

# The Psychiatric Interview 4th Edition Carlat - Test Bank

(Chapter 1-Chapter 3)The Initial Interview: A Preview Chapter 2: Logistic Preparations: What to Do Before the Interview

Chapter 3: The Therapeutic Alliance: What It Is, Why It's Important, and How to Establish It

## MULTIPLE CHOICE

1. Which outcome, focused on recovery, would be expected in the plan of care for a patient living in the community and diagnosed with serious and persistent mental illness? Within 3 months, the patient will:
- deny suicidal ideation.
  - report a sense of well-being.
  - take medications as prescribed.
  - attend clinic appointments on time.

ANS: B

Recovery emphasizes managing symptoms, reducing psychosocial disability, and improving role performance. The goal of recovery is to empower the individual with mental illness to achieve a sense of meaning and satisfaction in life and to function at the highest possible level of wellness. The incorrect options focus on the classic medical model rather than recovery.

2. A patient is hospitalized for depression and suicidal ideation after their spouse asks for a divorce. Select the nurses most caring comment.
- Lets discuss some means of coping other than suicide when you have these feelings.
  - I understand why youre so depressed. When I got divorced, I was devastated too.
  - You should forget about your marriage and move on with your life.
  - How did you get so depressed that hospitalization was necessary?

ANS: A

The nurses communication should evidence caring and a commitment to work with the patient. This commitment lets the patient know the nurse will help. Probing and advice are not helpful or therapeutic interventions.

3. In the shift-change report, an off-going nurse criticizes a patient who wears heavy makeup. Which comment by the nurse who receives the report best demonstrates advocacy?
- This is a psychiatric hospital. Craziiness is what we are all about.
  - Lets all show acceptance of this patient by wearing lots of makeup too.

- c. Your comments are inconsiderate and inappropriate. Keep the report objective.
- d. Our patients need our help to learn behaviors that will help them get along in society.

ANS: D

Accepting patients needs for self-expression and seeking to teach skills that will contribute to their well-being demonstrate respect and are important parts of advocacy. The on-coming nurse needs to take action to ensure that others are not prejudiced against the patient. Humor can be appropriate within the privacy of a shift report but not at the expense of respect for patients. Judging the off-going nurse in a critical way will create conflict. Nurses must show compassion for each other.

4. A nurse assesses a newly admitted patient diagnosed with major depressive disorder. Which statement is an example of attending?

- a. We all have stress in life. Being in a psychiatric hospital isnt the end of the world.
- b. Tell me why you felt you had to be hospitalized to receive treatment for your depression.
- c. You will feel better after we get some antidepressant medication started for you.
- d. Id like to sit with you a while so you may feel more comfortable talking with me.

ANS: D

Attending is a technique that demonstrates the nurses commitment to the relationship and reduces feelings of isolation. This technique shows respect for the patient and demonstrates caring. Generalizations, probing, and false reassurances are non-therapeutic.

5. A patient shows the nurse an article from the Internet about a health problem. Which characteristic of the web sites address most alerts the nurse that the site may have biased and prejudiced information?

- a. Address ends in .org.
- b. Address ends in .com.
- c. Address ends in .gov.
- d. Address ends in .net.

ANS: B

Financial influences on a site are a clue that the information may be biased. .com at the end of the address indicates that the site is a commercial one. .gov indicates that the site is maintained by a government entity. .org indicates that the site is nonproprietary; the site may or may not have reliable information, but it does not profit from its activities. .net can have multiple

meanings.

6. A nurse says, When I was in school, I learned to call upset patients by name to get their attention; however, I read a descriptive research study that says that this approach does not work. I plan to stop calling patients by name. Which statement is the best appraisal of this nurses comment?

- a. One descriptive research study rarely provides enough evidence to change practice.
- b. Staff nurses apply new research findings only with the help from clinical nurse specialists.
- c. New research findings should be incorporated into clinical algorithms before using them in practice.
- d. The nurse misinterpreted the results of the study. Classic tenets of practice do not change.

ANS: A

Descriptive research findings provide evidence for practice but must be viewed in relation to other studies before practice changes. One study is not enough. Descriptive studies are low on the hierarchy of evidence. Clinical algorithms use flow charts to manage problems and do not specify one response to a clinical problem. Classic tenets of practice should change as research findings provide evidence for change.

7. Two nursing students discuss career plans after graduation. One student wants to enter psychiatric nursing. The other student asks, Why would you want to be a psychiatric nurse? All they do is talk. You will lose your skills. Select the best response by the student interested in psychiatric nursing.

