

16. A nurse is assessing a client who appears to be experiencing some anxiety during questioning. Which symptoms might the client demonstrate that would indicate anxiety? (Select all that apply.)

1. Fidgeting
2. Laughing inappropriately
3. Palpitations
4. Nail biting
5. Limited attention span

ANS: 1, 2, 4

Rationale: The nurse should assess that fidgeting, laughing inappropriately, and nail biting are indicative of heightened stress levels. The client would not be diagnosed with mental illness unless there is significant impairment in other areas of daily functioning. Other indicators of more serious anxiety are restlessness, difficulty concentrating, muscle tension, and sleep disturbance.

Cognitive Level: Application  
Integrated Process: Assessment

Fill-in-the-Blank

17. \_\_\_\_\_ is a diffuse apprehension that is vague in nature and is associated with feelings of uncertainty and helplessness.

ANS: Anxiety

Rationale: The definition of anxiety is a diffuse apprehension that is vague in nature and is associated with feelings of uncertainty and helplessness. Townsend considers this a core concept.

Cognitive Level: Application  
Integrated Process: Assessment

18. \_\_\_\_\_ is a subjective state of emotional, physical, and social responses to the loss of a valued entity.

ANS: Grief

Rationale: The definition of grief is a subjective state of emotional, physical, and social responses to the loss of a valued entity. Townsend considers this a core concept.

## Chapter 2. Biological Implications

### Multiple Choice

1. A depressed client states, I have a chemical imbalance in my brain. I have no control over my behavior. Medications are my only hope to feel normal again. Which nursing response is appropriate? 1. Medications only address biological factors. Environmental and interpersonal factors must also be considered. 2. Because biological factors are the sole cause of depression, medications will improve your mood. 3. Environmental factors have been shown to exert the most influence in the development of depression. 4. Researchers have been unable to demonstrate

a link between nature (biology and genetics) and nurture (environment).

ANS: 1

Rationale: The nurse should advise the client that medications address biological factors, but there are other factors that affect mood. The nurse should educate the client on environmental and interpersonal factors that can lead to depression.

Cognitive Level: Analysis

Integrated Process: Implementation

2. A client diagnosed with major depressive disorder asks, What part of my brain controls my emotions? Which nursing response is appropriate? 1. The occipital lobe governs perceptions, judging them as positive or negative. 2. The parietal lobe has been linked to depression. 3. The medulla regulates key biological and psychological activities. 4. The limbic system is largely responsible for one's emotional state.

ANS: 4

Rationale: The nurse should explain to the client that the limbic system is largely responsible for one's emotional state. This system is often called the emotional brain and is associated with feelings, sexuality, and social behavior. The occipital lobes are the area of visual reception and interpretation. Somatosensory input (touch, taste, temperature, etc.) occurs in the parietal lobes. The medulla contains vital centers that regulate heart rate and reflexes.

Cognitive Level: Application

Integrated Process: Implementation

3. Which part of the nervous system should a nurse identify as playing a major role during stressful situations?

1. Peripheral nervous system 2. Somatic nervous system 3. Sympathetic nervous system 4. Parasympathetic nervous system

ANS: 3

Rationale: The nurse should identify that the sympathetic nervous system plays a major role during stressful situations. The sympathetic nervous system prepares the body for the fight-or-flight response. The parasympathetic nervous system is dominant when an individual is in a nonstressful state.

Cognitive Level: Comprehension

Integrated Process: Assessment

4. Which client statement reflects an understanding of circadian rhythms in psychopathology? 1. When I dream about my mother's horrible train accident, I become hysterical. 2. I get really irritable during my menstrual cycle. 3. I'm a morning person. I get my best work done before noon.

4. Every February, I tend to experience periods of sadness.

ANS: 3

Rationale: By stating, I am a morning person, the client demonstrates an understanding that circadian rhythms may influence a variety of regulatory functions, including the sleep-wake cycle, regulation of body temperature, and patterns of activity. Most humans follow a 24-hour cycle that is largely affected by lightness and darkness.

