Management of Care for Individuals with Psychiatric Disorders

Anxiety and Sleep Disorders

KEYWORDS

- acrophobia
- compulsions
- cynophobia
- depersonalization
- depersonalization disorder
- dissociative events
- flashbacks
- flooding
- generalized anxiety disorder (GAD)
- hypersomnia
- implosion therapy
- insomnia
- nightmare disorder
- obsessions
- obsessive-compulsive disorder (OCD)
- panic attack
- parasomnia
- posttraumatic stress disorder (PTSD)
- pyrophobia
- relaxation therapy
- sleep apnea
- sleep patterns
- sleep terror disorder
- sleepwalking
- social phobia
- somnolence
- survivor's guilt
1. From a cognitive theory perspective, which is a possible cause of panic disorder?
   1. Inability of the ego to intervene when conflict occurs.
   2. Abnormal elevations of blood lactate and increased lactate sensitivity.
   3. Increased involvement of the neurochemical norepinephrine.
   4. Distorted thinking patterns that precede maladaptive behaviors.

2. An overuse or ineffective use of ego defense mechanisms, which results in a maladaptive response to anxiety, is an example of the ______________ theory of generalized anxiety disorder development.

3. A client diagnosed with posttraumatic stress disorder is close to discharge. Which client statement would indicate that teaching about the psychosocial cause of posttraumatic stress disorder was effective?
   1. “I understand that the event I experienced, how I deal with it, and my support system all affect my disease process.”
   2. “I have learned to avoid stressful situations as a way to decrease emotional pain.”
   3. “So, natural opioid release during the trauma caused my body to become ‘addicted.’”
   4. “Because of the trauma, I have a negative perception of the world and feel hopeless.”

4. Counselors have been sent to a location that has experienced a natural disaster to assist the population to deal with the devastation. This is an example of ______________ prevention.

5. Which of the following statements explains the etiology of obsessive-compulsive disorder (OCD) from a biological theory perspective?
   1. Individuals diagnosed with OCD have weak and underdeveloped egos.
   2. Obsessive and compulsive behaviors are a conditioned response to a traumatic event.
   3. Regression to the pre-Oedipal anal sadistic phase produces the clinical symptoms of OCD.
   4. Abnormalities in various regions of the brain have been implicated in the cause of OCD.

6. After being diagnosed with pyrophobia, the client states, “I believe this started at the age of 7 when I was trapped in a house fire.” When examining theories of phobia etiology, this situation would be reflective of __________ theory.

7. A client diagnosed with social phobia has an outcome that states, “Client will voluntarily participate in group activities with peers by day 3.” Which would be an appropriate intrapersonal intervention by the nurse to assist the client to achieve this outcome?
   1. Offer PRN lorazepam (Ativan) 1 hour before group begins.
   2. Attend group with client to assist in decreasing anxiety.
   3. Encourage discussion about fears related to socialization.
   4. Role-play scenarios that may occur in group to decrease anxiety.

8. Using psychodynamic theory, which intervention would be appropriate for a client diagnosed with panic disorder?
   1. Encourage the client to evaluate the power of distorted thinking.
   2. Ask the client to include his or her family in scheduled therapy sessions.
   3. Discuss the overuse of ego defense mechanisms and their impact on anxiety.
   4. Teach the client about the effect of blood lactate level as it relates to the client’s panic attacks.
9. Which nursing diagnosis reflects the intrapersonal theory of the etiology of obsessive-compulsive disorder?
   1. Ineffective coping R/T punitive superego.
   2. Ineffective coping R/T active avoidance.
   3. Ineffective coping R/T alteration in serotonin.
   4. Ineffective coping R/T classic conditioning.

10. The nurse is using an intrapersonal approach to assist a client in dealing with survivor's guilt. Which intervention would be appropriate?
    1. Encourage the client to attend a survivor's group.
    2. Encourage expression of feelings during one-to-one interactions with the nurse.
    3. Ask the client to challenge the irrational beliefs associated with the event.
    4. Administer regularly scheduled paroxetine (Paxil) to deal with depressive symptoms.

### Defense Mechanisms

11. A client diagnosed with posttraumatic stress disorder states to the nurse, “All those wonderful people died, and yet I was allowed to live.” Which is the client experiencing?
    1. Denial.
    2. Social isolation.
    3. Anger.
    4. Survivor's guilt.

12. Clients diagnosed with obsessive-compulsive disorder commonly use which mechanism?
    1. Suppression.
    2. Repression.
    3. Undoing.
    4. Denial.

