


Submitted: 5/2/2011 4:59:35 PM Grade: 28.6% 

Attempt Number: 1/3

Questions Attempted: 21/21

1. **The nurse may gain insight into the client's experience of behavior change by:**
- a. Trying out a variety of techniques.
 - b. Choosing a health behavior to change in the nurse's own life.
 - c. Studying the client's culture.
 - d. Describing the desired behavior in technical language.

Grade: 0

User Responses: d.Describing the desired behavior in technical language.

Feedback: a.Rationale: Choosing and implementing a behavior change plan engages the nurse in an experience comparable to that of the client, enhancing the nurse's insight into the process s/he is asking the client to undertake. Personal experience may help the nurse to be more successful in supporting the client's change process. Studying the client's culture is client-focused and does not engage the nurse in experiencing change personally. Using technical terms and trying out a variety of techniques may be confusing to the client.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Psychosocial Integrity

2. **A competent provider of cognitive behavioral interventions will:**
- a. Have extensive knowledge of the relevant techniques.
 - b. Need advanced training.
 - c. Be comfortable working with clients from other cultures.
 - d. Have limited self-awareness.

Grade: 0

User Responses: d.Have limited self-awareness.

Feedback: a.Rationale: A competent provider of cognitive behavioral interventions must, at a minimum, understand cultural variables such as social status, age, gender and ethnicity; be self-aware; and be comfortable working with those from a culture that differs from his/her own. Technical knowledge does not guarantee interpersonal effectiveness. Use of these therapies is not limited to nurses with advanced training.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Psychosocial Integrity

3. **The nurse and client are developing a behavior change contract. The nurse senses that the client is not actively offering alternative, more rewarding behaviors. The most appropriate action by the nurse is to:**
- a. Explore cultural factors about expressing one's wishes.
 - b. Recognize that the client is too depressed to change right now.
 - c. Switch to a more appropriate behavior change technique.
 - d. Understand that the client lacks motivation.

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User Responses: d. Understand that the client lacks motivation.

Feedback: a. Rationale: The priority action for the nurse should be to explore cultural factors that may affect the client's participation in developing the contract. The other answer choices should be considered after cultural implications are assessed.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Psychosocial Integrity

4. **The numerous dysfunctional patterns in the behavior of clients with borderline personality disorder (BPD) are the client's attempts to problem-solve. A specialized therapeutic approach for these clients is the use of:**
- a. Response prevention.
 - b. Dialectical behavioral therapy.
 - c. Classical conditioning.
 - d. Attribution restructuring.

Grade: 0

User Responses: d. Attribution restructuring.

Feedback: a. Rationale: Dialectical behavioral therapy has developed as a biosocial behavioral treatment model based on the theory that BPD is a disorder in how the client regulates emotions and tolerates stress (Lindenboim, Chapman, & Linehan, 2007). Dysfunctional patterns of behavior such as self-destructive behavior, the inability to govern impulses, or severe dissociative phenomena, are regarded within the DBT framework as the client's attempts to problem-solve. DBT strives to increase the client's capacity for tolerating distress and regulating emotions, facilitating interpersonal effectiveness while increasing awareness of the client's experience. The other answer choices are not specialized approaches for these clients.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

5. **During cognitive therapy, the nurse will help the client correct problematic thinking. The nurse knows that this:**
- a. Determines the best course of treatment.
 - b. Helps the client learn maladaptive cognitive styles.
 - c. Is a retraining experience.
 - d. Correct the id and the superego in relation to self-awareness.

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User Responses: d. Correct the id and the superego in relation to self-awareness.

Feedback: a. Rationale: Correcting automatic problematic thinking is a retraining experience. The individual must unlearn the maladaptive cognitive style, and then learn adaptive cognitions. Nurses are instrumental in helping a client see how a particular set of thoughts can create a problem. When this connection is made, the client then begins to practice substituting neutral or positive thoughts for the problematic thoughts. This retraining process does not determine the course of treatment. Id and superego are concepts from Freud's psychoanalytic theory, and are not applicable to cognitive behavioral therapy.
Cognitive Level: Application
Nursing Process: Implementation
Client Need: Psychosocial Integrity

6. **When considering the implementation of a behavioral theory approach, the nurse would consider:**

Select all that apply.

- a. Operant conditioning.
- b. Mastery imagery.
- c. Systematic desensitization.
- d. Attribution restructuring.
- e. Thought stopping.

