Benha University

Faculty of nursing

Model Answer

Fourth year final exam- first semester

Course title: psychiatric and mental health nursing

Date: 6 / 1 /2015

Time allowed: 3 hours

Parts	Questions	Marks
Part(1)	Multiple-choice questions	10
Part(2)	True and false	10
Part(3)	Matching	20
Part(4)	Definition	5
Part(5)	Fill in the blanks	25
Part(6)	Discuss	10
	total	80

Part (1): Multiple-choice question: - circle the best answer:

1-During the initial care of rape victims the following are to be considered except :(10 marks)

a- Assure privacy.
b- Touch the client to show acceptance and empathy.
c- Accompany the client in the examination room.
d- Maintain a non-judgmental approach.

2- The client on haldol has shuffling gait and muscle rigidity. He is likely manifesting?

a -Tardive dyskinesia
B- Pseudoparkinsonism
c- Akinesia
d- Dystonia

3-Five months often incident the client complains of difficulty to concentrate, poor appetite, inability to sleep and guilt. She is likely suffering from:

a- Generalized anxiety disorder
b- Post traumatic disorder
c- Panic disorders
d- Phobic disorders

4- The client Joins a support group and frequently peaches against abuse, is demonstrating the use of

a- Denial
b- Reaction formation
c- Rationalization
d- Projection

5- A client tends to be insensitive to others, engages in abusive behaviors and doesn't have a sense of remose. Which personality disorder is being likely to have?

a- Narcissistic
b- Paranoid
c- Histrionic
d- Antisocial

6- The nurse is caring for a client diagnosed with bulimia. The most appropriate initial goal for a client diagnosed with bulimia is to:

a- Avoid shopping for large amounts of food.
b- Control eating impulses
c- Identifying anxiety-causing situations.
d- Eat only three meals per/day.

7- The client experiences Extrapyramidal symptoms (EPS) during therapy; the nurse expects which of the following drugs to be prescribed?

a- Cogentin
b- Valium
c- Haldol
d- Ativan

8- Criteria for hypomanic episode include all except:-

a- Inflated self-esteem or grandiosity.
b- Decreased need for sleep.
c- More talkative than usual or pressure to keep talking.
d- Cause functional impairment, necessitate hospitalization, or there are psychotic features.

9- Although psychotic by definition, patient with such type usually appear the most "normal".

a- Catatonic schizophrenia.
b- Paranoid schizophrenia.
c- Undifferentiated schizophrenia.
d- Disorganized/hebephrenic schizophrenia.

10- The client has had an effective abortion. The nurse wishes to assist the client to manage post-abortion emotional responses. Which nursing approach is most appropriate?

a- Reassure the client that having an abortion was the best possible decision.
b- Teach the client how to use effective methods of birth control.
c- Encourage the client to express feelings of loss and grief.
d-Suggest that the client rely on a higher power for spiritual support.

Part 2 -Read each statement carefully and circle (T) if the statement is true and (F) if statement is false :(10 marks)

Items	T	F
1- The purpose of limit setting is to provide a reality contact between the person and his environment.	***T***	**F**
2- The nurse can be sincere, honest, and evasive remarks, when communicated with the patient has delusion.	**T**	***F***
3- The patient first builds trust with his or her therapist before being able to talk about hallucinations.	***T***	**F**
4- You are as psychiatric mental health nurse must recognize that neuroleptic agents are used for treatment of epilepsy.	**T**	***F***
5- Beta blockers help control the physical symptoms of anxiety such as rapid heart rate, a trembling voice, sweating and dizziness.	***T***	**F**
6- Crisis situation contains the potential for psychological growth or deterioration traumatic event.	***T***	**F**
7- John Bowbly believed that early relationships with caregivers play a major role in child development and continue to influence social relationships throughout life.	***T***	**F**
8- You are as psychiatric mental health nurse must recognize that people with bipolar disorder can't get better or lead a normal life.	**T**	***F***
9- Sublimation is a defense mechanism that allows us to act out unacceptable impulses by converting these behaviors into a more acceptable form.	***T***	**F**
10- Lithium is contraindicated in patients with severe cardiovascular, renal diseases and brain damage.	***T***	**F**

Part (3): Matching

In the space provided in front of each statement in column (A) place the corresponding number from column (B). :(20marks)

	A	B
E	1- Ambivalence	A-Loss of memory for recent events.
C	2- Euthymic mood	B-Incoherent mixture or word and phrases.
A	3- Anterograde amnesia	C-Normal range of mood, implying absence of depressed or elevated mood.
B	4- Word salad	D-Dulled emotional tone associated with detachment or indifference.
D	5- Apathy	E-Co-existence of two opposing impulses toward the same thing in the same person at the same time.
J	6- Catalepsy posturing	F-Voice lessness without structural abnormalities.
H	7- Tics	G-Preoccupation with inner, private world, egocentric (self-centered fantasy).
F	8- Mutism	H-Sudden involuntary, spasmodic motor movement of small groups of muscle.
G	9- Autistic thinking	I-Patient writes complaints and sends them to responsible person.
I	10- Litigious delusion	J-General term for immobile positions that is constantly maintained.