### Nursing Process—Assessment

13. Which charting entry documents a subjective assessment of sleep patterns?
    1. “Reports satisfaction with the quality of sleep since admission.”
    2. “Slept 8 hours during night shift.”
    3. “Rates quality of sleep as 3/10.”
    4. “Woke up three times during the night.”

14. Which is important when assessing an individual for a sleep disturbance?
    1. Limit caffeine intake in the evening hours.
    2. Teach the importance of a bedtime routine.
    3. Keep the client’s door locked during the day to avoid napping.
    4. Check the chart to note the client’s baseline sleeping habits per night.

15. Which of the following situations is a common reason for the elderly to experience sleep disturbances? Select all that apply.
    1. Discomfort or pain or both.
    2. Dementia.
    3. Inactivity.
    4. Anxiety.
    5. Medications.

16. A client has been diagnosed with insomnia. Which of the following data would the nurse expect to assess? Select all that apply.
    1. Daytime irritability.
    2. Problems with attention and concentration.
    3. Inappropriate use of substances.
    5. Sleepwalking.
17. What is the most common form of breathing-related sleep disorders?
   1. Parosomnia.
   2. Hypersomnia.
   3. Apnea.

18. Which would the nurse expect to assess in a client suspected to have sleep terror disorder?
   1. The client, on awakening, is able to explain the nightmare in vivid detail.
   2. The client is easily awakened after the night terror.
   3. The client experiences an abrupt arousal from sleep with a piercing scream or cry.
   4. The client, when awakening during the night terror, is alert and oriented.

19. Which of the following would the nurse expect to assess in a client diagnosed with posttraumatic stress disorder? Select all that apply.
   1. Dissociative events.
   2. Intense fear and helplessness.
   3. Excessive attachment and dependence toward others.
   4. Full range of affect.
   5. Avoidance of activities that are associated with the trauma.

20. When treating individuals with posttraumatic stress disorder, which variables are included in the recovery environment?
   1. Degree of ego strength.
   2. Availability of social supports.
   3. Severity and duration of the stressor.
   4. Amount of control over reoccurrence.

21. A newly admitted client is diagnosed with posttraumatic stress disorder. Which behavioral symptom would the nurse expect to assess?
   1. Recurrent, distressing flashbacks.
   2. Intense fear, helplessness, and horror.
   3. Diminished participation in significant activities.
   4. Detachment or estrangement from others.

22. Which of the following assessment data would support the disorder of acrophobia?
   1. A client is fearful of basements because of encountering spiders.
   2. A client refuses to go to Europe because of fear of flying.
   3. A client is unable to commit to marriage after a 10-year engagement.
   4. A client refuses to leave home during stormy weather.

23. In which situation would the nurse suspect a medical diagnosis of social phobia?
   1. A client abuses marijuana daily and avoids social situations because of fear of humiliation.
   2. An 8-year-old child isolates from adults because of fear of embarrassment, but has good peer relationships in school.
   3. A client diagnosed with Parkinson’s disease avoids social situations because of embarrassment regarding tremors and drooling.
   4. A college student avoids taking classes that include an oral presentation because of fear of being scrutinized by others.

24. A client experiencing a panic attack would display which physical symptom?
   1. Fear of dying.
   2. Sweating and palpitations.
   3. Depersonalization.
   4. Restlessness and pacing.

25. A client newly admitted to an in-patient psychiatric unit is diagnosed with obsessive-compulsive disorder. Which behavioral symptom would the nurse expect to assess?
   1. The client uses excessive hand washing to relieve anxiety.
   2. The client rates anxiety at 8/10.
   3. The client uses breathing techniques to decrease anxiety.
   4. The client exhibits diaphoresis and tachycardia.
26. A client with a history of generalized anxiety disorder enters the emergency department complaining of restlessness, irritability, and exhaustion. Vital signs are blood pressure 140/90 mm Hg, pulse 96, and respirations 20. Based on this assessed information, which assumption would be correct?
1. The client is exhibiting signs and symptoms of an exacerbation of generalized anxiety disorder.
2. The client's signs and symptoms are due to an underlying medical condition.
3. A physical examination is needed to determine the etiology of the client's problem.
4. The client's anxiolytic dosage needs to be increased.

27. Anxiety is a symptom that can result from which of the following physiological conditions? Select all that apply.
1. Chronic obstructive pulmonary disease.
2. Hyperthyroidism.
3. Hypertension.
4. Diverticulosis.
5. Hypoglycemia.

