


Smith,Crystal

Submitted: 4/23/2011 1:44: Grade: 66.7%  23 PM

Attempt Number: 1/3

Questions Attempted: 27/27

1. **While assessing a client, the nurse notes that the client's body language seems to convey a message of helplessness, as if the client were saying, "Take care of me." Which theory describes somatization as a nonverbal message to significant others?**
- a. Genetic theory
 - b. Communication theory
 - c. Psychoanalytic theory
 - d. Humanistic theory

Grade: 0

User Responses: c.Psychoanalytic theory

Feedback: a.Rationale: Communication theorists believe somatization is nonverbal body language directed to significant others. Psychoanalytic theorists believe that the symptoms of somatization are precipitated by traumatic or frustrating childhood experiences. Humanistic theorists believe somatic symptoms are precipitated by stress. Genetic theory states that both genetic and environmental factors contribute to somatic symptoms.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

2. **The belief that decreased amounts of endorphins and serotonin may cause some people to experience pain more intensely is related to a:**
- a. Psychoanalytic approach.
 - b. Biologic approach.
 - c. Genetic approach.
 - d. Humanistic approach.

Grade: 1

User Responses: b.Biologic approach.

Feedback: a.Rationale: The biologic approach views somatoform disorders as stemming from a biochemical imbalance in the brain. Genetic theory states that both genetic and environmental factors contribute to somatic symptoms. Psychoanalytic theorists believe that the symptoms are precipitated by a traumatic or frustrating childhood experience. Humanistic theorists believe somatic symptoms are precipitated by stress.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Physiological Integrity

3. **Which theory about somatoform disorders suggests that somatic symptoms are precipitated by stress related to relationships and work?**
- a. Communication theories
 - b. Psychoanalytic theories
 - c. Genetic theories
 - d. Humanistic theories

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User Responses: d. Humanistic theories

Feedback: a. Rationale: Humanistic theories point to the importance of the context of clients' lives, particularly stresses related to relationships and work. Psychoanalytic theorists believe that symptoms are precipitated by a traumatic or frustrating childhood experience. Communication theorists believe somatization is nonverbal body language targeted at significant others. Genetic theory states that both genetic and environmental factors contribute to somatic symptoms.
Cognitive Level: Comprehension
Nursing Process: Assessment
Client Need: Psychosocial Integrity

4. Which of the following sleep disruptions is not associated with schizophrenia?
- a. No REM rebound
 - b. High nighttime levels of melatonin
 - c. Difficulty getting to sleep
 - d. Reduced REM sleep

Grade: 0

User Responses: d. Reduced REM sleep

Feedback: a. Rationale: Clients with schizophrenia have low nighttime levels of melatonin. They often experience difficulty getting to sleep and reduced REM sleep but not REM rebound.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Physiological Integrity

5. A client diagnosed with major depressive episode asks the nurse about sleep problems related to depression. The nurse offers which of the following responses? Select all correct answers.
- a. Insomnia is a commonly reported residual symptom after remission from depression.
 - b. Most antidepressants suppress REM sleep.
 - c. Insomnia of the maintenance or early awakening type is common with major depressive episodes.
 - d. Most antidepressants lengthen latency in the first REM period.
 - e. Sleep pattern disturbances do not respond to antidepressants.

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User Responses: a.Insomnia is a commonly reported residual symptom after remission from depression.,e.Sleep pattern disturbances do not respond to antidepressants.

Feedback: a.Rationale:
Insomnia of the maintenance or early awakening type is common with major depressive episodes. These types of insomnia are related to major depressive episodes.

Most antidepressants suppress REM sleep. Most antidepressants do suppress REM sleep.

Most antidepressants lengthen latency in the first REM period. Most antidepressants do lengthen latency in the first REM period.

Insomnia is a commonly reported residual symptom after remission from depression. Insomnia is one of the most commonly reported residual symptoms after remission.


Sleep pattern disturbances do not respond to antidepressants. Sleep pattern disturbances do respond to antidepressants, often more rapidly than the depression.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Physiological Integrity

6. **A client reports decreased sleep time but does not complain of insomnia. What disorder would the nurse expect this client to have?**
- a. Depression
 - b. Anxiety
 - c. Bipolar disorder
 - d. Schizophrenia

Grade: 1

User Responses: c.Bipolar disorder

Feedback: a.Rationale: The client with bipolar disorder experiences increased psychomotor activity and sleep is not a priority. Clients with schizophrenia, depression, and anxiety do express concern over insomnia.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Physiological Integrity

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7. **Situational and developmental factors that affect sleep patterns and requirements in clients of various ages include which of the following?**

Select all correct answers.

