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Attempt Number: 1/3

**Questions Attempted:** 33/33

1. **An attitude inventory is helpful for nurses working with suicidal clients to help increase their self-awareness about:**
- a. Competency in caring for suicidal clients.
  - b. Attitudes or behaviors that lead clients to attempt or commit suicide.
  - c. Managing their own fears and anxieties.
  - d. Behaviors leading clients to self-mutilate.

**Grade:** 0

**User Responses:** d.Behaviors leading clients to self-mutilate.

**Feedback:** a.Rationale: An attitude inventory is used by nurses to help manage their own fears and anxieties when working with clients who are suicidal. An attitude inventory does not address client attitudes or behaviors and does not address the nurse's competency.  
Cognitive Level: Comprehension  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity


2. **A nursing student taking care of a suicidal client realizes that she is too frightened to do an adequate job. What question would help her realize why she may be afraid?**
- a. What can I do to help?
  - b. Do I believe the client will change?
  - c. Is this client asking me to take responsibility for his behavior?
  - d. Why am I so angry?

**Grade:** 0

**User Responses:** d.Why am I so angry?

**Feedback:** a.Rationale: To help manage fear and anxiety when working with suicidal clients, the nurse should ask questions such as: Is this client asking me to take responsibility for his behavior? The other answer choices do not address the nurse's fear.  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

3. **A nursing student refuses to take care of clients who have been cutting themselves. What question would help this student realize the reason for the problem with this type of client?**
- a. Will the clients eventually kill themselves?
  - b. Is there a logical explanation for this behavior?
  - c. Why are they so unreasonable?
  - d. How do I feel about people who deliberately harm themselves?

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**User Responses:** d.How do I feel about people who deliberately harm themselves?

**Feedback:** a.Rationale: To increase awareness of personal feelings about self-destructive people, the nurse should ask such questions as: How do I feel about people who deliberately harm themselves? Do I believe that clients are capable of change? Do I believe that people ultimately have responsibility for their own lives? The other questions are appropriate to ask, but do not specifically address the central question of the nurse's feelings about people who harm themselves.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Psychosocial Integrity

4. **Suicide is a major public health problem in the United States. Suicidal clients are most likely to have which of the following reasons for suicide attempts?**

- a. Depression during winter months
- b. Low socioeconomic status
- c. Being a burden to others
- d. Increased serotonin levels

**Grade:** 0

**User Responses:** d.Increased serotonin levels

**Feedback:** a.Rationale: In general, the purpose or reason for suicide is to escape or end an intolerable situation, crisis, or relationship, such as being a burden to others. People of all socioeconomic backgrounds commit suicide. Decreased serotonin levels have been associated with suicide. Suicide is more common in spring and early summer months.

Cognitive Level: Application

Nursing Process: Assessment

Client Need: Psychosocial Integrity

5. **The psychiatric–mental health nurse is presenting an informational session on suicide at a community health fair. The nurse explains that suicide:**

- a. Provides an escape from an intolerable situation.
- b. Has clear, easily recognizable warning signs.
- c. Can be prevented.
- d. Is usually a random, impulsive act.

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**User Responses:** d. Is usually a random, impulsive act.

**Feedback:** a. Rationale: In general, the purpose of suicide is to escape or end an intolerable situation, crisis, or relationship. Suicide is never a random act but rather one with both a message and a purpose. Suicidal clients usually give warning signs, but they are often vague and unrecognized until after the attempt or death. It is possible to reduce the risk of suicide, but it is not always possible to prevent a person from committing suicide.  
Cognitive Level: Application  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

6. **The nurse is working with a client who engages in chronic self-destructive behavior. The behavior of such clients typically:**
- a. Escalates to completed suicide.
  - b. Poses a low risk of lethality.
  - c. Includes a suicide attempt.
  - d. Is a habit that cannot be broken.

**Grade:** 0

**User Responses:** d. Is a habit that cannot be broken.

**Feedback:** a. Rationale: Chronic self-destructive behavior generally has a low level of lethality. A suicide attempt includes an explicit or inferred intent to die; chronic self-destructive acts are damaging, but most do not include the intent to die. Only about 10% of those who purposefully injure themselves go on to kill themselves. Chronic self-destructive behaviors are habitual but can be broken.  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

7. **Basic precautions the nurse must take with a suicidal client on the unit include:**
- a. One-to-one supervision.
  - b. Obtaining a psychiatric consultation as soon as possible.
  - c. Allowing unrestricted visitation.
  - d. Checking on the client every hour.