28. Which assessment data would support a physician's diagnosis of an anxiety disorder in a client?
1. A client experiences severe levels of anxiety in one area of functioning.
2. A client experiences an increased level of anxiety in one area of functioning for a 6-month period.
3. A client experiences increased levels of anxiety that affect functioning in more than one area of life over a 6-month period.
4. A client experiences increased levels of anxiety that affect functioning in at least three areas of life.

29. Which of the following symptom assessments would validate the diagnosis of generalized anxiety disorder? Select all that apply.
1. Excessive worry about items difficult to control.
3. Hypersomnia.
4. Excessive amounts of energy.
5. Feeling “keyed up” or “on edge.”

30. A client diagnosed with obsessive-compulsive disorder is newly admitted to an inpatient psychiatric unit. Which cognitive symptom would the nurse expect to assess?
1. Compulsive behaviors that occupy more than 4 hours per day.
2. Excessive worrying about germs and illness.
3. Comorbid abuse of alcohol to decrease anxiety.
4. Excessive sweating and an increase in blood pressure and pulse.

Nursing Process—Diagnosis

31. A client diagnosed with hypersomnia states, “I can’t even function anymore; I feel worthless.” Which nursing diagnosis would take priority?
1. Risk for suicide R/T expressions of hopelessness.
2. Social isolation R/T sleepiness AEB, “I can’t function.”
3. Self-care deficit R/T increased need for sleep AEB being unable to take a bath without assistance.
4. Chronic low self-esteem R/T inability to function AEB the statement, “I feel worthless.”
32. A newly admitted client diagnosed with posttraumatic stress disorder is exhibiting recurrent flashbacks, nightmares, sleep deprivation, and isolation from others. Which nursing diagnosis takes priority?
   1. Posttrauma syndrome R/T a distressing event AEB flashbacks and nightmares.
   2. Social isolation R/T anxiety AEB isolating because of fear of flashbacks.
   3. Ineffective coping R/T flashbacks AEB alcohol abuse and dependence.
   4. Risk for injury R/T exhaustion because of sustained levels of anxiety.

33. A client leaving home for the first time in a year arrives on the psychiatric in-patient unit wearing a surgical mask and white gloves and crying, “The germs in here are going to kill me.” Which nursing diagnosis addresses this client's problem?
   1. Social isolation R/T fear of germs AEB continually refusing to leave the home.
   2. Fear of germs R/T obsessive-compulsive disorder, resulting in dysfunctional isolation.
   3. Ineffective coping AEB dysfunctional isolation R/T unrealistic fear of germs.
   4. Anxiety R/T the inability to leave home, resulting in dysfunctional fear of germs.

34. A client seen in an out-patient clinic for ongoing management of panic attacks states, “I have to make myself come to these appointments. It is hard because I don’t know when an attack will occur.” Which nursing diagnosis takes priority?
   1. Ineffective breathing patterns R/T hyperventilation.
   2. Impaired spontaneous ventilation R/T panic levels of anxiety.
   4. Knowledge deficit R/T triggers for panic attacks.

35. A client newly admitted to an in-patient psychiatric unit is diagnosed with obsessive-compulsive disorder. Which correctly stated nursing diagnosis takes priority?
   1. Anxiety R/T obsessive thoughts AEB ritualistic behaviors.
   2. Powerlessness R/T ritualistic behaviors AEB statements of lack of control.
   3. Fear R/T a traumatic event AEB stimulus avoidance.
   4. Social isolation R/T increased levels of anxiety AEB not attending groups.

36. During an assessment, a client diagnosed with generalized anxiety disorder rates anxiety as 9/10 and states, “I have thought about suicide because nothing ever seems to work out for me.” Based on this information, which nursing diagnosis takes priority?
   1. Hopelessness R/T anxiety AEB client’s stating, “Nothing ever seems to work out.”
   2. Ineffective coping R/T rating anxiety as 9/10 AEB thoughts of suicide.
   3. Anxiety R/T thoughts about work AEB rates anxiety 9/10.

**Nursing Process—Planning**

37. A client has a nursing diagnosis of disturbed sleep patterns R/T increased anxiety AEB inability to fall asleep. Which short-term outcome is appropriate for this client?
   1. The client will use one coping skill before bedtime to assist in falling asleep.
   2. The client will sleep 6 to 8 hours a night and report a feeling of being rested.
   3. The client will ask for prescribed PRN medication to assist with falling asleep by day 2.
   4. The client will verbalize his or her level of anxiety as less than a 3/10.

