

Submitted: 1/28/2011 8:45:06 PM
Grade: 22.2%



Attempt Number: 1/3

Questions Attempted: 18/18

1. Which of the following statements by the nurse best illustrates the negotiation of a contract in formal one-to-one work with a client?
- a. "I recommend you work on changing your behavior so you can improve your social relationships."
 - b. "I will meet with you once a week to give you advice on how to deal with the goals you have identified today."
 - c. "I recommend you set specific goals based on the directions I gave you today."
 - d. "I suggest we meet once a week for the next six weeks to work together on the goals you have identified today."

Grade: 0

User Responses: c."I recommend you set specific goals based on the directions I gave you today."

Feedback: a.Rationale: Suggesting six weekly sessions to work on specific goals is a prime example of negotiating a clearly defined, mutually agreed-on therapeutic contract in a formal therapeutic relationship. Providing directions or advising clients on how to achieve goals are not good examples of the vital collaborative process in a one-to-one relationship. Recommending clients work on changing behaviors without establishing specific goals is not a good example of the negotiation process.

Cognitive Level: Analysis

Nursing Process: Planning

Client Need: Psychosocial Integrity

2. Which one of the following statements best explains the difference between an informal versus a formal one-to-one relationship?
- a. Informal relationships are formed for mutual sharing and satisfaction of interpersonal needs, whereas formal relationships are always client-focused.
 - b. Informal relationships are flexible, spontaneous, and loosely structured, whereas formal relationships are specifically structured and involve a time limit.
 - c. Informal relationships require advanced training and nursing skill, whereas formal relationships do not.
 - d. Informal relationships address the personal needs of the nurse, whereas formal relationships address the personal needs of the client.

Grade: 0

User Responses: c.Informal relationships require advanced training and nursing skill,whereas formal relationships do not.

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Feedback:

a. Rationale: Informal nurse–client relationships may be prearranged and planned, but are frequently more flexible, occur spontaneously, and involve less structure than formal relationships. Both informal and formal one-to-one relationships are client-focused and do not address personal needs of the nurse. Social relationships involve mutual sharing and satisfaction of personal needs, but informal relationships remain focused on clients' needs. Informal relationships require less skill and training than formal one-to-one relationships.

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Psychosocial Integrity

3. Which of the following characteristics is shared by social and professional relationships?

- a. Goal-directed
- b. Interpersonal skills
- c. Companionship
- d. Time-limited

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User Responses:

b. Interpersonal skills

Feedback:

a. Rationale: Interpersonal skills are necessary to both social and professional relationships. Professional relationships are goal-directed and time-limited but are not formed for companionship. Social relationships are typically without goals or time limits and formed for the purpose of companionship and pleasure.

Cognitive Level: Application

Nursing Process: Implementation

Client Need: Psychosocial Integrity

4. Which of the following behaviors does *not* indicate that a client is struggling against the anxiety associated with growth-producing outcomes?

- a. Reluctance to change self-defeating behavior
- b. Demonstration of inappropriate behavior
- c. Discussion of impulsive actions
- d. Rationalization of self-defeating behavior

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User Responses: b.Demonstration of inappropriate behavior

Feedback: a.Rationale: Discussion of impulsive actions is a positive sign that the client is working through anxiety caused by growth-producing change. The client should be encouraged to talk about impulses rather than to act on them. Reluctance to change self-defeating behavior is a sign of resistance and indicates the client is apprehensive about altering self-defeating behavior. Demonstrating inappropriate behavior (acting-out) is a destructive form of resistance to growth-producing changes. Rationalization of self-defeating behavior occurs when clients experience anxiety in an attempt to justify their behavior rather than to constructively change their behavior.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

5. **A psychiatric nurse is working with a client to cope with situations that provoke an angry response. Which of the following interventions would best promote the development of anger management skills?**
- a. Discussing the beneficial effects of anger management
 - b. Identifying individual rights and responsibilities
 - c. Explaining the physiological responses to anger
 - d. Role-playing a situation that usually causes angry feelings

Grade: 0

User Responses: c.Explaining the physiological responses to anger

Feedback: a.Rationale: Role-playing a typical situation will best promote the development of anger management skills by allowing the client to “try on” new behaviors with the freedom to make mistakes. Explaining physiological responses, identifying rights and responsibilities, and discussing the benefits of anger management will all help to encourage understanding and insight into behaviors; however, behavioral change requires implementation of new skills. Clients may comprehend sophisticated insights without actually implementing constructive change.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Psychosocial Integrity

