

Smith, Crystal

Submitted: 5/2/2011 4:58:11 PM  
Grade: 40.0%



Attempt Number: 1/3

Questions Attempted: 25/25

1. **A student nurse observes a health teaching group. Afterward, the student asks the nurse leader about the training needed to lead groups. The nurse answers that all nurses can lead psychoeducation groups and assist families:**
- As long as they are specially trained.
  - Without specialized education.
  - In large groups for goal management training.
  - In an effort to promote rigidity and chaos in their homes.

**Grade:** 0

**User Responses:** d. In an effort to promote rigidity and chaos in their homes.

**Feedback:** a. Rationale: Nurses have long been involved in working with clients and their families in small groups brought together for health teaching, psychoeducation, or supportive purposes. All nurses, regardless of level of education, can lead therapeutic groups or psychoeducation groups, and all nurses can assist families, as long as they understand and apply group and family dynamics in their interventions.  
Cognitive Level: Application  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

2. **The nurse considers it a positive step when one group member challenges another member's actions. The nurse knows that trust among group members is important, and that trusting behavior includes:**
- Anger.
  - Confrontation.
  - Lying.
  - Listening.

**Grade:** 0

**User Responses:** d. Listening.

**Feedback:** a. Rationale: The group member who makes a suggestion; discloses an attitude, feeling, experience, or perception; gives feedback; or confronts another member engages in trusting behavior and assumes the risks inherent in trusting. Trusting and being trusted are intimately linked to risk taking. The level of trust among the members of a group determines the extent of risk-taking behavior in the group. The other choices are not examples of trusting behavior.  
Cognitive Level: Application  
Nursing Process: Implementation  
Client Need: Psychosocial Integrity

3. **The nurse developing a therapeutic group is aware that in the group's initial self-awareness profile, Quadrant 1 will likely be:**
- Successfully negotiated by the group.
  - Expansive.
  - Full of surprises.
  - Limited.

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**User Responses:** d.Limited.

**Feedback:** a.Rationale: In the Johari model, Quadrant 1 represents the aspects of the self that are known to oneself and readily available to others. For groups in the early stages of formation, this quadrant is likely to be small, as the members size up the attitudes and beliefs of others and make judgments about the safety of self-disclosure. The trust necessary for successful negotiation and healthy disclosure typically takes time to develop.  
Cognitive Level: Application  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

4. **The nurse knows that every therapy group will move through three interpersonal phases, which are inclusion, control, and:**
- a. Love.
  - b. Affection.
  - c. Self-confidence.
  - d. Reasoning.

**Grade:** 0

**User Responses:** d.Reasoning.

**Feedback:** a.Rationale: Any group, given enough time, moves through three interpersonal phases—inclusion, control, and affection, in that order—that correspond to the three basic interpersonal needs.  
Cognitive Level: Application  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

5. **The nurse will include family members who have cared for a mentally ill client in the assessment process, because the nurse knows they have:**
- a. Unresolved anger issues.
  - b. An in-depth understanding of the client's illness.
  - c. Suffered along with the client.
  - d. Experienced shame and misunderstanding also.

**Grade:** 0

**User Responses:** d.Experienced shame and misunderstanding also.



**Feedback:**

a. Rationale: The family who has cared for the client with a mental disorder has an in-depth understanding of the client's illness, history, and ability to function in the community. Include the family's insights in the assessment phase, and, if appropriate, use them in the planning of care, particularly care after discharge. The other choices are examples of family burden the nurse would identify through the family assessment.

Cognitive Level: Application

Nursing Process: Implementation

Client Need: Psychosocial Integrity

6. **When assessing clients and their family members, a trusting relationship is essential for establishing a flow of information and planning care. The nurse must remember to:**
- a. Have the client sign release forms and encourage family members to be open and honest.
  - b. Encourage positive interaction among family members and to have the client sign release of information forms.
  - c. Obtain client permission before information is released to families and to encourage clients to involve family members in their treatment.
  - d. Encourage family members to seek assistance also as mental illness may occur in several members at once.