Cognitive Level: Analysis

Integrated Process: Evaluation

5. Which types of adoption studies should a nurse recognize as providing useful information for the psychiatric community? 1. Studies in which children with mentally ill biological parents are raised by adoptive parents who were mentally healthy. 2. Studies in which children with mentally healthy biological parents are raised by adoptive parents who were mentally ill. 3. Studies in which monozygotic twins from mentally ill parents were raised separately by different adoptive parents. 4. Studies in which monozygotic twins were raised together by mentally ill biological parents. 5. All of the above.

ANS: 5

Rationale: The nurse should determine that all of the studies could possibly benefit the psychiatric community. The studies may reveal research findings relating genetic links to mental illness. Adoption studies allow comparisons to be made of the influences of the environment versus genetics.

Cognitive Level: Analysis

Integrated Process: Evaluation

6. Six months after her husband and children were killed in a car accident, a client is diagnosed with ulcerative colitis. The nurse should recognize that this situation validates which study perspective? 1. Neuroendocrinology 2. Psychoimmunology 3. Diagnostic technology 4. Neurophysiology

ANS: 2

Rationale: Psychoimmunology is the branch of medicine that studies the effects of social and psychological factors on the functioning of the immune system. Studies of the biological response to stress hypothesize that individuals become more susceptible to physical illness following exposure to stressful stimuli.

Cognitive Level: Application

Integrated Process: Evaluation

7. A withdrawn client, diagnosed with schizophrenia, expresses little emotion and refuses to attend group therapy. What altered component of the nervous system should a nurse recognize as being responsible for this behavior? 1. Dendrites 2. Axons 3. Neurotransmitters 4. Synapses

ANS: 3

Rationale: The nurse should recognize that neurotransmitters play an essential function in the role of human emotion and behavior. Neurotransmitters are targeted and affected by many psychotropic medications.

Cognitive Level: Comprehension

Integrated Process: Evaluation

8. An instructor is teaching nursing students about neurotransmitters. Which best explains the process of how neurotransmitters released into the synaptic cleft may return to the presynaptic neuron? 1. Regeneration 2. Reuptake 3. Recycling 4. Retransmission

ANS: 2

Rationale: The nursing instructor should explain that the process by which neurotransmitters are released into the synaptic cleft and returned to the presynaptic neuron is termed reuptake. Reuptake is the process by which neurotransmitters are stored for reuse.

Cognitive Level: Comprehension

Integrated Process: Implementation

9. A nurse concludes that a restless, agitated client is manifesting a fight- or-flight response. The nurse should associate this response with which neurotransmitter? 1. Acetylcholine 2. Dopamine 3. Serotonin 4. Norepinephrine

ANS: 4

Rationale: The nurse should associate the neurotransmitter norepinephrine with the fight-or-flight response. Norepinephrine produces activity in the sympathetic postsynaptic nerve terminal and is associated with the regulation of mood, cognition, perception, locomotion, and sleep and arousal.

Cognitive Level: Comprehension

Integrated Process: Assessment

10. A client is admitted to a psychiatric unit with the diagnosis of catatonic schizophrenia. Which of the clients neurotransmitters should a nurse expect to be elevated? 1. Serotonin  
2. Dopamine  
3. Gamma-aminobutyric acid (GABA)  
4. Histamine

ANS: 2

Rationale: The nurse should expect that elevated dopamine levels might be an attributing factor to the clients current level of functioning. Dopamine functions include regulation of movements and coordination, emotions, and voluntary decision-making ability.

Cognitive Level: Application

Integrated Process: Assessment

11. A clients wife of 34 years dies unexpectedly. The client cries often and becomes socially isolated. The clients therapist encourages open discussion of feelings, proper nutrition, and exercise. What is the best rationale for the therapists recommendations? 1. The therapist is using an interpersonal approach. 2. The client has an alteration in neurotransmitters.  
3. It is routine practice to remind clients about nutrition, exercise, and rest. 4. The client is susceptible to illness because of effects of stress on the immune system.

ANS: 4

Rationale: The therapists recommendations should be based on the knowledge that the client has been exposed to stressful stimuli and is at an increased risk to develop illness because of the effects of stress on the immune system. The study of this branch of medicine is called psychoimmunology.