6. **The nurse is guiding a client through the process of problem-solving. Which of the following strategies is illustrated when the nurse brainstorms with the client to identify alternative ways to resolve the basic problem?**
- a. Evaluation
 - b. Observation
 - c. Ideation
 - d. Incubation

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User Responses: c. Ideation

Feedback: a. Rationale: Ideation involves the accumulation of alternative ideas on how to resolve the basic problem. Incubation and evaluation occur after ideas are generated. These steps consist of setting aside the ideas for a period of time and then making a judgment about the ideas that result from the brainstorming or ideation step. Observation involves gathering and analyzing facts about a potential problem area and is the first step toward solving a problem.
Cognitive Level: Application
Nursing Process: Implementation
Client Need: Psychosocial Integrity

7. **A female Asian-American nurse is working with a male client of Middle Eastern descent to cope with the recent loss of his job. During an informal interaction regarding financial difficulties the client abruptly gets up and walks away. Which of the following factors best explains the rationale for this behavior?**
- a. The client had different expectations of the events that take place in a therapeutic nurse–client relationship.
 - b. The client was angry at the nurse for not listening to him.
 - c. The client was too ashamed and embarrassed to discuss financial issues with the nurse.
 - d. The client forgot he had an appointment to explore prospective job opportunities with vocational rehabilitation personnel.

Grade: 0

User Responses: c. The client was too ashamed and embarrassed to discuss financial issues with the nurse.

Feedback: a. Rationale: This client may feel that it is inappropriate for a woman to discuss financial matters and that he does not have to explain his abrupt departure. Because of the differences in cultural backgrounds it would be wrong to assume that the client is ashamed, embarrassed, angry, or forgetful. The most likely explanation is that cultural differences may influence the client's expectations of the nurse–client relationship and the client's interpretations of the events that take place in it.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

8. **An older male client of Middle Eastern descent is reluctant to discuss his thoughts and feelings with a young female nurse. The client has been silent for the last five minutes of an informal interaction in the dayroom, causing an impasse in the nurse–client relationship. What should the nurse do next?**
- a. Play the role of the client's daughter to gain his confidence and build an atmosphere of trust and shared dignity.
 - b. Identify the values or beliefs of the client that inhibit open discussion of feelings and explore the cultural context and impact.
 - c. Explore what function this resistance may serve in hindering constructive changes in behavior.
 - d. Move closer to the client and speak quietly so that other clients will not overhear a discussion of personal feelings.

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User Responses: c.Explore what function this resistance may serve in hindering constructive changes in behavior.

Feedback: a.Rationale: The nurse should identify the client's value or belief that affects the relationship by exploring its history, importance, cultural context, or impact on relationships. Silence may be caused by many factors and is not always a sign of resistance to behavior change. Playing the role of the daughter may encourage transference issues and should not be used as an intentional strategy to foster trust and confidence. Moving closer to the client and speaking quietly may increase the client's level of anxiety, depending on how comfortable he is with close physical proximity.
Cognitive Level: Application
Nursing Process: Implementation
Client Need: Psychosocial Integrity

9. **Which one of the following individuals may hold cultural values and beliefs that could interfere with any attempts to effect constructive change?**
- a. An adult child of an alcoholic parent who believes that parents should nurture and encourage their children
 - b. An assertive single woman who manages her own company
 - c. An older adult client who believes that prayer and a "higher power" are important factors in recovery from alcohol abuse
 - d. An abusive husband who believes his wife should be meek and passive

Grade: 0

User Responses: c.An older adult client who believes that prayer and a "higher power" are important factors in recovery from alcohol abuse

Feedback: a.Rationale: An abusive husband who believes his wife should be meek and passive holds values and beliefs that interfere with adaptive functioning. The nurse consistently evaluates the influence of culture within the one-to-one relationship as well as the effects of the therapeutic relationship on the client's values and life experiences. The other individuals listed (assertive successful woman, adult child of alcoholic parents, or the older adult who believes in a "higher power") are not examples of individuals who embrace values and beliefs that interfere with adaptive functioning or exhibit maladaptive behaviors.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

10. **Which of the following phases should include the first discussion of terminating a therapeutic relationship?**
- a. Middle phase
 - b. End phase
 - c. Working phase
 - d. Beginning phase

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User Responses: c.Working phase

Feedback: a.Rationale: Termination of the therapeutic relationship should be first addressed in the orientation or beginning phase. The working or middle phase can continue to reinforce the termination of the relationship. Waiting until the termination or end phase of the relationship does not allow for sufficient preparation to conclude the relationship.