**Grade:** 0

**User Responses:**

d. Encourage family members to seek assistance also as mental illness may occur in several members at once.

**Feedback:**

a. Rationale: A trusting relationship with key members of the client's family is essential for establishing a flow of information and planning care. However, the nurse must secure the client's permission before information is released to the family. Release forms should not be signed without a discussion with the client about which family members should be informed. Encouraging positive interactions, open and honest communication, and seeking care for other family members are nursing interventions, and not part of the assessment stage.

Cognitive Level: Application

Nursing Process: Implementation

Client Need: Psychosocial Integrity

7. **While performing the family assessment, the nurse will observe carefully to learn:**
- a. Whether the client felt isolated as a child.
  - b. Positive feedback between family members.
  - c. How family members communicate with one another.
  - d. How the family interacts with neighbors.

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**User Responses:** d.How the family interacts with neighbors.

**Feedback:** a.Rationale: The most important element of family assessment is to gather information on how family members communicate with one another. Positive feedback, if present, will be revealed in the assessment of family communication. The client's childhood feelings and the family's interactions with neighbors are not priorities of the family assessment.  
Cognitive Level: Application  
Nursing Process: Implementation  
Client Need: Psychosocial Integrity

8. **When putting together a therapeutic group, the nurse considers a client's need for inclusion that determines whether a client is:**
- a. Emotionally available.
  - b. Able to become a group leader.
  - c. A great communicator.
  - d. Outgoing or private.

**Grade:** 1

**User Responses:** d.Outgoing or private.

**Feedback:** a.Rationale: The interpersonal need for inclusion determines whether a person is outgoing or prefers privacy. The need for inclusion is not related to the ability to be a group leader, a great communicator, or emotionally available.  
Cognitive Level: Application  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

9. **When forming an inpatient group, what should the nurse therapist strive for in member characteristics?**
- a. Self-help
  - b. Cohesion
  - c. Heterogeneity
  - d. Homogeneity

**Grade:** 1

**User Responses:** d.Homogeneity

**Feedback:** a.Rationale: The makeup of inpatient groups will by necessity have greater variation than that of outpatient groups. As much as possible, however, it is more therapeutic to include people with similar levels of motivation, vulnerability, and ego strength. Group cohesion develops over time. Self-help is a type of group.  
Cognitive Level: Application  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

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10. In a therapy group struggling with group norms, the nurse will recognize its members are experiencing conflict about control. The nurse observes the resulting distribution of power and influence because:
- a. Dissatisfaction decreases attractiveness and reduces cohesion.
  - b. The group needs to function.
  - c. Distribution of power is best handled by the nurse therapist.
  - d. Members tend to be jealous of one another.

Grade: 0

User Responses: d.Members tend to be jealous of one another.

Feedback: a.Rationale: While power and influence within a group are not necessarily negative forces, an unacceptable distribution of power affects both the task and the maintenance functions of a group, decreasing its attractiveness and reducing its cohesion. Distribution of power is an ongoing process best handled within the group, not by the nurse therapist alone. The group can function even with an unequal distribution of power and influence. Members may be jealous of one another for reasons other than power and influence.

Cognitive Level: Application

Nursing Process: Assessment

Client Need: Psychosocial Integrity

11. The nursing staff at the mental health clinic propose starting family psychoeducation groups to educate the clients' families about:
- a. Generalizing to increase level of awareness.
  - b. Acclimating to the mental health clinic.
  - c. Helping the client understand the majority way of life.
  - d. Managing behaviors that may be disturbing to others.

Grade: 1

User Responses: d.Managing behaviors that may be disturbing to others.