- a. Specific needs for REM sleep decrease in relation to periods of intense learning or other psychological stimuli.
- b. Older adults go to sleep earlier in the evening and get up earlier in the morning.
- c. Adolescents tend to sleep late.
- d. The number of arousals tends to decrease as adults get older.
- e. Many schoolchildren are affected by inadequate sleep.

Grade: 0

User Responses: a. Specific needs for REM sleep decrease in relation to periods of intense learning or other psychological stimuli., d. The number of arousals tends to decrease as adults get older.

Feedback: a. Rationale: Many schoolchildren are affected by inadequate sleep. Approximately 15 million children are affected by inadequate sleep because of health, school, and family factors.

Adolescents tend to sleep late. Adolescents' sleeping patterns appear to have a physiologic basis in changing circadian rhythms.

Older adults go to sleep earlier in the evening and get up earlier in the morning. The sleeping patterns of older adults appear to have a physiologic basis in changing circadian rhythms.

The number of arousals tends to decrease as adults get older. The number of arousals tends to increase as adults get older.

Specific needs for REM sleep decrease in relation to periods of intense learning or other psychological stimuli.

The specific needs for REM sleep increase in relation to periods of intense learning or other psychological stimuli.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Physiological Integrity

8. **A client complains of trouble falling asleep most nights. The nurse suggests that the client try some simple measures such as drinking a glass of warm milk or a cup of valerian tea before bedtime. The nurse is operating on the basis of which approach to sleep disorders?**

- a. Psychosocial factors
- b. Physiologic factors
- c. Behavioral theory
- d. Genetic factors

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User Responses: b. Physiologic factors
Feedback: a. Rationale: The effects of sleep-inducing substances such as warm milk and valerian tea are physiologic factors associated with sleep. They are not genetic, psychosocial, or behavioral factors.
Cognitive Level: Application
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance

9. **A psychosocial factor that contributes to insomnia is:**
- a. Association of the bedroom with lying awake.
 - b. Familial patterns.
 - c. Chronic worry.
 - d. High core body temperature.

Grade: 0
User Responses: a. Association of the bedroom with lying awake.
Feedback: a. Rationale: Worry, tension, and racing thoughts are psychosocial factors that contribute to insomnia. Association of the bedroom with lying awake is an environmental conditioning factor. Familial patterns are genetic factors. A high core body temperature is a physiologic factor.
Cognitive Level: Comprehension
Nursing Process: Assessment
Client Need: Physiological Integrity

10. **The nurse is providing a client's family with psychoeducation about somatization disorder. The nurse states that:**
- a. Clients believe they have been ill for a good part of their lives.
 - b. The symptoms are caused intentionally.
 - c. The pain is not real.
 - d. Clients do not seek medical attention for their somatic complaints.

Grade: 1
User Responses: a. Clients believe they have been ill for a good part of their lives.
Feedback: a. Rationale: Clients believe and report they have been ill for a good part of their lives. The pain is real. The symptoms are not caused intentionally. Clients do seek frequent medical attention for their somatic complaints.
Cognitive Level: Comprehension
Nursing Process: Implementation
Client Need: Psychosocial Integrity

11. Which finding in a client with a conversion disorder would the nurse consider inconsistent with the diagnosis?

- a. A physical disorder that can be explained by a general medical condition
- b. A deficit that causes significant distress or impairment
- c. A physical disorder related to the expression of a psychological conflict
- d. A deficit that is not limited to pain or sexual dysfunction

Grade: 1

User Responses: a.A physical disorder that can be explained by a general medical condition

Feedback: a.Rationale: A conversion disorder by definition does not include physical disorders that can be explained by a general medical condition. According to the DSM-IV-TR, a conversion disorder is related to the expression of a psychological conflict, causes significant distress or impairment, and is not limited to pain or sexual dysfunction.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Physiological Integrity

12. Which of the following client behaviors would support a diagnosis of malingering?

- a. Having no incentive for the behavior
- b. Faking symptoms in order to benefit
- c. Receiving a primary gain
- d. Unconscious motivation

Grade: 1

User Responses: b.Faking symptoms in order to benefit

Feedback: a.Rationale: Malingering is the deliberate faking of symptoms and usually results in a secondary gain. The client is consciously motivated, does not receive a primary gain, and has incentives for the behavior.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Physiological Integrity

13. In evaluating a nurse's ability to use a therapeutic approach with a client who has a somatoform disorder, the nurse manager would expect to observe:

- a. Reinforcement of primary gain.
- b. A quick assessment.
- c. A calm, matter-of-fact approach.
- d. Reinforcement of secondary gain.