38. A hospitalized client diagnosed with posttraumatic stress disorder has a nursing diagnosis of ineffective coping R/T history of rape AEB abusing alcohol. Which is the expected short-term outcome for this client problem?
   1. The client will recognize triggers that precipitate alcohol abuse by day 2.
   2. The client will attend follow-up weekly therapy sessions after discharge.
   3. The client will refrain from self-blame regarding the rape by day 2.
   4. The client will be free from injury to self throughout the shift.
39. Which client would the charge nurse assign to an agency nurse who is new to a psychiatric setting?
   1. A client diagnosed with posttraumatic stress disorder currently experiencing flashbacks.
   2. A newly admitted client diagnosed with generalized anxiety disorder beginning benzodiazepines for the first time.
   3. A client admitted 4 days ago with the diagnosis of algophobia.

40. A newly admitted client diagnosed with social phobia has a nursing diagnosis of social isolation R/T fear of ridicule. Which outcome is appropriate for this client?
   1. The client will participate in two group activities by day 4.
   2. The client will use relaxation techniques to decrease anxiety.
   3. The client will verbalize one positive attribute about self by discharge.
   4. The client will request buspirone (BuSpar) PRN to attend group by day 2.

41. When a client experiences a panic attack, which outcome takes priority?
   1. The client will remain safe throughout the duration of the panic attack.
   2. The client will verbalize an anxiety level less than 2/10.
   3. The client will use learned coping mechanisms to decrease anxiety.
   4. The client will verbalize the positive effects of exercise by day 2.

42. The nurse has received evening report. Which client would the nurse need to assess first?
   1. A newly admitted client with a history of panic attacks.
   2. A client who slept 2 to 3 hours last night because of flashbacks.
   3. A client pacing the halls and stating that his anxiety is an 8/10.

43. A client was admitted to an in-patient psychiatric unit 4 days ago for the treatment of obsessive-compulsive disorder. Which outcome takes priority for this client at this time?
   1. The client will use a thought-stopping technique to eliminate obsessive/compulsive behaviors.
   2. The client will stop obsessive and/or compulsive behaviors.
   3. The client will seek assistance from the staff to decrease obsessive or compulsive behaviors.
   4. The client will use one relaxation technique to decrease obsessive or compulsive behaviors.

44. A client diagnosed with generalized anxiety disorder has a nursing diagnosis of panic anxiety R/T altered perceptions. Which of the following short-term outcomes is most appropriate for this client?
   1. The client will be able to intervene before reaching panic levels of anxiety by discharge.
   2. The client will verbalize decreased levels of anxiety by day 2.
   3. The client will take control of life situations by using problem-solving methods effectively.
   4. The client will voluntarily participate in group therapy activities by discharge.

Nursing Process—Intervention

45. A 10-year-old client diagnosed with nightmare disorder is admitted to an in-patient psychiatric unit. Which of the following interventions would be appropriate for this client's problem? Select all that apply.
   1. Involving the family in therapy to decrease stress within the family.
   2. Using phototherapy to assist the client to adapt to changes in sleep.
   3. Administering medications such as tricyclic antidepressants or low-dose benzodiazepines or both.
   4. Giving central nervous system stimulants, such as amphetamines.
   5. Using relaxation therapy, such as meditation and deep breathing techniques, to assist the client in falling asleep.
46. A client experiencing sleepwalking is newly admitted to an in-patient psychiatric unit. Which nursing intervention would take priority?
   1. Equip the bed with an alarm that is activated when the bed is exited.
   2. Discourage strenuous exercise within 1 hour of bedtime.
   3. Limit caffeine-containing substances within 4 hours of bedtime.
   4. Encourage activities that prepare one for sleep, such as soft music.

47. A client on an in-patient psychiatric unit is experiencing a flashback. Which intervention takes priority?
   1. Maintain and reassure the client of his or her safety and security.
   2. Encourage the client to express feelings.
   3. Decrease extraneous external stimuli.
   4. Use a nonjudgmental and matter-of-fact approach.

48. A client diagnosed with panic attacks is being admitted for the fifth time in 1 year because of hopelessness and helplessness. Which precaution would the nurse plan to implement?
   1. Elopement precautions.
   2. Suicide precautions.
   3. Homicide precautions.
   4. Fall precautions.