- a. Psychiatric nurses practice in safer environments than other specialties. Nurse-to-patient ratios must be better because of the nature of patients problems.
- b. Psychiatric nurses use complex communication skills, as well as critical thinking, to solve multidimensional problems. Im challenged by those situations.
- c. I think I will be good in the mental health field. I do not like clinical rotations in school, so I do not want to continue them after I graduate.
- d. Psychiatric nurses do not have to deal with as much pain and suffering as medical surgical nurses. That appeals to me.

ANS: B

The practice of psychiatric nursing requires a different set of skills than medical surgical nursing, although substantial overlap does exist. Psychiatric nurses must be able to help patients with medical and mental health problems, reflecting the holistic perspective these nurses must have.

Nurse-patient ratios and workloads in psychiatric settings have increased, similar to other specialties. Psychiatric nursing involves clinical practice, not simply documentation. Psychosocial pain is real and can cause as much suffering as physical pain.

8. Which research evidence would most influence a group of nurses to change their practice?

- a. Expert committee report of recommendations for practice
- b. Systematic review of randomized controlled trials
- c. Nonexperimental descriptive study
- d. Critical pathway

ANS: B

Research findings are graded using a hierarchy of evidence. A systematic review of randomized controlled trials is Level A and provides the strongest evidence for changing practice. Expert committee recommendations and descriptive studies lend less powerful and influential evidence. A critical pathway is not evidence; it incorporates research findings after they have been analyzed.

9. A bill introduced in Congress would reduce funding for the care of people diagnosed with mental illnesses. A group of nurses write letters to their elected representatives in opposition to the legislation. Which role have the nurses fulfilled?

- a. Advocacy
- b. Attending
- c. Recovery
- d. Evidence-based practice

ANS: A

An advocate defends or asserts another's cause, particularly when the other person lacks the ability to do that for himself or herself. 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 individuals with mental illness; the letter-writing campaign advocates for that cause on behalf of patients who are unable to articulate their own needs.

10. An informal group of patients discuss their perceptions of nursing care. Which comment best

indicates a patient's perception that his or her nurse is caring?

- a. My nurse always asks me which type of juice I want to help me swallow my medication.
- b. My nurse explained my treatment plan to me and asked for my ideas about how to make it better.
- c. My nurse told me that if I take all the medicines the doctor prescribes I will get discharged soon.
- d. My nurse spends time listening to me talk about my problems. That helps me feel like I'm not alone.

ANS: D

Caring evidences empathic understanding, as well as competency. It helps change pain and suffering into a shared experience, creating a human connection that alleviates feelings of isolation. The incorrect options give examples of statements that demonstrate advocacy or giving advice.

11. A patient who immigrated to the United States from Honduras was diagnosed with schizophrenia. The patient took an antipsychotic medication for 3 weeks but showed no improvement. Which resource should the treatment team consult for information on more effective medications for this patient?

- a. Clinical algorithm
- b. Clinical pathway
- c. Clinical practice guideline
- d. International Statistical Classification of Diseases and Related Health Problems (ICD)

ANS: A

A clinical algorithm is a guideline that describes diagnostic and/or treatment approaches drawn from large databases of information. These guidelines help the treatment team make decisions cognizant of an individual patient's needs, such as ethnic origin, age, or gender. A clinical pathway is a map of interventions and treatments related to a specific disorder. Clinical practice guidelines summarize best practices about specific health problems. The ICD classifies diseases.

12. Which historical nursing leader helped focus practice to recognize the importance of science in psychiatric nursing?

- a. Abraham Maslow
- b. Hildegard Peplau
- c. Kris Martinsen

d. Harriet Bailey

ANS: B

Although all these leaders included science as an important component of practice, Hildegard Peplau most influenced its development in psychiatric nursing. Maslow was not a nurse, but his theories influence how nurses prioritize problems and care. Bailey wrote a textbook in the 1930s on psychiatric nursing interventions. Kris Martinsen emphasized the importance of caring in nursing practice.

13. A nurse consistently strives to demonstrate caring behaviors during interactions with patients. Which reaction by a patient indicates this nurse is effective? A patient reports feeling:

- a. distrustful of others.
- b. connected with others.
- c. uneasy about the future.
- d. discouraged with efforts to improve.

ANS: B

A patient is likely to respond to caring with a sense of connectedness with others. The absence of caring can make patients feel distrustful, disconnected, uneasy, and discouraged.

#### MULTIPLE RESPONSE

1. An experienced nurse says to a new graduate, When youve practiced as long as I have, you will instantly know how to take care of psychotic patients. What is the new graduates best analysis of this comment? Select all that apply.