Cognitive Level: Analysis

Nursing Process: Planning

Client Need: Psychosocial Integrity

11. **When establishing a therapeutic alliance in a one-to-one relationship, which of the following issues must the nurse openly and clearly discuss with the client during the orientation phase?**

- a. Cultural values
- b. Confidentiality
- c. Trust
- d. Critical distance

Grade: 0

User Responses: c.Trust

Feedback: a.Rationale: Confidentiality must be explicitly addressed with clients by stating which people will have access to client revelations and exploring how the client feels in response to this information. Trust evolves over time and is promoted by responding to the client in a nonjudgmental and honest manner. The nurse should assess the client's cultural values and response to physical distance during the relationship and address these issues if they interfere with the therapeutic relationship.

Cognitive Level: Application

Nursing Process: Planning

Client Need: Psychosocial Integrity

12. **The nurse and client are exploring how the client reacts to stress and have begun listing successful coping methods the client has used in the past. Which phase of the therapeutic nurse–client relationship does this action illustrate?**

- a. Analysis phase
- b. Orientation phase
- c. Termination phase
- d. Working (middle) phase

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Grade: 0

User Responses: c. Termination phase

Feedback: a. Rationale: The tasks of the working or middle phase of the nurse–client relationship involve active and systematic exploration, identification, modification, and evaluation of specific client behaviors. The primary goal of the orientation phase is to establish contact to begin developing a working relationship. Analysis of feelings, behaviors, and interpersonal relationships occurs as part of the working phase and is not a specific phase by itself. The termination phase occurs when the nurse and client are ready to discontinue contact.

Cognitive Level: Application

Nursing Process: Implementation

Client Need: Psychosocial Integrity

13. **The nurse notices that a female psychiatric aide blushes and giggles when a male client makes a sexual remark about the aide’s large breasts. What is the best way for the nurse to respond to this situation?**
- a. Make the client apologize to the aide and then send him to the quiet room for a “time-out.”
 - b. Privately explain to the aide that this behavior encourages acting-out behaviors that can be avoided by firm limit-setting with the client.
 - c. Report the aide’s flirtatious behavior to the nurse manager and bring it up for discussion at the next staff meeting.
 - d. Reassign the aide to care for female clients only.

Grade: 0

User Responses: c. Report the aide’s flirtatious behavior to the nurse manager and bring it up for discussion at the next staff meeting.

Feedback: a. Rationale: Pulling the aide aside privately and explaining how her behavior can encourage flagrant acting-out behavior addresses the situation immediately and teaches the aide how to handle future sexual overtures. Suggesting the client apologize and then go to the quiet room places the nurse in an authoritative role. Reporting the behavior and discussing it in treatment team meetings is unnecessary unless the aide’s behavior occurs repeatedly after having been instructed on appropriate limit-setting techniques. Reassigning the aide to care for females would not prevent the situation from reoccurring and is unrealistic and impractical.

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Psychosocial Integrity

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14. **The nurse approaches a client who is sitting in the dayroom and asks to sit down in the chair next to the client. The client then gets up and moves over one chair so that an empty chair is between the nurse and client. What is the best interpretation of this client's behavior?**
- a. The client is showing resistance by moving to another chair.
 - b. The client is having auditory hallucinations.
 - c. The client is uncomfortable with close physical proximity.
 - d. The client does not want to talk with the nurse.

Grade: 1

User Responses: c.The client is uncomfortable with close physical proximity.

Feedback: a.Rationale: This client is obviously uncomfortable with close physical proximity. People need to keep a critical distance between themselves and others to maintain their well-being. Moving to another chair does not indicate resistance or that the client is having auditory hallucinations. The client may not want to talk with the nurse, but if that were truly the case, the client would most likely get up and leave the dayroom instead of moving over one chair.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

15. **A young male nurse is interacting with an older female client in a therapeutic relationship. The client tells the nurse that she hasn't spoken with her son for over 10 years due to a rift in their relationship. The client then comments that the nurse looks and often acts like her son. What phenomenon might occur that would affect the therapeutic relationship?**
- a. Negative transference
 - b. Positive transference
 - c. Countertransference
 - d. Resistance