49. A client diagnosed with obsessive-compulsive disorder has been hospitalized for the last 4 days. Which intervention would be a priority at this time?
   1. Notify the client of the expected limitations on compulsive behaviors.
   2. Reinforce the use of learned relaxation techniques.
   3. Allow the client the time needed to complete the compulsive behaviors.
   4. Say “stop” to the client as a thought-stopping technique.

50. The nurse on the in-patient psychiatric unit should include which of the following interventions when working with a newly admitted client diagnosed with obsessive-compulsive disorder? Select all that apply.
   1. Assess previously used coping mechanisms and their effects on anxiety.
   2. Allow time for the client to complete compulsions.
   3. With the client’s input, set limits on ritualistic behaviors.
   4. Present the reality of the impact the compulsions have on the client’s life.
   5. Discuss client feelings surrounding the obsessions and compulsions.

51. A client diagnosed with generalized anxiety disorder complains of feeling out of control and states, “I just can’t do this anymore.” Which nursing action takes priority at this time?
   1. Ask the client, “Are you thinking about harming yourself?”
   2. Remove all potentially harmful objects from the milieu.
   3. Place the client on a one-to-one observation status.
   4. Encourage the client to verbalize feelings during the next group.

52. During an intake assessment, a client diagnosed with generalized anxiety disorder rates mood at 3/10, rates anxiety at 8/10, and states, “I’m thinking about suicide.” Which nursing intervention takes priority?
   1. Teach the client relaxation techniques.
   2. Ask the client, “Do you have a plan to commit suicide?”
   3. Call the physician to obtain a PRN order for an anxiolytic medication.
   4. Encourage the client to participate in group activities.
Nursing Process—Evaluation

53. A client diagnosed with posttraumatic stress disorder has a nursing diagnosis of disturbed sleep patterns R/T nightmares. Which evaluation would indicate that the stated nursing diagnosis was resolved?
   1. The client expresses feelings about the nightmares during group.
   2. The client asks for PRN trazodone (Desyrel) before bed to fall asleep.
   3. The client states that the client feels rested when awakening and denies nightmares.
   4. The client avoids napping during the day to help enhance sleep.

54. The nurse teaches an anxious client diagnosed with posttraumatic stress disorder a breathing technique. Which action by the client would indicate that the teaching was successful?
   1. The client eliminates anxiety by using the breathing technique.
   2. The client performs activities of daily living independently by discharge.
   3. The client recognizes signs and symptoms of escalating anxiety.
   4. The client maintains a 3/10 anxiety level without medications.

55. The nurse is using a cognitive intervention to decrease anxiety during a client’s panic attack. Which statement by the client would indicate that the intervention has been successful?
   1. “I reminded myself that the panic attack would end soon, and it helped.”
   2. “I paced the halls until I felt my anxiety was under control.”
   3. “I felt my anxiety increase, so I took lorazepam (Ativan) to decrease it.”
   4. “Thank you for staying with me. It helped to know staff was there.”

Psychopharmacology

56. Which of the following medications can be used to treat clients with anxiety disorders? Select all that apply.
   1. Clonidine hydrochloride (Catapres).
   2. Fluvoxamine maleate (Luvox).
   3. Buspirone (BuSpar).
   4. Alprazolam (Xanax).
   5. Haloperidol (Haldol).

57. A client is prescribed alprazolam (Xanax) 2 mg bid and 1.5 mg q6h PRN for agitation. The maximum daily dose of alprazolam is 10 mg/d. The client can receive _____ PRN doses of alprazolam within a 24-hour period.

58. Which teaching need is important when a client is newly prescribed buspirone (BuSpar) 5 mg tid?
   1. Encourage the client to avoid drinking alcohol while taking this medication because of the additive central nervous system depressant effects.
   2. Encourage the client to take the medication continually as prescribed because onset of action is delayed 2 to 3 weeks.
   3. Encourage the client to monitor for signs and symptoms of anxiety to determine need for additional buspirone (BuSpar) PRN.
   4. Encourage the client to be compliant with monthly lab tests to monitor for medication toxicity.

59. A client diagnosed with generalized anxiety disorder is prescribed paroxetine (Paxil) 30 mg QHS. Paroxetine is supplied as a 20-mg tablet. The nurse would administer ______ tablets.

60. A client is prescribed lorazepam (Ativan) 0.5 mg qid and 1 mg PRN q8h. The maximum daily dose of lorazepam should not exceed 4 mg QD. This client would be able to receive _____ PRN doses as the maximum number of PRN lorazepam doses.