- a. The experienced nurse may have lost sight of patients individuality, which may compromise the integrity of practice.
- b. New research findings must be continually integrated into a nurses practice to provide the most effective care.
- c. Experience provides mental health nurses with the tools and skills needed for effective professional practice.
- d. Experienced psychiatric nurses have learned the best ways to care for psychotic patients through trial and error.
- e. Effective psychiatric nurses should be continually guided by an intuitive sense of patients needs.

ANS: A, B

Evidence-based practice involves using research findings to provide the most effective nursing care. Evidence is continually emerging; therefore, nurses cannot rely solely on experience. The effective nurse also maintains respect for each patient as an individual. Overgeneralization compromises that perspective. Intuition and trial and error are unsystematic approaches to care.

2. Which patient statements identify qualities of nursing practice with high therapeutic value?

(Select all that apply.) My nurse:

- a. talks in language I can understand.
- b. helps me keep track of my medications.
- c. is willing to go to social activities with me.
- d. lets me do whatever I choose without interfering.
- e. looks at me as a whole person with different needs.

ANS: A, B, E

Each correct answer demonstrates caring is an example of appropriate nursing foci: communicating at a level understandable to the patient, using holistic principles to guide care, and providing medication supervision. The incorrect options suggest a laissez-faire attitude on the part of the nurse, when the nurse should instead provide thoughtful feedback and help patients test alternative solutions or violate boundaries.

1. An example of an environmental factor that would cause a nurse to modify a planned critical interaction occurs when the:

a	Patient expresses a personal dislike for the nurse
.	.
b	Patient is in total denial about her condition
.	.
c	Nurse lacks the degree of knowledge required for the interaction
.	.
d	Nurse learns that the patients mother has been hospitalized with a stroke
.	.

ANS: D

Environmental factors include timing. Timing of critical interventions is important. It should occur when the individual can give full attention to the topic. It would be inappropriate to

continue with the plan in the face of the patients distress related to her mothers illness. The remaining options reflect other types of factors that influence communication such as attitudes, knowledge, and relationships.

2. The nurse suspects that the patients communication is being negatively influenced by personal attitude when he is heard stating:

a	They think Im mentally ill but Im not; I just get a little depressed at times.
b	I cant concentrate on anything besides getting out of here and back to my kids.
c	Obviously my therapist cant understand where Im coming from because our lives are so different.
d	There isnt anyone here in this hospital I can trust enough to talk to about why I abuse alcohol and drugs.

ANS: C

Attitude determines how one person responds to another. It includes ones biases, past experiences, and openness. People of different socioeconomic backgrounds may have difficulty surmounting this barrier. The remaining options reflect factors that can negatively influence communication but they are environmental, knowledge, and relationship oriented.

3. The nature of the communication characterized in this exchange between a nurse and a chronically depressed patient is:

Nurse: Is it true that you enjoy knitting?

Patient: Yes, Ive done it for years and am pretty good at it.

Nurse: Im just a beginner. Do you think you could give me some tips?

Patient: I guess so. What would you like to know?

a	Therapeutic
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b	Collegial
.	
c	Social
.	
d	Intrapersonal
.	

ANS: C

Although the conversation takes place between the nurse and a patient, it is of a social nature. It is superficial and benefits both parties mutually by encouraging a relationship based on mutual interest. No expectation of help exists. Therapeutic communication promotes patient growth and is patient-focused. Collegial conversation occurs for the purpose of professional collaboration. Intrapersonal communication takes place within the individual.

4. A patient expresses a sense of genuineness in the nurse providing care when sharing with family members that:

a	I believe the nurse can feel what Im feeling.
.	
b	I always know what the nurse expects of me; the explanations are always clear.
.	
c	I can tell the nurse is sincere because the face supports what the mouth is saying.
.	
d	I may not always like what the nurse has to say but I can always depend on what Im told.
.	

ANS: C

Genuineness is demonstrated by congruence between verbal and nonverbal behavior. Empathy is seeing things from the patients viewpoint. Clearly stating expectations is a characteristic of clarity. Trustworthiness can be described as dependability.

5. When providing discharge teaching to a patient for whom English is a second language, what technique will the nurse use to assess the patients understanding of the information being shared verbally?

a	Continuously evaluating the patients nonverbal cues
b	Periodically asking the patient if they have any questions
c	Asking the patient to repeat the information they are given
d	Providing the information in concise, written form

ANS: A

Individuals from different cultures or even different generations often misunderstand and misinterpret an unfamiliar language. Being aware of and critically examining cues that result from nonverbal responses is an excellent technique to check their interpretations. Asking if they have questions is an ineffective technique in light of the language barrier. Repeating the information is no guarantee that the patient understands the information. Providing the information in written form reinforces the material but does not ensure understanding especially if the patient has deficiencies related to reading the language.