	A	B
B	1- Effexor	A- Atypical antipsychotic
A	2- Seroquel	B- antidepressants drug
C	3- Moban	C- Typical antipsychotic
E	4- Dilatin	D- Beta blocker medication drugs
D	5- Tenormin	E- Anticonvulsants drug
G	6-Mellaril	F- Antihistaminic drugs
I	7- Valium	G-Typical antipsychotic drugs
F	8-Benadry1	H-Carboxylic acid drugs
J	9-Ludiomil	I-Anti anxiety drugs
H	10- Depakene	J- Tricyclic anti depressant drugs

Part (4): write short notes :(5 marks)

1- Verbal communication

Verbal communication use language to convey meaning it includes attitude, thought, feeling that communicated through spoken or written words. The words used vary among individual according to culture, socioeconomic background and age and education.

2- Mental health

The world health organization defines mental health as:

A state of well-being in which the individual realizes his / her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her .

3- Community mental health

The term community health (CMH) is defined by meeting the needs of a community by identifying problems and managing interactions within the community.

- *CMH is a strategy of community development that furthers the mental health of all community members through promotion of mental health and prevention of mental disorders.*

- *CMH services provide accessible, affordable, acceptable and qual- ity mental health care in the community for people with psy- chosocial disabilities aiming at their social integration.*

➢ *CMH care is implemented with the active participation of service users, their families and communities together with health, edu- cation, social and employment services.*

4- Situational crisis

- *occurs in response to a sudden unexpected event in a person's life from an external source. The critical life events involve a loss or a change that threatens the person's self esteem. For example job loss, divorce, abortion, death of a love one, severe physical or mental illness, etc.*

5- Cognition

Is the brains ability to process, retain and use information. Cognitive abilities including reasoning, judgment, perception, attention, comprehension, and memory. These cognitive abilities are essential for many important tasks including making decision, solving problems, interpreting the environment, and learning new information

Part (5): Fill the blanks :(25 marks)

1- What are the policies regarding seclusion and restraints?.

A. Seclusion & restraint is used for emergency intervention
B. Dignity of the patient is always maintained
C. Seclusion & restraint is not be used as punitive action

2- **Clues of hallucination.**

A patient is inattentive to surrounding
b- Talk to self
c- Appears to listening to voices or sounds
e- Patient describes hallucinatory experiences

4- List the signs and symptoms of the autistic disorders.

a-Impaired interpersonal relationships; strong desire to be alone

b-Language used in an idiosyncratic manner; unconventional word meanings, continuous repetition of words (echolalia), and use of "I" for "you" and vice versa (pronoun reversal)

c-Likes things to stay the same, cannot tolerate change

d-Scope of interest: narrow and unimaginative, fascination with objects

f- Body movements: repetitive and restricted

g- Onset in tic first 30 months of life

5-List how schizophrenia can be managed?

A. Hospitalization
B. ***Biological treatments***
C. ***Psychologicalinterventions***
D. ***Psychosocial interventions***
a-Case management
*b-****Counselling***

6-The diagnosis of the bipolar II disorder requires that:

-Presence or history of one or more major depressive episode.
-Presence or history of at least one hypomanic episode.
-There has never been a manic episode or a mixed episode

7-Describe how can a nurse understand herself better?

- *Nurses should exchange personal experience freely and frankly with their colleagues.*
- *Nurses should discuss their personal reaction with an experienced person or senior nurse in the field.*
- *Nurses should participate in group conference regarding their clients care.*
- *Nurses should Keep reflecting on why they feel or act the way they do.*

8-list the stages of Levin-lender`s cycles of development theory

Stage 1—Being: Birth to Six Months
Stage 2—Doing and Exploring: Six to Eighteen Months

Stage 3—Thinking: Eighteen Months to Three Years
Stage 4—Identity and Power: Three to Six Years
Stage 5—Skills and Structure: Six to Twelve Years:
Stage 6—Integration and Regeneration: Twelve to Nineteen Years
Stage 7—Recycling: Adulthood