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User Responses: c.A calm, matter-of-fact approach.

Feedback: a.Rationale: A calm, matter-of-fact approach should be used with this client, especially when the client is discussing somatic symptoms. The assessment should not be quick because the somatic symptoms need to be assessed. Reinforcement of primary and secondary gain should not occur in a therapeutic relationship.
Cognitive Level: Analysis
Nursing Process: Evaluation
Client Need: Psychosocial Integrity

14. **The nurse is discussing a client who has somatization disorder with another nurse. Which of the following statements indicates that the nurse is providing therapeutic care to the client?**
- a. "There's nothing wrong with this client."
 - b. "I think the client is having a tough time coping with his home situation."
 - c. "I wish the client wouldn't pretend he's feeling pain when he and I both know he isn't."
 - d. "You should hear the client describe his symptoms. I told him he should be a fiction writer."


Grade: 1

User Responses: b."I think the client is having a tough time coping with his home situation."

Feedback: a.Rationale: The somatic complaints of somatization disorder often indicate a failure to cope with a stressful life situation. Stating that there is nothing wrong with the client is not accurate; somatization disorder is a psychiatric disorder. The client's pain and symptoms are not feigned.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Psychosocial Integrity

15. **A nurse talks with the nurse manager about his difficulty working with clients with somatoform disorders. The nurse's problems most likely include frustration when the clients act in which of the following ways? Select all correct answers.**
- a. Create scenes to gain attention
 - b. Talk about physical symptoms
 - c. Intentionally produce physical symptoms
 - d. Discuss the effects of their behavior on others
 - e. Disregard the needs of peers and staff

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Grade: 0

User Responses: a.Create scenes to gain attention,c.Intentionally produce physical symptoms

Feedback: a.Rationale:
Create scenes to gain attention. Clients with somatoform disorders create scenes to gain others' attention.

Talk about physical symptoms. Clients with somatoform disorders talk about their physical symptoms.

Disregard the needs of peers and staff. Clients with somatoform disorders disregard the needs of others.

Discuss the effects of their behavior on others. Clients with somatoform disorders do not understand the effects of their behavior on others.

Intentionally produce physical symptoms. Clients with somatoform disorders do not intentionally produce physical symptoms.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Psychosocial Integrity

16. **A client experiences irregular nocturnal breathing, irritability, and difficulty staying awake at work. The client's spouse reports that the client snores loudly as well. The primary test used to assess this disorder is:**
- a. Polysomnography.
 - b. Epworth Sleepiness Scale.
 - c. Beck Depression Inventory.
 - d. Fatigue Severity Scale.

Grade: 1

User Responses: a.Polysomnography.

Feedback: a.Rationale: Polysomnography would be used to test for possible apnea. Although the Epworth Sleepiness Scale, Fatigue Severity Scale, and Beck Depression Inventory might be used as assessment tools, they are not the primary test for apnea.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Physiological Integrity

17. **A polysomnogram has been ordered for a client with a sleep disorder. To prepare the client, the nurse explains that the test will:**
- a. Require spending the day in a sleep lab.
 - b. Require staying overnight in a sleep lab.
 - c. Take place 2 hours after the client awakens from an overnight sleep study.
 - d. Consist of five 20-minute nap trials that take place at 2-hour intervals.

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Grade: 1

User Responses: b.Require staying overnight in a sleep lab.

Feedback: a.Rationale: A polysomnogram requires staying overnight in a sleep lab. It does not require spending the day in a sleep lab. The multiple sleep latency test takes place 2 hours after awakening from the overnight sleep study and consists of five 20-minute nap trials at 2-hour intervals.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Physiological Integrity

18. **A multiple sleep latency test (MLST) has been ordered for a client with a sleep disorder. In explaining the test to the client, the nurse states that:**

- a. Sleep latency is the period of time it takes one to awaken after sleeping.
- b. The test will take place during the night.
- c. The test measures the presence and severity of excessive daytime sleepiness.
- d. Clients who fall asleep in 5 minutes or less do not display signs of severe daytime sleepiness.

Grade: 0

User Responses: d.Clients who fall asleep in 5 minutes or less do not display signs of severe daytime sleepiness.