Grade: 0

User Responses: c.Countertransference

Feedback: a.Rationale: Negative transference refers to an intense reaction of hostility, loathing, bitterness, contempt, or annoyance by the client toward the nurse/therapist. A predominantly negative transference is uncomfortable for both client and nurse and may cause difficulties in this therapeutic relationship. Positive transference involves positive feelings for the nurse, which in this case is not likely since the client and her son have not spoken in over 10 years due to some disagreement. Countertransference would be evident if the male nurse's reaction were similar to someone from his personal relationships. Resistance might lead to negative transference, but commenting on the similarities between the nurse and the client's son is not a sign of resistance.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

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16. Which of the following nursing interventions should occur during an interview in the orientation phase of the therapeutic relationship?

- a. Analyze the dynamics of client behavioral patterns
- b. Revise nursing diagnoses to reflect current problems
- c. Initiate trust building
- d. Discuss client success in achieving goals

Grade: 1

User Responses: c. Initiate trust building

Feedback: a. Rationale: Concerns about trust surface in the orientation phase and the nurse must promote trust by responding to the client's feelings in a nonjudgmental manner and follow up on all promises with the client. Discussion of goal achievement and analysis of behavioral patterns are important interventions during the working phase. Revision of nursing diagnoses occurs in the working and termination phases of the relationship after preliminary nursing diagnoses are made in the orientation phase. Cognitive Level: Application Nursing Process: Implementation Client Need: Psychosocial Integrity

17. Which of the following client outcomes would indicate that the orientation phase is ending and the working phase is ready to begin?

- a. The client attempts to change ineffective behavioral patterns.
- b. The client is able to manage finances and balance a checkbook.
- c. The client develops an awareness of current behavioral patterns.
- d. The client exhibits nonverbal and verbal evidence of trusting the nurse.

Grade: 0

User Responses: c. The client develops an awareness of current behavioral patterns.

Feedback: a. Rationale: By exhibiting verbal and nonverbal evidence of trusting the nurse, the client displays that trust and rapport have been established, signaling readiness to begin a working relationship. By accomplishing specific goals such as managing finances, developing an awareness of current behavioral patterns, and attempting to change ineffective behavioral patterns, the client indicates behaviors well into the working phase and is possibly ready to begin the termination phase. Cognitive Level: Analysis Nursing Process: Evaluation Client Need: Psychosocial Integrity

18. A client is unwilling to quit smoking even though chronic obstructive pulmonary disease was recently diagnosed. Which of the following nursing diagnoses would be most relevant in the working phase of the therapeutic nurse-client relationship?

- a. Risk for Powerlessness
- b. Noncompliance: Smoking cessation
- c. Risk for Activity Tolerance
- d. Decisional Conflict: Smoking cessation

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User Responses:

c. Risk for Activity Tolerance

Feedback:

a. Rationale: Nursing diagnoses in the working phase should focus on specific client behaviors that are problematic. Decisional Conflict is an active problem the client is facing and the nursing care plan should include strategies to help the client in this decision-making process. Risk for Activity Intolerance and Powerlessness are preliminary diagnoses that may be possible in the orientation phase based on initial interview information. Noncompliance would be a problem that would appear during the termination phase if the client is still refusing to change self-defeating behaviors.

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Psychosocial Integrity

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Activity Name: Chapter 29 Pre Test

1. d. "I suggest we meet once a week for the next six weeks to work together on the goals you have identified today."
2. b. Informal relationships are flexible, spontaneous, and loosely structured, whereas formal relationships are specifically structured and involve a time limit.
3. b. Interpersonal skills
4. c. Discussion of impulsive actions
5. d. Role-playing a situation that usually causes angry feelings
6. c. Ideation
7. a. The client had different expectations of the events that take place in a therapeutic nurse–client relationship.
8. b. Identify the values or beliefs of the client that inhibit open discussion of feelings and explore the cultural context and impact.
9. d. An abusive husband who believes his wife should be meek and passive
10. d. Beginning phase
11. b. Confidentiality
12. d. Working (middle) phase
13. b. Privately explain to the aide that this behavior encourages acting-out behaviors that can be avoided by firm limit-setting with the client.
14. c. The client is uncomfortable with close physical proximity.
15. a. Negative transference
16. c. Initiate trust building
17. d. The client exhibits nonverbal and verbal evidence of trusting the nurse.
18. d. Decisional Conflict: Smoking cessation