6. When communicating with a psychotic, schizophrenic patient, the nurse avoids the use of slang phrases most importantly because:

a	Such phrases have different meanings for different people.
b	Such phrases will likely trigger anxiety and frustration in the patient.
c	The use of such phrases is not appropriate when communicating therapeutically with a patient.
d	This patients altered thought processes will serve to make understanding such phrases very unlikely.

ANS: D

Precise verbal communication is important because spoken words often mean different things to different people. Figures of speech, jokes, clichés, colloquialisms, and other terms or special phrases carry a variety of meanings especially to individuals with altered thought processes. A person with schizophrenia interprets concretely and literally whereas psychosis generally brings about loose associations. Although all the options are reasons to avoid the use of slang phrases,

the primary reason in this case in to avoid confusing the patient.

7. The nurse is considering the need for both effective means of communication and safety when caring for a patient with impulse control issues and poor social skills. Which nursing intervention is most appropriate to address these needs?

a	Reminding the patient with each interaction what space boundaries are considered safe and desired
b	Asking the patient to describe and set space boundaries that feel safe and facilitate effective communication
c	Clearly setting space boundaries for the patient so both patient and staff feel safe and can communicate more effectively
d	Discussing the need for space boundaries and how they help both the patient and the staff feel safe and aide in communicating effectively

ANS: D

Space as a concept of boundaries and safety is important to understand because the nurse and the patient need to respect the distance that each needs. For successful communication to occur, both parties need to feel safe. Some patients have problems with their boundaries and invade other patients own safe zones; patients who perceive this as threatening react aggressively to such boundary violations. The nurse may need to help the patient understand the need for appropriate distances in order for everyone to feel safe and to communicate effectively. Reminding the patient of what the boundaries are without first discussing the importance of space boundaries is not an effective technique. Having the patient set the boundaries does not take into consideration the needs of others, whereas staff setting the boundaries without patient involvement ignores the needs of the patient and prevents the patient from understanding of the situation.

8. During the termination phase of the nurse-patient relationship with a dependent patient, the nurse evaluates the effectiveness of coping techniques learned by:

a	Role playing with the patient in order to practice being assertive
b	Asking the patient to define the difference between being assertive and being aggressive.

c	Discussing how her father effectively used both assertiveness and aggressiveness to control her
d	Asking, When you used assertiveness to deal with your father during his visit, how did it work?

ANS: D

Evaluation is a task of the termination phase. Asking such a question encourages patients to evaluate actions and look at the outcomes of behaviors. Role playing to practice the technique, defining the relevant terms, and discussing the effects of the fathers behavior would occur during the working phase of the relationship and does not encourage evaluation of the newly learned skills.

9. The nurse has developed a plan in which nursing interventions are used to reinforce the patients healthy behaviors. Which statement by the nurse will positively reinforce the patients efforts regarding the plan?

a	How can a stress reduction plan help you at home?
b	It sounds like you have the incentive to make healthy choices.
c	When you tried to follow the plan, how well did it work for you?
d	It sounds as though making healthy choices is very important to you.

ANS: B

This answer offers a positive response to a patient who is trying out new behaviors. This nursing response will serve to encourage the patients efforts. The remaining options do not provide positive reinforcement but rather are attempts to gather more information or clarify the patients motivation to change.

10. A patient indicates that he is about to share information about his illness that is shocking and embarrassing. Which nursing intervention has priority in this situation in facilitating the communication process?

a	Reassuring the patient that talking will be therapeutic
b	Assuring the patient the information will be kept confidential
c	Responding to the patients information in an accepting manner
d	Providing the patient with a private place for the discussion to occur

ANS: C

Responding to the patients information in a nonjudgmental, accepting manner will encourage continued therapeutic communication. The remaining options, although appropriate, will not have the same generalized affect on the communication process as the correct option.

11. A patient whose history includes physically abusing his spouse and children has been admitted to the unit for alcohol and drug dependency. Which nurse will likely experience difficulty establishing a therapeutic relationship with this patient?

a	The nurse who has experienced physical abuse
b	The novice nurse who has never cared for an abuser
c	The experienced nurse who has seen too many abusers
d	The nurse who has been in treatment for abusing a spouse

ANS: A

The therapeutic use of the self begins with knowing yourself. Knowing yourself is a complex and lifelong learning process. At the core of self-knowledge is the nurses ability to correctly identify his or her own negative or unresolved issues including family backgrounds, dynamic cultural and social issues, values, biases, and prejudices. Having been a victim of physical abuse places this nurse in a situation that can be very harmful to the development of an affective nurse-patient relationship. The novice nurse may lack some of the knowledge and experience necessary to be effective but is not a likely to have intruding biases and prejudices. The experienced nurse is more likely to have worked on the ability to provide effective care in spite of such experience with this type of diagnosis whereas, the nurse having been treated for the diagnosis is most likely

to show empathy and caring.