Feedback: a.Rationale: The MSLT measures the presence and severity of excessive daytime sleepiness, such as occurs in narcolepsy. The MSLT takes place about 2 hours after the client awakens from the overnight sleep study. Clients who fall asleep in 5 minutes or less do display signs of severe daytime sleepiness. Sleep latency is the period of time it takes one to fall asleep after awakening.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Physiological Integrity

19. **The nurse is working with a client with undifferentiated somatoform disorder. Although an extensive evaluation has revealed an organic disease, the client:**

- a. Voices complaints consistent with the condition.
- b. Feels psychogenic pain.
- c. Does not complain of pain or other symptoms.
- d. Continues to deliberately fake symptoms.

Grade: 0

User Responses: a.Voices complaints consistent with the condition.

Feedback: a.Rationale: The client with undifferentiated somatoform disorder feels psychogenic pain that is real to the client. This client's complaints or impairments are grossly excessive for the condition. The client does report pain and/or other symptoms. Deliberate faking of symptoms is malingering.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Physiological Integrity

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20. **Which statement best exemplifies somatoform disorder as opposed to malingering?**

- a. Motivations are conscious.
- b. Secondary gains are obvious.
- c. Symptoms are feigned.
- d. Symptoms are not under voluntary control.

Grade: 1

User Responses: d.Symptoms are not under voluntary control.

Feedback: a.Rationale: In somatoform disorders, symptoms are not under voluntary control; symptoms are not feigned; motivations are unconscious; and the primary gain is reduction of anxiety. In malingering, symptoms are feigned, there are various motivations, and secondary gains are obvious.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Physiological Integrity

21. **Which statement best exemplifies factitious disorder as opposed to somatoform disorder?**

- a. There is unconscious motivation.
- b. Symptoms are not under voluntary control.
- c. The primary gain is reduction of anxiety.
- d. There is motivation to assume a sick role.

Grade: 1

User Responses: d.There is motivation to assume a sick role.

Feedback: a.Rationale: In factitious disorder, the client is consciously motivated to assume a sick role to gain attention, and symptoms are deliberately produced. In somatoform disorder, symptoms are not under voluntary control, there is unconscious motivation, and the primary gain is reduction of anxiety.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Physiological Integrity

22. **A mother brings her toddler to the emergency department for treatment for the third time in 1 month. Following the nursing assessment, which information should be reported immediately to the physician?**

- a. Suspected malingering
- b. Suspected Munchausen syndrome
- c. Suspected factitious disorder by proxy
- d. A suspected body dysmorphic disorder

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Grade: 0

User Responses: d. A suspected body dysmorphic disorder

Feedback: a. Rationale: In factitious disorder by proxy, signs of illness are induced by someone else, usually the parents or caregivers. Munchausen syndrome is an extreme, chronic form of factitious disorder, in which the client feigns or produces symptoms. Malingering is a condition in which a person deliberately fakes symptoms and usually results in a secondary gain. Body dysmorphic disorder is characterized by preoccupation with an imagined defect.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Physiological Integrity

23. **A client is admitted to the hospital with suspected hypochondriasis. During the assessment, the nurse could expect the client to:**

- a. Have a symptom or deficit affecting voluntary motor or sensory function.
- b. Be preoccupied with fears of having a serious illness.
- c. Be preoccupied with an imagined physical defect in appearance.
- d. Have pain in one or more anatomical areas.

Grade: 1

User Responses: b. Be preoccupied with fears of having a serious illness.

Feedback: a. Rationale: In hypochondriasis, the client is preoccupied with fears of having a serious illness. In body dysmorphic disorder, the client is preoccupied with an imagined physical defect in his/her appearance. Clients with pain disorder have pain with no physiologic basis in one or more anatomical areas. Clients with conversion disorder have a symptom or deficit in voluntary motor or sensory function.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Physiological Integrity

24. **A client with body dysmorphic disorder is most likely to:**

- a. Deliberately fake symptoms.
- b. Request unnecessary operations.
- c. Exhibit la belle indifférence.
- d. Give a false medical history.

Grade: 1

User Responses: b. Request unnecessary operations.

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Feedback: a.Rationale: This client will request unnecessary operations to deal with imagined physical defects. Clients with conversion disorder are likely to exhibit la belle indifférence. Clients with factitious disorder are likely to give a false medical history. Deliberately faking symptoms is seen in clients with malingering.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

25. **A client expresses frustration and discouragement over her inability to get more than a couple hours of restful sleep every night. As part of effective nursing care, the nurse encourages hope in the client that:**
- The client will understand that insomnia is "all in your head."
 - Science will find a cure for insomnia.
 - The client will gain control over the problem rather than feel helpless against it.
 - The client will learn to function well on only a couple of hours of sleep.