Feedback: a.Rationale: Family psychoeducation groups educate family members about the specific mental disorder, including its signs and symptoms, the medications the client takes, the signs and stages of relapse, the treatment plan, the fluctuating course of mental illness, life events that cause stress for the client, how to prevent relapse, and how to manage behavior that is disturbing to others. Family psychoeducation may also address all family members' emotion regulation and interpersonal skills deficits. Psychoeducation groups are not used to acclimate the client or family to the mental health clinic. Generalizing and emphasizing the majority way of life diminishes the client's unique culture, experiences, and situation.

Cognitive Level: Application

Nursing Process: Implementation

Client Need: Psychosocial Integrity

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12. **The nurse assists a family by teaching them an effective method for regulating their emotions and understanding how strong feelings affect and are affected by their relationships with one another. This method is called:**
- a. Normative therapy.
  - b. Psychodynamic therapy.
  - c. Dialectical behavior therapy.
  - d. Family origin therapy.

**Grade:** 0

**User Responses:** d. Family origin therapy.

**Feedback:** a. Rationale: Dialectical behavior therapy combined with family skills training is particularly effective in teaching family members (or couples in marital therapy) how to regulate their emotions and in helping them to achieve an understanding of how strong feelings affect and are affected by their relationships with one another. The other answer choices do not represent the definition in the scenario.  
Cognitive Level: Application  
Nursing Process: Implementation  
Client Need: Psychosocial Integrity

13. **When negotiating a set of attainable goals in family therapy for members who have identified that change needs to take place, the nurse knows that in order to achieve a working goal:**
- a. Nonverbal communication should be watched.
  - b. Effective communication skills are needed.
  - c. Criticism must be voiced.
  - d. Compromise is needed.

**Grade:** 1

**User Responses:** d. Compromise is needed.

**Feedback:** a. Rationale: Compromise is needed to achieve a working goal. Effective communication skills may be one of the tasks or goals agreed upon. Voicing criticism is not essential for identifying workable goals. Nonverbal communication may convey whether agreement is genuine, but is not essential for identifying workable goals.  
Cognitive Level: Application  
Nursing Process: Implementation  
Client Need: Psychosocial Integrity

14. **Here-and-now therapy allows the interactional group to:**
- a. Interact with each other's family members to determine how these interactions affect the group.
  - b. Focus on each other's feelings and illuminate relationship implications.
  - c. Implicate family members in their responsibility of the client's problems.
  - d. Illuminate the process of feelings and focus on getting better.

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**Grade:** 0

**User Responses:** d. Illuminate the process of feelings and focus on getting better.

**Feedback:** a. Rationale: The here-and-now work of the interactional group therapist focuses attention on each member's feelings toward other group members, the therapists, and the group, and illuminates the process (the relationship implications of interpersonal transactions). The client's illness may improve, but that is not the focus of interactional group therapy. Family members are not included in interactional therapy groups. The theory that family interactions cause mental illness has been discredited.

Cognitive Level: Application

Nursing Process: Assessment

Client Need: Psychosocial Integrity

15. **The nurse utilizes the self-reflective loop in a group therapy session. This process allows clients to:**

- a. Reflect on their past life experiences.
- b. Become aware of here-and-now events and reflect why they happened.
- c. Resolve any issue by reflecting on it.
- d. Interact with group members by reflecting on the group's here-and-now issues.

**Grade:** 0

**User Responses:** d. Interact with group members by reflecting on the group's here-and-now issues.

**Feedback:** a. Rationale: The self-reflective loop encourages clients to become aware of the here-and-now events—what happened—and then reflect back on the m—why they happened. The other options are not consistent with the purpose of the self-reflective loop.

Cognitive Level: Application

Nursing Process: Assessment

Client Need: Psychosocial Integrity

16. **The nurse therapist leading an interactional therapy group knows that the primary task is to:**

- a. Help clients resolve family issues.
- b. Prepare group members for effective individual therapy.
- c. Provide clients with information on disease prevention.
- d. Actively steer group discourse toward current issues within the group.