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**User Responses:** d.Checking on the client every hour.

**Feedback:** a.Rationale: Basic suicide precautions may be started without a psychiatrist's order, but a psychiatric consultation must be obtained as soon as possible. Visitation is allowed but generally restricted, and visitors must be checked for potentially dangerous objects that may be left in the client's room. Client whereabouts and safety should be checked every 15 minutes. One-to-one supervision is a maximum suicide precaution.  
Cognitive Level: Application  
Nursing Process: Implementation  
Client Need: Psychosocial Integrity

8. **The nurse on a psychiatric unit has a client on maximum suicide precautions, which include:**
- a. Searching the client's belongings with the client present.
  - b. Using four-point restraints only.
  - c. Searching the client's room every time the client leaves for a procedure.
  - d. Discontinuing the measures when the lethality risk returns to normal.

**Grade:** 0

**User Responses:** d.Discontinuing the measures when the lethality risk returns to normal.

**Feedback:** a.Rationale: Maximum suicide precautions require looking through the client's belongings in the client's presence and removing potentially harmful objects (pills, matches, belts, shoelaces, pantyhose, bras with hooks/wires, razors, mirrors or other glass objects, wire, etc.). If suicide precautions are initiated after the client has been on the unit for any length of time, the room should be completely searched. It is not necessary to search the client's room every time the client leaves for a procedure. Maximum precautions do not require the use of restraints. The precautions are not discontinued without an order from a psychiatrist.  
Cognitive Level: Application  
Nursing Process: Implementation  
Client Need: Safe, Effective Care Environment

9. **A client on maximum suicide precautions must:**
- a. Have one-to-one nursing supervision every 15 minutes while the client is actively suicidal.
  - b. Have a nurse remain with the client for three days or 72 hours
  - c. Have one-to-one nursing supervision within an arm's length reach of the client at all times.
  - d. Be allowed privacy when using the bathroom per HIPAA regulations.

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**User Responses:** d. Be allowed privacy when using the bathroom per HIPAA regulations.

**Feedback:** a. Rationale: The nurse must be in the room within arm's reach of the client at all times—not just for 15 minutes or for three days—until the psychiatrist removes the order. When the client uses the bathroom, the bathroom door must remain open.

Cognitive Level: Application

Nursing Process: Implementation

Client Need: Safe, Effective Care Environment

10. **The nurse working with family members when planning care for a suicidal client emphasizes the priority strategy, which is:**

- a. How to prevent suicide.
- b. How and when to give antipsychotic medication.
- c. Offering reassurance that the situation will improve.
- d. When to contact the hospital.

**Grade:** 0

**User Responses:** d. When to contact the hospital.

**Feedback:** a. Rationale: The two most important strategies that families need to know are how to prevent suicide and how to help their loved one avoid acting on suicidal thoughts. Information about medications and when to contact the hospital as well as offering reassurance are part of suicide prevention planning but are not the priority strategy.

Cognitive Level: Application

Nursing Process: Implementation

Client Need: Psychosocial Integrity

11. **Risk factors for suicidal behavior are best recognized by:**

- a. Neighbors.
- b. Parents and friends.
- c. Coworkers.
- d. School officials.

**Grade:** 0

**User Responses:** d. School officials.

**Feedback:** a. Rationale: Most symptoms of suicidal behaviors are universally recognized by parents and friends; studies suggest that parents and friends are the most appropriate individuals for gatekeeper training. School officials, coworkers, and neighbors do not play as instrumental a role as parents and friends.

Cognitive Level: Comprehension

Nursing Process: Assessment

Client Need: Psychosocial Integrity

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12. **A client is admitted to the psychiatric unit on suicide watch. In order to include family members in the client's care, the nurse must:**
- Anticipate that the family will be resistant.
  - Help the client decide which family members and friends to contact.
  - Prepare the family for their inevitable disappointment in the client.
  - Encourage the family to keep the situation confidential.