Grade: 1

User Responses: c.The client will gain control over the problem rather than feel helpless against it.

Feedback: a.Rationale: Giving realistic hope helps clients with insomnia to be more open to learning how to manage the problem. Stating that science will find a cure for insomnia does not empower the client, and a "cure" may be far off. Few people can function well when they regularly get only a couple hours of sleep every night. Insomnia is not all in one's head; it is a very real, frustrating, and often discouraging problem.
Cognitive Level: Application
Nursing Process: Implementation
Client Need: Physiological Integrity


26. **When teaching the client with insomnia about effective ways to gain control over insomnia, the nurse focuses on two basic principles, which are getting up at the same time each morning and:**
- Taking antidepressants.
 - Not going to bed until the client feels sleepy.
 - Taking long naps in the afternoon.
 - Sleeping whenever the client is able.

Grade: 1

User Responses: b.Not going to bed until the client feels sleepy.

Feedback: a.Rationale: The two basic principles are not going to bed until the client feels sleepy and getting up at the same time each morning. Clients with insomnia should not sleep whenever able or be encouraged to take long naps in the afternoon. Taking antidepressants or other medications should not be the first intervention attempted.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Physiological Integrity

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27. **The nurse provides instruction to the client on sleep hygiene prior to discharge. The client should be instructed to do which of the following?**

Select all correct answers.

- a. Go to bed only when reasonably sleepy and relaxed.
- b. Think about the amount of sleep he or she needs and is not getting.
- c. Exercise just before bedtime.
- d. Maintain regularity in the sleep–wake schedule.
- e. Maintain some sleep rituals as part of getting ready to go to bed.

Grade: 1

User Responses: a.Go to bed only when reasonably sleepy and relaxed.,d.Maintain regularity in the sleep–wake schedule.,e.Maintain some sleep rituals as part of getting ready to go to bed.

Feedback: a.Rationale:
Maintain regularity in the sleep–wake schedule. Good sleep hygiene includes maintaining regularity in the sleep–wake schedule.

Go to bed only when reasonably sleepy and relaxed. Good sleep hygiene includes going to bed only when reasonably sleepy and relaxed.

Maintain some sleep rituals as part of getting ready to go to bed. Good sleep hygiene includes maintaining some sleep rituals as part of getting ready to go to bed.

Think about the amount of sleep he or she needs and is not getting. The client should not think about the amount of sleep he or she needs but rather should enjoy what sleep he or she gets.

Exercise just before bedtime. Exercising immediately before bedtime does not prepare the body for relaxation and sleep. Exercise should be done earlier in the day.

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Physiological Integrity

Activity Name: Chapter 19 Pre Test

1. b. Communication theory
2. b. Biologic approach.
3. d. Humanistic theories
4. b. High nighttime levels of melatonin
5. c. Insomnia of the maintenance or early awakening type is common with major depressive episodes. and b. Most antidepressants suppress REM sleep. and d. Most antidepressants lengthen latency in the first REM period. and a. Insomnia is a commonly reported residual symptom after remission from depression.
6. c. Bipolar disorder
7. e. Many schoolchildren are affected by inadequate sleep. and c. Adolescents tend to sleep late. and b. Older adults go to sleep earlier in the evening and get up earlier in the morning.
8. b. Physiologic factors
9. c. Chronic worry.
10. a. Clients believe they have been ill for a good part of their lives.
11. a. A physical disorder that can be explained by a general medical condition
12. b. Faking symptoms in order to benefit
13. c. A calm, matter-of-fact approach.
14. b. "I think the client is having a tough time coping with his home situation."
15. a. Create scenes to gain attention and b. Talk about physical symptoms and e. Disregard the needs of peers and staff
16. a. Polysomnography.
17. b. Require staying overnight in a sleep lab.
18. c. The test measures the presence and severity of excessive daytime sleepiness.
19. b. Feels psychogenic pain.
20. d. Symptoms are not under voluntary control.
21. d. There is motivation to assume a sick role.
22. c. Suspected factitious disorder by proxy
23. b. Be preoccupied with fears of having a serious illness.
24. b. Request unnecessary operations.
25. c. The client will gain control over the problem rather than feel helpless against it.
26. b. Not going to bed until the client feels sleepy.
27. d. Maintain regularity in the sleep-wake schedule. and a. Go to bed only when reasonably sleepy and relaxed. and d e. Maintain some sleep rituals as part of getting ready to go to bed.