12. A novice nurse asks, What is so wrong about being sympathetic with a patient who has also lost a parent like I did? The psychiatric nurse manager responds:

a	There is a fine line between empathy and sympathy that when crossed makes you less able to be therapeutic.
b	Rather than discussing the loss of your parent with the patient, you can talk to me about it whenever you need to.
c	I'll provide you with some excellent materials that I'm sure will help you to understand why sympathy is less therapeutic.
d	Sympathy indicates that you are sharing your personal feelings and that changes the focus of the communication from the patient to you.

ANS: D

Empathy should not be confused with sympathy. Sympathy is overinvolvement and sharing your own feelings after hearing about another person's similar experience. It is not objective, and its primary purpose is to decrease one's own personal distress. Although substituting sympathy for empathy does lessen the ability to be therapeutic, that is not the best explanation for avoiding it. Offering to discuss the nurse's loss is a kind gesture but does not address the nurse's question. Providing materials on the subject would be an appropriate reinforcement but does not address the question well.

13. A nurse has for the past 4 weeks been working with a psychotic patient who has been mute and very withdrawn. The patient suddenly encroaches on the nurse's personal space by touching inappropriately. What is the most therapeutic response by the nurse to address this behavior?

a	Ignore it this time because the patient is, at last, responding.
b	Firmly communicate acceptable boundaries to the patient.
c	Gently touch the patient's head and then observe the reaction.

d Smile while telling the patient that people dont like being touched like that.

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ANS: B

The therapeutic response is to clearly communicate appropriate boundaries. There are times when patients misinterpret the nurses nurturing as an invitation to an intimate relationship. In these instances, boundaries must be firmly, but neutrally, explained. The behavior should not be ignored since doing so may well result in the patient repeating the behavior with others, perhaps with disastrous results. Touch is often misinterpreted by psychotic patients and in this case has no therapeutic value. Nonverbal communication should always be congruent so as to avoid confusing the patient.

14. Which statement indicates that a novice nurse understands the purpose of therapeutic communication? My goal for communication with any patient is to:

a maintain relationships.

.

b mutually share information.

.

c promote growth and change.

.

d offer advice and make suggestions.

.

ANS: C

Therapeutic communication is intended to assist the patient to grow and change. The other options are characteristics of social communication.

15. The expected outcome of conducting a periodic self-evaluation of ones own responses to patients is for the nurse to continue:

a Recognizing the nurses need for therapy

.

b Recognizing personal problems and strengths

.

c	Maintaining distance from the patients problems
.	
d	Maintaining professional boundaries with the patients
.	

ANS: B

Self-evaluation of responses to patients will reveal whether the nurse is responding with objectivity versus subjectivity, acceptance or rejection, calmly or with anger, and with sympathy or anxiety. The goal is not identify the nurses need for therapy or to maintain distance for patient problems, but rather to remain objective about them. The purpose of a self-evaluation is to recognize the nurses responses, not to maintain boundaries.

16. Which nursing response would indicate an empathetic approach to a patient who is depressed over recent losses in her life?

a	Losing a job isnt always a bad thing.
.	
b	I lost my parents last year and still feel sad.
.	
c	Please tell me more about what you are feeling.
.	
d	Lets not focus on whats sad but rather what is good about life.
.	

ANS: C

Empathy or empathic understanding is the nurses ability to see things from the patients viewpoint and to communicate this understanding to the patient. This response focuses on the patients feelings and encourages further discussion. Minimizing the loss or suggesting a change in focus sounds judgmental or patronizing and will likely cut off communication. Although self-disclosure can be therapeutic, this focuses on the nurses feelings.

17. A nurse is considering the therapeutic value of touch when planning care for an anxious patient. What is the initial question the nurse should answer before initiating this technique?

a	How comfortable am I with touching this patient?
.	
b	Will the patient find therapeutic touch supportive?
.	
c	Does research support the use of therapeutic touch?
.	
d	Has therapeutic touch proven to be therapeutic with anxious patients?
.	

ANS: A

Touch will only communicate warmth and thus be therapeutic if the nurse is comfortable with it. Although the other options are all appropriate, they do not have priority in this situation.

18. The nurse mentions, I like to use open-ended questions and statements because they result in fuller, more revealing responses by the patient, and they stimulate discussion. What statement would the nurse ask to best stimulate conversation with a patient about their family?

a	Where does your family live?
.	
b	Tell me about your family.
.	
c	Do you have a family nearby?
.	
d	Would you like to talk about your family?
.	