9-What are the factors that influence mental health

- *Genetic factors often play an important role in the development of mental disorder.*
- *Physical factors – brain injuries/ trauma, accidents, birth injuries/ developmental disorders.*
- *Psychological factors – These events are so traumatic that the person feels incapable of handling the events*
- *Social factors- Social problems especially those that cause stress are recognised as a cause of mental health eg poverty, failure in school, abuse, unemployment, violence , high incidence of HIV and substance abuse*

10-list the basic elements of nursing practice in community health

A. *The six basic elements of nursing practice incorporated in community health programs and services are:*
B. *(1) promotion of healthful living*
C. *(2) prevention of health problems*
D. *(3) treatment of disorders*
E. *(4) rehabilitation*
F. *(5) evaluation and*
G. *(6) research.*

11-The specific tasks of the working phase include the following:

- *Maintaining the relationship*
- *Gathering more data*
- *Exploring perceptions of reality*
- *Developing positive coping mechanism*
- *promoting positive self concept*
- *Encourage verbalization of feeling*
- *Facilitating behavior change*
- *Evaluating progress and redefining goals*
- *Promoting independence*

12- Characteristic of successful communication:

(1) Feed back ⟶ Is the process by which performance is checked and malfunctions corrected.

(2) Appropriateness ⟶ Messages are appropriate when they are relevant to the situation at hand .

(3) Flexibility not rigid ⟶ Neither exaggerated control nor exaggerated permissiveness.

(4) Efficiency ⟶ Simplicity, clarity and timing are all component of efficient message.

13- Signs of dementia of Alzheimer's type:

1- Aphasia: The loss of language ability.

2- Anomia: The person experiences difficulty remembering words.

3- Agraphia: Inability to express though in writing.

4- Alexia: Inability to understand written language.

5- Agnosia: The loss of sensory ability to recognize objects

Menomonic disturbances: Memory loss, inability to remember recent events especially in new or changing environment

Part (6): Discuss: - (10 marks)

1- **Which personality disorder best describe the client in the example and mention the criteria of the type (personality disorders).**

A 23-year-old medical student attempted to slit her wrist because things did not work out with a man she had been dating over the past 3 weeks .she states that guys are jerks and not worth her time." she often that she is "alone in this world".**(5 grades).**

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Borderline personality disorder:

The name borderline comes from the patient's being on the borderline of neurosis and psychosis.

Characteristics:

1. Impulsive and risky behavior.
2. An unstable and fluctuating self-image.
3. generally have great difficulty with their own sense of identity.
4. They often experience the world in extremes, viewing others as either "all good" or "all bad. They commonly use defense mechanism of splitting— they view others as all good or all bad. (Clinical example: "You are the only doctor who has ever helped me. Every doctor I met before you was horrible.")
5. Fears of abandonment may lead to an excessive dependency on others.
6. Volatile relationships
7. Unstable mood
8. Suicidal behavior.
9. Self-mutilation or recurrent suicidal gestures may be used to get attention or manipulate others
10. Fear of being alone
11. They have higher rates of childhood physical, emotional, and sexual abuse than the general population (25–35% of these patents report no such abuse).

2- During client assessment, the nurse finds that the client is trembling and restless, blood pressure and pulse are elevated, and the client reports dry mouth, shortness of breath, intense apprehension, chills and abdominal distress. The nurse should conclude that this client is experiencing, which type of anxiety? And discuss how to manage it? **(5 grades)**

- *Assessment phase:- Panic disorder*
- *Patient with panic attacks manifested by intense apprehension, fear or terror associated with feeling imbedding doom and accompanied by intense physical discomfort.*
- *Palpitation, accelerated heart rate*
- *Sweating*
- *Trembling or shaking*
- *Shorting of breath*
- *Chest pain or discomfort*
- *Nausea or abdominal pain*
- *Derealization, depersonalization*
- *Fear dying and loss control this attack take minutes or hours*

Nursing diagnosis, goals and interventions:

(1) Panic anxiety related to real or perceived threat to biological integrity or self-concept, evidenced by any or all of physical symptoms.

***Goals**: The patient will recognize signs of anxiety and able to intervene with anxiety.*

and maintain anxiety at manageable level.

Interventions:

- *Stay with the patient and offer reassurance of safety and security.*
- *Maintain a calm, on threatening matter of fact approach*

- *Use simple words and brief message, spoken calm by and clearly, to explain hospital experiences*
- *Keep immediate surroundings lowing stimuli: few people simple décor)*
- *Administer tranquilizing as prescribed. Assess effectiveness and side effect*
- *Teach the patient signs& symptoms of escalating anxiety and ways to interrupt its progress(relaxation techniques, deep breathing exercise and meditation, physical exercises, progressive, relaxation, walks, imagination)*