Grade: 0

User Responses: e. Thought stopping.

Feedback: a. Rationale: Systematic desensitization. Systematic desensitization is a behavior modification technique.

Operant conditioning. Operant conditioning is a behavior therapy.


Thought stopping. Thought stopping is a cognitive behavioral technique.

Mastery imagery. Mastery imagery is a cognitive technique.

Attribution restructuring. Attribution restructuring is a cognitive technique.

Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

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7. **A client has been shopping a lot lately and is seeking help to better manage her spending. Her stepfather repeatedly belittled her appearance as a child. As an adult, when she feels down on herself she buys new clothes, because they make her feel pretty. The nurse therapist recognizes this as an example of:**
- a. Cognitive behavioral therapy.
 - b. Classical conditioning.
 - c. Perceived cause.
 - d. Operant conditioning.

Grade: 0

User Responses: d.Operant conditioning.

Feedback: a.Rationale: The client adopted the strategy of buying new clothes to counteract chronic low self-esteem. She associated feeling good with buying clothes, to the point where it feels as though buying new things is necessary in order to feel good about herself. The nurse will work with the client to separate the circumstance (shopping) from feeling good. Operant conditioning relates to rewarding specific behaviors. Perceived cause relates to attribution. Cognitive behavioral therapy relates to developing a healthier expectancy strategy that leads to more desirable feelings and a greater sense of self-efficacy.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

8. **The nurse therapist's goal in behavior therapy is to decrease the association of a certain circumstance with a particular feeling. This is known as:**
- a. Rational emotive behavioral therapy.
 - b. Operant conditioning.
 - c. Response to a stimulus.
 - d. Classical conditioning.

Grade: 1

User Responses: d.Classical conditioning.

Feedback: a.Rationale: The principles of classical conditioning are that people learn to associate a particular feeling state with a particular circumstance that then becomes a conditioned stimulus for the feeling; over time, the association between the circumstance and the feeling is strengthened through repetition and rehearsal. The therapist's goal in behavior therapy is to decrease or eliminate the association of a particular circumstance (the conditioned stimulus) with a particular feeling. Classical conditioning is sometimes referred to as stimulus/response, not response to a stimulus. Operant conditioning is a behavioral learning method in which a person learns to seek positive reinforcement by adopting behaviors for which s/he is rewarded. Rational emotive behavioral therapy emphasizes cognitive causes of emotional problems and personal responsibility.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

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9. **The nurse who teaches the client to envision negative outcomes of deleterious behavior is using:**
- a. Maladaptive imagery.
 - b. Mastery imagery.
 - c. Positive imagery.
 - d. Negative imagery.

Grade: 1

User Responses: d.Negative imagery.

Feedback: a.Rationale: A useful cognitive therapy tool to help change maladaptive behaviors is negative imagery, or envisioning likely undesirable outcomes of maladaptive behavior. Envisioning the negative outcome of maladaptive behavior can serve as a powerful educator. The scenario is played out in the client's thinking and can assist the client in substituting adaptive behaviors to attain a more desirable outcome. The other answer choices do not fit the scenario.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

10. **The family nurse therapist realizes that the components of a behavioral contract:**
- a. Closely mirror the components of cognitive theory.
 - b. Use objectives and goals formulated from the client's weaknesses.
 - c. Use success as a framework.
 - d. Are the best predictor of future success in clients.

Grade: 0

User Responses: d.Are the best predictor of future success in clients.

Feedback: a.Rationale: The components of a behavioral contract are framed in the language of success (e.g. will maintain abstinence) rather than failure (e.g. will not relapse into use). Objectives and goals in the contract should draw on the client's strengths and prior patterns of successful change. A behavioral contract should mirror as closely as possible what the client has previously done successfully. The best predictor of future behavior is past behavior. For a contract to lead to a successful outcome, it must be carefully crafted.
Cognitive Level: Analysis
Nursing Process: Implementation
Client Need: Psychosocial Integrity

11. **The student nurse is employing a behavioral contract for the first time. The student learns that continual assessment and regular evaluation will help determine:**
- a. Attributive behaviors in the client.
 - b. Behavioral contract adjustments needed.
 - c. How to maximize contract success.
 - d. How to creatively design a behavioral contract.

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User Responses: d.How to creatively design a behavioral contract.