ANS: B

This broad opening will encourage discussion as well as allow the patient to decide what to include about his or her family. The remaining options can all be answered with a yes or no response and so do not stimulate communication.

19. A patient is struggling to explore and solve a problem. The nurse determines that it would be therapeutic to offer alternatives. Which verbal introduction should the nurse incorporate in order to achieve this objective?

a	Have you thought of
.	
b	You should
.	
c	Why dont you
.	
d	I think you need to
.	

ANS: A

This encourages the patient to consider alternatives without giving advice. The other options are preludes to giving advice, which is not considered therapeutic.

20. A nurse is contemplating the use of self-disclosure. The expected outcome of this strategy is that the patient will:

a	be informed about expected behaviors
.	
b	express previously withheld feelings
.	
c	foster a mutually supportive relationship with the nurse
.	
d	recognize that the nurse can empathize through shared experiences
.	

ANS: B

Self-disclosure should serve one or more of the following purposes: to model and educate; to build the therapeutic alliance; to provide concrete reflection that encourages reality testing. The nurse does not use self-disclosure foster a interdependent relationship that in any way gives support to the nurse. Empathy does not rely upon shared experiences.

Chapter 4-Chapter 5 : Asking Questions I: How to Approach Threatening Topics

Chapter 5: Asking Questions II: Tricks for Improving Patient Recall Chapter 6: Asking

### Questions III: How to Change Topics with Style

#### MULTIPLE CHOICE

1. A patient says to the nurse, I dreamed I was stoned. When I woke up, I felt emotionally drained, as though I hadnt rested well. Which response should the nurse use to clarify the patients comment?

a	It sounds as though you were uncomfortable with the content of your dream.
.	
b	I understand what youre saying. Bad dreams leave me feeling tired, too.
.	
c	So you feel as though you did not get enough quality sleep last night?
.	
d	Can you give me an example of what you mean by stoned?
.	

ANS: D

The technique of clarification is therapeutic and helps the nurse examine the meaning of the patients statement. Asking for a definition of stoned directly asks for clarification. Restating that the patient is uncomfortable with the dreams content is parroting, a non-therapeutic technique. The other responses fail to clarify the meaning of the patients comment.

2. A patient diagnosed with schizophrenia tells the nurse, The CIA is monitoring us through the fluorescent lights in this room. Be careful what you say. Which response by the nurse would be most therapeutic?

a	Lets talk about something other than the CIA.
.	
b	It sounds like youre concerned about your privacy.
.	
c	The CIA is prohibited from operating in health care facilities.
.	
d	You have lost touch with reality, which is a symptom of your illness.
.	

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ANS: B

It is important not to challenge the patients beliefs, even if they are unrealistic. Challenging undermines the patients trust in the nurse. The nurse should try to understand the underlying feelings or thoughts the patients message conveys. The correct response uses the therapeutic technique of reflection. The other comments are non-therapeutic. Asking to talk about something other than the concern at hand is changing the subject. Saying that the CIA is prohibited from operating in health care facilities gives false reassurance. Stating that the patient has lost touch with reality is truthful, but uncompassionate.

3. The patient says, My marriage is just great. My spouse and I always agree. The nurse observes the patients foot moving continuously as the patient twirls a shirt button. The conclusion the nurse can draw is that the patients communication is:

a	clear.	c	precise.
.		.	
b	mixed.	d	inadequate.
.		.	

ANS: B

Mixed messages involve the transmission of conflicting or incongruent messages by the speaker. The patients verbal message that all was well in the relationship was modified by the nonverbal behaviors denoting anxiety. Data are not present to support the choice of the verbal message being clear, explicit, or inadequate.

4. A nurse interacts with a newly hospitalized patient. Select the nurses comment that applies the communication technique of offering self.

a	Ive also had traumatic life experiences. Maybe it would help if I told you about them.
.	
b	Why do you think you had so much difficulty adjusting to this change in your life?
.	

c	I hope you will feel better after getting accustomed to how this unit operates.
.	
d	Id like to sit with you for a while to help you get comfortable talking to me.
.	

ANS: D

Offering self is a technique that should be used in the orientation phase of the nurse-patient relationship. Sitting with the patient, an example of offering self, helps to build trust and convey that the nurse cares about the patient. Two incorrect responses are ineffective and non-therapeutic. The other incorrect response is therapeutic but is an example of offering hope.

5. Which technique will best communicate to a patient that the nurse is interested in listening?

a	Restating a feeling or thought the patient has expressed.
.	
b	Asking a direct question, such as Did you feel angry?
.	
c	Making a judgment about the patients problem.
.	
d	Saying, I understand what youre saying.
.	