**Grade:** 0

**User Responses:** d.Encourage the family to keep the situation confidential.

**Feedback:** a.Rationale: Deciding with clients which family members and friends are to be contacted and by whom helps clients come to terms with their behavior. The nurse should not make assumptions about the family's reactions; family members may be confused, angry, or uninterested. Remaining neutral helps family members come to terms with the client and their role in the client's behavior. Families should be encouraged to reach out to support resources.

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Psychosocial Integrity

13. **A 2007 study found that parental conflict is a significant factor in suicidal behavior for adolescents in which group(s)?**
- Caucasian males
  - Mexican-American and Puerto Rican females
  - Asian-Americans and African-Americans
  - European-American non-Hispanics

**Grade:** 0

**User Responses:** d.European-American non-Hispanics

**Feedback:** a.Rationale: Groves et al. (2007) found that parental conflict is a significant factor in adolescent suicidal behavior. Asian-Americans who experience high parental conflict are 30 times more likely to engage in suicidal behavior than are Asian-American adolescents with low parental conflict; the rate is 7 times more likely for African-American adolescents. The other groups do not exhibit high rates of suicidal behavior related to parental conflict.

Cognitive Level: Application

Nursing Process: Assessment

Client Need: Psychosocial Integrity

14. **The nurse is assessing a suicidal 16-year-old Caucasian male. As part of the assessment, the nurse takes into account the fact that Caucasian adolescents are twice as likely as African-American adolescents to:**
- Blame their peers for getting them into trouble.
  - Use alcohol before committing suicide.
  - Use crack cocaine to commit suicide.
  - Blame their parents for their troubles.

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**User Responses:** d.Blame their parents for their troubles.

**Feedback:** a.Rationale: Caucasian adolescents are twice as likely as African-American adolescents to use alcohol before committing suicide. They are not twice as likely to blame their parents or peers for their problems or use crack to commit suicide.  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

15. **In the population aged 65 years and older, the highest suicide rates occur among:**
- a. African-Americans and Native Americans.
  - b. European-American non-Hispanics, Hispanics, and Asian/Pacific Islanders.
  - c. Hispanics and Native Americans.
  - d. Sephardic Jews and Caucasians.

**Grade:** 0

**User Responses:** d.Sephardic Jews and Caucasians.

**Feedback:** a.Rationale: According to the Center for Mental Health Services, the highest suicide rates in the over-65 population occur among European-American non-Hispanics, Hispanics, and Asian/Pacific Islanders. Suicide rates among Native Americans, Sephardic Jews, and African-Americans are lower.  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

16. **A 22-year-old client admitted for suicidal behavior tells the nurse, "I can't stay in here! My sister is only eight and my stepfather may try to abuse her!" The nurse realizes that:**
- a. The client must be left alone until she gets herself under control.
  - b. The nurse must confront the client with reality and administer the client's prn medication.
  - c. All conversations with this client must end until she accepts reality.
  - d. This statement may prove important because it is considered a protective factor.

**Grade:** 1

**User Responses:** d.This statement may prove important because it is considered a protective factor.

**Feedback:** a.Rationale: Protective factors serve as buffers from suicidal thoughts and behavior. They include a social support system, problem-solving and coping history, a sense of responsibility for children, fear of social disapproval, and moral objections to suicide. The more protective factors an individual has, the less likely he or she is to act on suicidal thoughts. It would not be therapeutic to end a conversation with the client nor to leave her alone. There is no indication the client is in need of medication.  
Cognitive Level: Analysis  
Nursing Process: Planning  
Client Need: Psychosocial Integrity

17. **Up to 80% of all individuals who commit suicide may signal their need for help by making contact with the health care system:**
- a. One week before the suicide.
  - b. One to two months before the suicide.
  - c. To request medication for their depression.
  - d. To express their intent.

**Grade:** 0

**User Responses:** d.To express their intent.

**Feedback:** a.Rationale: Up to 80% of people who commit suicide may signal their need for help by making contact with the health care system one to two months before the suicide. These individuals present with various physical complaints but often do not mention suicidal intent or request medication for depression.  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

18. **Attitudes and behaviors that clients intent on committing suicide may exhibit include:**
- a. Coping history, hopelessness, fear of suicide.
  - b. Fear of social disapproval, being unable to sleep, hopefulness.
  - c. Changing a will, canceling social engagements, adding to an insurance policy.
  - d. Self-destructive behavior, fear of suicide, religious beliefs that discourage suicide.

