

Submitted: 4/4/2011 7:36:05 PM Grade: 18.5% 

Attempt Number: 1/3

Questions Attempted: 27/27

1. **A client with an eating disorder is receiving group psychotherapy from a psychoanalytic perspective. Which of the following nursing interventions will assist the client to achieve the goals of therapy?**
- a. Encouraging the client to identify unconscious conflict in the client's life
 - b. Conducting a family session with all family members
 - c. Providing education about the psychology of eating disorders
 - d. Assisting the client to explore the cultural cause of the illness

Grade: 0

User Responses: d.Assisting the client to explore the cultural cause of the illness

Feedback: a.Rationale: Psychoanalytic theory considers eating disorders to be symptomatic of unconscious conflicts. Providing education about the psychology of eating disorders, conducting family sessions, and exploring the cultural cause of the illness are not part of psychoanalytic theory.
Cognitive Level: Synthesis
Nursing Process: Implementation
Client Need: Psychosocial Integrity

2. **What sociocultural factor has contributed to the increased incidence of eating disorders?**
- a. Emphasis on being slender
 - b. Young people dating at an earlier age
 - c. Greater knowledge about food and diet
 - d. Availability of a variety of foods throughout the year

Grade: 0

User Responses: d.Availability of a variety of foods throughout the year

Feedback: a.Rationale: In American society, female attractiveness is strongly equated with being thin. Male attractiveness is equated with being fit. Greater knowledge about food and diet, food availability, and dating at an early age would not be expected to increase the incidence of eating disorders.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

3. **The client states, "My thighs are huge." What response by the nurse would indicate the use of a cognitive behavioral approach to treatment?**
- a. "That is nothing to worry about."
 - b. "Let's talk about how we can work on perceiving your body proportionally."
 - c. "Your thighs are no larger than they were yesterday or the day before."
 - d. "You probably gained a pound or two."

Smith, Crystal

Submitted: 4/4/2011 7:36:05 PM
Grade: 18.5%



Attempt Number: 1/3

Questions Attempted: 27/27

Grade: 0

User Responses: d. "You probably gained a pound or two."

Feedback: a. Rationale: The proper approach focuses on eliminating irrational thoughts and reframes the client's misperceptions. The other choices reinforce the client's obsessive focus on body image. They do not focus the client on accurately planning and evaluating approaches to solving the problem.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Psychosocial Integrity

4. **Which of the following factors is related to perceived success, attractiveness, and happiness among females in American society?**

- a. Obsession with an extremely thin female body
- b. Having a heavier body type
- c. Having a muscular body type
- d. Frequent exposure to information about dieting

Grade: 0

User Responses: d. Frequent exposure to information about dieting

Feedback: a. Rationale: In American society, female attractiveness is strongly equated with thinness. Being overweight is often associated with being lazy, undisciplined, and unproductive. Having a heavy or muscular body type is not generally associated with beauty. Frequent exposure to information about dieting often reinforces the client's feeling of not being attractive.

Cognitive Level: Application

Nursing Process: Assessment

Client Need: Psychosocial Integrity

5. **Which of the following factors have contributed to an increase in eating disorders among men?**

- a. Focus on the ideal male body
- b. An emphasis on heavier body types
- c. Increased need to compete for popularity among other males
- d. Obsession with the thin male body

Smith, Crystal

Submitted: 4/4/2011 7:36:05 PM
Grade: 18.5%



Attempt Number: 1/3

Questions Attempted: 27/27

Grade: 0

User Responses: d. Obsession with the thin male body

Feedback: a. Rationale: The ideal of male attractiveness in American society has been changing and has contributed to an increase in eating disorders among men. The ideal male body is one with well-developed muscles on the chest, arms, and shoulders and a slim waist and hips. Males tend not to be obsessed with being thin or heavy. Competition with other males tends to focus on factors other than body type and does not contribute to eating disorders.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

6. Which of the following psychosocial factors may contribute to the development and maintenance of obesity?

(Select all possible correct answers.)

- a. Viewing food as a reward
- b. Managing negative feelings by overeating
- c. Learning one's eating habits
- d. Connecting eating with pleasure
- e. Associating social events with food

Grade: 0

User Responses: d. Connecting eating with pleasure, e. Associating social events with food

Feedback: a. Rationale:
Managing negative feelings by overeating. Some people manage negative feelings such as anxiety, anger, and loneliness by overeating.