Feedback: a.Rationale: Continuing assessment, regular evaluations, and trouble-shooting meetings determine whether adjustments to the contract are necessary. Designing a contract to which the client can adhere will maximize the chance of success. Contract design precedes assessment and evaluation. Attribution relates to perceived causes, not to behaviors. Creative design of a contract is not the goal of continual assessment.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

12. **When developing the behavioral contract, the nurse and client will increase the client's chances of success if they take into account environmental factors, such as:**

- a. Economic and territorial factors.
- b. Pseudohostility and economic factors.
- c. Social and religious factors.
- d. Family and social factors.

Grade: 1

User Responses: d.Family and social factors.

Feedback: a.Rationale: Environmental factors (family, economic, and social) may have an effect on the problem behavior and therefore on the success of a behavioral contract. For example, if the client wishes to stop smoking and the client's relatives or friends smoke, or social occasions always take place in smoking areas, the behavioral contract should take this into account. Pseudohostility, territory, and religion are not environmental factors.
Cognitive Level: Application
Nursing Process: Planning
Client Need: Psychosocial Integrity

13. **A client with severe and persistent mental illness tends to neglect daily hygiene. The nurse will give specific positive feedback such as "I see you are wearing a clean shirt today" to reward socially desirable hygiene practices. This behavioral learning process is known as:**

- a. Objective burden.
- b. Process illumination.
- c. Classical conditioning.
- d. Operant conditioning.



Grade: 1

User Responses: d. Operant conditioning.

Feedback: a. Rationale: Operant conditioning is a behavioral learning process based on the theory that people are positively reinforced for certain behaviors, people learn to seek further positive reinforcement by increasing that behavior, and positive reinforcement results from either getting something desirable or avoiding something unpleasant. Classical conditioning focuses on decreasing the association of a certain circumstance with a particular feeling. Objective burden relates to the tangible difficulties of coping with a mental illness. Process illumination is part of insight-oriented therapy.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

14. **The nurse will use the results of the interview to develop the nursing care plan. The interview process identifies and divides problem behaviors into:**
- a. Behavioral, communicative, and affective components.
 - b. Behavioral, cognitive, affective, and physiologic components.
 - c. Recognition, communicative, behavioral, and cognitive components.
 - d. Personal, physiologic, and behavioral components.

Grade: 0

User Responses: d. Personal, physiologic, and behavioral components.

Feedback: a. Rationale: The interview process identifies problem behavior and divides it into four components, to be explored in turn: the *behavioral* component asks what the client is doing, the *cognitive* component examines what the client is thinking, the *affective* component identifies what the client is feeling, and the physiologic component examines the physical realities of the situation. The other answer choices do not represent the four components.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

15. **A client who is often short of breath due to many years of smoking pictures himself playing tennis and riding a bicycle with his grandchildren as a motivator to stick with the challenges of quitting. This client is using:**
- a. Mastery imagery.
 - b. Group therapy.
 - c. Support therapy.
 - d. Positive imagery.

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User Responses: d.Positive imagery.

Feedback: a.Rationale: Positive imagery is a behavioral therapy technique in which the client thinks in a positive way about how an event or experience will unfold rather than anticipating negative, or even disastrous, results. This tends to promote the likelihood of a positive outcome. The scenario is not an example of group therapy, support therapy, or mastery imagery.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

16. **The client asks, "How is it possible that my expectations affect how I feel?" The nurse explains the basic idea behind attributions, which is that:**
- a. Healthy behaviors help with positive communication.
 - b. Use of the client's feelings lead to positive outcomes.
 - c. Thoughts and behaviors lead to feelings.
 - d. Emotional availability helps with communication.

Grade: 0

User Responses: d.Emotional availability helps with communication.

Feedback: a.Rationale: Attribution is a form of assigning meaning to a set of circumstances. Attributions are perceived causes that may or may not be objectively accurate. We attribute associated features or characteristics to a set of circumstances, expect a certain outcome from those circumstances, and we behave consistently with that expectation. Finally, we have feelings that match or are congruent with the experience. In this way, thoughts and behaviors lead to feelings. The other answer choices are not related to attributions.
Cognitive Level: Analysis
Nursing Process: Assessment
Client Need: Psychosocial Integrity

17. **During a group session, one of the clients states, "I should always be able, successful, and on top of things." The nursing student recognizes this type of thinking as:**
- a. Negative and self-serving.
 - b. Unrealistic and problematic.
 - c. Goal-oriented, but over-reaching.
 - d. That of an overachiever.