**Grade:** 0

**User Responses:** d.Self-destructive behavior, fear of suicide, religious beliefs that discourage suicide.

**Feedback:** a.Rationale: Behaviors of people intent on suicide provide clues. They may change a will or insurance policy, cancel social engagements, give away prized possessions, or plan their funeral. Coping history, fear of suicide, fear of social disapproval, hopefulness, and religious beliefs that discourage suicide are all protective factors.  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

19. **When performing a lethality assessment, asking the client the question "Have you ever thought of taking your own life?" may:**
- a. Make the client uncomfortable and hinder further communication.
  - b. Be a more appropriate question for males than for females.
  - c. Give the client an idea about committing suicide.
  - d. Alleviate the client's anxiety about considering suicide.



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**User Responses:** d. Alleviate the client's anxiety about considering suicide.

**Feedback:** a. Rationale: It is critical that the nurse evaluate the client's ability and intent to act on a suicide idea or plan. Inquiring about suicidal thoughts may alleviate the client's anxiety about considering suicide. It will not give or "plant the idea." Asking direct questions is appropriate for both genders and often enhances communication because it brings the subject out into the open.

Cognitive Level: Application

Nursing Process: Assessment

Client Need: Psychosocial Integrity

20. **When assessing suicidal clients, the nurse makes sure to do a complete lethality assessment to prevent:**

- a. Legal challenges later.
- b. Unnecessary hospitalizations.
- c. Relapse.
- d. A HIPAA violation.

**Grade:** 0

**User Responses:** d. A HIPAA violation.

**Feedback:** a. Rationale: A comprehensive assessment, including a lethality assessment, helps the nurse decide which interventions are indicated and can prevent unnecessary hospitalizations. A lethality assessment does not prevent relapse or risk legal challenges later, and is not related to HIPAA violations.

Cognitive Level: Comprehension

Nursing Process: Assessment

Client Need: Psychosocial Integrity

21. **When a client asks the nurse to promise not to tell anyone about a suicide plan, it is appropriate for the nurse to:**

- a. Tell the treatment team after telling the client the secret is safe.
- b. Do nothing.
- c. Explain that this information will be shared with the treatment team.
- d. Contract with the client to keep the plan a secret.

**Grade:** 0


**User Responses:** d. Contract with the client to keep the plan a secret.

**Feedback:** a. Rationale: The nurse should explain to the client that the information will be shared with the treatment team. The nurse must never promise to keep clinical information a secret or take no action when a client divulges a suicide plan.

Cognitive Level: Comprehension

Nursing Process: Implementation

Client Need: Psychosocial Integrity

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22. **The nurse working with a suicidal client is not surprised to discover that the client feels ambivalent about suicide, meaning that the client has:**

- a. Stressors related to psychological needs and occupational difficulties.
- b. Feelings of hopelessness and helplessness.
- c. Two conflicting desires: to live and to die.
- d. Constriction of thought.

**Grade:** 0

**User Responses:** d.Constriction of thought.

**Feedback:** a.Rationale: People who are considering suicide are divided within themselves. They have two conflicting desires at the same time (ambivalence): to live and to die. The other answer choices are characteristics of suicidal individuals according to interpersonal and intrapsychic theory, but do not represent ambivalence.  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

23. **A 22-year-old suicidal client acknowledges having had an abortion two years ago, breaking up with her boyfriend recently, and alienating her parents. This client's self-destructive behavior is best explained by the:**

- a. Biologic theory.
- b. Cognitive theory.
- c. Interpersonal theory.
- d. Sociocultural theory.

**Grade:** 0

**User Responses:** d.Sociocultural theory.

**Feedback:** a.Rationale: According to the interpersonal theory, suicide is best understood in the context of a relationship between two people and is motivated by real or perceived rejection, abandonment, guilt, revenge, or pity. Sociocultural theories about suicide propose that social and cultural contexts influence suicidality. Biologic theory considers biologic and medical markers. Cognitive theory suggests that a person's method of thought processing affects suicidal behavior.  
Cognitive Level: Application  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

24. **In a community forum on suicide prevention, a psychiatric nurse practitioner is asked why a person would act as a suicide bomber. The nurse explains that some individuals view self-inflicted death in service of a cause as honorable. The nurse's explanation reflects:**

- a. Cognitive theory.
- b. Interpersonal theory.
- c. Biologic theory.
- d. Sociocultural theory.