Connecting eating with and pleasure. Connecting pleasure with eating may predispose people to overeating.

Learning one's eating habits. Eating habits are primarily learned patterns of behavior in response to hunger and appetite.

Viewing food as a reward. Eating is sometimes viewed as a reward if parents used food as a way to decrease stress or reward good behavior.

Associating social events with food. Social events are frequently associated with food.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity



7. **When working with a client with anorexia nervosa, which of the following topics should the nurse avoid because they reinforce maladaptive behavior?**

- a. Information about eating patterns
- b. Self-help groups and eating disorder websites
- c. Gardening and flower arranging
- d. Food, recipes, and restaurants

Grade: 1

User Responses: d.Food, recipes, and restaurants

Feedback: a.Rationale: Discussions about food, recipes, and restaurants only reinforce the client's preoccupation with food and maladaptive behaviors. Non-food-related subjects are appropriate topics. Information about self-help groups and websites, eating patterns, and gardening will provide the individual with resources and leisure information that might help in the acquiring of adaptive behaviors.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance

8. **Which of the following interventions would help facilitate coping in a client with anorexia nervosa?**

- a. Provide opportunities for the client to occasionally resume old eating practices.
- b. Assist the client in identifying healthy ways to feel a sense of control.
- c. Allow the client to decide when refeeding will occur.
- d. Encourage the client to ignore fears so that the focus can be on weight gain.

Grade: 0

User Responses: d.Encourage the client to ignore fears so that the focus can be on weight gain.

Feedback: a.Rationale: Clients with anorexia nervosa do not feel that they control their lives. Assisting them to regain a healthy sense of control may help them to manage their illness. Decisions about refeeding are not left to the client. Opportunities to resume old maladaptive eating practices should be avoided. The client's fears should be acknowledged in a nonjudgmental way.
Cognitive Level: Application
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance

9. **Which of the following medications should the nurse anticipate administering to the client with bulimia nervosa?**

- a. Prozac
- b. Ativan
- c. Paxil
- d. Seroquel

Smith, Crystal

Submitted: 4/4/2011 7:36:05 PM
Grade: 18.5%



Attempt Number: 1/3

Questions Attempted: 27/27

Grade: 0

User Responses: d. Seroquel

Feedback: a. Rationale: Prozac, an SSRI, is effective for clients with bulimia when given at the higher dose of 50 to 80 mg per day. The other medications are not routinely administered to the client with bulimia nervosa. Paxil is administered for depression, Seroquel for schizophrenia, and Ativan for anxiety.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance

10. **The nurse is assessing a client with anorexia nervosa who demonstrates rigidity and excessive control. What other behavior should the nurse suspect this client to demonstrate?**
- a. Delusions
 - b. Grandiosity
 - c. Hallucinations
 - d. Obsessive rituals

Grade: 1

User Responses: d. Obsessive rituals

Feedback: a. Rationale: To control themselves and their environment, clients with anorexia nervosa develop rigid rules. Such rigidity often develops into obsessive rituals, particularly concerning eating and exercise. Clients with anorexia nervosa do not generally exhibit hallucinations, delusions, or grandiosity.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

11. **A client has bulimia nervosa and frequently engages in binge eating. When is the binge eating most likely to occur?**
- a. After work
 - b. When the person is with others
 - c. During the evening
 - d. In the morning

Grade: 0

User Responses: d. In the morning

Feedback: a. Rationale: Binge eating usually occurs when the person is alone and at home, and most frequently during the evening. It is less likely to occur in the morning, around other people, or immediately after work.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

Smith,Crystal

Submitted: 4/4/2011 7:36:05 Grade: 18.5%  PM

Attempt Number: 1/3

Questions Attempted: 27/27

12. **The nurse is caring for a 20-year-old female client who is 38% above ideal body weight. This client is at high risk for:**
- Infection.
 - Respiratory disease.
 - Death.
 - ljury.

Grade: 0

User Responses: d.ljury.

Feedback: a.Rationale: Among people who are 35% or more above ideal body weight, the risk of death is higher for women than men and higher for younger people than older people. There is no indication that this client is at high risk for respiratory disease, infection, or injury.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Physiological Integrity

13. **The nurse is caring for a young male with an eating disorder. Why is it important for the nurse to determine if the client is gay or bisexual?**
- The client's sexuality may be the cause of the eating disorder.
 - Being gay or bisexual may influence the desire to be thin.
 - The client may have an overwhelming fear of being fat.
 - This is not important for the nurse to know.

