presence of medical cause.
- b- Somatic symptoms in absence of medical cause.
- c- Absence of emotional cause.
- d- Absence of physical symptoms.

28. The priority nursing diagnosis of patient with somatic symptoms disorder is:

- a- Altered thought processes.
- b- Sensory/perceptual alteration.
- c- Impaired social interaction.
- d- Ineffective individual coping.

29.....is a behavior therapy technique in which learning occurs through observation;

- a- Shaping
- b- Modeling
- c- Token economy
- d- Time out

30. During an admission assessment, a nurse asks a client diagnosed with schizophrenia, "Have you ever felt that certain objects or persons have control over your behavior?" The nurse is assessing for which type of thought disruption?

- a- Delusions of persecution
- b- Delusions of influence
- c- Delusions of reference
- d- Delusions of grandeur

31. Fluctuating level of consciousness is seen in:

- a- Delirium
- b- Hysteria
- c- Dementia
- d- Mania

32 .As defined by Freud, the ego is that part of the mind that contains:

- a- The basic instincts and urges
- b- The unconscious
- c- The ability to respond to the realities of everyday life
- d- All elements of the holistic person

33. As a priority nursing intervention for a patient experiencing an acute manic episode is.....

- a- Discourage the patient use of vulgar language
- b- Protect the patient from impulsive behavior
- c- Maintain the patient contact with his/her family
- d- Redirect excessive energy to creative tasks

- 34- 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- Reassure that the patient is dependent on himself
 - c- Developing realistic solutions
 - d- Identifying expected outcomes
35. According to Erikson's theory of psychosocial development children between the ages of 6 and 12 years should be
- a-Beginning to develop consciences
 - b-Disciplined for any incontinence episodes
 - c-Competing with their peers following the rules of the game
 - d-Learning the skills, personal values and role of adults by their teachers
36. The client who has a phobia against flying is shown videos of airplanes taking off and landing, they are being treated with the approach of behaviorists.
- a- Flooding
 - b-Assertiveness
 - c- Desensitization
 - d-Reinforcement
37. Which of the following statements indicates that speaker is missing an important aspect of a mentally health?
- a-I know my abilities and limitation, and accept my faults.
 - b-I able to adapt, adjust, and behave according with situation
 - c-I am self- sufficient; I do not need personal relationships with other people.
 - d- I see problem as a challenge and a source of creative growth.
38. The nurse engages the client in a nurse-patient interaction. The best time to inform the client about terminating phase is.....
- a-When the client asks, how long relationship would be
 - b-During the working phase
 - c-Towards the end of the relationship
 - d-At the start of the relationship
39. Select the best stress management techniques that you might suggest to a student will face oral exam after ten minutes?
- a-Time management , and study hard
 - b-Deep breathing exercises
 - c-Listen to soft music, and take breakfast
 - d-Sleep enough hours

40. When caring for a client with hypochondriasis, the nurse should take which action?

- a-Explore the details and history of the client's early life and illness
- b-Assist client to identify relationships between life stressors and physical symptoms
- c-Encourage client to take more about his symptoms
- d- Give antianxiety drug

Part II; True and False questions; 40 marks-

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

Statements	True	False
1- Anhedonia is reduction in energy.	T	F
2- Schizophrenia is the result of the disintegration of the ego.	T	F
3- Mental health means the absence of mental illness.	T	F
4- Confusion is the center feature in dementia.	T	F
5- During the depersonalization or de-realization experiences, reality testing remains intact.	T	F
6- Bipolar one characterized by recurrent episode of both mania and depression, which can be separated by intervals of months to years.	T	F
7- Generalized amnesia is a type of dissociative amnesia involves lose for identity and life history.	T	F
8- Erikson stressed the role of ego, or the rational part of personality, than the instinctual part of personality or Id.	T	F
9- Anergia is inability to find meaning or pleasure in existence.	T	F
10- Displacement is the transfer feeling such as frustration, hostility, or anxiety from one idea, person, or object to another less threatening.	T	F
11- People with hoarding disorder collect objects that are limited value or worthlessness and unable to discard them.	T	F
12- Ethical dilemma is a situation in which ethical principles are in conflict with one another.	T	F
13- To recover from phobic disorders, you have to face situations that provoke your anxiety.	T	F
14- Delirium is irreversible condition and completely treated.	T	F
15- According to Maslow's theory, individual's lower needs must be satisfied before higher needs.	T	F
16- Patient with dementia in first unable to remember persons.	T	F
17- Empathy is ability to see things from another personal perspective and communicate this understanding.	T	F
18- Focusing is communication skills that nurse face the client with his behaviors.	T	F
19 Active listening is meaning sender and receiver are not talking	T	F

20- Paraphrasing is skill which nurse is repeating what the patient said and used the same words.	T	F
21- Affect is a pervasive and sustained emotion subjectively experienced by the person.	T	F
22- Fugue is a symptom which the individual suddenly and unexpectedly leaves a usual home or work place.	T	F
23- Grief is the subjective feeling of sad is precipitated by loss.	T	F
24- Mood is objectively observed expression of emotion.	T	F
25- Rationalization is unconsciously the transfer of intense feelings from threatening object or event to one less threatening.	T	F
26- Projection is a defense mechanism which a person rejects unwanted characteristics of himself and assigns them to others.	T	F
27- Reaction formation is a defense mechanism which the inappropriate behavior is followed by behavior that has reverse action and decrease guilt and anxiety.	T	F
28- Tangentially is a symptom which a patient never gets from desired point to desired goal, so he goes off the core of the topic.	T	F
29- A seven year- old boy becomes incontinent during his father's hospitalization. This is example of defense mechanism repression.	T	F
30- Primary prevention includes treatment and rehabilitation services for persons with psychiatric illness.	T	F
31- Intentional tort of patient includes assault and battery.	T	F
32- Patients with somatic disorders haven't insight of their behaviors.	T	F
33- Non- verbal communication is considered a more accurate description of true feeling.	T	F
34- Phobia is an illogical, intense, persistent and irrational fear of a specific object or social situation.	T	F
35- Hospitalization is necessary for patients with hypomanic episode.	T	F
36- Patients who voluntary admission have the right to demand & obtain discharge from hospital.	T	F
37- Dementia often characterized by fluctuating levels of consciousness.	T	F
38- Patient should be punished for his undesired behavior.	T	F

39-Objectivity is an ability to evaluate exactly the patient's behavior, without mixing one's own feelings, opinion or judgment.	T	F
40- Torticollis means stiffness of the neck.	T	F