ANS: A

Restating allows the patient to validate the nurses understanding of what has been communicated. Restating is an active listening technique. Judgments should be suspended in a nurse-patient relationship. Close-ended questions such as Did you feel angry? ask for specific information rather than showing understanding. When the nurse simply states that he or she understands the patients words, the patient has no way of measuring the understanding.

6. A patient discloses several concerns and associated feelings. If the nurse wants to seek clarification, which comment would be appropriate?

a	What are the common elements here?
.	
b	Tell me again about your experiences.
.	
c	Am I correct in understanding that . . .
.	
d	Tell me everything from the beginning.
.	

ANS: C

Asking, Am I correct in understanding that permits clarification to ensure that both the nurse and patient share mutual understanding of the communication. Asking about common elements encourages comparison rather than clarification. The remaining responses are implied questions that suggest the nurse was not listening.

7. A patient tells the nurse, I dont think Ill ever get out of here. Select the nurses most therapeutic response.

a	Dont talk that way. Of course you will leave here!
.	
b	Keep up the good work, and you certainly will.
.	
c	You dont think youre making progress?
.	
d	Everyone feels that way sometimes.
.	

ANS: C

By asking if the patient does not believe that progress has been made, the nurse is reflecting by putting into words what the patient is hinting. By making communication more explicit, issues are easier to identify and resolve. The remaining options are non-therapeutic techniques. Telling the patient not to talk that way is disapproving. Saying that everyone feels that way at times minimizes feelings. Telling the patient that good work will always result in success is falsely reassuring.

8. Documentation in a patients chart shows, Throughout a 5-minute interaction, patient fidgeted and tapped left foot, periodically covered face with hands, and looked under chair while stating, I enjoy spending time with you. Which analysis is most accurate?

a	The patient is giving positive feedback about the nurses communication techniques.
b	The nurse is viewing the patients behavior through a cultural filter.
c	The patients verbal and nonverbal messages are incongruent.
d	The patient is demonstrating psychotic behaviors.

ANS: C

When a verbal message is not reinforced with nonverbal behavior, the message is confusing and incongruent. Some clinicians call it a mixed message. It is inaccurate to say that the patient is giving positive feedback about the nurses communication techniques. The concept of a cultural filter is not relevant to the situation because a cultural filter determines what we will pay attention to and what we will ignore. Data are insufficient to draw the conclusion that the patient is demonstrating psychotic behaviors.

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

REF: Page 150-151 TOP: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

9. While talking with a patient diagnosed with major depression, a nurse notices the patient is unable to maintain eye contact. The patients chin lowers to the chest, while the patient looks at the floor. Which aspect of communication has the nurse assessed?

a	Nonverbal communication	c	A cultural barrier
b	A message filter	d	Social skills

ANS: A

Eye contact and body movements are considered nonverbal communication. There are insufficient data to determine the level of the patients social skills or whether a cultural barrier exists.

10. During the first interview with a parent whose child died in a car accident, the nurse feels empathic and reaches out to take the patients hand. Select the correct analysis of the nurses behavior.

a	It shows empathy and compassion. It will encourage the patient to continue to express feelings.
b	The gesture is premature. The patients cultural and individual interpretation of touch is unknown.
c	The patient will perceive the gesture as intrusive and overstepping boundaries.
d	The action is inappropriate. Psychiatric patients should not be touched.

ANS: B

Touch has various cultural and individual interpretations. Nurses should refrain from using touch until an assessment can be made regarding the way in which the patient will perceive touch. The other options present prematurely drawn conclusions.

11. During a one-on-one interaction with the nurse, a patient frequently looks nervously at the door. Select the best comment by the nurse regarding this nonverbal communication.

a	I notice you keep looking toward the door.
b	This is our time together. No one is going to interrupt us.
c	It looks as if you are eager to end our discussion for today.

d If you are uncomfortable in this room, we can move someplace else.

ANS: A

Making observations and encouraging the patient to describe perceptions are useful therapeutic communication techniques for this situation. The other responses are assumptions made by the nurse.

12. A black patient says to a white nurse, There's no sense talking. You wouldn't understand because you live in a white world. The nurse's best action would be to:

a explain, Yes, I do understand. Everyone goes through the same experiences.

b say, Please give an example of something you think I wouldn't understand.

c reassure the patient that nurses interact with people from all cultures.

d change the subject to one that is less emotionally disturbing.

ANS: B

Having the patient speak in specifics rather than globally will help the nurse understand the patient's perspective. This approach will help the nurse engage the patient. Reassurance and changing the subject are not therapeutic techniques.