Grade: 0

User Responses: d.This is not important for the nurse to know.

Feedback: a.Rationale: Much like expectations for women, within the gay male culture there are strong pressures on men to be physically attractive, thin, and youthful looking. While the client's sexuality does not cause the eating disorder, it may influence his thinking, which may lead to the disorder. There is no indication that the client has a fear of being fat. It is important that the nurse understand the underlying issues.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

14. **Which of the following statements describes a cultural shift regarding how today's Asian American and Latino women perceive their body size and image?**
- They are positive about their size and body image.
 - Their body size has no effect on their self-image.
 - They are likely to follow unhealthy weight management practices.
 - They are becoming less satisfied with their bodies.

Smith, Crystal

Submitted: 4/4/2011 7:36:05 PM
Grade: 18.5%



Attempt Number: 1/3

Questions Attempted: 27/27

Grade: 1

User Responses: d. They are becoming less satisfied with their bodies.

Feedback: a. Rationale: Recent research indicates that Asian American and Latino women are becoming less satisfied with their bodies, as cultural media present thinner body images for women similar to those presented in Anglo media. There is no evidence that Asian American and Latino women are more likely than other groups to follow unhealthy weight management practices. Until recently these women were satisfied with their size and body image, and body size had no effect on self-image. But that appears to be changing.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Psychosocial Integrity

15. **The nurse is assessing a client with an eating disorder who has low endorphin levels. What findings should the nurse anticipate during the assessment?**

- a. A client who is underweight and manic.
- b. A client who is underweight and depressed.
- c. A client who is overweight and depressed.
- d. A client who is overweight and manic.

Grade: 0

User Responses: d. A client who is overweight and manic.

Feedback: a. Rationale: It has been found that underweight people have significantly lower levels of endorphins. Insufficient levels cause decreased food intake and depressed mood. They do not cause weight gain or mania.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Physiological Integrity

16. **What behavior should the nurse anticipate from the family of a client with anorexia nervosa?**

- a. Family members isolated from one another
- b. Maintenance of clearly defined boundaries between the family and the client
- c. Preoccupation with food, eating, and rituals involving food
- d. A focus on resolving conflict within the family

Grade: 0

User Responses: d. A focus on resolving conflict within the family

Feedback: a. Rationale: The family of a client with anorexia nervosa becomes enmeshed, overprotective of the client, and preoccupied with food, eating, and mealtime rituals. Boundaries tend to weaken and conflict resolution is difficult. Family members of a client with bulimia, not anorexia, may be isolated from each other.

Cognitive Level: Analysis

Nursing Process: Planning

Client Need: Health Promotion and Maintenance



17. **The nurse is assessing the family of a client with an eating disorder. The nurse should anticipate that the family will handle conflict by:**
- a. Avoiding the conflict.
 - b. Maintaining distance from each other.
 - c. Confronting issues that affect the family.
 - d. Focusing on the client's positive qualities.

Grade: 0

User Responses: d.Focusing on the client's positive qualities.

Feedback: a.Rationale: Many families of individuals with eating disorders have difficulty with conflict resolution. Family members often become enmeshed rather than maintaining distance from each other. They tend to avoid confronting issues and deny the problem for the sake of family harmony. They also tend to overlook each other's positive qualities.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

18. **What problem should the nurse anticipate when clients are prohibited from exercising their usual behavior patterns associated with their eating disorder?**
- a. Panic attacks
 - b. Hallucinations
 - c. Obsessive-compulsive symptoms
 - d. Social phobias

Grade: 0

User Responses: d.Social phobias

Feedback: a.Rationale: Panic attacks are likely when persons with anorexia are prohibited from exercising their usual behavior patterns. It is unclear whether these panic attacks are primary disorders or secondary to the eating disorders. Social phobias, hallucinations, or obsessive-compulsive behavior might be present but are not a direct consequence of the individual not performing usual behavior patterns.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

19. **For clients with anorexia nervosa, which of the following activities would the nurse disallow?**
- a. Feeding themselves
 - b. Exercising
 - c. Bathing
 - d. Reading