Cognitive Level: Application

Integrated Process: Planning

12. Which mental illness should a nurse identify as being associated with a decrease in prolactin hormone level?

1. Major depressive episode 2. Schizophrenia  
3. Anorexia nervosa 4. Alzheimers disease

ANS: 2

Rationale: Although the exact mechanism is unknown, there may be some correlation between decreased levels of the hormone prolactin and schizophrenia.

Cognitive Level: Application  
Integrated Process: Evaluation

13. Which cerebral structure should a nursing instructor describe to students as the emotional brain? 1. The cerebellum 2. The limbic system 3. The cortex 4. The left temporal lobe

ANS: 2

Rationale: The limbic system is often referred to as the emotional brain. The limbic system is largely responsible for one's emotional state and is associated with feelings, sexuality, and social behavior.

Cognitive Level: Comprehension  
Integrated Process: Implementation

14. A nurse understands that the abnormal secretion of growth hormone may play a role in which illness? 1. Acute mania 2. Schizophrenia 3. Anorexia nervosa 4. Alzheimer's disease

ANS: 3

Rationale: The nurse should understand that research has found a correlation between abnormal levels of growth hormone and anorexia nervosa. The growth hormone is responsible for growth in children, as well as continued protein synthesis throughout life.

Cognitive Level: Comprehension  
Integrated Process: Assessment

15. A client is admitted to an emergency department experiencing memory deficits and decreased motor function. What alteration in brain chemistry should a nurse correlate with the production of these symptoms? 1. Abnormal levels of serotonin 2. Decreased levels of dopamine 3. Increased levels of norepinephrine 4. Decreased levels of acetylcholine

ANS: 4

Rationale: The nurse should correlate memory deficits and decreased motor function with decreased levels of acetylcholine. Acetylcholine is a major effector chemical of the autonomic nervous system. Functions of acetylcholine include sleep regulation, pain perception, the modulation and coordination of movement, and memory.

Cognitive Level: Application  
Integrated Process: Assessment

16. A nurse should recognize that a decrease in norepinephrine levels would play a significant role in which mental illness? 1. Bipolar disorder: mania 2. Schizophrenia spectrum disorder 3. Generalized anxiety disorder 4. Major depressive episode

ANS: 4

Rationale: The nurse should recognize that a decrease in norepinephrine level would play a significant role in the development of major depressive disorder. The functions of norepinephrine include the regulation of mood, cognition, perception, locomotion, cardiovascular functioning, and sleep and arousal.

Cognitive Level: Application  
Integrated Process: Evaluation

17. A nurse should expect that an increase in dopamine activity might play a significant role in the development of which mental illness? 1. Schizophrenia spectrum disorder 2. Major depressive disorder 3. Body dysmorphic disorder 4. Parkinson's disease

ANS: 1

Rationale: The nurse should expect that an increase in dopamine activity might play a significant role in the development of schizophrenia spectrum disorder. Functions of dopamine include regulation of emotions, coordination, and voluntary decision-making ability. Increased dopamine activity is also associated with mania.

Cognitive Level: Application  
Integrated Process: Evaluation

#### Multiple Response

18. Which of the following information should a nurse include when explaining causes of anorexia nervosa to a client? (Select all that apply.)  
1. There is a possible correlation between abnormal secretion of growth hormone and anorexia nervosa.  
2. There is a possible correlation between antidiuretic hormone levels and anorexia nervosa.

3. There is a possible correlation between low levels of gonadotropin and anorexia nervosa.

4. There is a possible correlation between increased levels of prolactin and anorexia nervosa.

5. There is a possible correlation between altered levels of oxytocin and anorexia nervosa.

ANS: 1, 3

Rationale: The nurse should explain to the client that there is a possible correlation between anorexia nervosa and decreased levels of growth hormones and gonadotropin. Anorexia nervosa has also been correlated with increased cortisol levels.

Cognitive Level: Application  
Integrated Process: Implementation

19. Which of the following symptoms should a nurse associate with the development of increased levels of thyroid-stimulating hormone (TSH) in a newly admitted client? (Select all that apply.)  
1. Depression  
2. Fatigue  
3. Increased libido  
4. Mania  
5. Hyperexcitability

ANS: 1, 2

Rationale: The nurse should associate depression and fatigue with increased levels of TSH. TSH is only increased when thyroid levels are low, as in the diagnosis of hypothyroidism. In addition to depression and fatigue, other symptoms, such as decreased libido, memory impairment, and suicidal ideation are associated with chronic hypothyroidism.