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User Responses: d.That of an overachiever.

Feedback: a.Rationale: Habitual negative or unrealistic thinking can lead to ingrained negative feelings. The purpose of cognitive therapy is first to identify thoughts that are unrealistic, negative, or otherwise problematic. The therapy group can provide a helpful setting for identifying and examining such thoughts, and how they affect the individual. The other options do not accurately describe the client's thinking.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

18. **A client preparing to live independently for the first time wants to build her confidence. She will experience self-efficacy as she:**

- a. Reasons with the psychiatrist.
- b. Acquires new skills to cope with new problems.
- c. Acquires new diagnoses.
- d. Loves unconditionally.

Grade: 0

User Responses: d.Loves unconditionally.

Feedback: a.Rationale: Human learning occurs in part through self-efficacy, or feeling effective through one's own actions. When confronted with situations that require new skills, the person who generally anticipates being able to learn the skills and apply them successfully will gain confidence and a sense of self-efficacy. The other choices are not associated with self-efficacy.
Cognitive Level: Application
Nursing Process: Assessment
Client Need: Psychosocial Integrity

19. **Involving families with the client's treatment is an important aspect of family nursing. The nurse may engage significant others in monitoring the client's:**

- a. Consequences.
- b. Level of contract adherence.
- c. Moods.
- d. Interactions.

Grade: 0

User Responses: d.Interactions.

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Feedback:

a. Rationale: Family involvement can be a catalyst for success. Family feedback can complement nursing observations and client self-reports of contract adherence. Use caution to assure that family feedback is supportive, rather than invasive. Consequences are established when the behavioral contract is written. Interactions and moods are not components of a behavioral contract.
Cognitive Level: Application
Nursing Process: Implementation
Client Need: Psychosocial Integrity

20. **In order to discover what the client has mastered and what specific personal strengths have been employed, the nurse must:**
- a. Implement changes in the client's behavioral contract.
 - b. Avoid exploring client weaknesses.
 - c. Plan the client's next move.
 - d. Evaluate how the client learns and makes changes.

Grade:

1

User Responses:

d. Evaluate how the client learns and makes changes.

Feedback:

a. Rationale: Evaluating client abilities and strengths, particularly with regard to learning and making changes, will help in the design of the behavioral contract. Discover what other situations requiring behavioral change the client has mastered and what specific personal or social strengths the client employed in implementing the change. Evaluate the client's weaknesses with regard to learning and making changes as well. The contract is then adapted and modified as the client makes changes. The nurse facilitates the client's growth but does not usurp the client's decision-making by planning the next move.
Cognitive Level: Application
Nursing Process: Evaluation
Client Need: Psychosocial Integrity

21. **When the client transitions from inpatient to outpatient treatment, the nurse can best support maintenance of therapeutic behavioral routines through:**
- a. A flexible plan of care.
 - b. Group psychotherapy.
 - c. Homework assignments.
 - d. Telling the family to change.

Grade:

0

User Responses:

d. Telling the family to change.

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Feedback:

a. Rationale: Homework assignments and opportunities to practice learned behaviors support their maintenance in the outpatient setting. Group psychotherapy is an insight-oriented approach, not a behavioral approach. Flexibility in adapting the plan to a different setting is helpful, but not the most important. Telling someone to change is not a therapeutic approach.

Cognitive Level: Application

Nursing Process: Implementation

Client Need: Psychosocial Integrity

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Activity Name: Chapter 31 Pre Test

1. b. Choosing a health behavior to change in the nurse's own life.
2. c. Be comfortable working with clients from other cultures.
3. a. Explore cultural factors about expressing one's wishes.
4. b. Dialectical behavioral therapy.
5. c. Is a retraining experience.
6. c. Systematic desensitization. and a. Operant conditioning.
7. b. Classical conditioning.
8. d. Classical conditioning.
9. d. Negative imagery.
10. c. Use success as a framework.
11. b. Behavioral contract adjustments needed.
12. d. Family and social factors.
13. d. Operant conditioning.
14. b. Behavioral, cognitive, affective, and physiologic components.
15. d. Positive imagery.
16. c. Thoughts and behaviors lead to feelings.
17. b. Unrealistic and problematic.
18. b. Acquires new skills to cope with new problems.
19. b. Level of contract adherence.
20. d. Evaluate how the client learns and makes changes.
21. c. Homework assignments.