Smith,Crystal

Submitted: 4/4/2011 7:36:05 PM
Grade: 18.5%



Attempt Number: 1/3

Questions Attempted: 27/27

Grade: 0

User Responses: d.Reading

Feedback: a.Rationale: Excessive exercising creates even more nutritional deficits. Reading, bathing, and self-feeding are appropriate activities for these clients.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance

20. **The nurse encourages a client with bulimia nervosa and binge eating disorder to avoid social isolation by:**
- a. Using guided imagery to visualize social interactions.
 - b. Setting realistic goals regarding their weight.
 - c. Becoming involved with a group.
 - d. Joining a health spa.

Grade: 0

User Responses: d.Joining a health spa.

Feedback: a.Rationale: The goal for clients with bulimia nervosa and binge eating disorder is to increase time voluntarily spent in a group setting and ultimately to increase social interaction. Setting goals regarding weight, visualizing social interactions, or joining a health spa would not require interaction with others.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance

21. **Which of the following nurse interventions can prevent a client from engaging in purging behavior?**
- a. Feed the client frequent small meals
 - b. Observe the client for one hour after eating
 - c. Discuss the consequence of purging behavior with the client
 - d. Threaten the possibility of IV therapy

Grade: 0

User Responses: d.Threaten the possibility of IV therapy

Feedback: a.Rationale: Observing the client for one hour after eating decreases opportunities for the client to engage in purging behavior. Frequent meals, discussing consequences of purging behavior, or threatening IV therapy would not be as effective.
Cognitive Level: Application
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance

Submitted: 4/4/2011 7:36:05 PM Grade: 18.5% 

Attempt Number: 1/3

Questions Attempted: 27/27

22. **What is the usual range of caloric intake for a client with anorexia nervosa who is receiving nutritional therapy for weight gain?**
- a. 1,200 to 1,500 cal/day
 - b. 1,000 to 1,200 cal/day
 - c. More than 1,800 cal/day
 - d. 800 to 1,000 cal/day

Grade: 0

User Responses: d.800 to 1,000 cal/day

Feedback: a.Rationale: A caloric intake of 1,200 to 1,500 cal/day meets minimum nutritional goals for the client receiving nutritional therapy for weight gain. Lower caloric intake does not meet minimum nutritional goals in this case. 1,800 cal/day or higher exceeds minimum nutritional goals.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance

23. **A client does not meet the target weight goal for the day. What approach should the nurse adopt when tube feeding this client?**
- a. Firm, authoritarian
 - b. Distant, limit setting
 - c. Matter-of-fact, nonjudgmental
 - d. Nurturing, supportive

Grade: 0

User Responses: d.Nurturing, supportive

Feedback: a.Rationale: A calm, matter-of-fact attitude does not pass judgment on the client but expresses a positive expectation. This approach further reinforces behavioral goals toward a positive outcome. A distant, limit-setting, or authoritarian approach is judgmental rather than accepting. A nurturing approach may de-emphasize the seriousness of the situation.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance

24. **Which of the following are case management goals for a client with an eating disorder? (Select all possible correct answers.)**
- a. Identification of the cause of the illness
 - b. Weight gain/loss
 - c. Decreased preoccupation with food and body size
 - d. Normalization of exercise periods
 - e. Cessation of binge eating and purging behaviors

Smith, Crystal

Submitted: 4/4/2011 7:36:05 PM
Grade: 18.5%



Attempt Number: 1/3

Questions Attempted: 27/27

Grade: 0

User Responses: d. Normalization of exercise periods, e. Cessation of binge eating and purging behaviors

Feedback: a. Rationale: Weight gain/loss. Weight gain or loss, whichever is appropriate for the client, is a case management priority.

Normalization of exercise periods. Avoidance of excessive exercising is a case management priority.

Cessation of binge eating and purging behaviors. Avoidance of binge eating or purging is a case management priority.

Decreased preoccupation with food and body size. Lessening the client's preoccupation with food or body size is a case management priority.

Identification of the cause of the illness. At the stage of case management, identifying the cause of the illness is not a priority.