**Grade:** 1

**User Responses:** d. Actively steer group discourse toward current issues within the group.

**Feedback:** a. Rationale: A primary task of the therapist is to actively steer the group discourse toward here-and-now work. The other choices refer to issues and interactions outside the therapeutic group.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Psychosocial Integrity

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17. **Family burden causes stress within families. In an effort to decrease family burden, nurses may help by providing information to families about:**
- Access to resources.
  - The client's sense of "self."
  - Meaningful relationships with other caregivers.
  - How their health is likely to degrade.

**Grade:** 0

**User Responses:** d.How their health is likely to degrade.

**Feedback:** a.Rationale: Providing access to information and resources helps to reduce family burden. Information about the client's sense of "self" and impacts on family members' health do not address decreasing family burden. Meaningful relationships with other caregivers may result from the resources provided.  
Cognitive Level: Analysis  
Nursing Process: Implementation  
Client Need: Psychosocial Integrity

18. **In a support group for families of people with mental disorders, a family member says, "I'm tired of my dad getting care that doesn't help him get better. I want to know what's been proven to work." The nurse states that an evidence-based practice in the treatment of schizophrenia, bipolar disorder, depression, OCD, and borderline personality disorder is:**
- Psychoeducation.
  - Teaching client and family about past mistakes.
  - Rehospitalization.
  - Teaching client to embrace the future.

**Grade:** 0

**User Responses:** d.Teaching client to embrace the future.

**Feedback:** a.Rationale: Family members can benefit from psychoeducation groups designed specifically to help them cope with their loved one's illness. Evidence does not support rehospitalization, focusing on past mistakes, or teaching the client to embrace the future.  
Cognitive Level: Analysis  
Nursing Process: Implementation  
Client Need: Psychosocial Integrity

19. **The client, who is 22 years old, asks why her family would be involved in her care, since she has been living on her own for three years. The family nurse therapist replies that the main goals for involving family in client treatment plans are:**
- To help family members and the client come to terms with the client's diagnosis.
  - To take some of the stress off of the health care team.
  - Because it is hospital protocol.
  - To promote therapeutic progress and to support caregivers.

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**Grade:** 1

**User Responses:** d.To promote therapeutic progress and to support caregivers.

**Feedback:** a.Rationale: Two main goals for involving family members in a client's treatment plan are enlisting the family as an ally in promoting and bringing about therapeutic progress and supporting family caregivers. Therapeutic strategies are adopted for the benefit of the client and family, not to benefit the health care team or comply with requirements. Interventions specific to the client and to family members help them come to terms with the client's illness—this is not the purpose of involving family members in the client's care

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Psychosocial Integrity

20. **In order for interpersonal relationships to be examined and resolved, the nurse therapist must provide groups with stimuli that:**

- a. Effectively handles emotions.
- b. Reveals distortions in relationships.
- c. Processes and examines emotions.
- d. Explains how the relationships came to be.

**Grade:** 0

**User Responses:** d.Explains how the relationships came to be.

**Feedback:** a.Rationale: Group therapy provides stimuli from multiple sources, revealing distortions in interpersonal relationships so that they can be examined and resolved. The other choices are outcomes of successfully revealing and resolving distortions in relationships.

Cognitive Level: Application

Nursing Process: Assessment

Client Need: Psychosocial Integrity

21. **A group forms to read literature together as a means of gaining insight into their lives. The nurse knows this type of group is known as a(n):**

- a. Psychoeducation group.
- b. Activity group.
- c. Community client group.
- d. Storytelling group.

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**Grade:** 0

**User Responses:** d.Storytelling group.

**Feedback:** a.Rationale: Activity groups consist of shared manual, creative and recreational techniques used to build self-esteem and stimulate growth. Music, dance, art, poetry, and bibliotherapy are all examples of activity groups. The other answer choices do not describe groups that read literature as a means of gaining insight.  
Cognitive Level: Application  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

22. **Clients with mental disorders benefit from therapeutic groups because the groups provide:**
- a. Family members with adequate support during the client's inpatient course of therapy.
  - b. A single source of feedback.
  - c. A way for making clients feel "normal."
  - d. Testing grounds that allow members to try out various ways of coping.

