

Mental Health Nursing

1) The nurse is caring for a client with paranoid personality disorder. When the nurse directs the client to go to the dining room for dinner, the client says, "And eat that poisonous food? You better not make me go anywhere near that room." Which statement **best** explains the client's behavior?

1. *The client has a problem with authority figures*
2. *The client has an intense need to control the environment*
3. *The client is hearing voices*
4. *The client is trying to control anger*

✓ **Answer: 2**

Individuals with **paranoid personality** disorder have a pervasive **distrust** and **suspicion** of others; they believe that people's motives are malicious and assume that others are out to exploit, harm, or deceive them.

These thoughts permeate every aspect of their lives and interfere with their relationships. Individuals with paranoid personality disorder are usually difficult to get along with as they may express their suspicion and hostility by arguing, complaining, making sarcastic comments, or being stubborn. Because these clients do not trust others, they have a strong need to be self-sufficient and maintain a high degree of control over their environment.

(Option 1) This statement best describes an individual with antisocial personality disorder.

hidden food wrappers from bingeing, discarded food from unfinished meals). Clients should be monitored around meal times, and particularly for **1-2 hours after eating** to observe for purging. Purging behaviors, particularly vomiting, may result in **electrolyte imbalances**, such as hypokalemia, that can cause cardiac arrhythmias.

(Option 1) Clients with bulimia nervosa often use laxatives inappropriately to rid their bodies of undigested food in an effort to control their weight. Such measures should not continue in the treatment setting.

(Option 4) A food diary helps the client and caregivers track the type and amount of food that the client has eaten. It is also an excellent means of helping the client understand the health implications of the disorder.

Educational objective:

Clients with bulimia nervosa should be monitored for signs of hidden bingeing or purging activity, particularly for 1-2 hours after meals. Excessive vomiting may result in electrolyte imbalances, including hypokalemia.

4) A client with generalized anxiety disorder is referred to outpatient mental health department for cognitive behavioral therapy (CBT). The CBT includes which interventions and strategies? **Select all that apply.**

1. *Desensitization to a specific stimulus or situation*
2. *Discussing the interpersonal difficulties that have led to the client's psychological problems*
3. *Helping the client develop insight into the psychological causes of the disorder*
4. *Relaxation techniques*
5. *Self-observation and monitoring*
6. *Teaching new coping skills and techniques to reframe thinking*

✓ **Answer: 1, 4, 5, 6**

Cognitive behavioral therapy (CBT) can be effective in treating anxiety disorders, eating disorders, depressive disorders, and medical conditions such as insomnia and smoking. These types of disorders are characterized by **maladaptive reactions to stress, anxiety, and conflict**. CBT requires that the client learn the skill of self-observation and to apply more adaptive coping interventions.

CBT involves 5 basic components:

- Education about the client's specific disorder
- Self-observation and monitoring - the client learns how to monitor anxiety, identify triggers, and assess the severity
- Physical control strategies — deep breathing and muscle relaxation exercises
- Cognitive restructuring — learning new ways to reframe thinking patterns, challenging negative thoughts
- Behavioral strategies — focusing on situations that cause anxiety and practicing new coping behaviors, desensitization to anxiety-provoking situations or events

(Option 2) This describes interpersonal psychotherapy.

(Option 3) This describes psychodynamic or psychoanalytic therapy.

Educational objective:

CBT teaches clients to reframe their thought processes and develop new adaptive approaches for coping with anxiety, stress, and conflict. CBT requires that the client learn about the disorder and engage in self-observation and monitoring, relaxation techniques, desensitization activities, and changing negative thoughts.

5) An 87-year-old client has been admitted to the hospital with signs and symptoms of a urinary tract infection along with agitation, confusion, and disorientation to time and place. What is the **most important** nursing action?

(Option 1) Telling family members that a nurse is busy is not a helpful response. They may feel guilty about asking for the nurse's time and attention. If needed, the nurse can ask coworkers to help with other assigned clients.

(Option 2) Although calling clergy members may be appropriate, it may take several hours for them to arrive. This is not the most helpful response.

(Option 4) Family members who ask the nurse to stay for a few minutes may have questions or need emotional support. In such cases, it is not helpful for the nurse to decline.

Educational objective.

During the end-of-life process, the client and family members typically go through several emotional stages, each requiring therapeutic communication techniques by the nurse. The nurse can help the client and family by providing a few minutes of time and attention. The nurse should validate the family's needs by providing emotional support.

9) A client recently diagnosed with schizophrenia is brought to the mental health clinic by the identical twin sibling for the first follow-up visit after hospitalization. The client's sibling says to the nurse, "I read that schizophrenia runs in families. I guess I'm doomed." Which is the **best** response by the nurse?

1. *"At the moment, I would worry more about how your sibling is doing."*
2. *"The odds are about 50-50 that you will come down with the disease as well."*
3. *"Would you like to talk to a health care provider about this?"*
4. *"You are at risk for the disease. However, there are other factors that contribute to the development of schizophrenia."*

✓ **Answer: 4**

The best response should acknowledge the reality of the sibling's concern, provide information, and open the door to further discussion about the development of the disease.