Cognitive Level: Analysis

Nursing Process: Evaluation

Client Need: Psychosocial Integrity

25. **What is the most effective intervention the nurse can use to promote individual coping for a client with an eating disorder?**
- a. Establishing treatment goals for the clients in advance
 - b. Following established protocols and procedures
 - c. Allowing the family to determine the course of treatment
 - d. Involving clients in their own treatment

Grade: 1

User Responses: d. Involving clients in their own treatment

Feedback: a. Rationale: Involving clients in their own treatment fosters adaptive coping mechanisms in clients' day-to-day experiences. Establishing treatment goals in advance or allowing the family to determine treatment would hinder self-determination and the client's opportunity to practice making decisions. Following established protocols and procedures provides a secure environment for developing coping behaviors, but clients need to explore their fears of gaining weight before they can relinquish maladaptive behaviors.

Cognitive Level: Application

Nursing Process: Implementation

Client Need: Psychosocial Integrity

Smith,Crystal

Submitted: 4/4/2011 7:36:05 PM **Grade:** 18.5%  **Attempt Number:** 1/3 **Questions Attempted:** 27/27

26. **The nurse is planning the discharge of an adolescent client with bulimia nervosa. Which intervention can the nurse use with family members to support the client's newly learned, healthier coping behaviors?**
- a. Encourage family members to resist the client's attempts to establish an identity outside the family.
 - b. Encourage family members to replace their usual coping strategies with new ones.
 - c. Teach the family to avoid conflict by concentrating on the client's disorder.
 - d. Teach family members to use "I" statements.

Grade: 1

User Responses: d.Teach family members to use "I" statements.

Feedback: a.Rationale: Teaching family members to use "I" statements encourages them to share their thoughts and feelings more effectively, without blaming others. Conflict should not be avoided; the family should be taught stress reduction and coping skills. Establishing an identity outside the family is one of the normal developmental needs of adolescents and should be supported. Families should be encouraged to explore their usual coping strategies and employ those that may be useful in the present situation.
Cognitive Level: Application
Nursing Process: Planning
Client Need: Health Promotion and Maintenance

27. **Which nursing intervention can help the nurse evaluate the effectiveness of care and determine the client's progress during recovery from an eating disorder?**
- a. Hospitalizing the client
 - b. Assessing family strengths and weaknesses
 - c. Conducting a home visit
 - d. Teaching coping skills

Grade: 0

User Responses: d.Teaching coping skills

Feedback: a.Rationale: A home visit for an evening or weekend can help both the client and the family learn to use their new coping behaviors. Home visits can also provide an additional opportunity for further client and family teaching. Hospitalization is not necessary for this evaluation, and it is avoided unless absolutely necessary. At this point the focus is on determining the effectiveness of care. Teaching coping skills or assessing for strengths and weakness should occur earlier in the process.
Cognitive Level: Application
Nursing Process: Implementation
Client Need: Health Promotion and Maintenance

Smith,Crystal

Submitted: 4/4/2011 7:36:05 Grade: 18.5% 
PM

Attempt Number: 1/3

Questions Attempted: 27/27

Activity Name: Chapter 21 Pre Test

1. a. Encouraging the client to identify unconscious conflict in the client's life
2. a. Emphasis on being slender
3. b. "Let's talk about how we can work on perceiving your body proportionally."
4. a. Obsession with an extremely thin female body
5. a. Focus on the ideal male body
6. b. Managing negative feelings by overeating and d.Connecting eating with pleasure and c.Learning one's eating habits and a.Viewing food as a reward and e.Associating social events with food
7. d. Food, recipes, and restaurants
8. b. Assist the client in identifying healthy ways to feel a sense of control.
9. a. Prozac
10. d. Obsessive rituals
11. c. During the evening
12. c. Death.
13. b. Being gay or bisexual may influence the desire to be thin.
14. d. They are becoming less satisfied with their bodies.
15. b. A client who is underweight and depressed.
16. c. Preoccupation with food, eating, and rituals involving food
17. a. Avoiding the conflict.
18. a. Panic attacks
19. b. Exercising
20. c. Becoming involved with a group.
21. b. Observe the client for one hour after eating
22. a. 1,200 to 1,500 cal/day
23. c. Matter-of-fact, nonjudgmental
24. b. Weight gain/loss and d.Normalization of exercise periods and e.Cessation of binge eating and purging behaviors and c.Decreased preoccupation with food and body size
25. d. Involving clients in their own treatment
26. d. Teach family members to use "I" statements.
27. c. Conducting a home visit