**Grade:** 1

**User Responses:** d.Testing grounds that allow members to try out various ways of coping.

**Feedback:** a.Rationale: Group therapy allows members to try out old and new ways of being in an environment specifically structured for that purpose. Supporting family members, providing a single source of feedback, and helping the client feel "normal" are not goals of the therapy group.  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

23. **A client and family are discussing treatment options upon discharge from an inpatient mental health clinic. The client's mother is crying, and says, "I cannot believe you feel you would be better off coming here for outpatient therapy. I thought you would be joining your father and me with the therapist I chose." The nurse recognizes this as an example of:**
- a. Schism.
  - b. Skewedness.
  - c. Disengagement.
  - d. Enmeshment.

**Grade:** 1

**User Responses:** d.Enmeshment.

**Feedback:** a.Rationale: Interactions within the enmeshed family are of high intensity and are directed more toward issues of power than toward issues of affection. In enmeshed families, one adult is often over-controlling and becomes anxious about the possibility of losing control of the children. The scenario does not provide an example of the other concepts.  
Cognitive Level: Application  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

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24. During a group therapy session with family members, the nurse notes that the client's thirteen-year old daughter acts more like the parent to the client than the client does to her. The nurse realizes the client may be involved in a:
- a. Diffuse family structure.
  - b. Conflicting relationship.
  - c. Personal battle of wills.
  - d. Disengaged family structure.

Grade: 1

User Responses: d.Disengaged family structure.

Feedback: a.Rationale: Disengaged family members seem oblivious to the effects of their actions on one another. They are unresponsive and unconnected to each other. Structure, order, or authority in the family may be weak or nonexistent. Assuming control and guidance increases the anxiety of the parent, who may feel overwhelmed and depressed. In these families, a child often assumes the parental role. The scenario is inconsistent with the other options.  
Cognitive Level: Application  
Nursing Process: Planning  
Client Need: Psychosocial Integrity

25. The nurse teaches group members that pseudohostility in families is characterized by:
- a. Alienation and tension.
  - b. Remoteness and confrontation.
  - c. Conflict and rage.
  - d. Confrontation and rage.

Grade: 0

User Responses: d.Confrontation and rage.

Feedback: a.Rationale: Pseudohostility exists in families characterized by chronic conflict, alienation, tension, and inappropriate remoteness. Family members deny the problems in an attempt to negate the hostility. Family members view their differences as only minor ones. Conflict, confrontation, and rage are overt expressions inconsistent with the denial and remoteness characteristic of pseudohostility.  
Cognitive Level: Application  
Nursing Process: Planning  
Client Need: Psychosocial Integrity

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**Activity Name:** Chapter 30 Pre Test

1. b. Without specialized education.
2. b. Confrontation.
3. d. Limited.
4. b. Affection.
5. b. An in-depth understanding of the client's illness.
6. c. Obtain client permission before information is released to families and to encourage clients to involve family members in their treatment.
7. c. How family members communicate with one another.
8. d. Outgoing or private.
9. d. Homogeneity
10. a. Dissatisfaction decreases attractiveness and reduces cohesion.
11. d. Managing behaviors that may be disturbing to others.
12. c. Dialectical behavior therapy.
13. d. Compromise is needed.
14. b. Focus on each other's feelings and illuminate relationship implications.
15. b. Become aware of here-and-now events and reflect why they happened.
16. d. Actively steer group discourse toward current issues within the group.
17. a. Access to resources.
18. a. Psychoeducation.
19. d. To promote therapeutic progress and to support caregivers.
20. b. Reveals distortions in relationships.
21. b. Activity group.
22. d. Testing grounds that allow members to try out various ways of coping.
23. d. Enmeshment.
24. d. Disengaged family structure.
25. a. Alienation and tension.