Cognitive Level: Application  
Integrated Process: Assessment

#### Fill-in-the-Blank

20. \_\_\_\_\_ is the study of the biological foundations of cognitive, emotional, and behavioral processes.

ANS: Psychobiology

Rationale: Psychobiology is the study of the biological foundations of cognitive, emotional, and behavioral processes. In recent years, a greater emphasis has been placed on the study of the organic basis for psychiatric illness.

## Chapter 3. Ethical and Legal Issues

### Multiple Choice

1. In response to a student's question regarding choosing a psychiatric specialty, a charge nurse states, "Mentally ill clients need special care. If I were in that position, I'd want a caring nurse also. From which ethical framework is the charge nurse operating?"

1. Kantianism
2. Christian ethics
3. Ethical egoism
4. Utilitarianism

ANS: 2

Rationale: The charge nurse is operating from a Christian ethics framework. The imperative demand of Christian ethics is that all decisions about right and wrong should be centered in love for God and in treating others with the same respect and dignity with which we would expect to be treated. Kantianism states that decisions should be made based on moral law and that actions are bound by a sense of moral duty. Utilitarianism holds that decisions should be made focusing on the end result being happiness. Ethical egoism promotes the idea that what is right is good for the individual.

Cognitive Level: Analysis

Integrated Process: Assessment

2. During a hiring interview, which response by a nursing applicant should indicate that the applicant operates from an ethical egoism framework?

1. I would want to be treated in a caring manner if I were mentally ill.
2. This job will pay the bills, and the workload is light enough for me.
3. I will be happy caring for the mentally ill. Working in med/surg kills my back.
4. It is my duty in life to be a psychiatric nurse. It is the right thing to do.

ANS: 2

Rationale: The applicant's comment reflects the ethical egoism framework. This framework promotes the idea that decisions are made based on what is good for the individual and may not take the needs of others into account.

Cognitive Level: Analysis

Integrated Process: Evaluation

3. Without authorization, a nurse administers an extra dose of narcotic tranquilizer to an agitated client. The nurse's coworker observes this action but does nothing for fear of retaliation. What is the ethical interpretation of the coworker's lack of involvement?

1. Taking no action is still considered an unethical action by the coworker.
2. Taking no action releases the coworker from ethical responsibility.
3. Taking no action is advised when potential adverse consequences are foreseen.
4. Taking no action is acceptable, because the coworker is only a bystander.

ANS: 1

Rationale: The coworker's lack of involvement can be interpreted as an unethical action. The

coworker is experiencing an ethical dilemma in which a decision needs to be made between two unfavorable alternatives. The coworker has a responsibility to report any observed unethical actions.

Cognitive Level: Analysis

Integrated Process: Implementation

4. Group therapy is strongly encouraged, but not mandatory, in an inpatient psychiatric unit. The unit managers policy is that clients can make a choice about whether or not to attend group therapy. Which ethical principle does the unit managers policy preserve?

1. Justice
2. Autonomy
3. Veracity
4. Beneficence

ANS: 2

Rationale: The unit managers policy regarding voluntary client participation in group therapy preserves the ethical principle of autonomy. The principle of autonomy presumes that individuals are capable of making independent decisions for themselves and that health-care workers must respect these decisions.

Cognitive Level: Application

Integrated Process: Implementation

5. Which is an example of an intentional tort?

1. A nurse fails to assess a clients obvious symptoms of neuroleptic malignant syndrome.
2. A nurse physically places an irritating client in four-point restraints.
3. A nurse makes a medication error and does not report the incident.
4. A nurse gives patient information to an unauthorized person.

ANS: 2

Rationale: A tort, which can be intentional or unintentional, is a violation of civil law in which an individual has been wronged. A nurse who intentionally physically places an irritating client in restraints has touched the client without consent and has committed an intentional tort.

Cognitive Level: Application

Integrated Process: Evaluation

6. An involuntarily committed client is verbally abusive to the staff, repeatedly threatening to sue. The client records the full names and phone numbers of the staff. Which nursing action is most appropriate to decrease the possibility of a lawsuit?