13. A Filipino American patient had a nursing diagnosis of situational low self-esteem related to poor social skills as evidenced by lack of eye contact. Interventions were used to raise the patient's self-esteem, but after 3 weeks, the patient's eye contact did not improve. What is the most accurate analysis of this scenario?

a The patient's eye contact should have been directly addressed by role-playing to increase comfort with eye contact.

b	The nurse should not have independently embarked on assessment, diagnosis, and planning for this patient.
c	The patients poor eye contact is indicative of anger and hostility that were unaddressed.
d	The nurse should have assessed the patients culture before making this diagnosis and plan.

ANS: D

The amount of eye contact a person engages in is often culturally determined. In some cultures, eye contact is considered insolent, whereas in others eye contact is expected. Asian Americans, including persons from the Philippines, often prefer not to engage in direct eye contact.

14. When a female Mexican American patient and a female nurse sit together, the patient often holds the nurses hand. The patient also links arms with the nurse when they walk. The nurse is uncomfortable with this behavior. Which analysis is most accurate?

a	The patient is accustomed to touch during conversation, as are members of many Hispanic subcultures.
b	The patient understands that touch makes the nurse uncomfortable and controls the relationship based on that factor.
c	The patient is afraid of being alone. When touching the nurse, the patient is reassured and comforted.
d	The patient is trying to manipulate the nurse using nonverbal techniques.

ANS: A

The most likely answer is that the patients behavior is culturally influenced. Hispanic women frequently touch women they consider to be their friends. Although the other options are possible, they are less likely.

15. A Puerto Rican American patient uses dramatic body language when describing emotional discomfort. Which analysis most likely explains the patients behavior? The patient:

a	has a histrionic personality disorder.
.	
b	believes dramatic body language is sexually appealing.
.	
c	wishes to impress staff with the degree of emotional pain.
.	
d	belongs to a culture in which dramatic body language is the norm.
.	

ANS: D

Members of Hispanic American subcultures tend to use high affect and dramatic body language as they communicate. The other options are more remote possibilities.

16. During an interview, a patient attempts to shift the focus from self to the nurse by asking personal questions. The nurse should respond by saying:

a	Why do you keep asking about me?
.	
b	Nurses direct the interviews with patients.
.	
c	Do not ask questions about my personal life.
.	
d	The time we spend together is to discuss your concerns.
.	

ANS: D

When a patient tries to focus on the nurse, the nurse should refocus the discussion back onto the patient. Telling the patient that interview time should be used to discuss patient concerns refocuses discussion in a neutral way. Telling patients not to ask about the nurses personal life shows indignation. Saying that nurses prefer to direct the interview reflects superiority. Why questions are probing and non-therapeutic.

17. Which principle should guide the nurse in determining the extent of silence to use during patient interview sessions?

a	A nurse is responsible for breaking silences.
.	
b	Patients withdraw if silences are prolonged.
.	
c	Silence can provide meaningful moments for reflection.
.	
d	Silence helps patients know that what they said was understood.
.	

ANS: C

Silence can be helpful to both participants by giving each an opportunity to contemplate what has transpired, weigh alternatives, and formulate ideas. A nurse breaking silences is not a principle related to silences. It is inaccurate to say that patients withdraw during long silences or that silence helps patients know that they are understood. Feedback helps patients know they have been understood.

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

REF: Page 151-154 (Table 9-2) TOP: Nursing Process: Planning

MSC: Client Needs: Psychosocial Integrity

18. A patient is having difficulty making a decision. The nurse has mixed feelings about whether to provide advice. Which principle usually applies? Giving advice:

a	is rarely helpful.
.	
b	fosters independence.
.	
c	lifts the burden of personal decision making.
.	
d	helps the patient develop feelings of personal adequacy.
.	

ANS: A

Giving advice fosters dependence on the nurse and interferes with the patients right to make personal decisions. It robs patients of the opportunity to weigh alternatives and develop problem-solving skills. Furthermore, it contributes to patient feelings of personal inadequacy. It also keeps the nurse in control and feeling powerful.

19. A school age child tells the school nurse, Other kids call me mean names and will not sit with me at lunch. Nobody likes me. Select the nurses most therapeutic response.

a	Just ignore them and they will leave you alone.
.	
b	You should make friends with other children.
.	
c	Call them names if they do that to you.
.	
d	Tell me more about how you feel.
.	

ANS: D

The correct response uses exploring, a therapeutic technique. The distracters give advice, a non-therapeutic technique.

20. A patient with acute depression states, God is punishing me for my past sins. What is the nurses most therapeutic response?

a	You sound very upset about this.
.	
b	God always forgives us for our sins.
.	
c	Why do you think you are being punished?
.	