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**Grade:** 1

**User Responses:** d. Sociocultural theory.

**Feedback:** a. Rationale: Sociocultural theories about suicide propose that the social and cultural contexts in which the individual lives influence the purpose and means of suicide. In some cultural contexts, self-inflicted death is considered honorable. Cognitive theory suggests that impaired thought processing affects suicidal behavior. According to the interpersonal theory, suicide is best understood in the context of a relationship between two people and is motivated by real or perceived rejection, abandonment, guilt, revenge, or pity. Biologic theory considers biologic and medical markers for suicidal behavior.  
Cognitive Level: Application  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

25. **The nurse knows that family members of suicide victims rarely seek assistance from mental health care professionals. A resource the nurse suggests to survivors is:**
- a. Victims.com.
  - b. American Association of Suicidology.
  - c. National Victims Network.
  - d. American Society of Mental Health.

**Grade:** 0

**User Responses:** d. American Society of Mental Health.

**Feedback:** a. Rationale: The American Association of Suicidology maintains a website for professionals and suicide survivors at [www.suicidology.org](http://www.suicidology.org). The other organizations do not specifically address survivors of suicide.  
Cognitive Level: Application  
Nursing Process: Implementation  
Client Need: Psychosocial Integrity

26. **The nurse is working with an adolescent whose close friend committed suicide. The client should be screened, observed, and treated for:**
- a. Symptoms of bipolar disorder.
  - b. Depressive symptoms.
  - c. Drug overdose.
  - d. Schizophrenia.

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**Grade:** 0

**User Responses:** d. Schizophrenia.

**Feedback:** a. Rationale: Adolescents exposed to the suicide of a friend are at greater risk for depression and suicide and should be carefully screened, observed, and treated for depressive symptoms. Screening for drug use may occur after the assessment for depressive symptoms. Schizophrenia and bipolar disorder are not related to the client's current situation.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Psychosocial Integrity

27. **Maladaptive grief reactions and perceptions of blame may occur among survivors after a loved one has committed suicide. These reactions are reduced when survivors:**

- a. Participate in nurse-led counseling programs.
- b. Are isolated from family and friends.
- c. Are encouraged to conceal or deny the suicide.
- d. Are treated at a trauma center.

**Grade:** 0

**User Responses:** d. Are treated at a trauma center.

**Feedback:** a. Rationale: In one study, participation in a nurse-led cognitive behavior counseling program significantly reduced maladaptive grief reactions and perceptions of blame among survivors. Support from family and friends is the strongest protective factor for survivors. Concealing or denying the suicide is maladaptive behavior. Treatment at a trauma center would be inappropriate for survivors.

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Psychosocial Integrity

28. **In an intake interview the client states, "I feel so much better after I cut." The motivation for this type of self-destructive behavior is generally:**

- a. To deal with anxiety and distress.
- b. To relieve boredom.
- c. To punish significant others.
- d. To get attention.

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**Grade:** 0

**User Responses:** d.To get attention.

**Feedback:** a.Rationale: Some individuals who are unable to cope with stressful life events use maladaptive measures such as cutting themselves to deal with anxiety and distress. The motivation for self-mutilation is more likely to punish oneself than to punish others. Relief from boredom and getting attention are less common motivations.  
Cognitive Level: Application  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

29. **More than 90% of people who commit suicide:**

- a. Live in poverty or are unemployed.
- b. Are psychotic.
- c. Seek help within the 6 months preceding the suicide.
- d. Have a psychiatric disorder.

**Grade:** 1

**User Responses:** d.Have a psychiatric disorder.

**Feedback:** a.Rationale: Over 90% of people who commit suicide have a psychiatric illness, and over 50% are under active psychiatric or mental health care. The majority of people who commit suicide are not psychotic. People of all socioeconomic backgrounds commit suicide; it is not limited to the poor or unemployed. Only 50% to 60% of suicidal people seek help within the 6 months preceding the suicide.  
Cognitive Level: Application  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

30. **Among suicidal clients, the nurse is likely to encounter:**

- a. More females than males.
- b. Fewer young adults than in the past.
- c. More males than females.
- d. Fewer older males than adolescent males.