1. Verbally redirect the client, and then refuse one-on-one interaction.
2. Involve the hospitals security division as soon as possible.
3. Notify the client that documenting personal staff information is against hospital policy.
4. Continue professional attempts to establish a positive working relationship with the client.

ANS: 4

Rationale: The most appropriate nursing action is to continue professional attempts to establish a positive working relationship with the client. The involuntarily committed client should be respected and has the right to assert grievances if rights are infringed.

Cognitive Level: Analysis  
Integrated Process: Implementation

7. Which statement should a nurse identify as correct regarding a clients right to refuse treatment?

1. Clients can refuse pharmacological but not psychological treatment.
2. Clients can refuse any treatment at any time.
3. Clients can refuse only electroconvulsive therapy (ECT).
4. Professionals can override treatment refusal by an actively suicidal or homicidal client.

ANS: 4

Rationale: The nurse should understand that health-care professionals could override treatment refusal when a client is actively suicidal or homicidal. A suicidal or homicidal client who refuses treatment may be in danger or a danger to others. This situation should be treated as an emergency, and treatment may be performed without informed consent.

Cognitive Level: Application  
Integrated Process: Evaluation

8. Which potential client should a nurse identify as a candidate for involuntarily commitment?

1. The client living under a bridge in a cardboard box
2. The client threatening to commit suicide
3. The client who never bathes and wears a wool hat in the summer
4. The client who eats waste out of a garbage can

ANS: 2

Rationale: The nurse should identify the client threatening to commit suicide as eligible for involuntary commitment. The suicidal client who refuses treatments is in danger and needs emergency treatment.

Cognitive Level: Application  
Integrated Process: Assessment

9. A client diagnosed with schizophrenia refuses to take medication, citing the right of autonomy. Under which circumstance would a nurse have the right to medicate the client against the clients wishes?

1. A client makes inappropriate sexual innuendos to a staff member.
2. A client constantly demands attention from the nurse by begging, Help me get better.
3. A client physically attacks another client after being confronted in group therapy.
4. A client refuses to bathe or perform hygienic activities.

ANS: 3

Rationale: The nurse would have the right to medicate a client against his or her wishes if the client physically attacks another client. This client poses a significant risk to safety and is incapable of making informed choices. The clients refusal to accept treatment can be challenged, because the client is endangering the safety of others.

Cognitive Level: Application  
Integrated Process: Implementation

10. A psychiatric nurse working on an inpatient unit receives a call asking if an individual has been a client in the facility. Which nursing response reflects appropriate legal and ethical obligations?

1. The nurse refuses to give any information to the caller, citing rules of confidentiality.
2. The nurse hangs up on the caller.
3. The nurse confirms that the person has been at the facility but adds no additional information.
4. The nurse suggests that the caller speak to the clients therapist.

ANS: 1

Rationale: The most appropriate action by the nurse is to refuse to give any information to the caller. Admission to the facility would be considered protected health information (PHI) and should not be disclosed by the nurse without prior client consent.

Cognitive Level: Application

Integrated Process: Implementation

11. A client requests information on several medications in order to make an informed choice about management of depression. A nurse should provide this information to facilitate which ethical principle?

1. Autonomy
2. Beneficence
3. Nonmaleficence
4. Justice

ANS: 1

Rationale: The nurse should provide the information to support the clients autonomy. A client who is capable of making independent choices should be permitted to do so. In instances when clients are incapable of making informed decisions, a legal guardian or representative would be asked to give consent.

Cognitive Level: Application

Integrated Process: Implementation

12. An inpatient psychiatric physician refuses to treat clients without insurance and prematurely discharges those whose insurance benefits have expired. Which ethical principle should a nurse determine has been violated based on these actions?

1. Autonomy
2. Beneficence
3. Nonmaleficence
4. Justice

ANS: 4

Rationale: The nurse should determine that the ethical principle of justice has been violated by the physicians actions. The principle of justice requires that individuals should be treated equally, regardless of race, sex, marital status, medical diagnosis, social standing, economic level, or religious belief.

Cognitive Level: Application

Integrated Process: Evaluation