**Grade:** 0

**User Responses:** d.Fewer older males than adolescent males.

**Feedback:** a.Rationale: Almost four times as many males as females die by suicide. While twice as many women attempt suicide, they choose less lethal methods than their male counterparts owing to the lower numbers of actual completed suicides for males. The number of suicides by young adults has tripled in the last 50 years. Over half of all suicides are committed by adult men between the ages of 25 and 65; the rate for white men jumps sharply after age 60.  
Cognitive Level: Application  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

31. **As part of a general effort to prevent suicide, an important strategy for all nurses is to advocate for increasing the numbers of health care professionals and:**

- a. Ignoring discrimination concerns.
- b. Increasing concerns about confidentiality.
- c. Decreasing health insurance coverage.
- d. Reducing cultural and language barriers to health care.

**Grade:** 1

**User Responses:** d.Reducing cultural and language barriers to health care.

**Feedback:** a.Rationale: Reducing barriers to health care—structural, cultural, language, and spiritual—is an important advocacy goal for all nurses. Increasing concerns about confidentiality is not a strategy related to suicide prevention. Decreasing insurance coverage and ignoring discrimination are not causes nurses would support.

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Psychosocial Integrity

32. **In a 2007 study of suicide prevention hotlines, suicide callers had a significant decrease in suicidality when crisis hotline workers demonstrated:**

- a. Ability to relay well-researched advice.
- b. Pity for the client's situation.
- c. Good eye contact.
- d. A supportive approach.

**Grade:** 1

**User Responses:** d.A supportive approach.

**Feedback:** a.Rationale: Having empathy, respect, a supportive approach, and collaborative problem solving are intervention styles that are significantly related to positive outcomes in telephone suicide intervention. Eye contact is not a factor in hotline contacts. Pity is not a helpful response. Suicide prevention hotlines focus on collaborative problem-solving, not dispensing advice.

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Psychosocial Integrity

33. **Suicidal clients may be encountered in most health care settings. General interventions the nurse can use with suicidal clients include:**

- a. Finding out what clients view as their most pressing need.
- b. Assuring clients that staff members will not let them hurt themselves.
- c. Protecting clients from angry or nonsupportive family members.
- d. Immediately contacting mental health professionals when suicidal behavior is exhibited.

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**User Responses:** d.Immediately contacting mental health professionals when suicidal behavior is exhibited.


**Feedback:** a.Rationale: Addressing the client's perceived most pressing need will help alleviate the immediate distress. Staff should not make unrealistic promises about guaranteeing client safety. It may not be possible to protect the client from family members who may be confused, angry, or nonsupportive. The level of suicidality should be assessed; it may not be necessary to contact mental health professionals.

Cognitive Level: Application

Nursing Process: Implementation

Client Need: Psychosocial Integrity

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**Activity Name:** Chapter 23 Pre Test

1. c. Managing their own fears and anxieties.
2. c. Is this client asking me to take responsibility for his behavior?
3. d. How do I feel about people who deliberately harm themselves?
4. c. Being a burden to others
5. a. Provides an escape from an intolerable situation.
6. b. Poses a low risk of lethality.
7. b. Obtaining a psychiatric consultation as soon as possible.
8. a. Searching the client's belongings with the client present.
9. c. Have one-to-one nursing supervision within an arm's length reach of the client at all times.
10. a. How to prevent suicide.
11. b. Parents and friends.
12. b. Help the client decide which family members and friends to contact.
13. c. Asian-Americans and African-Americans
14. b. Use alcohol before committing suicide.
15. b. European-American non-Hispanics, Hispanics, and Asian/Pacific Islanders.
16. d. This statement may prove important because it is considered a protective factor.
17. b. One to two months before the suicide.
18. c. Changing a will, canceling social engagements, adding to an insurance policy.
19. d. Alleviate the client's anxiety about considering suicide.
20. b. Unnecessary hospitalizations.
21. c. Explain that this information will be shared with the treatment team.
22. c. Two conflicting desires: to live and to die.
23. c. Interpersonal theory.
24. d. Sociocultural theory.
25. b. American Association of Suicidology.
26. b. Depressive symptoms.
27. a. Participate in nurse-led counseling programs.
28. a. To deal with anxiety and distress.
29. d. Have a psychiatric disorder.
30. c. More males than females.
31. d. Reducing cultural and language barriers to health care.
32. d. A supportive approach.
33. a. Finding out what clients view as their most pressing need.